## ATTACHMENT D

W	-9	Request for Taxpayer Identification Number and Certificat	ion	Give for request send t
	Legal Name	as reported on your income tax return)		
85	Business Na	me, if different from above		
Print or type Specific Instructions on page	bax:	Individual/ Sole proprietor Corporation — Do you provide medical services Partnership OGeneral Limited Other Groups of Individuals Govern Organization Exempt from Tax under Section 501(a) — Do you provide medical services	ment (or Government	
fic In	Address (nur	nber; streef, and apt. or suite no.)	Requester's name an AURARIA HIG	
See Speci	City, state, a	id ZIP code	Accounting a Campus Box   P.O. Box 1733 Denver, CO 80	B 361
*	List account	number(s) here (optional)	201101,000	
Part	Taxes	ver Identification Number (TIN)		
ithhok ir disre EIN). It Che	ding. For indiv garded entity, I you do not ha ck here if you i	appropriate box. The TIN provided must match the name given on Line 1 to avoid backup duals, this is your social security number (SSN). However, for a resident alien, sole proprieto see the Part i instructions on page 3. For other entities, it is your employer identification num we a number, see How to get a TIN on reverse side. DO NOT have a SSN or EIN, but have applied for one. or information on How to Obtain a TIN. Licensed Real Estate Broker? I O Yes O No	ber	OR Billication number
	II Certifi			
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