

Form ID-NEWCIK Filer
Information

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

Form ID-NEWCIK

OMB Number: 3235-0328

FORM ID

Expires: May 31, 2022

UNIFORM APPLICATION FOR ACCESS CODES TO
FILE ON EDGAR

Estimated average burden
hours per response: 0.15

Form ID: Application for EDGAR Access

Applicant Type

Filer

Indicate whether the applicant is a
company or individual

Company Individual

Access codes will be used to submit draft
registration or draft offering statement.

Note: The Name of Applicant must be in English!
Please enter the name of applicant as specified in its charter.
Also, the value that you enter below may be conformed to meet EDGAR standards. [Click here for details.](#)

Name of Applicant :

All Custom Goods & Entertainment Ilc

Mailing Street 1

6429 e reno ave

Mailing Street 2

building m

Mailing City

midwest city

Mailing State/Country

OK

Mailing Zip/Postal Code

73110

Phone

4052568834

Note: If the potential filer does not have a TIN, enter "00-0000000" below.

Tax Identification Number (TIN)(DD-
DDDDDDDD)

83-1015159

Form ID: Filer Information

Refer to Volume I of the [EDGAR Filer Manual](#) for instructions on how to complete this section.

"Doing Business As" Name :

All Custom Goods & Entertainment, Ilc

Note: The Foreign Name is intended to be the name of your company in any language other than English.

Foreign Name :

All Custom Goods & Entertainment, llc

Business address same as mailing address. Business address is required if not the same.



Business Street 1

63001 nw 63rd

Business Street 2

#23361

Business City

Oklahoma City

Business State/Country

OK

Business Zip/Postal Code

73123

State of Incorporation

OK

Fiscal Year End (MM/DD)

08/31

Form ID: Contact Information

Contact for EDGAR Information, Inquiries, and Access Codes

Refer to Volume I of the [EDGAR Filer Manual](#) for instructions on how to complete this section.

Contact Name

Nicholas Patterson

Contact address same as Registrant General Information address. Contact address is required if not the same.



Contact Street 1

Contact Street 2

Contact City

Contact State/Country

Contact Zip/Postal Code

Contact Phone

4052568834

Note: The E-mail address below is where your new CIK will be sent after form submission and review. It is very important that you enter it correctly. To help ensure accuracy, you must enter it twice.

E-mail Address

umusicbank@gmail.com

Re-enter E-mail Address

umusicbank@gmail.com

Contact for SEC Account Information and Billing Invoices

Refer to Volume I of the [EDGAR Filer Manual](#) for instructions on how to complete this section.

Contact Name

nicholas patterson

Contact address same as Registrant General Information address. Contact address is required if not the same.



Contact Street 1

Contact Street 2

Contact City

Contact State/Country

Contact Zip/Postal Code

Contact Phone

4052568834

Form ID: Signature

Note: Only a duly authorized person - such as a partner, president, treasurer, corporate secretary, officer, or director - may sign this application on behalf of the applicant.

Refer to Volume I of the [EDGAR Filer Manual](#) for instructions on how to complete this section. If applicant is an individual, the applicant must sign the Form.

Signature

nicholas patterson

Date (MM/DD/YYYY)

07/01/2021

Title/Position

CEO

Form ID: Notarized Authentication

Signature of Authorized Person

Marcus D. Gooden

Printed Name of Signature

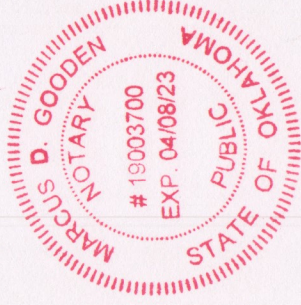
Marcus D. Gooden

Title of Person Signing

Notary Public

Notary Signature & Seal to be Placed

Here



Marcus D. Gooden

Marcus D. Gooden
Notary Public