



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



## ACCOUNT INFORMATION

1	Store Name :	Perkins Market
2	Address	24680 Viejas Grande Rd.
3	City	Descanso
4	State	California
5	Zip Code	91916
6	Country	United States
7	FEIN Number	38-2953133
8	Pay Method Initial Order:	Auto Pay
9	Pay Method Restock Order:	Auto Pay

## CONTACT INFORMATION

10	Store Owner's Name:	Sean Yaldo (owner)
11	Store Owner's Phone #:	619-445-2578
12	Email Address:	saiman_dekho@yahoo.com
13	Business Phone #:	619-445-2578
14	Contact Person's Name:	Saiman Dekho
15	Contact Phone #:	619-635-5677

## STORE INFORMATION

16	Tobacco License #:	091229024
17	Seller's Permit #:	97-910300
18	Hours: Monday to Thurs	6am-9pm
19	Hours: Friday Saturday	6am-9pm
20	Store Type: LQ GS SS BW CA GF NA OT RE	LQ
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	No
25	Notes:	750.00 off Security Deposit (friends and family)

## 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

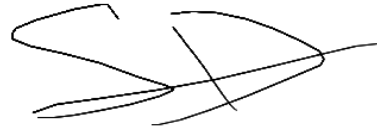
month. We may remove the humidor any time.

### 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:	10+M
30	Dist from Nearest Restaurant:	NEXT TO
31	Dist from Nearest Golf Course:	10+M
32	Dist from Nearest Major Hotel:	10+M
33	Dist from Nearest Beach/Lake:	10+M
34	Dist from Nearest Party Area:	10+M
35	Dist from Nearest Highway:	2-5M
36	Parking Type:	PARKING LOT
37	Area Type:	PARKING LOT
38	Walking Traffic:	HEAVY
39	Car Traffic:	HEAVY
40	Nightlife:	MEDIUM
41	Vacationers:	MEDIUM

### ACH AUTHORIZATION SECTION

43	Authorized Person's Name:	Saiman Dekho
44	Name on Bank Account:	Sean Yaldo
45	Address on Bank Account:	24680 Viejas Grade Rd

### 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:**

46	City :	Descanso, CA
47	State :	CA
48	Zip Code :	91916
49	Email for ACH Receipt:	saiman_dekho@yahoo.com
50	Phone #:	6196355677
51	I Understand this Info will be Kept on File:	



### ACH TERMS:

ELECTRONIC FUNDS TRANSFER PROGRAM  
AGREEMENT PREAUTHORIZATION FOR CIGARBROS  
USA, INC INITIATED DEBITS / CREDITS

### Authorization:

You (the "Retailer"), the undersigned direct buying customer hereby authorizes (i) CigarBros of California 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 of California, 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:	

### BANK INFORMATION:

52	Bank Name:	JPMorgan Chase bank, N.A.
53	Routing #:	322271627
54	Account #:	663266877
55	Account # (verify):	663266877

### Approval Authorization:

56	100% of the Initial Order will be Charged on Humidor Ship Date	
57	All Restock Orders will be Charged on Ship Date	
59	All non compliant Accounts will be Charged a \$50 Monthly Service Fee	
60	Security deposit will be charged Upon account set up AMOUNT	500.00 



### Approval Authorization:

61	Humidor Type:	Single Door
62	Remote Shipping:	No
63	Self Install:	No
64	Any Customizations:	No
65	Signage Type:	Top LED
66	Accessories:	N/A
67	Requested Ship Date:	Local Delivery

68	Hours of Delivery:	DOH
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:	 2025-04-28
2	Customer Full Name:	Saiman Dekho
	Signature & Date:	 2025-04-29
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

SD

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

Uploaded Tobacco License:

THIS LICENSE MUST BE DISPLAYED CONSPICUOUSLY AT THE LOCATION ADDRESS FOR WHICH IT IS ISSUED

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

**CIGARETTE AND TOBACCO PRODUCTS LICENSING ACT OF 2003  
RETAILER'S LICENSE**



LICENSE NUMBER  
091229024

BUSINESS MAILING ADDRESS:  
PERKINS MARKET  
YALDO ENTERPRISES, INC.  
PO BOX 262  
DESCANSO CA 91916-0262

EFFECTIVE DATE:  
July 1, 2024 - June 30, 2025

LOCATION ADDRESS:  
24680 VIEJAS GRADE RD  
DESCANSO CA 91916-9621

THIS LICENSE HAS BEEN ISSUED TO YOU UNDER  
DIVISION 8-4 (COMMENCING WITH SECTION  
22970) OF THE CALIFORNIA BUSINESS AND  
PROFESSIONS CODE.

PLEASE RETAIN THIS DOCUMENT FOR YOUR  
RECORDS.

IS HEREBY AUTHORIZED TO ENGAGE IN THE SALE OF CIGARETTES AND  
TOBACCO PRODUCTS AT THE LOCATION ADDRESS.  
THIS LICENSE IS NOT VALID AT ANY OTHER LOCATION ADDRESS.

THIS LICENSE IS VALID FOR THE EFFECTIVE DATE OR UNTIL SUSPENDED, REVOKED, OR CANCELED, AND IS NOT TRANSFERABLE.  
FOR GENERAL TAX QUESTIONS, PLEASE TELEPHONE OUR CUSTOMER SERVICE CENTER AT 1-800-400-7115 (CRS:711).  
FOR INFORMATION ON YOUR RIGHTS, CONTACT THE TAXPAYERS' RIGHTS ADVOCATE OFFICE AT 1-888-324-2798.

CDTFA-442-LR REV. 5/8-19

**A MESSAGE TO OUR LICENSE HOLDER**

As a licensee, you have certain rights and responsibilities under the Cigarette and Tobacco Products Licensing Act of 2003. For assistance, we offer the following resources:

- Our website at [www.cdtfa.ca.gov](http://www.cdtfa.ca.gov).
- Our toll-free Customer Service Center at 1-800-400-7115 (CRS:711). Customer service representatives are available Monday through Friday from 7:30 a.m. to 5:00 p.m. (Pacific time), except state holidays.

As a licensee, you are expected to maintain the normal books and records of a prudent businessperson. You are required to maintain these books and records for no less than four years, and make them available for inspection by a California Department of Tax and Fee Administration (CDTFA) representative when requested. In addition, you must keep the records on file at the location identified on your license for at least one year after the date of purchase. Specific requirements are set forth in the Cigarette and Tobacco Products Licensing Act of 2003.

You must notify us if you are buying, selling, or adding a location, or discontinuing your business; adding or dropping a partner, officer, or member; or when you are moving any or all of your business locations. This license is valid only for the business name, type of ownership, and location specified on the license. A person who obtains a license and ceases to do business, or never commenced business, shall notify the CDTFA immediately and surrender the license to the California Department of Tax and Fee Administration, Business Tax and Fee Division, P.O. Box 942879, Sacramento, CA 94279-0088. You may also surrender the license to a CDTFA representative.

If you would like to know more about your rights as a taxpayer, or if you are unable to resolve an issue with the CDTFA, please contact the Taxpayers' Rights Advocate Office for help by calling 1-888-324-2798 or by faxing 1-916-323-3319.

As authorized by law, information provided by an applicant for a license may be disclosed to other government agencies.



DISPLAY CONSPICUOUSLY AT PLACE OF BUSINESS FOR WHICH ISSUED

CALIFORNIA STATE BOARD OF EQUALIZATION

SELLER'S PERMIT

ACCOUNT NUMBER

9/1/2001 SR FH 97-910300

PERKINS MARKET  
YALDO ENTERPRISES, INC.  
24680 VIEJAS GRANDE RD  
DESCANSO, CA 91916



THIS PERMIT DOES NOT  
GUARANTEE THE HOLDER  
TO ENGAGE IN ANY  
BUSINESS CONTRARY TO  
ANY LAW, RULE, OR  
REGULATING THAT  
GOVERN THE BUSINESS  
POSSESS OR OPERATE  
ANY LEGAL DEVICE.

Not valid at any other address

IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW, TO ENGAGE IN THE  
BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION  
THIS PERMIT IS VALID UNTIL REVOKED OR CANCELED BUT IS NOT TRANSFERABLE. IF YOU SELL YOUR BUSINESS,  
OR DROP OUT OF A PARTNERSHIP, NOTIFY US OR YOU COULD BE RESPONSIBLE FOR SALES AND USE TAXES  
OWNED BY THE NEW OPERATOR OF THE BUSINESS.

FOR GENERAL TAX QUESTIONS, PLEASE TELEPHONE OUR INFORMATION CENTER AT 1-800-400-7115.  
BOE-442-FI REV. 13 (6-00)

NOTICE TO INDIVIDUALS REGARDING  
INFORMATION FURNISHED TO THE BOARD OF EQUALIZATION

The Information Practices Act of 1977 and the Federal Privacy Act requires this agency to provide the following notice to individuals who are asked by the State Board of Equalization (Board) to supply information, including the disclosure of the individual's social security account number.

Individuals applying for permits, certificates, or licenses, or filing tax returns, statements, or other forms prescribed by this agency, are required to include their social security numbers for proper identification. (See Title 42 United States Code, Section 6001-6007.) It is mandatory to furnish all the appropriate information requested by applications for registration, applications for permits or licenses, tax returns, statements, or other forms. In addition, the law provides that individuals who refuse to furnish the requested information, or who fail to file a return, failure to furnish information required by law or regulations, or for furnishing fraudulent information.

Provisions contained in the following laws require persons meeting certain requirements to file applications for registration, applications for permits or licenses, and tax returns and reports in such form as prescribed by the State Board of Equalization: Alcoholic Beverage Tax, Sections 32001-32556; Child Labor Laws, Sections 38001-38007; Health & Safety Code, Sections 105275-105310; Cigarette and Tobacco Products Tax, Sections 30001-30481; Diesel Fuel Tax, Sections 60001-60070; Hazardous Substances Tax, Sections 43001-43669; Motor Vehicle Fuel License Tax, Sections 45001-45984; International Fuel Tax Agreement, Sections 9401-9433; Motor Vehicle Fuel License Tax, Sections 7301-8405; Oil Spill Response, Prevention, and Administration Fees, Sections 46001-46751; Government Code, Sections 86701-86705; Publicly Owned Property, Sections 1840-1841; Sales and Use Tax, Sections 6001-7279.6; State Assessed Property, Sections 721-888, 4876-4880, 5011-5014; Tax on Insurers, Sections 12001-13170; Timber Yield Tax, Sections 38101-38908; Tire Recycling Fee, Sections 55001-55381; Public Resources Code, Sections 23200-23299.96; Use Fuel Tax, Sections 8801-9855; Maintenance Fee, Sections 50101-50161; Health & Safety Code, Sections 23200-23299.96; Use Fuel Tax, Sections 8801-9855.

The principal purpose for which the requested information will be used is to administer the laws identified in the preceding paragraph. This includes the determination and collection of the correct amount of tax. Information you furnish to the Board may be used for the purpose of collecting any outstanding tax liability.

As authorized by law, information requested by an application for a permit or license could be disclosed to other agencies, including, but not limited to, the proper officials of the following: 1) United States governmental agencies: U.S. Attorney's Office; Bureau of Alcohol, Tobacco and Firearms; Depts. of Agriculture, Defense, Justice; Federal Bureau of Investigation; General Accounting Office; Internal Revenue Service; the Interstate Commerce Commission; 2) State of California governmental agencies and officials: Air Resources Board; Dept. of Alcoholic Beverage Control; Auctioneer Commission; Employment Development Department; Energy Commission; Exposition and Fairs; Food & Agriculture; Board of Forestry; Forest Products Commission; Franchise Tax Board; Dept. of Health Services; Highway Patrol; Dept. of Housing & Community Development; California Parent Locator Service; 3) State agencies outside of California for tax enforcement purposes; and 4) city attorneys and city prosecutors; county district attorneys, sheriff departments.

As an individual, you have the right to access personal information about you in records maintained by the State Board of Equalization. Please contact your local Board office listed in the white pages of your telephone directory for assistance. If the local Board office is unable to provide the information sought, you may also contact the Disclosure Office in Sacramento by telephone at (916) 445-2918. The Board officials responsible for maintaining this information, who may be contacted by telephone at (916) 445-6464, are: **Sales and Use Tax**, Deputy Director, Sales and Use Tax Department, 450 N Street, M/C-43, Sacramento, CA 95814; **Excise Taxes, Fuel Taxes and Environmental Fees**, Deputy Director, Excise Taxes Department, 450 N Street, M/C-31, Sacramento, CA 95814; **Property Taxes**, Deputy Director, Property Taxes Department, 450 N Street, M/C-63, Sacramento, CA 95814.

Agencies are to the California Revenue and Taxation Code unless otherwise indicated.



Form W-9  
Rev. October 2007  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer  
Identification Number and Certification**

Name as appearing on your federal tax return  
**YARRO ENTERPRISES INC**

Check appropriate box: ☐ Individual (See instructions) ☒ Corporation ☐ Partnership ☐ Limited liability company. Enter the tax classification (check appropriate entry, C=corporation, P=partnership, S=single-member LLC, etc.)

Address (street, street and apt. (or suite) no.)  
**24680 Viejas Grade (PO Box 262)**

City, state, and zip code  
**DESCANSO CA 91916-0262**

Employer identification number (EIN)  
**38-295-3133**

Requester's name and address (optional)

**Part 1 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 partnerships, the TIN is the partnership's EIN. For trusts, the TIN is the trust's EIN. For estates, the TIN is the estate's EIN. For individuals, the TIN is the individual's EIN. If you do not have a number, see how to get one on page 3. Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose name to enter.

**Part 2 Certification**

Under penalties of perjury, I certify that:

- The number shown on the form is my correct taxpayer identification number (or I am acting 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 to file an IRS-accepted return.
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions: If you are not a U.S. person, you must check the box on line 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 or dividends, or to file an IRS-accepted return. For real estate transactions, form 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, and for annuities, you are not required to sign this Certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person

Date 12/28/2011

**General Instructions**

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

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report your income, assets, or liabilities. This includes, but is not limited to, interest, dividends, annuities, royalties, and other income; sales of property; transactions involving the acquisition or abandonment of secured property; cancellation of debt; or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or exempt from backup withholding if you are a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partner's share of effectively connected income, and you are not a partner in a partnership that is a U.S. person.
- Claim exemption from backup withholding if you are a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partner's share of effectively connected income, and you are not a partner in a partnership that is a U.S. person.

Model A requester gives you a form other than Form W-9 to request your TIN. If you are not a U.S. person, you must file Form W-9, substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien.
- A partnership, corporation, company, or association organized or organized in the United States or under the laws of the United States.
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on the allocable share of income from such business. Further, in certain cases, a partnership has not been received; a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership that is a U.S. person, you must file Form W-9, providing Form W-9 to each partner to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.