AG Source, Inc. is a third-party transportation logistics provider built on ***integrity*** and ***service***. We are a non-asset based company, we work with truck and rail carriers to serve our customers with a single call. Our staff collectively has over ***200 years*** in the transportation industry providing exceptional customer service. We have the technology and expertise to solve logistic challenges, and move products from origin to destination anywhere in the continental United States and Canada.

AG Source works with Fortune 500 and Blue Chip companies as well as family-owned and start-up businesses. We develop logistic plans and provide cost effect options. As your single point of contact, we are able to provide competitive solutions to meet your logistic needs.

We seek out the mode of transportation that provides the greatest efficiencies while meeting the needs of the customer, alleviating the issues of carrier capacity. We manage relationships with carriers so our customers do not have to. Through years of transportation experience we have built and maintained an elite carrier pool. Each carrier must have qualifying safety scores, minimum insurance coverage with reputable providers, a proven track record, 24/7 availability, and secured capacity.

AG Source offers the flexibility and personalized service to provide customized solutions as the demands of transportation rapidly change. Regardless of your specific need, our tailored solutions empower you to manage costs, and focus on your core business. We believe in building a solid relationship on ***integrity*** and ***service*** that you can count on every day.

4910 Corporate Centre Drive, Suite 110, Lawrence, KS 66047 • **Phone.** 785.841.1315 • **Fax.** 785.841.1316

Corporate Fact Sheet

With a combined 200 years' experience, AG Source has been a leader in providing companies with their logistics needs across North America. We are a full service transportation provider specializing in the truckload, dry bulk, van, and LTL Services.

AG Source will provide you with the right transportation solution for all your business needs. Throughout the history of AG Source, we have worked to anticipate the future needs of our customers. Whether the challenge is capacity issues, complex lanes or other difficult issues in the marketplace, we stand committed to help our customers grow and succeed.

Authority: MC-413830-B
SCAC: AGAQ
TIN: 43-1934956

"GOLD BOOK" Reference
First Advantage/Compunet
800-872-3748

Corporate Headquarters
Mailing & Physical Address:
4910 Corporate Centre Drive, Suite 110
Lawrence, KS 66047

Phone: 785-841-1315
Fax: 785-312-5353

Contact Information
President: Troy Bird
Vice Pres: Brad Bird
Secretary: Todd Bird
Van Div. Mgr: Steve Spencer

Credit Reference
Central National Bank
711 Wakarusa Drive
Lawrence, KS 66049
785-838-1893
David Moore

AG Source, Inc.

CUSTOMER CREDIT APPLICATION

I understand that the following information is needed in order for you to determine credit worthiness in extending services to my Company. I affirm that the following information is true and correct. By signing this application, I am granting permission to AG SOURCE, INC to contact the references enclosed and to verify the information given, including the right to seek a credit report. I further authorize disclosure of this information to credit agencies and other creditors as needed. I understand acceptance of this application does not constitute an extension of credit nor a promise to extend credit, does it promise to extend additional future credit.

Full Name of Firm or Individual Applicant: _____

Principal Place of Business: _____

Street Address: _____

City: _____ State: ____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

President/Owner: _____

Phone Number: _____ Fax Number: _____

E Mail Address: _____ Web Address: _____

Billing Address (if different than address above):_____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Account Contact Person: _____ E Mail Address: _____

Type of Business: _____ Years in Business: _____

Corporation ☐ Limited Liability Co. ☐ Partnership ☐ Sole Proprietorship ☐

Other, please specify _____

Federal Tax ID Number: _____

If you do not have a federal Tax ID number, state your SSN: _____

Signed by President/Owner: _____

4910 Corporate Centre Drive, Suite 110, Lawrence, KS 66047 • **Phone.** 785.841.1315 • **Fax.** 785.841.1316

INVOICE REQUIREMENTS

Accounts Payable Contact: _____ Phone Number: _____

Fax Number: _____ Email Address: _____

Are Purchase Order Numbers Required? (check one) ☐ YES ☐ NO (Provide a sample: _____)

Invoice Paid on origin or destination weight or flat rate? (check one) FLAT ☐ ORIGIN ☐ DESTINATION ☐

Special requirements for invoices: _____

Invoice Preference: (Please provide email address, fax number or 3rd party processor)

USPS Mail: ☐ Email: _____ Fax: _____

Third party Processor: _____

PAYMENT OPTIONS

ACH Transfer: (check one) ☐ YES ☐ NO

Wire Transfer: (check one) ☐ YES ☐ NO

Paper Check: (check one) ☐ YES ☐ NO

BANK REFERENCE:

Name of Bank: _____

Branch Address: _____

City: _____ State: ____ Zip Code: _____

Contact Person: _____

Phone Number: _____

Fax Number: _____

E Mail Address: _____

Account #: _____

TRADE CREDIT REFERENCE: (Charge Accounts, Loans, Contract Purchases)

Name: _____ Account Number: _____

Address: _____

City: _____ State: ____ Zip Code: _____

AP Contact: _____ Credit Line: _____

Terms _____ Phone Number: _____

Fax Number: _____ E-Mail: _____

TRADE CREDIT REFERENCE: (Charge Accounts, Loans, Contract Purchases)

Name: _____ Account Number: _____

Address: _____

City: _____ State: ____ Zip Code: _____

AP Contact: _____ Credit Line: _____

Terms _____ Phone Number: _____

Fax Number: _____ E-Mail: _____

CARRIER REFERENCE:

Name: _____ Account Number: _____

Address: _____

City: _____ State: ____ Zip Code: _____

AP Contact: _____ Credit Line: _____

Terms _____ Phone Number: _____

Fax Number: _____ E-Mail: _____

CARRIER REFERENCE:

Name: _____ Account Number: _____

Address: _____

City: _____ State: ____ Zip Code: _____

AP Contact: _____ Credit Line: _____

Terms _____ Phone Number: _____

Fax Number: _____ E-Mail: _____

4910 Corporate Centre Drive, Suite 110, Lawrence, KS 66047 • **Phone.** 785.841.1315 • **Fax.** 785.841.1316

TERMS AND CONDITIONS:

The applicant(s) executing this Application and Agreement ("Customer") hereby agree(s) that payment for all services is subject to the following terms and conditions:

1. Customer agrees that all amounts due for services provided by Ag Source Inc. ("Company") or otherwise pursuant to this Agreement are payable at 4910 Corporate Centre Drive, Suite 110, Lawrence, Kansas, 66047.
2. Customer agrees that all amounts due are not payable in installments, but are payable **Net 30 days** from date of invoice. Company reserves the right to demand payment of all outstanding and past due freight charges as a precondition for releasing any shipments(s) at destination. This right includes the right to demand payment upon delivery of any shipment(s) at any time. If any amount due is not paid within said period a delinquency charge of 1½ percent per month of the delinquent balance shall be added to the sum due.
3. In the event the Account becomes delinquent and is turned over for collection, Customer agrees to pay all costs of collection including but not limited to reasonable attorney fees and court costs.
4. Customer agrees to notify the Company by certified mail of any changes in ownership of Customer and further agrees to be liable for all losses incurred as a result of failure to comply with said notifications.
5. Customer authorizes the Company and/or its Credit Agency(ies) to investigate all credit history, bank references and any other information required to process this application and as it deems necessary in the future.

Applicant Signature: _____

Type or Print Name: _____

Title: _____ Date: _____

Please fax back to us at (785) 312-5353 or email to michelle@ag-source.com and heather@ag-source.com

WE ASSURE YOU THAT THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.
Your immediate reply will be very much appreciated.

OCT 0 1 2001

U.S. Department of Transportation
Federal Motor Carrier Safety Administration

400 Virginia Avenue, SW, Suite 600
Washington, DC 20024

SERVICE DATE
September 14, 2001

LICENSE

MC-413830-B

AG SOURCE INC

LAWRENCE, KS

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a broker , arranging for transportation of freight(except household goods) by motor vehicle.

This authority will be effective as long as the broker maintains insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Terry Shelton

Terry Shelton, Director
Office of Data Analysis & Information Systems

BPO

CERTIFICATE OF ASSIGNMENT

For Standard Carrier Alpha Code® (SCAC™)

SCAC	AGAQ
Assigned Date	Saturday, 20 August 2005
Assigned To	AG SOURCE, INC 4910 CORPORATE CENTRE DR., STE 110 LAWRENCE, KS USA 66047 USDOT # 2228140 MC # 413830
Company Contact	HEATHER BIRD
Expiration Date	Monday, 05 July 2027

SCAC Assignment

This SCAC only applies to the company name shown above through the expiration date. Renewal notices are sent approximately three months prior to expiration of this SCAC. A successful renewal must be made prior to the expiration date to ensure its continued validity. For easy renewal, go to https://scaccode.com.

As of 20 August 2005, the safety record for AG SOURCE, INC confirmed identification, as retrieved from the Federal Motor Carrier Safety Administration (FMCSA) Company Snapshot website at https://safer.fmcsa.dot.gov/CompanySnapshot.aspx[1].

To update the company name, address, or contact information affiliated with this SCAC, please fill out and submit your request to NMFTA customer service at https://nmfta.org/support.

To update the authority numbers affiliated with this SCAC, please first contact the U.S. Department of Transportation, and then fill out and submit your update request to NMFTA customer service at https://nmfta.org/support.

Refer to our Terms of Sale at https://nmfta.org/terms-of-sale for additional information regarding our policies governing the handling and administration of a SCAC.

SCACs Ending in "U"

SCACs ending with the letter "U" are reserved for the identification of freight containers. If your SCAC ends with the letter "U", it should only be used for this purpose. A non-U ending SCAC should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

U.S. Customs and Border Protection (CBP) Automated Commercial Environment (ACE) Program Participants

If you participate in the Customs & Border Protection (CBP) ACE program, all SCACs are automatically uploaded to ACE/AES within 24 hours. If you are having issues with your code after 48 hours, please send an email along with a copy of the NMFTA SCAC letter to AMSSCAC@cbp.dhs.gov and askaes@census.gov for review. Additional information on CBP's automated programs can be found at: https://www.cbp.gov/trade/automated/getting-started.

National Motor Freight Classification (NMFC) Participation and NMFTA Membership

A SCAC assignment is not related to participation in the National Motor Freight Classification (NMFC), and it does not allow for the use of the NMFC in connection with freight rates. In addition, a SCAC assignment does not grant membership in the National Motor Freight Traffic Association, Inc. For assistance, please contact NMFTA Customer Service at (866) 411-6632.

Ownership of SCACs

NMFTA develops and maintains the Directory of SCACs and owns the entire copyright interest in the SCAC database.

[1]Federal Motor Carrier Safety Administration (FMCSA). 2005. Company Snapshot for AG SOURCE, INC. Retrieved from https://safer.fmcsa.dot.gov/CompanySnapshot.aspx.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/16/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER LOGISTIQ Insurance Solutions 2609 Manhattan Beach Blvd. Suite 220 Redondo Beach CA 90278	**CONTACT NAME:** Grace Jeter **PHONE (A/C, No, Ext):** (310) 379-9660 **FAX (A/C, No):** **E-MAIL ADDRESS:** Certificates@logistiq.com
	INSURER(S) AFFORDING COVERAGE / **NAIC #** INSURER A : QBE 1036
INSURED AG Source Inc. 4910 Corporate Centre Drive Suite 110 Lawrence KS 66047	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES MI **CERTIFICATE NUMBER:** Cert ID 5184 (1) **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 5,000,000
	CLAIMS-MADE X OCCUR			V000125-865	10/19/2026	10/19/2027	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 5,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 5,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 5,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 5,000,000
	ANY AUTO			V000125-865	10/19/2026	10/19/2027	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
	X Freight Broker Auto X 3rd Party Liability						Aggregate Limit	$ 5,000,000
A	UMBRELLA LIAB X OCCUR			V000125-865	10/19/2026	10/19/2027	EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Freight Broker Cargo Liab			V000125-865	10/19/2026	10/19/2027	any one acc/occ	$ 250,000
A	Cont Cargo Broad Form			V000125-865	10/19/2026	10/19/2027	any one acc/occ	$ 250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

INFORMATIONAL PURPOSES ONLY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/24/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

State Farm

Kurt Goeser
1811 Wakarusa Drive, Ste 100
Lawrence KS 66047

CONTACT NAME: Kurt Goeser
PHONE (A/C, No, Ext): 785-843-0003 **FAX (A/C, No):**
E-MAIL ADDRESS: kurt.goeser.jytk@statefarm.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : State Farm Fire and Casualty Company	25143
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

AG SOURCE INC
4910 CORP CENTRE DR STE 110
LAWRENCE KS 660471002

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [X] LOC [ ] OTHER:	Y	Y	91-AP-2830-8	03/27/2026	03/27/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 2,000,000 $ 2,000,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY [ ]						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ $ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE [ ]	$ $ $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	91-C1-T966-6	03/27/2026	03/27/2027	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

This form was system-generated on 03/24/2026 .

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Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

AG Source, Inc

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☑ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

4910 CORPORATE CENTRE DRIVE, SUITE 110

Requester's name and address (optional)

6 City, state, and ZIP code

LAWRENCE, KS 66047

7 List account number(s) here (optional)

Part I 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 individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

4	3	–	1	9	3	4	9	5	6

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. 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 (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 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 and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** | **Date** 01/05/2026

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they