

HEART SPEAKS PRODUCTIONS LLC

"YOU'RE  
PRODUCTION NOW"





HEART SPEAKS PRODUCTIONS LLC

# AUDIO AND VIDEO PRODUCTION

MISSION STATEMENT:

"TO AID THE WORLDS CREATORS WITH AFFORDABLE ASSISTANCE TO MAKE THEIR DREAM A QUALITY REALITY."

HEART SPEAKS WAS FOUNDED IN 2012 BY JOSIAH WALEHWA AS A NOT FOR PROFIT MUSICAL COLLABORATION TO RAISE AWARENESS AND MONEY IN ORDER TO AID DIFFERENT NEEDS IN THE COMMUNITY AND AROUND THE WORLD. SOON JOSIAH REALIZED THROUGH WORKING WITH MANY MUSICIANS, CHURCHES, AND ARTISTS THE NEED FOR AFFORDABLE AUDIO AND VIDEO PRODUCTION THAT COULD HELP THEM IN FULFILLING THEIR VISION.



Heart Speaks Productions LLC

Audio-Video-Production

# Services

Heart Speaks is an online production company that specializes in mixing, mastering, and production of all audio including music, video, and gaming. We not only take a song and mix it, but can also (if desired) help add to it through various production techniques by our production team and writers. We partner with local studios in order to add to their experience, and help with clientele in production as well.





# Heart Speaks Productions LLC

## Bio

A musician, singer-songwriter, and worship leader of 13 years, Josiah has had a good amount of experience with audio and video production. Releasing his own personal music on all digital platforms including iTunes and Spotify, as well as releasing multiple music videos, Josiah understands the desires and goals of creative minds. Josiah is also attending Full Sail University in order to take his engineering experience to the next level with an audio production degree that he will have this year in 2018.





# Heart Speaks Productions LLC

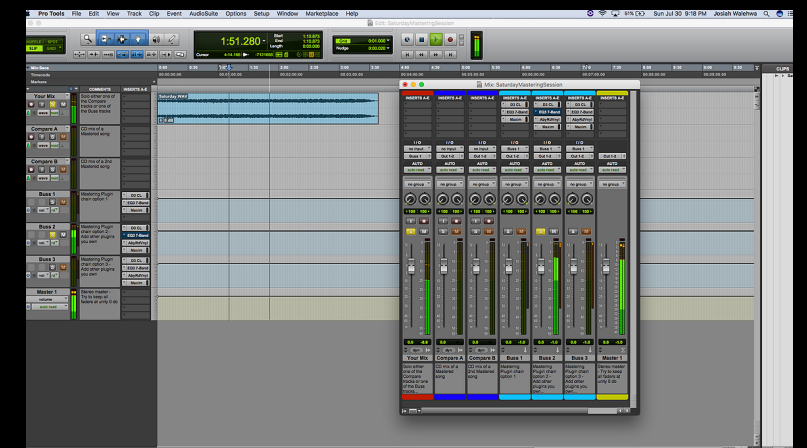
## Marketing and Merchandise

Heart Speaks Productions is in its initial phase of business and has focused its market on the internet and social media platforms including Facebook and Instagram. Additionally Heart Speaks has already mixed and mastered a few singles and a full length HS album for distribution. They are currently available on Soundcloud and iTunes. Although it is mainly an online business, Heart Speaks looks to expand its platform to help different studios around the world with their clientele.

YouTube blogs:

Heart Speaks Productions will also travel around and collect different audio samples and cultural inspirations to add to the production company, all documented on our YouTube video blogs. We give encouragement and show different audio production sessions in different places around that world that inspire us, and may inspire you as well. Mixing on a mountain top, collecting natural water springs for our audio library, as well as just doing all the fun cultural things the location has to offer. You adventure with us as we discover new things.

Vacation with us. Grow with us.





# Networking

Often in many online mixing and mastering companies, separations from the clients and the engineers seem very broad. Heart Speaks seeks to close the gap with a more personal approach, both in Skype sessions and with our YouTube video blogs that we hope to actively engage with our audience in.

Heart Speaks will also seek networking opportunities with the ARS (audio engineering society) and the NARAS (national academy recording arts and sciences) in order to make new connections in the audio community for aid, inspiration, and relationship.





# HEART SPEAKS PRODUCTIONS LLC

## Compliance

Because Heart Speaks is mobile, zoning issues will not be as much of an issue as other companies. My apartment complex will not have to follow typical zoning laws, and any of the studios and churches we work at will already be in compliance with their zoning laws. As a general rule, Heart Speaks will not play loud music in any apt buildings past 10:00pm. All other types of compliance have already been easily met due to being a mobile online company.







— HEART SPEAKS PRODUCTIONS LLC

CHECK OUT OUR PRODUCTION  
EXAMPLES BELOW

<https://jdwalehwa7.wixsite.com/walehwasounddesigns>



# Heart Speaks Productions LLC

## Startup Costs

WEBSITE & REGISTRATION	\$500
PROTOOLS	\$700
MASCHINE/WAVES BUNDLE	\$500
PRO SOUNDS	\$732
SENNHEISER HEADPHONES	\$400
CANNON CAMERA	\$1000
ADVERTISEMENT	\$500
<b><i>TOTAL</i></b>	<b><i>\$4332</i></b>

## Operating Prices

AUDIO PRODUCTION	\$75 PER HOUR, \$175 SONG
VIDEO PRODUCTION	\$100 PER HOUR, \$400 VIDEO
PRODUCING	\$100 PER HOUR, \$200 SONG
SESSION PLAYING	\$100 PER HOUR, \$200 SONG

# HEART SPEAKS PRODUCTIONS LLC

## Funding



Heart Speaks start up and functions costs are very low and therefore don't require much in funding. That being said, we already has a few sponsors we work with and will also begin a Go Fund Me account for the little bit of cash we may need from there.





# HEART SPEAKS PRODUCTIONS LLC

# FEIN REGISTRATION

Form <b>SS-4</b> (Rev. December 2017) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ Go to <a href="http://www.irs.gov/FormSS4">www.irs.gov/FormSS4</a> for instructions and the latest information. ▶ See separate instructions for each line. ▶ Keep a copy for your records.	OMB No. 1545-0003 EIN _____
<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested <b>Heart Speaks Productions LLC</b>		
<b>2</b> Trade name of business (if different from name on line 1) _____		<b>3</b> Executor, administrator, trustee, "care of" name <b>Josiah Walehwa</b>
<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box) <b>7114 South 92nd East Ave</b>		<b>5a</b> Street address (if different) (Do not enter a P.O. box.) <b>7114 South 92nd East Ave</b>
<b>4b</b> City, state, and ZIP code (if foreign, see instructions) <b>Tulsa Oklahoma 71433</b>		<b>5b</b> City, state, and ZIP code (if foreign, see instructions) <b>Tulsa Ok 74133</b>
<b>6</b> County and state where principal business is located _____		
<b>7a</b> Name of responsible party <b>Josiah Walehwa</b>		<b>7b</b> SSN, ITIN, or EIN <b>873-78-2836</b>
<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>8b</b> If 8a is "Yes," enter the number of LLC members <b>1</b>
<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>9a</b> Type of entity (check only one box). <b>Caution.</b> If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises _____ <input checked="" type="checkbox"/> Other (specify) ▶ <b>Limited Liability Company</b> <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____		
<b>11</b> Date business started or acquired (month, day, year). See instructions. <b>09/15/2018</b>		<b>12</b> Closing month of accounting year _____
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		<b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year <b>and</b> want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input checked="" type="checkbox"/>
Agricultural <b>0</b>	Household <b>0</b>	
<b>15</b> First date wages or annuities were paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) _____		
<b>16</b> Check <b>one</b> box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) ▶ <b>Online Production Accommodation</b>		
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>Online audio and video production services</b>		
<b>18</b> Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____		
<b>Third Party Designee</b>	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name _____	Designee's telephone number (include area code) _____
	Address and ZIP code _____	Designee's fax number (include area code) _____
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶ <b>Josiah Walehwa</b>		Applicant's telephone number (include area code) _____ Applicant's fax number (include area code) _____



# HEART SPEAKS PRODUCTIONS LLC

# 1099 FORM

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.				<b>1 Rents</b>	OMB No. 1545-0115	<b>Miscellaneous Income</b>
Heart Speaks Productions				\$ 700.00	<b>2018</b>	
7114 South 92nd East		Phone Num #		<b>2 Royalties</b>		
Ave				\$ #	Form <b>1099-MISC</b>	
Tulsa	Ok	74133	United States	<b>3 Other income</b>	<b>4 Federal income tax withheld</b>	<b>Copy A</b> <b>For</b> <b>Internal Revenue</b> <b>Service Center</b>  <b>File with Form 1096.</b>  <b>For Privacy Act</b> <b>and Paperwork</b> <b>Reduction Act</b> <b>Notice, see the</b> <b>2018 General</b> <b>Instructions for</b> <b>Certain</b> <b>Information</b> <b>Returns.</b>
				\$ 40000.00	\$ 1324.00	
PAYER'S TIN		RECIPIENT'S TIN		<b>5 Fishing boat proceeds</b>	<b>6 Medical and health care payments</b>	
EIN: 5457654	EIN/SSN v 547654			\$ #	\$ #	
RECIPIENT'S name				<b>7 Nonemployee compensation</b>	<b>8 Substitute payments in lieu of dividends or interest</b>	
Josiah		Walehwa				
Street address (including apt. no.)				\$ #	\$ #	
Street Address				<b>9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale</b> <input type="checkbox"/>	<b>10 Crop insurance proceeds</b>	
7114 South 92nd East				\$ #	\$ #	
City or town, state or province, country, and ZIP or foreign postal code				<b>11</b>	<b>12</b>	
Ave		Ok	74133	United States		
Account number (see instructions)		FATCA filing requirement	2nd TIN not.	<b>13 Excess golden parachute payments</b>	<b>14 Gross proceeds paid to an attorney</b>	
Account Number 65435678		<input type="checkbox"/>	<input type="checkbox"/>	\$ #	\$ #	
<b>15a Section 409A deferrals</b>		<b>15b Section 409A income</b>		<b>16 State tax withheld</b>	<b>17 State/Payer's state no.</b>	
				\$ 789.00		
				<b>18 State income</b>	\$ 40000.00	

# HEART SPEAKS PRODUCTIONS LLC

# TRADEMARK












Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number.  
PTO Form 1478 (Rev 09/2006)  
OMB No. 0651-0009 (Exp. 02/28/2021)

## Trademark/Service Mark Application, Principal Register TEAS Plus Application (Version 5.10)

**NOTE:** This identifies who owns the mark, not necessarily who is filing the application. For an instructional video focusing on what is meant by the term "applicant," [click here](#).  
**NOTE:** For an instructional video explaining how to fill out the Applicant Information page, [click here](#).

### Applicant Information

**Note:** If there is more than one owner of the mark, complete the information for the first owner, and then click on the "Add Owner" button at the bottom of this page. Repeat, as necessary, for the appropriate listing of all owners. **Warning:** It is important to determine whether, in fact, the applicants are [joint applicants](#), or some other entity type listed below.

<b>* Owner of Mark</b>	Heart Speaks Productions  <small>[If an individual, use the following format: Last Name, First Name Middle Initial or Name, if applicable]</small>		
<input type="checkbox"/> DBA (doing business as) <input type="checkbox"/> AKA (also known as) <input type="checkbox"/> TA (trading as) <input type="checkbox"/> Formerly	<input type="text"/>		
<b>* Entity Type</b> <input type="radio"/> Individual <input type="radio"/> Corporation <input checked="" type="radio"/> Limited Liability Company <input type="radio"/> Partnership <input type="radio"/> Limited Partnership <input type="radio"/> Joint Venture <input type="radio"/> Sole Proprietorship <input type="radio"/> Trust <input type="radio"/> Estate <input type="radio"/> Other	<table border="1"><tr><td><b>* State or Country Where Legally Organized</b></td><td>If U.S. Company Oklahoma  OR If non-U.S. Company Select Country </td></tr></table>	<b>* State or Country Where Legally Organized</b>	If U.S. Company Oklahoma  OR If non-U.S. Company Select Country 
<b>* State or Country Where Legally Organized</b>	If U.S. Company Oklahoma  OR If non-U.S. Company Select Country 		
<b>Internal Address</b>	7114 South 92nd East Ave		
<b>* Street Address</b>	7114 South 92nd East Ave <small><b>NOTE:</b> You must limit your entry here, and for all remaining fields within this overall section (except City, see <i>below</i>), to no more than 40 characters (the storage limit for the USPTO database). You may need to abbreviate some words, e.g., St. instead of Street. Failure to do so may result in an undeliverable address, due to truncation at the 40 character limit.</small>		
<b>* City</b>	Tulsa <small><b>NOTE:</b> You must limit your entry here to no more than 22 characters.</small>		
<b>* State</b> (Required for U.S. applicants)	Oklahoma  <small><b>NOTE:</b> You must include as part of the "City" entry any information related to geographical regions (e.g., provinces) not found in the dropdown lists for "States" or "Countries." Enter the city and then the geographical region, separated by a comma (e.g., Toronto, Ontario). In most instances, you will then also have to select the country within which the region is found, below.</small>		
<b>* Country or U.S. Territory</b>	United States 		
<b>* Zip/Postal Code</b> (Required for U.S. applicants)	74133		
<b>Phone Number</b>	United States  918-906-9052 Ext. <input type="text"/>		
<b>Fax Number</b>	<input type="text"/>		
<b>* Internet E-mail Address</b>	<input type="text"/> <small>Only one e-mail address may be used for correspondence, in accordance with <a href="#">USPTO policy</a>. The applicant must keep this address current in the USPTO's records.  Check here to <a href="#">authorize</a> the USPTO to communicate with the applicant via e-mail. <b>NOTE:</b> By checking this box, the applicant acknowledges that it is solely responsible for receipt of USPTO documents sent via e-mail. The applicant should periodically check the status of its application through the <a href="#">TSDR</a> system, to see if the assigned examining attorney has e-mailed an Office action. If an action has been sent to the provided e-mail address, the USPTO is not responsible for any e-mail not received due to the applicant's, the applicant's appointed attorney's, or the applicant's domestic representative's security or anti-spam software, or any problems within the applicant's, the applicant's appointed attorney's, or the applicant's domestic representative's e-mail system. All sent actions can be viewed on-line, via the <a href="#">TSDR</a> system.</small>		
<b>Website address</b>	heartspeaksproductions.com		



# HEART SPEAKS PRODUCTIONS LLC

# WORK FOR HIRE

## WORK FOR HIRE AGREEMENT

This Work for Hire Agreement (this "Agreement") is made effective as of February 11, 2018, by and between Heart Speaks Productions (the "Recipient"), of 7114 South 92nd East Ave, Tulsa, Oklahoma 74133, and Andy Blocker (the "Contractor"), of 7263 North Pine, Tulsa, Oklahoma 74133. In this Agreement, the party who is contracting to receive the services shall be referred to as "Recipient", and the party who will be providing the services shall be referred to as "Contractor."

**1. DESCRIPTION OF SERVICES.** Beginning on February 11, 2018, Contractor will provide the following services (collectively, the "Services"):

Graphic Design and Video Work

**2. PAYMENT FOR SERVICES.** Recipient will pay compensation to Contractor for the Services in the amount of \$500.00. This compensation shall be payable in a lump sum upon completion of the Services.

No other fees and/or expenses will be paid to Contractor, unless such fees and/or expenses have been approved in advance by the appropriate Company executive in writing. Contractor shall be solely responsible for any and all taxes, Social Security contributions or payments, disability insurance, unemployment taxes, and other payroll type taxes applicable to such compensation.

**3. TERM/TERMINATION.** This Agreement shall terminate automatically on February 28, 2018.

**4. RELATIONSHIP OF PARTIES.** It is understood by the parties that Contractor is not an employee of the Recipient. Recipient will not provide fringe benefits, including health insurance benefits, paid vacation, or any other employee benefit, for the benefit of the Contractor.

**5. TITLE AND COPYRIGHT ASSIGNMENT.**

a. Contractor and the Recipient intend this to be a contract for services and each considers the products and results of the Services to be rendered by Contractor hereunder (the "Work") to be a work made for hire. Contractor acknowledges and agrees that the Work (and all rights therein including, without limitation, copyright) belongs to and shall be the sole and exclusive property of the Recipient.

b. If for any reason the Work or any part thereof would not be considered a work made for hire under applicable law, Contractor does hereby sell, assign, and transfer to the Recipient, its successors and assigns, the entire right, title and interest in and to the copyright in the Work and any registrations and copyright applications relating thereto and any renewals and extensions thereof, and in and to all works based upon, derived from, or

incorporating the Work, and in and to all income, royalties, damages, claims and payments now or hereafter due or payable with respect thereto, and in and to all clauses of action, either in law or in equity for past, present, or future infringement based on the copyrights, and in and to all rights corresponding to the foregoing throughout the world.

c. If the Work is one to which the provisions of U.S.C. 106A apply, Contractor hereby waives and appoints the Recipient to assert on Contractor's behalf Contractor's moral rights or any equivalent rights regarding the form or extent of any alteration of the Work (including, without limitation, removal or destruction) or making of any derivative works based on the Work, including, without limitation, photographs, drawings or other visual reproductions of the Work, in any medium, for the Recipient's purposes.

d. Contractor agrees to execute all papers and to perform such other proper acts as the Recipient may deem necessary to secure for the Recipient or its designee the rights herein assigned.

**6. CONFIDENTIALITY.** Contractor may have had access to proprietary, private and/or otherwise confidential information ("Confidential Information") of the Recipient. Confidential Information shall mean all non-public information which constitutes, relates or refers to the operation of the business of the Recipient, including without limitation, all financial, investment, operational, personnel, sales, marketing, managerial and statistical information of the Recipient, and any and all trade secrets, customer lists, or pricing information of the Recipient. The nature of the information and the manner of disclosure are such that a reasonable person would understand it to be confidential. Contractor will not at any time or in any manner, either directly or indirectly, use for the personal benefit of the Contractor, or divulge, disclose, or communicate in any manner any Confidential Information. Contractor will protect such information and treat the Confidential Information as strictly confidential. This provision shall continue to be effective after the termination of this Agreement. Upon termination of this Agreement, Contractor will return to Recipient all Confidential Information, whether physical or electronic, and other items that were used, created, or controlled by the Contractor during the term of this Agreement.

**7. INJURIES.** Contractor acknowledges the Contractor's obligation to obtain appropriate insurance coverage for the benefit of the Contractor (and Contractor's employees, if any). Contractor waives any rights to recovery from the Recipient for any injuries that the Contractor (and/or Contractor's employees) may sustain while performing services under this Agreement and that are a result of the negligence of the Contractor or the Contractor's employees. Contractor will provide the Recipient with a certificate naming the Recipient as an additional insured party.

**8. INDEMNIFICATION.** Contractor agrees to indemnify and hold harmless Recipient from all claims, losses, expenses, fees including attorney fees, costs, and judgments that may be asserted against the Recipient that result from the acts or omissions of the Contractor, the Contractor's employees, if any, and the Contractor's agents.

**9. NO RIGHT TO ACT AS AGENT.** An "employer-employee" or "principal-agent" relationship is not created merely because (1) the Recipient has or retains the right to supervise or

inspect the work as it progresses in order to ensure compliance with the terms of the contract or (2) the Recipient has or retains the right to stop work done improperly. The Contractor has no right to act as an agent for the Recipient and has an obligation to notify any involved parties that it is not an agent of the Recipient.

**10. ENTIRE AGREEMENT.** This Agreement constitutes the entire contract between the parties. All terms and conditions contained in any other writings previously executed by the parties regarding the matters contemplated herein shall be deemed to be merged herein and superseded hereby. No modification of this Agreement shall be deemed effective unless in writing and signed by the parties hereto.

**11. WAIVER OF BREACH.** The waiver by the Recipient of a breach of any provision of this Agreement by Contractor shall not operate or be construed as a waiver of any subsequent breach by Contractor.

**12. SEVERABILITY.** If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

**13. APPLICABLE LAW.** This Agreement shall be governed by the laws of the State of Oklahoma.

**14. SIGNATORIES.** This Agreement shall be signed by Josiah Walehwa, Owner on behalf of Heart Speaks Productions and by Andy Blocker. This Agreement is effective as of the date first above written.

RECIPIENT:

# HEART SPEAKS PRODUCTIONS LLC

# BUSINESS TAX RECEIPT

40001

**OKLAHOMA BUSINESS REGISTRATION APPLICATION**

Business Name: Heart Speaks Productions BTRG: AP  
 FEIN/SSN: 773628

**Section 1** Indicate the reason(s) for filing this form:  
 A New Business  
 B Additional License/Permit  
 C Other (explain)

**Section 2** Contact Information:  
 1. Business Phone ( 918 ) 9069052 Business Fax ( ) \_\_\_\_\_  
 Name Josiah Walehwa Email Address josiahwalehwa@gmail.com

**Section 3** Ownership Type:  
 2. How is this business owned?  
 A Individual (Sole Proprietor)  B General Partnership  C Limited Partnership  
 D Oklahoma Corporation  E Foreign Corporation  F Limited Liability Company  
 G Other (explain)

3. Federal Employer's Identification Number (FEIN) 38-8372899

4. Name of Individual, Partnership, Corporation or Limited Liability Company  
Heart Speaks Productions  
 Social Security Number, if individual \_\_\_\_\_  
 Mailing Address 7114 South 92nd East Ave  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

5. Names of Partners/Responsible Corporate Officers/Managing Members: See instructions.  
 (If Social Security Number is not provided below, the application will be returned for completion.)

A {  
 First Name Josiah Middle Initial D Last Name Walehwa Social Security Number 873-082-839 Title \_\_\_\_\_  
 Mailing Address 7114 South 92nd East Ave City Tulsa State Ok Zip Code 74133

B {  
 First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Title \_\_\_\_\_

40001

**OKLAHOMA BUSINESS REGISTRATION APPLICATION**

Business Name: Heart Speaks Productions FEIN/SSN: 773628

**Section 4** Withholding Tax: For multiple locations, indicate the number of copies attached: \_\_\_\_\_  
 6. Do you now or do you intend to withhold Oklahoma Income Tax from employees?  Yes  No  
 (a) If "yes" on item 6, do you expect to withhold more than \$500 per quarter?  Yes  No  
 (b) If "yes" on item 6, date you will begin/began withholding Oklahoma Income Tax: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (c) Are you required to make federal withholding tax deposits more frequently than once a month?  Yes  No  
 7. (a) Date you will begin/began withholding for nonresident royalty interest? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  not applicable  
 (b) Date you will begin/began withholding for pass-through members? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  not applicable  
 8. What FEIN will you use to report withholding tax? (if different than Section III, Item 3) 89-9382938

**Section 5** Physical Location and Classification Information:  
 9. Trade Name of Business (DBA) Heart Speaks Productions  
 10. (a) Physical Location of Business: 7114 South 92nd East Ave  
 Street and Number or Directions (Do not use post office box or rural route number)  
Tulsa Ok 74133 Tulsa  
 City State Zip County  
 (b) Is the physical location of the business inside the city limits?  Yes  No  
 11. Location Phone ( 918 ) 906-9052 Location Fax ( ) \_\_\_\_\_  
 Location E-Mail heartspeaks@gmail.com  
 12. Are all the sales and/or deliveries made inside the city limits of the city listed above?  Yes  No  
 13. Are all the sales and/or deliveries made inside the county limits of the county listed above?  Yes  No  
 14. Principal type of business (check all that apply): - see instructions  
 Retail  Wholesale (complete item 17)  Vending Machine (decals)  
 Service with itemized invoices  Service without itemized invoices  
 Scrap Metal  Other:  
 15. List your principal products or services for this location (be specific):  
 16. Please check the box(es) if you sell (retail):  
 (a)  Tires  Motor Fuel  Low Point Beer  Mixed Drinks  
 Prepaid Wireless Service  Coin-Operated Device Decals  
 Cigarettes (Complete Cigarette and Tobacco Supplement - Packet C)  
 Tobacco Products (Complete Cigarette and Tobacco Supplement - Packet C)  
 (b) Are you in the business of renting motor vehicles?  Yes  No

40001

**OKLAHOMA BUSINESS REGISTRATION APPLICATION**

Business Name: Heart Speaks Productions FEIN/SSN: 773628

19. Was there a previous business at this location? (if yes, complete questions 20 and 21)  Yes  No  
 20. If you answered yes on question 19, please provide the following information:  
 Previous Owner's Permit Number \_\_\_\_\_ Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 21. If you answered yes on question 19, are you using tangible items owned by the previous business owner? (i.e. fixtures and/or equipment; items for resale - this does not include real property)  Yes  No  
 22. If you answered yes on question 21, did you pay sales tax on the tangible items purchased for use from the previous business owner? (i.e. fixtures and/or equipment; items for resale - this does not include real property)  Yes  No

**Section 6** Sales and Use Tax:  
 23. If you currently hold or have previously held an Oklahoma Sales Tax Permit and/or Oklahoma Use Tax Permit, please list number(s):  
 Sales Tax: \_\_\_\_\_ Use Tax: \_\_\_\_\_  
 Sales Tax: \_\_\_\_\_ Use Tax: \_\_\_\_\_  
 Sales Tax: \_\_\_\_\_ Use Tax: \_\_\_\_\_  
 Sales Tax: \_\_\_\_\_ Use Tax: \_\_\_\_\_  
 24. Date of first sales subject to sales and/or use tax in Oklahoma .....(month/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 25. Date of first sales, if applicable, subject to mixed beverage gross receipts tax .....(month/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 26. Do you make purchases from outside Oklahoma that are for your company's consumption or use in Oklahoma, and are not for resale on which tax is owed? (see instructions on page 7)  Yes  No  
**If you are an out-of-state business, please complete lines 27-28.**  
 27. (a) Do you maintain an inventory for sale in Oklahoma?  Yes  No  
 (b) Do you lease goods/equipment in Oklahoma?  Yes  No

40001

**OKLAHOMA BUSINESS REGISTRATION APPLICATION**

Business Name: Heart Speaks Productions FEIN/SSN: 773628

**Section 7** Signature:  
**A sole owner, general partner, responsible corporate officer, member, or authorized representative must sign this application.**  
 I, the undersigned applicant or authorized representative, or if a corporation, a responsible corporate officer for the reporting and remitting of taxes, declare under the penalties of perjury that I have examined this application and attachments and to the best of my knowledge the facts set forth are true and correct, and that the requirements hereunder will be carried out in accordance with the laws of the State of Oklahoma and the rules and regulations of the Oklahoma Tax Commission. I further acknowledge and agree that sales, withholding and motor fuel taxes are trust funds for the State of Oklahoma and that any use of these trust funds other than timely remittance to the State of Oklahoma is embezzlement and can result in criminal prosecution.  
 Type or print name Josiah Walehwa Sign Name \_\_\_\_\_  
 Type or print title \_\_\_\_\_ Date 02 / 12 / 2019  
 Month Day Year  
 Mandatory inclusion of Social Security and/or Federal Employer Identification Number is required on forms filed with the Oklahoma Tax Commission pursuant to Title 68 of the Oklahoma Statutes and regulations thereunder, for identification purposes, and are deemed part of the confidential files and records of the Oklahoma Tax Commission. The Oklahoma Tax Commission is not required to give actual notice of changes in any state tax law.