

Crusade for Christ Temple Church of God in Christ
FCC Form 318, Exhibit 7, page 1

Form SS-4 (Rev. December 1993) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)		EIN 54-1749706 OMB No. 1545-0047 Expires 12-31-95
1 Name of applicant (Legal name) (See instructions.) LUCY M. ROBINSON				
2 Trade name of business, if different from name in line 1 Crusade for Christ Temple Church of God in Christ				
4a Mailing address (street address, room, apt., or suite no.) P.O. Box 24644		3 Executor, trustee, or other name James T. Johnson Jr.		
4b City, state, and ZIP code Richmond, VA 23224		5a Business address, if different from address in lines 4a and 4b 1700 West Moore St.		
		5b City, state, and ZIP code Richmond, VA 23200		
6 County and state where principal business is located Richmond, VA				
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.)				
8a Type of entity (Check only one box) (See instructions.)				
<input checked="" type="checkbox"/> Sole proprietorship <input type="checkbox"/> Estate (EIN of decedent) <input type="checkbox"/> Trust <input type="checkbox"/> REMIC <input type="checkbox"/> Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> State/local government <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Other corporation (specify) <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> Federal government/territory <input checked="" type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other (specify)				
8b If a corporation, name the state or foreign country (if applicable) where incorporated				
9 Reason for applying (Check only one box)				
<input type="checkbox"/> Started new business (specify) <input type="checkbox"/> Changed type of organization (specify) <input checked="" type="checkbox"/> Filled employment <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a pension plan (specify type) <input type="checkbox"/> Created a trust (specify) <input type="checkbox"/> Banking purpose (specify) <input type="checkbox"/> Other (specify)				
10 Date business started or acquired (Mo., day, year) (See instructions.) 10/1/82				
11 Enter closing month of reporting year. (See instructions.) Dec				
12 First date wages or salaries were paid or will be paid (Mo., day, year). Enter if applicant is a withholding agent; enter date income will first be paid to nonresident alien. (Mo., day, year) 3/24/95				
13 Enter highest number of employees employed in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."				
14 Principal activity (See instructions.) Religious				
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input checked="" type="checkbox"/> Other (specify) Religious Workshop <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A				
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.				
Legal name Lucy M. Robinson Trade name				
17c Enter expiration date, day, and state where this application was filed and the previous employer identification number if known. Applicable date when filed (Mo., day, year) City and state where filed Previous EIN				
Under penalty 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 (Please type or print clearly) Lucy M. Robinson, Financial Secy Business telephone number (include area code) (804) 359-1502				
Signature Lucy M. Robinson Date 3/6/95				
Please print name Lucy M. Robinson Title Financial Secy City Richmond State VA Reason for applying				

For Paperwork Reduction Act Notice, see attached instructions. GSA No. 100504 Form SS-4 (Rev. 12-93)