

CERTIFICATE OF DELIVERY

I hereby attest, that this August 30th, 2012, that June DeJong Fuell delivered letter for Kevin Hadlock, dba
CFO to:

Kevin Hadlock
C/O QUESTAR GAS
QUESTAR GAS PAYMENT CENTER
~~MIDVALE, UTAH 84047~~

330 S. State
SLC, UT 84111

1. ☐ Certificate of Delivery
2. ☐ Cover Letter, request of W9 form and 1099 OID
3. ☐ W-8 BEN
4. ☐ W-8IMY

I have delivered envelope, addressed to Recipient at said address.


June DeJong Fuell

August 30th, 2012

August 30, 2012

Dear Kevin Hadlock, dba CFO,

I have sent in remittance to QUESTAR GAS and QUESTAR GAS will not credit my account with the funds.

Therefore, I need QUESTAR GAS' EIN number and a completed W9 Form and 1099 OID so I can report it to the IRS for tax purposes.

I have also enclosed a W-8BEN and a W-8IMY.

Please stop injuring me and adjust my account, forthwith.

Thank You,

vec 1-308
June Fuell
June Fuell

**Certificate of Foreign Status of Beneficial Owner
for United States Tax Withholding**

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual W-9
- A person claiming that income is effectively connected with the conduct of a trade or business in the United States W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) W-8ECI or W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) W-8ECI or W-8EXP

Note: These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.

- A person acting as an intermediary W-8IMY

Note: See instructions for additional exceptions.

Instead, use Form:

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner June DeJong		2 Country of incorporation or organization MURRAY, UNITED STATES																			
3 Type of beneficial owner: <table border="0" style="width: 100%;"><tr><td><input checked="" type="checkbox"/> Grantor trust</td><td><input type="checkbox"/> Individual</td><td><input type="checkbox"/> Corporation</td><td><input type="checkbox"/> Disregarded entity</td><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Simple trust</td></tr><tr><td><input type="checkbox"/> Central bank of issue</td><td><input type="checkbox"/> Complex trust</td><td><input type="checkbox"/> Estate</td><td><input type="checkbox"/> Government</td><td><input type="checkbox"/> International organization</td><td></td></tr><tr><td><input type="checkbox"/> Tax-exempt organization</td><td><input type="checkbox"/> Private foundation</td><td colspan="4"></td></tr></table>				<input checked="" type="checkbox"/> Grantor trust	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust	<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government	<input type="checkbox"/> International organization		<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Private foundation				
<input checked="" type="checkbox"/> Grantor trust	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust																
<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government	<input type="checkbox"/> International organization																	
<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Private foundation																				
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. 207 Plumtree Lane Apt. 21 City or town, state or province. Include postal code where appropriate. midvale-salt lake, utah non domestic Country (do not abbreviate) united states of america																					
5 Mailing address (if different from above) City or town, state or province. Include postal code where appropriate. Country (do not abbreviate)																					
6 U.S. taxpayer identification number, if required (see instructions) [Redacted] <input type="checkbox"/> SSN or ITIN <input checked="" type="checkbox"/> EIN		7 Foreign tax identifying number, if any (optional)																			
8 Reference number(s) (see instructions) W-8-IMY																					

Part II Claim of Tax Treaty Benefits (if applicable)

- 9 I certify that (check all that apply):**
- a ☐ The beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country.
 - b ☐ If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
 - c ☐ The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).
 - d ☐ The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
 - e ☐ The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.
- 10 Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line 9a above to claim a % rate of withholding on (specify type of income):
Explain the reasons the beneficial owner meets the terms of the treaty article:

Part III Notional Principal Contracts

- 11** ☐ I have provided or will provide a statement that identifies those notional principal contracts from which the income is **not** effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- 1 I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
 - 2 The beneficial owner is not a U.S. person.
 - 3 The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and
 - 4 For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.
- Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Grantor
Capacity in which acting

**Certificate of Foreign Intermediary,
Foreign Flow-Through Entity, or Certain U.S.
Branches for United States Tax Withholding**

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do not use this form for:

- A beneficial owner solely claiming foreign status or treaty benefits **W-8BEN**
- A hybrid entity claiming treaty benefits on its own behalf **W-8BEN**
- A person claiming that income is effectively connected with the conduct of a trade or business in the United States **W-8ECI**
- A disregarded entity. Instead, the single foreign owner should use **W-8BEN or W-8ECI**
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b). **W-8EXP**

Instead, use Form:

Part I Identification of Entity

1 Name of individual or organization that is acting as intermediary June DeJong		2 Country of incorporation or organization MURRAY, UNITED STATES	
3 Type of entity—check the appropriate box:			
<input type="checkbox"/> Qualified intermediary. Complete Part II.		<input type="checkbox"/> Withholding foreign trust. Complete Part V.	
<input type="checkbox"/> Nonqualified intermediary. Complete Part III.		<input type="checkbox"/> Nonwithholding foreign partnership. Complete Part VI.	
<input type="checkbox"/> U.S. branch. Complete Part IV.		<input type="checkbox"/> Nonwithholding foreign simple trust. Complete Part VI.	
<input type="checkbox"/> Withholding foreign partnership. Complete Part V.		<input checked="" type="checkbox"/> Nonwithholding foreign grantor trust. Complete Part VI.	
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use P.O. box. 207 Plumtree Lane Apt. 21			
City or town, state or province. Include postal code where appropriate. midvale-salt lake, utah non-domestic		Country (do not abbreviate) united states of america	
5 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.		Country (do not abbreviate)	
6 U.S. taxpayer identification number (if required, see instructions) ▶ [REDACTED]		7 Foreign tax identifying number, if any (optional)	
<input type="checkbox"/> SSN or ITIN <input checked="" type="checkbox"/> EIN <input type="checkbox"/> QI-EIN			
8 Reference number(s) (see instructions)			

Part II Qualified Intermediary

- 9a** ☐ (All qualified intermediaries check here) I certify that the entity identified in Part I:
- Is a qualified intermediary and is not acting for its own account with respect to the account(s) identified on line 8 or in a withholding statement associated with this form **and**
 - Has provided or will provide a withholding statement, as required.
- b** ☐ (If applicable) I certify that the entity identified in Part I has assumed primary withholding responsibility under Chapter 3 of the Code with respect to the account(s) identified on this line 9b or in a withholding statement associated with this form ▶
- c** ☐ (If applicable) I certify that the entity identified in Part I has assumed primary Form 1099 reporting and backup withholding responsibility as authorized in its withholding agreement with the IRS with respect to the account(s) identified on this line 9c or in a withholding statement associated with this form ▶

Part III Nonqualified Intermediary

- 10a** ☐ (All nonqualified intermediaries check here) I certify that the entity identified in Part I is not a qualified intermediary and is not acting for its own account.
- b** ☐ (If applicable) I certify that the entity identified in Part I is using this form to transmit withholding certificates and/or other documentary evidence and has provided or will provide a withholding statement, as required.

Part IV Certain United States Branches

Note: You may use this Part if the entity identified in Part I is a U.S. branch of a foreign bank or insurance company and is subject to certain regulatory requirements (see instructions).

- 11 ☐ I certify that the entity identified in Part I is a U.S. branch and that the payments are not effectively connected with the conduct of a trade or business in the United States.

Check box 12 or box 13, whichever applies:

- 12 ☐ I certify that the entity identified in Part I is using this form as evidence of its agreement with the withholding agent to be treated as a U.S. person with respect to any payments associated with this certificate.
- 13 ☐ I certify that the entity identified in Part I:
- Is using this form to transmit withholding certificates or other documentary evidence for the persons for whom the branch receives a payment **and**
 - Has provided or will provide a withholding statement, as required.

Part V Withholding Foreign Partnership or Withholding Foreign Trust

- 14 ☐ I certify that the entity identified in Part I:
- Is a withholding foreign partnership or a withholding foreign trust **and**
 - Has provided or will provide a withholding statement, as required.

Part VI Nonwithholding Foreign Partnership, Simple Trust, or Grantor Trust

- 15 ☒ I certify that the entity identified in Part I:
- Is a nonwithholding foreign partnership, a nonwithholding foreign simple trust, or a nonwithholding foreign grantor trust and that the payments to which this certificate relates are not effectively connected, or are not treated as effectively connected, with the conduct of a trade or business in the United States **and**
 - Is using this form to transmit withholding certificates and/or other documentary evidence and has provided or will provide a withholding statement, as required.

Part VII Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income for which I am providing this form or any withholding agent that can disburse or make payments of the income for which I am providing this form.

Sign Here


Signature of authorized official

08-30-2012
Date (MM-DD-YYYY)

Form **W-8IMY** (Rev. 2-2006)