

NRF Distributors, Inc.

Alternate W-9

Name (as shown on your income tax return)
Business Name (if different from above)
Address (number, street, and apt. or suite no.)
City, State, and Zip Code

Check Appropriate Box:

Exempt from backup withholding	<input type="checkbox"/>
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Individual/Sole Proprietor	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Other (Please Explain)	<input type="checkbox"/>	
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Taxpayer Identification Number (TIN)

Social Security Number

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Employer Identification Number

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Certification

Under penalties of perjury, I certify that:

1. The number show on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding due to failure to report interest and dividend income
3. I am a U.S. person (including a U.S. resident alien).
4. The Foreign Account Tax Compliance Act (FATCA) code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of U.S. Person

Date

Printed Name of U.S. Person