



**CREDIT
INFORMATION
SHEET**

Legal Business Name

Mid-Coastal Development Corporation dba Southern Aggregates

EIN

56-1420532

NC Tax Exempt #

NC Resale 007614067

Business Formation

5/1/1984

Mailing/Billing Address

PO Box 70
Staley, NC 27355

Physical/Shipping Address

2435 Old 421 Rd
Staley, NC 27355

Accounting Contact

Ivy Scott

(912) 721-7895

accounting@southernaggregates.com

Ordering Contact

Ruby Mendoza / Rachel MacDonald

(855) 720-2388

orders@southernaggregates.com

Bank Reference

South State Bank
25 Bull Street, Savannah, GA 31401
Account #8010001017595

Kelly York, Senior Vice President

(912) 629-6695

kelly.york@southstatebank.com

Trade References

The Frazier Quarry, Inc.

75 Waterman Drive
Harrisonburg, VA 22802
ar@frazierquarry.com
(540) 434-6192

Material Sales Company

PO Box 60774
Charlotte, NC 28260-0774
mscinvoices@hedrickind.com
(704) 633-4241

PalletOne

2340 Ike Brooks Road
Siler City, NC 27344
dlaurel@palletone.com
(863) 226-5411

Luckstone Companies

PO Box 22696
New York, NY 10087-2696
accountsreceivable@luckcompanies.com
(888) 909-5825

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

MID-COASTAL DEVELOPMENT CORPORATION

2 Business name/disregarded entity name, if different from above.

SOUTHERN AGGREGATES

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

- ☐ Individual/sole proprietor ☒ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate
☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)
Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.
☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions

5 Address (number, street, and apt. or suite no.). See instructions.

PO BOX 70

6 City, state, and ZIP code

STALEY, NC 27355

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

 - -

or

Employer identification number

5 6 - 1 4 2 0 5 3 2

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person

Ang Scott

Date **01/14/2025**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Web-Fill
4-22

E-595E Streamlined Sales and Use Tax Certificate of Exemption

Do not send this form to the Streamlined Sales Tax Governing Board or the NC Department of Revenue. Send the completed form to the seller and keep a copy for your records. This is a multi-state form for use in the states listed. Not all states allow all exemptions listed on this form. The purchaser is responsible for ensuring it is eligible for the exemption in the state it is claiming the tax exemption from. Check with the state for exemption information and requirements. The purchaser is liable for any tax and interest, and possible civil and criminal penalties imposed by the state, if the purchaser is not eligible to claim this exemption.

1 ☐ Check if this certificate is for a single purchase. Enter the related invoice/purchase order # _____

2 A. Purchaser's name
MID-COASTAL DEVELOPMENT CORPORATION DBA SOUTHERN AGGREGATES

B. Business address City State Country Zip code
2435 OLD 421 HIGHWAY STALEY NC USA 27355

C. Name of seller from whom you are purchasing, leasing, or renting

D. Seller's address City State Country Zip code

3 Purchaser's type of business. Check the number that describes your business.

- | | |
|--|---|
| <input type="checkbox"/> 01 Accommodation and food services | <input type="checkbox"/> 11 Transportation and warehousing |
| <input type="checkbox"/> 02 Agricultural, forestry, fishing, and hunting | <input type="checkbox"/> 12 Utilities |
| <input type="checkbox"/> 03 Construction | <input type="checkbox"/> 13 Wholesale trade |
| <input type="checkbox"/> 04 Finance and insurance | <input type="checkbox"/> 14 Business services |
| <input type="checkbox"/> 05 Information, publishing, and communications | <input type="checkbox"/> 15 Professional services |
| <input type="checkbox"/> 06 Manufacturing | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 07 Mining | <input type="checkbox"/> 17 Nonprofit organization |
| <input type="checkbox"/> 08 Real estate | <input type="checkbox"/> 18 Government |
| <input type="checkbox"/> 09 Rental and leasing | <input type="checkbox"/> 19 Not a business |
| <input type="checkbox"/> 10 Retail trade | <input checked="" type="checkbox"/> 20 Other (explain) STONE PROCESSING |

4 Reason for exemption. Check the letter that identifies the reason for the exemption.

- | | |
|--|--|
| <input type="checkbox"/> A Federal government (department) _____ | <input type="checkbox"/> H Agricultural production # _____ |
| <input type="checkbox"/> B State government (name) _____ | <input type="checkbox"/> I Industrial production/manufacturing # _____ |
| <input type="checkbox"/> C Tribal government (name) _____ | <input type="checkbox"/> J Direct pay permit # _____ |
| <input type="checkbox"/> D Foreign diplomat # _____ | <input type="checkbox"/> K Direct mail # _____ |
| <input checked="" type="checkbox"/> G Resale # 007614067 | <input type="checkbox"/> L Other (explain) _____ |

5 Identification (ID) number. Enter the ID number as required in the instructions for each state in which you are claiming an exemption. If claiming multiple exemption reasons, enter the letters identifying each reason as listed in Section 4 for each state.

ID Number	State/Country	Reason	ID Number	State/Country	Reason
AR _____			NV _____		
GA _____			OH _____		
IA _____			OK _____		
IN _____			RI _____		
KS _____			SD _____		
KY _____			TN _____		
MI _____			UT _____		
MN _____			VT _____		
NC 007614067	NC	G	WA _____		
ND _____			WI _____		
NE _____			WV _____		
NJ _____			WY _____		

6 Sign and Date. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser 	Print name here IVY SCOTT	Title CFO	Date 04-07-25
Phone Number (912) 721-7895	E-mail address IVY@SOUTHERNAGGREGATES.COM		