



- CigarBros of California, Inc
- 1280 N Johnson Ave STE 101
- El Cajon, CA 92020
- 619-510-2377
- E-Mail: cigarbrosc@gmail.com



ACCOUNT INFORMATION

1	Store Name :	House of Vaporz
2	Address	19940 W Kellogg Dr.
3	City	Goddard
4	State	Kansas
5	Zip Code	67052
6	Country	United States
7	FEIN Number	33-1880500
8	Pay Method Initial Order:	Auto Pay
9	Pay Method Restock Order:	Auto Pay

CONTACT INFORMATION

10	Store Owner's Name:	Aakash Patel
11	Store Owner's Phone #:	785-261-5054
12	Email Address:	houseofvaporz2@gmail.com
13	Business Phone #:	316-339-7034
14	Contact Person's Name:	Hunter Flax
15	Contact Phone #:	785-259-7623

STORE INFORMATION

16	Tobacco License #:	RD013033
17	Seller's Permit #:	004-331880500F-01
18	Hours: Monday to Thurs	7am - 8pm
19	Hours: Friday Saturday	7am - 8pm
20	Store Type: LQ GS SS BW CA GF NA OT RE	SS
21	Humidor Placement: EndCap, ChckOut, Entran, Exit	Entran
22	Carried Cigars Before? Yes or No	No
23	Old Humidor Type: Cntrtop, Single , Double, Walk In	N/A
24	Freight charges apply	Yes
25	Notes:	500.00 off security deposit

AGREEMENT TERMS:

Thank you for your interest in CigarBros! We are excited to present you with our program.

The Humidor:

We will deliver a state-of-the-art humidor at no cost to you. We maintain ownership of the humidor for the lifetime of our partnership. You agree to not display any other humidor in your store. You also agree to keep the humidor fully stocked. We agree to maintain the performance of the humidor with free repairs. You agree to deep clean the humidor every 6 months. You agree to be responsible for any damages to the humidor. \$300 for replacement door, \$2500 for entire humidor for theft, vandalism, abandonment or other causes. You agree to fill the Water Reservoir with Distilled Water as needed

The Location:

An appropriate location will be chosen and agreed upon inside your store. You agree to place the humidor in the approved location and will not relocate outside of the business unless approved by CigarBros. Removing the humidor without our consent can result in penalty charges

The Cigars:

We will provide a selection of the top selling cigars and we will track performance of these cigars, making changes as needed. You agree to not change any of the selection or place any other cigars outside of our program in our humidor. Do not place any cigars on top of the water reservoir.

The Prices:

We will supply you with the selection of cigars at competitive wholesale prices. All applicable state taxes will be included in the price. (excl. certain states)

The Profit:

You are free to price your own cigars. You will be provided with labels and price tags for all cigars. You will also be provided with pricing instructions.

The Service:

All partners must maintain a fully stocked humidor at all times. We will provide you with your monthly restock. We will also provide you with free shipping for all orders that meet our minimum quantity. All partners are required to place restock orders on a monthly basis to ensure a fully stocked humidor. If a location doesn't require a restock order that month, simply send us a photo providing us proof that all skus are full. You agree to maintain sales of at least 100 cigars per month. We may remove the humidor any time. All noncompliant partners are subject to a service charge.

The Satisfaction:

We agree to guarantee the performance of the humidor in your store with 100% money back for the cigars that have been paid for minus shipping costs. You agree to maintain sales of at least 100 cigars per month. We may remove the humidor any time.

Cancellation & Security Deposit:

If you cancel within the first 6 months we will provide you with a 100% money back guarantee. The security deposit is there to ensure the protection of CigarBros Humidors. A 20% restocking fee will be applied to all program cancellations after 6 months

By signing below, you agree to the terms of the agreement.

26. Customer's Signature for Terms & Conditions



MARKETING INFORMATION

27	Is Location 24 Hours?:	No
28	Is Location Shopping Cntr?::	No
29	Dist from Nearest Bar:	2-5M
30	Dist from Nearest Restaurant:	0-1M
31	Dist from Nearest Golf Course:	5-10M
32	Dist from Nearest Major Hotel:	2-5M
33	Dist from Nearest Beach/Lake:	5-10M
34	Dist from Nearest Party Area:	5-10M
35	Dist from Nearest Highway:	NEXT TO
36	Parking Type:	PARKING LOT
37	Area Type:	PARKING LOT
38	Walking Traffic:	LIGHT
39	Car Traffic:	HEAVY
40	Nightlife:	LIGHT
41	Vacationers:	MEDIUM

Credit Card Authorization

43	Authorized Person's Name:	Chuck Patel
44	Name on Bank Account:	Chuck Patel
45	Address on Bank Account:	1406 Washington Circle
46	City :	Hays

RESALE CERTIFICATE FORM

1. I hold a valid seller's permit. See above.

2. I am engaged in the business of selling the following type of tangible personal property: **Tobacco, General Merchandise, Beverages, and Other Products**

3. This certificate is for the purchase from of the item(s) I have listed in paragraph 5 below. [Vendor's name]
CigarBros

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale: **Premium Cigars, Accessories, and Other Retail Products.**

6. I have read and understand the following: For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 % of the tax or \$500, whichever is more.

Customer's Signature for Resale Certificate:

47	State :	Kansas
48	Zip Code :	67601
49	Email for Credit Card Receipt:	houseofvaporz2@gmail.com
50	Phone #:	7852615054
51	I Understand this Info will be Kept on File:	HF

Card Information:

52	Credit Card #:	4147-0991-8687-9720
53	Expiration Date #:	11-2029
54	Security Code:	635
55	Biling Zip Code:	67601

Approval Authorization:

56	100% of the Initial Order will be Charged on Humidor Ship Date	HF
57	All Restock Orders will be Charged on Ship Date	HF
59	All non compliant Accounts will be Charged a \$50 Monthly Service Fee	HF
60	Security deposit will be charged Upon account set up AMOUNT	750.00 HF

Approval Authorization:

61	Humidor Type:	Single Door
62	Remote Shipping:	Yes
63	Self Install:	Yes
64	Any Customizations:	No
65	Signage Type:	Top LED
66	Accessories:	TBD
67	Requested Ship Date:	ASAP
68	Hours of Delivery:	DOH

Credit Card Terms:

Every transaction using this credit card incurs a 4% fee. This fee is applied to the total purchase amount at the point of sale

Authorization:

You (the "Retailer"), the undersigned direct buying customer hereby authorizes (i) CigarBros USA Inc (the "Supplier") to originate debit/credit entries by ACH to the direct buying customer's bank account, indicated below, and (ii) the Depository institution named below, (the "Bank"), to accept and to debit/credit the amount of such entries to the direct buying customer's account.

Bank Name:

Debit/Credit entries will be initiated by the Company through Bank of America

Payable To:

CigarBros USA, Inc.

Blanket Authorization:

This authorization is in effect on the date signed on this agreement and will remain in effect until you (the "Retailer") revoke it. You understand that you can revoke this authorization at any time.

Cancellation:

Cancellation of this authority shall occur (30) days after the Company and Customer's Bank each shall have received written notification from the Direct Buying Customer of termination of such authority

Customer's Signature for ACH Agreement:



SHIPMENT INFORMATION (OFFICE ONLY)

Account Number:	
Humidor ID Number:	

69	Day of Delivery:	M-F
70	Entrance Type/Size:	DD
71	Special Instructions:	LD or RD

Invoice Number:	
Date of Installation:	
Freight Company:	
BOL Number:	

SHIPMENT INFORMATION (OFFICE ONLY)

1	Agreement Prepared By:	AM
	Signature & Date:	 2025-04-01
2	Customer Full Name:	Hunter Flax
	Signature & Date:	 2025-04-04
3	Agreement Authorized By:	
	Signature & Date:	
4	Order Completed By:	
	Signature & Date:	

IMPORTANT RECEIVING INSTRUCTIONS!

We will ship your humidor in a pallet with a 3rd party trucking company. The humidor is approx 300lbs and is large. Please have help available to remove the humidor from the pallet, THE DRIVER WILL NOT HELP WITH THE INSTALLATION.

DO NOT REJECT THE PALLET OR YOU WILL BE RESPONSIBLE FOR THE RE-SHIPMENT COSTS.

Thank you for your understanding. For questions call us at 619-510-2377.

CigarBros®

ACCESSORIES

HEIGHT: 30"
WIDTH: 20"
DEPTH: 11"

FRONT SIDE



- 20 Vector Cutter 62
- 14 Vector V-Cut
- 20 Vector Cutter 80
- 20 Vector X-Metal
- 20 Vector Cutter Rest
- 23 Premium Lighters
- 6 Premium Cutters
- 9 Vector Butane

BACK SIDE



- 50 Boveda 8gr 62%
- 50 Boveda 8gr 69%
- 50 Boveda 8gr 72%
- 12 Boveda 67gr 62%
- 12 Boveda 60gr 69%
- 12 Boveda 60gr 72%
- 12 Boveda Small Bags
- 12 Boveda Medium Bags
- 6 Boveda 10ct 8gr 62%

PRICE: \$1,576.88

Handwritten signature

if you would like the Vector/Boveda stocked display, please select yes or no: no

Uploaded Tobacco License:

Attached is your Kansas Retailers' Sales tax registration certificate. Refer to page 3 to see how to use your certificate. If you close or sell your business, please return this certificate along with a Discontinuation of Business form (CR-108), which can be found on our web site.

You are required by Kansas law to file returns electronically. To do so or make payments electronically, visit our web site at <http://www.ksrevenue.gov/eservices.html>. See page 3 for more details.

KANSAS DEPARTMENT OF REVENUE
Division of Taxation

www.ksrevenue.gov

RETAILERS' SALES TAX REGISTRATION CERTIFICATE



Gs Of Goddard Lic
House of Vaporz
19940 W Kellogg Dr
Goddard, KS 67052

33188

Tax Account Number: 004-XXXXXX0500F-01
Inception Date: 12/01/2024
Filing Frequency: Quarterly

This Registration Certificate is valid until canceled and is not transferable.



SACERT

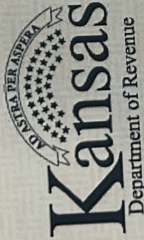
11/01/23

- Here's what to expect next
- If the bank returns the check unpaid, we'll deduct the amount of the check(s) from your account balance.
 - Otherwise, we'll give you access to the funds on the available date above.
- ...the letter's date until this hold is released.

This is your Retail Cigarette/Electronic Cigarette Dealer's License. For change of location or request for a duplicate license, please contact Cigarette and Tobacco Tax at 785-368-8222. Select option five, then option four, then option one, or email kdor_cigtob@ks.gov.

GS OF GODDARD LLC
HOUSE OF VAPORZ
19940 W KELLOGG DR
GODDARD, KS 67052

KANSAS DEPARTMENT OF REVENUE
Division of Taxation
Retail Cigarette/Electronic Cigarette Dealer's License



Year: 2024-2025
License No: RD013033
on and after December 5, 2024
to and including December 31, 2025

HOUSE OF VAPORZ
GS OF GODDARD LLC
19940 W KELLOGG DR

GODDARD, KS 67052

This license shall be posted in a conspicuous place.

Should you decide to close, sell your business or cease selling cigarette products, please complete the information requested below and return the license.

DISCONTINUATION OF BUSINESS

To cancel your license, sign below and indicate the date the business ceased selling cigarette products. Mail the license to Kansas Department of Revenue, Cigarette and Tobacco Tax, PO Box 750680 Topeka, KS 66625-0680. If you have any questions or need additional assistance, please contact our office at 785-368-8222. Select option five, then option four, then option one from 8:00 a.m. to 4:45 p.m., Monday through Friday, or email us at: kdor_cigtob@ks.gov.

Date business ceased selling cigarette products under this ownership _____

12-12-24
Date

785-259-7033
Phone Number

090120

Adventer
Signature of Owner, Partner or Principal Officer

RCECCERT



DRIVER'S
LICENSE

KANSAS

4a ISS 04/19/2024
4b EXP 04/19/2030

4d LIC. NO. K02-88-8381
3 DOB 04/19/2003

1 FLAX

2 HUNTER MICHAEL



DIRECTOR OF VEHICLES SECRETARY OF REVENUE

8 101 W 36TH
APT A
HAYS, KS 67601-1632

9 CLASS C

12 REST 1

15 SEX M

16 HGT 5'-10"

17 WGT 189 lb

18 EYES HAZ

5 DD 01101002403
FH24110M3019DB

♥ DONOR

04/19/2003

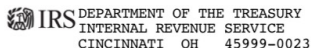
IGNITION
INTERLOCK

Hunter, Michael

17:10



EIN official 2.pdf



GS OF GODDARD LLC
HOUSE OF VAPORZ
% HUNTER M FLAX MBR
19940 W KELLOGG DR
GODDARD, KS 67052

Date of this notice: 11-11-2024

Employer Identification Number:
33-1880500

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 33-1880500. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 941	04/30/2025
Form 940	01/31/2026
Form 1065	03/15/2025

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

(IRS USE ONLY) 575A 11-11-2024 GSOF B 9999999999 SS-4

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents or other payroll service

