

**NOTIFICATION FOR UNDERGROUND STORAGE TANK SYSTEMS**

State Form 45223 (R10 / 3-23)  
 Indiana Department of Environmental Management  
 Petroleum Branch

**RETURN COMPLETED FORMS TO:**

Indiana Department of Environmental Management  
 USTRegistration@idem.in.gov

Facility ID Number: 11157

The information requested is required by 329 IAC 9. This form should only be used for facilities previously registered with the IDEM Underground Storage Tank program.

<b>A TYPE OF NOTIFICATION</b>										
<input checked="" type="checkbox"/>	Facility Contact Change	<input checked="" type="checkbox"/>	UST Owner Change	<input checked="" type="checkbox"/>	Owner/Operator Information Change					
	Type of Facility Change	<input checked="" type="checkbox"/>	Property Owner Change	<input checked="" type="checkbox"/>	Facility Name / Location Change					
	UST System Modification	<input checked="" type="checkbox"/>	UST Operator Change	<input checked="" type="checkbox"/>	Financial Responsibility Change					
	New UST System(s)									
<b>B FACILITY NAME / LOCATION</b>										
FACILITY NAME New venture LLC				LATITUDE (37.710101 to 41.866773) 38.954723			LONGITUDE (-88.165351 to -84.671035) 85.898133			
FACILITY ADDRESS (number and street) 933 west tiptop street					PARCEL NUMBER 36-66-18-405-014-000-009					
CITY Seymour			STATE IN	ZIP CODE 47274		COUNTY Jackson		TELEPHONE NUMBER 812-271-1293		
<b>C TYPE OF FACILITY (Check all that apply)</b>										
<input type="checkbox"/>	Auto Dealership	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Airport Hydrant System					
<input type="checkbox"/>	Hospital	<input checked="" type="checkbox"/>	Gas Station	<input type="checkbox"/>	Industrial					
<input type="checkbox"/>	Petroleum Distributor	<input type="checkbox"/>	Railroad	<input type="checkbox"/>	Residential					
<input type="checkbox"/>	Trucking or Transport	<input type="checkbox"/>	Utilities	<input type="checkbox"/>	Unmanned					
<input type="checkbox"/>	Marina	<input type="checkbox"/>	School	<input type="checkbox"/>	Other:					
<b>D PREPARED BY</b>										
PREFIX	FIRST NAME Shashi			MI	LAST NAME Kumar			SUFFIX		
ADDRESS 3921 Spylaw road				CITY Bargersville		STATE IN	ZIP CODE 46106			
TELEPHONE NUMBER 908-636-5125			JOB TITLE Owner		EMAIL ADDRESS Shashikumar735@gmail.com					
<b>E UST OWNER</b>										
TYPE OF OWNER										
<input type="checkbox"/>	Federal Government			<input type="checkbox"/>	State Government			<input type="checkbox"/>		City / Local Government
<input type="checkbox"/>	Commercial			<input checked="" type="checkbox"/>	Private			<input type="checkbox"/>		Other:
Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State)						BUSINESS ID (From the Secretary of State)				
New venture LLC						202301181655625				
Option 2: UST OWNER NAME (If a Public Agency or other entity)										
Option 3: UST OWNER NAME (If in Individual Capacity)										
PREFIX	FIRST NAME Shashi			MI	LAST NAME Kumar			SUFFIX		
UST OWNER ADDRESS (Listed in Options 1-3)										
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 933 west tiptop street						ADDRESS (line 2)				
CITY Seymour			STATE IN	ZIP CODE 47274		EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) 9-15-2023				
TELEPHONE NUMBER 908-636-5125			EMAIL ADDRESS (Option 3 Individual Capacity) Shashikumar735@gmail.com			JOB TITLE (Option 3 Individual Capacity) Own president				
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)										
PREFIX	FIRST NAME Shashi			MI	LAST NAME Kumar			SUFFIX		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) 933 west tiptop street						ADDRESS (line 2)				
CITY Seymour			STATE IN	ZIP CODE 47274		JOB TITLE Owner present				
TELEPHONE NUMBER 908-636-5125			EMAIL ADDRESS Shashikumar735@gmail.com							

FACILITY ID #		FACILITY NAME	
<b>F FINANCIAL RESPONSIBILITY (Check all that apply)</b>			
Federal or State Government Entity, which does not fall under financial responsibility requirements			
Local Government owner or operator is maintaining financial responsibility for this site			
The UST owner is maintaining financial responsibility for this site			
The UST operator is maintaining financial responsibility for this site			
I have met the financial responsibility requirements (in accordance with 329 IAC 9-8) by using one or a combination of the following mechanisms: (check all that apply). If you are using the ELTF it must be checked as well.			
Financial Test of Self Insurance		<input checked="" type="checkbox"/>	Excess Liability Trust Fund (State Fund)
Guarantee		<input type="checkbox"/>	Insurance and Risk Retention Group Coverage
Surety Bond		<input type="checkbox"/>	Loan Commitment Letter
Letter of Credit		<input type="checkbox"/>	Certificate of Deposit
Trust Fund		<input type="checkbox"/>	Standby Trust Fund
Local Government Bond Rating Test		<input type="checkbox"/>	Local Government Financial Test
Local Government Guarantee		<input type="checkbox"/>	Local Government Fund
If utilizing the ELTF for FR, I acknowledge the requirement to maintain the ability to pay the applicable amount pursuant to 9-8-11(b) and (c) and ability to provide proof of that mechanism when requested.			
<b>G UST OPERATOR</b>			
TYPE OF OPERATOR			
Federal Government		<input type="checkbox"/>	State Government
Commercial		<input checked="" type="checkbox"/>	Private
		<input type="checkbox"/>	City / Local Government
		<input type="checkbox"/>	Other:
Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State)		BUSINESS ID (From the Secretary of State)	
Waheguru sache Patshah LLC		201901221300372	
Option 2: UST OPERATOR NAME (If a Public Agency or other entity)			
Option 3: UST OPERATOR NAME (If in Individual Capacity)			
PREFIX	FIRST NAME	MI	LAST NAME
UST OPERATOR ADDRESS (Listed in Options 1-3)		ADDRESS (line 2)	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		3921 Spylaw road	
CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)
Bargersville	IN	46106	9-15-2023
TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)
908-636-5125	Shashikumar735@gmail.com		Owner present
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME
	Shashi		Kumar
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
3921 Spylaw road			
CITY	STATE	ZIP CODE	JOB TITLE
Bargersville	IN	46106	
TELEPHONE NUMBER	EMAIL ADDRESS		
908-636-5125	Shashikumar735@gmail.com		
<b>H FACILITY CONTACT</b>			
CONTACT INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME
	Shashi		Kumar
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
3921 Spylaw road			
CITY	STATE	ZIP CODE	JOB TITLE
Bargersville	IN	46106	
TELEPHONE NUMBER	EMAIL ADDRESS		
908-636-5125	Shashikumar735@gmail.com		

FACILITY ID #		FACILITY NAME			
<b>I DEEDED PROPERTY OWNER</b>					
TYPE OF OWNER					
Federal Government		State Government		City / Local Government	
Commercial		<input checked="" type="checkbox"/> Private		Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)				BUSINESS ID (From the Secretary of State)	
New venture LLC				202301181655625	
Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity)					
Option 3: PROPERTY OWNER NAME (If in Individual Capacity)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	Shashi		Kumar		
PROPERTY OWNER ADDRESS (Listed in Options 1-3)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
933 west tiptop street					
CITY		STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)	
Seymour		IN	47274	9-15-2023	
TELEPHONE NUMBER		EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)	
908-636-5125		Shashikumar735@gmail.com		Own president	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	JOB TITLE	
TELEPHONE NUMBER		EMAIL ADDRESS			
<b>J ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)</b>					
TYPE OF OWNER					
Federal Government		State Government		City / Local Government	
Commercial		Private		Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)				BUSINESS ID (From the Secretary of State)	
Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity)					
Option 3: PROPERTY OWNER NAME (If in Individual Capacity)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PROPERTY OWNER ADDRESS (Listed in Options 1-3)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)	
TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS (Option 3 Individual Capacity)		PROPOSED END DATE (MM/DD/YYYY)	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	JOB TITLE	
TELEPHONE NUMBER		EMAIL ADDRESS			

FACILITY ID # 11157		FACILITY NAME New venture LLC			
<b>K CONTRACTOR</b>					
INSTALLATION INSPECTED BY A REGISTERED ENGINEER		REGISTRATION ID:		REGISTRATION DATE (mm/dd/yyyy)	
MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INCLUDED			INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURER		
WORK INSPECTED BY INDIANA DEPARTMENT OF HOMELAND SECURITY / DIVISION OF FIRE AND BUILDING SAFETY				INSPECTION DATE (mm/dd/yyyy)	
CONTRACTOR BUSINESS NAME (Business Name as registered with the Secretary of State)				BUSINESS ID (From the Secretary of State) 202301181655625	
CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	IDHS CERTIFICATION NUMBER	
TELEPHONE NUMBER		EMAIL ADDRESS			
<b>L POTENTIALLY INTERESTED PARTIES</b>					
INTERESTED PARTY NAME			E-MAIL ADDRESS		
INTERESTED PARTY NAME			E-MAIL ADDRESS		
INTERESTED PARTY NAME			E-MAIL ADDRESS		
<b>M FACILITY SITE MAP</b>					
In the space below, sketch the facility (tanks, piping, tank manway locations, vents, pump islands, buildings, etc.). Include tank sizes and type of product stored. Label streets or other landmarks. Show North if direction known.					

FACILITY ID #	FACILITY NAME
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Complete one column for each tank or compartment. See instructions for compartment identification numbering.

**N IDENTIFICATION OF UNDERGROUND STORAGE TANKS**

IDEM UST REGISTRATION NUMBER				
PART OF A COMPARTMENTED UST (Y/N)				
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED				
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY				
MANIFOLDED (Y/N)				
MANIFOLDED TO COMPARTMENT ID NUMBER				

**O STATUS OF UNDERGROUND STORAGE TANKS**

CURRENT STATUS				
(mm/dd/yyyy) STATUS DATE				

**P SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS**

PETROLEUM				
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)				

**Q UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES**

MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION				
SECONDARY CONTAINMENT				

**R UNDERGROUND STORAGE TANK CORROSION PROTECTION**

CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				

**S PIPING CONSTRUCTION AND PROTECTION**

MANUFACTURER				
MODEL				
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL				
SECONDARY CONTAINMENT				
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
PRODUCT DELIVERY METHOD				

FACILITY ID #		FACILITY NAME			
IDEM UST REGISTRATION NUMBER					
COMPARTMENT IDENTIFICATION NUMBER					
<b>T</b>	<b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b>				
PRIMARY UST RELEASE DETECTION					
MANUFACTURER					
MODEL					
SECONDARY UST RELEASE DETECTION					
MANUFACTURER					
MODEL					
<b>U</b>	<b>UNDERGROUND PIPING RELEASE DETECTION</b>				
PRIMARY PIPING RELEASE DETECTION					
MANUFACTURER					
MODEL					
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)					
MANUFACTURER					
MODEL					
TERTIARY PIPING RELEASE DETECTION					
MANUFACTURER					
MODEL					
<b>V</b>	<b>SPILL AND OVERFILL PREVENTION EQUIPMENT</b>				
CATCHMENT BASIN / SPILL BUCKET					
(mm/dd/yyyy) DATE INSTALLED					
MANUFACTURER					
MODEL					
FILL LATITUDE					
FILL LONGITUDE					
PRIMARY OVERFILL PREVENTION EQUIPMENT					
(mm/dd/yyyy) DATE INSTALLED					
MANUFACTURER					
MODEL					
% ULLAGE SET POINT					
SECONDARY OVERFILL PREVENTION EQUIPMENT					
(mm/dd/yyyy) DATE INSTALLED					
MANUFACTURER					
MODEL					
% ULLAGE SET POINT					
UNDER DISPENSER CONTAINMENT PRESENT					
MANUFACTURER					
(mm/dd/yyyy) DATE INSTALLED					
SUBMERSIBLE TURBINE SUMP PRESENT					
MANUFACTURER					
(mm/dd/yyyy) DATE INSTALLED					

FACILITY ID #	FACILITY NAME
---------------	---------------

Complete one column for each tank or compartment. See instructions for compartment identification numbering.

**N IDENTIFICATION OF UNDERGROUND STORAGE TANKS**

IDEM UST REGISTRATION NUMBER				
PART OF A COMPARTMENTED UST (Y/N)				
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED				
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY				
MANIFOLDED (Y/N)				
MANIFOLDED TO COMPARTMENT ID NUMBER				

**O STATUS OF UNDERGROUND STORAGE TANKS**

CURRENT STATUS				
(mm/dd/yyyy) STATUS DATE				

**P SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS**

PETROLEUM				
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)				

**Q UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES**

MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION				
SECONDARY CONTAINMENT				

**R UNDERGROUND STORAGE TANK CORROSION PROTECTION**

CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				

**S PIPING CONSTRUCTION AND PROTECTION**

MANUFACTURER				
MODEL				
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL				
SECONDARY CONTAINMENT				
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
PRODUCT DELIVERY METHOD				

FACILITY ID #		FACILITY NAME			
IDEM UST REGISTRATION NUMBER					
COMPARTMENT IDENTIFICATION NUMBER					
<b>T</b>	<b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b>				
PRIMARY UST RELEASE DETECTION					
MANUFACTURER					
MODEL					
SECONDARY UST RELEASE DETECTION					
MANUFACTURER					
MODEL					
<b>U</b>	<b>UNDERGROUND PIPING RELEASE DETECTION</b>				
PRIMARY PIPING RELEASE DETECTION					
MANUFACTURER					
MODEL					
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)					
MANUFACTURER					
MODEL					
TERTIARY PIPING RELEASE DETECTION					
MANUFACTURER					
MODEL					
<b>V</b>	<b>SPILL AND OVERFILL PREVENTION EQUIPMENT</b>				
CATCHMENT BASIN / SPILL BUCKET					
(mm/dd/yyyy) DATE INSTALLED					
MANUFACTURER					
MODEL					
FILL LATITUDE					
FILL LONGITUDE					
PRIMARY OVERFILL PREVENTION EQUIPMENT					
(mm/dd/yyyy) DATE INSTALLED					
MANUFACTURER					
MODEL					
% ULLAGE SET POINT					
SECONDARY OVERFILL PREVENTION EQUIPMENT					
(mm/dd/yyyy) DATE INSTALLED					
MANUFACTURER					
MODEL					
% ULLAGE SET POINT					
UNDER DISPENSER CONTAINMENT PRESENT					
MANUFACTURER					
(mm/dd/yyyy) DATE INSTALLED					
SUBMERSIBLE TURBINE SUMP PRESENT					
MANUFACTURER					
(mm/dd/yyyy) DATE INSTALLED					



FACILITY ID #		TRANSACTION ID - FOR STATE USE ONLY	
<b>UST OWNER CERTIFICATION</b>			
<p>I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e):</p> <p>(1) Installation of all tanks and piping under 40 CFR 280.20.  (2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.  (3) Release detection under 40 CFR 280 Subpart D.  (4) Financial responsibility under 329 IAC 9-8.</p>			
OWNER'S AUTHORIZED REPRESENTATIVE (Print or Type)			
PREFIX	FIRST NAME	MI	LAST NAME
	Shashi		Kumar
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
Owner			
SIGNATURE			DATE (MM/DD/YYYY)
SKumar			6/20/2024
<b>UST OPERATOR CERTIFICATION</b>			
<p>I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e):</p> <p>(1) Installation of all tanks and piping under 40 CFR 280.20.  (2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.  (3) Release detection under 40 CFR 280 Subpart D.  (4) Financial responsibility under 329 IAC 9-8.</p>			
OPERATOR'S AUTHORIZED REPRESENTATIVE (Print or Type)			
PREFIX	FIRST NAME	MI	LAST NAME
	Shashi		Kumar
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (If Individual Leave Blank)	
Owner			
SIGNATURE			DATE (MM/DD/YYYY)
SKumar			6/20/1024
<b>CONTRACTOR CERTIFICATION</b>			
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME
OATH: I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that work performed on the UST system complies with methods specified in 329 IAC 9 and 40 CFR 280, Subpart C.			
SIGNATURE		EMAIL ADDRESS	DATE (MM/DD/YYYY)
SKumar			06/20/2024

## McCarthy, Keegan

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**From:** Shashi Kumar <shashikumar735@gmail.com>  
**Sent:** Tuesday, June 25, 2024 6:35 PM  
**To:** IDEM USTregistration  
**Subject:** Fid 11157  
**Attachments:** 45223 fill-in.pdf

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