flock safety

INVOICE

Flock Group Inc dba Flock Safety
www.flocksafety.com

Invoice Number INV-90581
Invoice Date: 3/29/2026
Due Date: 4/28/2026
Payment Terms: Net 30
PO#:
W-9 Form [Download]
Certificates of Insurance [Download]

Bill To: NY - Newburgh Town PD
Newburgh, New York, 12550

Ship To: NY - Newburgh Town PD
300 Gardnertown Rd
Newburgh, New York 12550

Billing Company Name: NY - Newburgh Town PD
Billing Contact Name: Matthew Nadolny
Billing Email Address: mnadolny@townofnewburghpd.org

Payment Terms: Net 30
Contracted Billing Structure: Annual

Notes: Renewal - NY - Newburgh Town PD (Contract Splits DOT Phase 3) - 2026: Year 1 of 24 Month Term, 2026 - 2027

Please note a minor change to our invoices starting February 1, 2025 updating product/SKU names listed in each line item. This change is only to naming conventions and will not affect the products, functionality, or services you receive from Flock Safety. Please update your payment system to reflect these new product/SKU names as needed.

ITEMS	QTY	UNIT PRICE	SALES TAX	TOTAL
Flock Safety LPR, fka Falcon	10	$3,000.00	$0.00	$30,000.00
Flock Safety Platform	1	$0.00	$0.00	$0.00

Unless otherwise noted on the Order Form, the Term shall commence upon first installation and validation of Flock Hardware.
Link to Location of Services:

Subtotal:	**$30,000.00**
Sales Tax:	**$0.00**
Credit:	**$0.00**
Payments:	**$0.00**
Balance Due:	**$30,000.00**

If you have questions about your invoice, are providing an exemption certificate or need to update your billing contact information, please email billing@flocksafety.com or call 866-901-1781, option 3.

3140.5497

flock safety

INVOICE

Flock Group Inc dba Flock Safety
www.flocksafety.com

Invoice Number	INV-90581
Invoice Date:	3/29/2026
Due Date:	4/28/2026
Payment Terms:	Net 30
PO#:	

Payment Remittance Information	
Pay by Check:	**Pay by ACH:**
Payable to: Flock Group Inc Memo: INV-90581 Mail to: PO Box 121923 Dallas, TX 75312-1923	Account Legal Name: Flock Group Inc. Account Number: 3302113966 Account Type: Checking Routing / SWIFT Code: 121140399 / SVBKUS6S
If paying by check, please include the remittance slip below.	*If paying by ACH, please include your invoice number in the memo section of the ACH transfer request.*

Please be aware that failure to pay the invoice by the due date may result in an interest penalty or disconnection of service, as specified in your contract.

Detach and Return with Payment

Make Checks Payable to: Flock Group Inc

If sending via USPS:
Flock Group Inc
PO Box 121923
Dallas, TX 75312-1923

Or

If sending via UPS, FedEx or USPS:
Flock Group Inc
891923
885 East Collins Boulevard,
Suite 110
Richardson, TX 75081

Account: NY - Newburgh Town PD

Invoice # INV-90581

Amount Due: **$30,000.00**

Amount Enclosed: $_____

flock safety

INVOICE

Flock Group Inc dba Flock Safety
www.flocksafety.com

Invoice Number	INV-76600
Invoice Date:	10/13/2025
Due Date:	11/12/2025
Payment Terms:	Net 30
PO#:	

Bill To: NY - Newburgh Town PD
300 Gardnertown Rd
Newburgh, New York, 12550

Ship To: NY - Newburgh Town PD
300 Gardnertown Rd
Newburgh, New York 12550

Billing Company Name:	NY - Newburgh Town PD
Billing Contact Name:	Matthew Nadolny
Billing Email Address:	mnadolny@townofnewburghpd.org
Payment Terms:	Net 30
Contracted Billing Structure:	Annual

Notes: Renewal - NY - Newburgh Town PD (Contract Split Phase 2 Existing Infrastructure) - 2025: Year 1 of 24 Month Term, 2025 - 2026

Please note a minor change to our invoices starting February 1, 2025 updating product/SKU names listed in each line item. This change is only to naming conventions and will not affect the products, functionality, or services you receive from Flock Safety. Please update your payment system to reflect these new product/SKU names as needed.

ITEMS	QTY	UNIT PRICE	SALES TAX	TOTAL
Flock Safety LPR, fka Falcon	22	$3,000.00	$0.00	$66,000.00
Flock Safety Platform	1	$0.00	$0.00	$0.00

Unless otherwise noted on the Order Form, the Term shall commence upon first installation and validation of Flock Hardware.
Link to Location of Services:

Subtotal:	**$66,000.00**
Sales Tax:	**$0.00**
Credit:	**$0.00**
Payments:	**$0.00**
Balance Due:	**$66,000.00**

3120.5200
Law Enforcement Technology Grant

If you have questions about your invoice or need to update your billing contact information, please email billing@flocksafety.com **or call 866-901-1781, option 3.**

flock safety

INVOICE

Flock Group Inc dba Flock Safety
www.flocksafety.com

Invoice Number	INV-76600
Invoice Date:	10/13/2025
Due Date:	11/12/2025
Payment Terms:	Net 30
PO#:	

Payment Remittance Information	
Pay by Check:	**Pay by ACH:**
Payable to: Flock Group Inc Memo: INV-76600 Mail to: PO Box 121923 Dallas, TX 75312-1923	Account Legal Name: Flock Group Inc. Account Number: 3302113966 Account Type: Checking Routing / SWIFT Code: 121140399 / SVBKUS6S
If paying by check, please include the remittance slip below.	*If paying by ACH, please include your invoice number in the memo section of the ACH transfer request.*

Please be aware that failure to pay the invoice by the due date may result in an interest penalty or disconnection of service, as specified in your contract.

Detach and Return with Payment

Make Checks Payable to: Flock Group Inc

If sending via USPS:
Flock Group Inc
PO Box 121923
Dallas, TX 75312-1923

Or

If sending via UPS, FedEx or USPS:
Flock Group Inc
891923
885 East Collins Boulevard,
Suite 110
Richardson, TX 75081

Account:	NY - Newburgh Town PD
Invoice #	INV-76600
Amount Due:	**$66,000.00**
Amount Enclosed:	$_____

flock safety

INVOICE

Flock Group Inc dba Flock Safety
www.flocksafety.com

Invoice Number INV-76494
Invoice Date: 10/10/2025
Due Date: 11/9/2025
Payment Terms: Net 30
PO#:

Bill To: NY - Newburgh Town PD
300 Gardnertown Rd
Newburgh, New York, 12550

Ship To: NY - Newburgh Town PD
300 Gardnertown Rd
Newburgh, New York 12550

Billing Company Name: NY - Newburgh Town PD
Billing Contact Name: Matthew Nadolny
Billing Email Address: mnadolny@townofnewburghpd.org

Payment Terms: Net 30
Contracted Billing Structure: Annual

Notes: Renewal - NY - Newburgh Town PD - Falcon Contract Split (Phase 1): Year 1 of 24 Month Term, 2025 - 2026

Please note a minor change to our invoices starting February 1, 2025 updating product/SKU names listed in each line item. This change is only to naming conventions and will not affect the products, functionality, or services you receive from Flock Safety. Please update your payment system to reflect these new product/SKU names as needed.

ITEMS	QTY	UNIT PRICE	SALES TAX	TOTAL
Flock Safety LPR, fka Falcon	24	$3,000.00	$0.00	$72,000.00
Flock Safety Platform	1	$0.00	$0.00	$0.00

Unless otherwise noted on the Order Form, the Term shall commence upon first installation and validation of Flock Hardware.
Link to Location of Services:

Subtotal:	**$72,000.00**
Sales Tax:	**$0.00**
Credit:	**$0.00**
Payments:	**$0.00**
Balance Due:	**$72,000.00**

3120.5200
Technology
Grant
LPR's

If you have questions about your invoice or need to update your billing contact information, please email billing@flocksafety.com or call 866-901-1781, option 3.

flock safety

INVOICE

Flock Group Inc dba Flock Safety
www.flocksafety.com

Invoice Number	INV-76494
Invoice Date:	10/10/2025
Due Date:	11/9/2025
Payment Terms:	Net 30
PO#:	

Payment Remittance Information	
Pay by Check:	**Pay by ACH:**
Payable to: Flock Group Inc Memo: INV-76494 Mail to: PO Box 121923 Dallas, TX 75312-1923	Account Legal Name: Flock Group Inc. Account Number: 3302113966 Account Type: Checking Routing / SWIFT Code: 121140399 / SVBKUS6S
If paying by check, please include the remittance slip below.	*If paying by ACH, please include your invoice number in the memo section of the ACH transfer request.*

Please be aware that failure to pay the invoice by the due date may result in an interest penalty or disconnection of service, as specified in your contract.

Detach and Return with Payment

Make Checks Payable to: Flock Group Inc

If sending via USPS:
Flock Group Inc
PO Box 121923
Dallas, TX 75312-1923

Or

If sending via UPS, FedEx or USPS:
Flock Group Inc
891923
885 East Collins Boulevard,
Suite 110
Richardson, TX 75081

Account: NY - Newburgh Town PD

Invoice # INV-76494

Amount Due: **$72,000.00**

Amount Enclosed: $_____

flock safety

INVOICE

Flock Group Inc dba Flock Safety
www.flocksafety.com

Invoice Number	INV-71639
Invoice Date:	8/14/2025
Due Date:	9/13/2025
Payment Terms:	Net 30
PO#:	

Bill To: NY - Newburgh Town PD
300 Gardnertown Rd
Newburgh, New York, 12550

Ship To: NY - Newburgh Town PD
300 Gardnertown Rd
Newburgh, New York 12550

Billing Company Name:	NY - Newburgh Town PD
Billing Contact Name:	Matthew Nadolny
Billing Email Address:	mnadolny@townofnewburghpd.org
Payment Terms:	Net 30
Contracted Billing Structure:	Annual

Notes: Renewal - NY - Newburgh Town PD - Town Funded: Year 1 of 24 Month Term, 2025 - 2026

Please note a minor change to our invoices starting February 1, 2025 updating product/SKU names listed in each line item. This change is only to naming conventions and will not affect the products, functionality, or services you receive from Flock Safety. Please update your payment system to reflect these new product/SKU names as needed.

ITEMS	QTY	UNIT PRICE	SALES TAX	TOTAL
Flock Safety LPR Flex, fka Falcon Flex	2	$3,500.00	$0.00	$7,000.00

Unless otherwise noted on the Order Form, the Term shall commence upon first installation and validation of Flock Hardware.
Link to Location of Services:

Subtotal:	**$7,000.00**
Sales Tax:	**$0.00**
Credit:	**$0.00**
Payments:	**$0.00**
Balance Due:	**$7,000.00**

A 3120.5200 Technology Grant

If you have questions about your invoice or need to update your billing contact information, please email billing@flocksafety.com or call 866-901-1781, option 3.

flock safety

INVOICE

Flock Group Inc dba Flock Safety
www.flocksafety.com

Invoice Number	INV-71639
Invoice Date:	8/14/2025
Due Date:	9/13/2025
Payment Terms:	Net 30
PO#:	

Payment Remittance Information	
Pay by Check:	**Pay by ACH:**
Payable to: Flock Group Inc Memo: INV-71639 Mail to: PO Box 121923 Dallas, TX 75312-1923	Account Legal Name: Flock Group Inc. Account Number: 3302113966 Account Type: Checking Routing / SWIFT Code: 121140399 / SVBKUS6S
If paying by check, please include the remittance slip below.	*If paying by ACH, please include your invoice number in the memo section of the ACH transfer request.*

Please be aware that failure to pay the invoice by the due date may result in an interest penalty or disconnection of service, as specified in your contract.

Detach and Return with Payment

Make Checks Payable to: Flock Group Inc

If sending via USPS:
Flock Group Inc
PO Box 121923
Dallas, TX 75312-1923

Or

If sending via UPS, FedEx or USPS:
Flock Group Inc
891923
885 East Collins Boulevard,
Suite 110
Richardson, TX 75081

Account:	NY - Newburgh Town PD
Invoice #	INV-71639
Amount Due:	**$7,000.00**
Amount Enclosed:	$_____

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.)

Flock Group, Inc.

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

Flock Safety

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)

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.)

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 . . . . . ☐

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

PO BOX 121923 (Remittance) 1170 Howell Mill Rd NW Ste 210

Requester's name and address (optional)

6 City, state, and ZIP code

Dallas TX 75312-1923 Atlanta GA 30318

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

8	2	–	0	5	9	4	8	7	5

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 Payton Newby Date 4/10/2024

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

flock safety

Flock Group Inc.
Payment Information

Flock accepts payment by mail in check and ACH. See below for remittance addresses.

Mail in Checks can be sent to either of the below addresses.

Flock Group Inc
PO BOX 121923
DALLAS TX 75312- 1923

OR

Flock Group Inc
LBX# 891923
1501 NORTH PLANO RD STE 100
RICHARDSON TX 75081

If you would like to pay by ACH.

Account Legal Name: Flock Group Inc
Account Number: 3302113966
Account Opening Date: 03/06/2017
Account Type: Checking
Routing Number/SWIFT Code: 121140399 / SVBKUS6S

Thank you,
Billing Department

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/23/2024

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 MARSH RISK & INSURANCE SERVICES FOUR EMBARCADERO CENTER, SUITE 1100 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94111 CN134017657--GAUWE-24-25	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED Flock Group Inc DBA Flock Safety 1170 Howell Mill Rd NW Atlanta, GA 30318	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Travelers Property Casualty Company of America — 25674 **INSURER B :** The Charter Oak Fire Insurance Company — 25615 **INSURER C :** Homeland Insurance Company Of New York — 34452 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** SEA-003920730-05 **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 [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	X	X	H-630-9W194831-TIL-24	08/23/2024	08/23/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY	X	X	810-6T343696-TIL-24	08/23/2024	08/23/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION $ 10,000	X	X	CUP-6T386924-TIL-24	08/23/2024	08/23/2025	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	UB-6T346569-TIL-24	08/23/2024	08/23/2025	[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
C	Errors & Omissions / Cyber			730000029-0000 SIR: $100,000	08/23/2024	08/23/2025	Limit:	5,000,000

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

Evidence of insurance.

CERTIFICATE HOLDER

Flock Group
DBA Flock Safety
1170 Howell Mill Rd NW
Atlanta, GA 30318

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

Marsh Risk & Insurance Services

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AGENCY CUSTOMER ID: CN134017657
LOC #: San Francisco

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH RISK & INSURANCE SERVICES	Flock Group Inc DBA Flock Safety 1170 Howell Mill Rd NW Atlanta, GA 30318
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Carrier will provide notice of cancellation or nonrenewal per below if required by a written contract .

Cancellation For Other Than Nonpayment: Number of Days Notice: 30 days
Cancellation For Nonpayment: Number of Days Notice:10 days
(Nonrenewal): Number of Days Notice:10 days

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flock safety

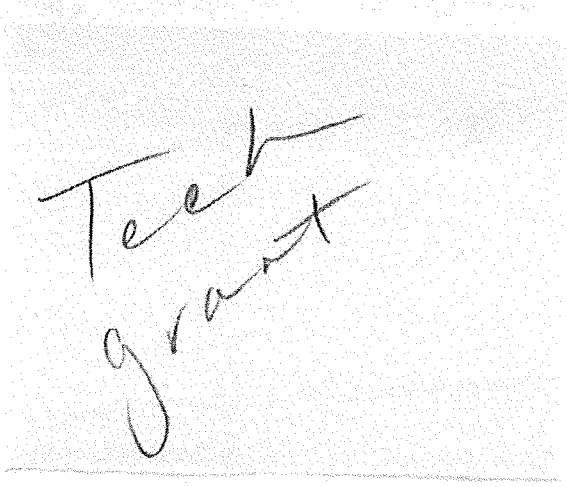
INVOICE

Flock Group Inc dba Flock Safety
www.flocksafety.com

Invoice Number	INV-61503
Invoice Date:	3/31/2025
Due Date:	4/30/2025
Payment Terms:	Net 30
PO#:	

Payment Remittance Information	
Pay by Check:	**Pay by ACH:**
Payable to: Flock Group Inc Memo: INV-61503 Mail to: PO Box 121923 Dallas, TX 75312-1923	Account Legal Name: Flock Group Inc. Account Number: 3302113966 Account Type: Checking Routing / SWIFT Code: 121140399 / SVBKUS6S
If paying by check, please include the remittance slip below.	*If paying by ACH, please include your invoice number in the memo section of the ACH transfer request.*

Please be aware that failure to pay the invoice by the due date may result in an interest penalty or disconnection of service, as specified in your contract.



Detach and Return with Payment

Make Checks Payable to: Flock Group Inc

If sending via USPS:	Flock Group Inc PO Box 121923 Dallas, TX 75312-1923	Account:	NY - Newburgh Town PD
Or		Invoice #	INV-61503
If sending via UPS, FedEx or USPS:	Flock Group Inc 891923 1501 North Plano Rd. ste 100 Richardson, TX 75081	Amount Due:	**$30,000.00**
		Amount Enclosed:	$_____

flock safety

INVOICE

Flock Group Inc dba Flock Safety
www.flocksafety.com

Invoice Number INV-61503
Invoice Date: 3/31/2025
Due Date: 4/30/2025
Payment Terms: Net 30
PO#:

Bill To: NY - Newburgh Town PD
300 Gardnertown Rd
Newburgh, New York, 12550

Ship To: NY - Newburgh Town PD
300 Gardnertown Rd
Newburgh, New York 12550

Billing Company Name: NY - Newburgh Town PD
Billing Contact Name: Adam Zeilberger
Billing Email Address: azeilberger@townofnewburghpd.org

Payment Terms: Net 30
Contracted Billing Structure: 100% at First Camera Validation

Notes: NY - Newburgh Town PD (Contract Splits DOT Phase 3): Initial Year of 12 Month Term, 2025 - 2026

Please note a minor change to our invoices starting February 1, 2025 updating product/SKU names listed in each line item. This change is only to naming conventions and will not affect the products, functionality, or services you receive from Flock Safety. Please update your payment system to reflect these new product/SKU names as needed.

ITEMS	QTY	UNIT PRICE	SALES TAX	TOTAL
Flock Safety LPR, fka Falcon	10	$3,000.00	$0.00	$30,000.00

Unless otherwise noted on the Order Form, the Term shall commence upon first installation and validation of Flock Hardware.
Link to Location of Services: https://planner.flocksafety.com/public/21c0de37-da3d-4947-9633-b8067c0bd754

Subtotal:	**$30,000.00**
Sales Tax:	**$0.00**
Credit:	**$0.00**
Payments:	**$0.00**
Balance Due:	**$30,000.00**

If you have questions about your invoice or need to update your billing contact information, please email billing@flocksafety.com or call 866-901-1781, option 3.

flock safety

Flock Group Inc.
Payment Information

Flock accepts payment by mail in check and ACH. See below for remittance addresses.

Mail in Checks can be sent to either of the below addresses.

Flock Group Inc
PO BOX 121923
DALLAS TX 75312- 1923

OR

Flock Group Inc
LBX# 891923
1501 NORTH PLANO RD STE 100
RICHARDSON TX 75081

If you would like to pay by ACH.

Account Legal Name: Flock Group Inc
Account Number: 3302113966
Account Opening Date: 03/06/2017
Account Type: Checking
Routing Number/SWIFT Code: 121140399 / SVBKUS6S

Thank you,
Billing Department

flock safety

INVOICE

Flock Group Inc dba Flock Safety
www.flocksafety.com

Invoice Number	INV-49667
Invoice Date:	10/14/2024
Due Date:	11/13/2024
Payment Terms:	Net 30
PO#:	

Payment Remittance Information	
Pay by Check:	**Pay by ACH:**
Payable to: Flock Group Inc Memo: INV-49667 Mail to: PO Box 121923 Dallas, TX 75312-1923 *If paying by check, please include the remittance slip below.*	Account Legal Name: Flock Group Inc. Account Number: 3302113966 Account Type: Checking Routing / SWIFT Code: 121140399 / SVBKUS6S *If paying by ACH, please include your invoice number in the memo section of the ACH transfer request.*

Please be aware that failure to pay the invoice by the due date may result in an interest penalty or disconnection of service, as specified in your contract.

Detach and Return with Payment

Make Checks Payable to: Flock Group Inc

If sending via USPS:
Flock Group Inc
PO Box 121923
Dallas, TX 75312-1923

Or

If sending via UPS, FedEx or USPS:
Flock Group Inc
891923
1501 North Plano Rd. ste 100
Richardson, TX 75081

Account: NY - Newburgh Town PD

Invoice # INV-49667

Amount Due: **$66,000.00**

Amount Enclosed: $_____

flock safety

INVOICE

Flock Group Inc dba Flock Safety
www.flocksafety.com

Invoice Number INV-49667
Invoice Date: 10/14/2024
Due Date: 11/13/2024
Payment Terms: Net 30
PO#:

Bill To: NY - Newburgh Town PD
Newburgh, New York, 12550

Ship To: NY - Newburgh Town PD
300 Gardnertown Rd
Newburgh, New York 12550

Billing Company Name: NY - Newburgh Town PD
Billing Contact Name: Adam Zeilberger
Billing Email Address: azeilberger@townofnewburghpd.org

Payment Terms: Net 30
Contracted Billing Structure: 100% at First Camera Validation

Notes: NY - Newburgh Town PD (Contract Split Phase 2 Existing Infrastructure): Initial Year of 12 Month Term, 2024 - 2025

ITEMS	QTY	UNIT PRICE	SALES TAX	TOTAL
Flock Safety Falcon ®	22	$3,000.00	$0.00	$66,000.00

Unless otherwise noted on the Order Form, the Term shall commence upon first installation and validation of Flock Hardware.
Link to Location of Services: https://planner.flocksafety.com/public/0ff789e3-b2be-423a-9540-6d2714b0868c

Subtotal:	**$66,000.00**
Sales Tax:	**$0.00**
Credit:	**$0.00**
Payments:	**$0.00**
Balance Due:	**$66,000.00**

2nd Installment
3120.5000
Technology Cont
LPR's

If you have questions about your invoice or need to update your billing contact information, please email billing@flocksafety.com or call 866-901-1781, option 3.

TOWN OF NEWBURGH POLICE DEPARTMENT

300 Gardnertown Road, Newburgh, New York 12550

DONALD B. CAMPBELL
CHIEF OF POLICE

Phone: (845) 564-1100
Fax: (845) 564-1870

March 19, 2024

To: Newburgh Town Board

From: Chief Bruce Campbell

Purpose: Purchase License Plate Reader

I am requesting permission to enter into an agreement with Flock Safety for the installation of 56 License Plate Reader's at various locations within the Town. This is state of the art technology that has proven extremely effective in assisting law enforcement in the solving of crime throughout the country. The cost of the service is $175,000 annually and Flock Safety installs, maintains and updates all of the cameras and equipment. Flock is a sole source of this equipment and service (see attached sole source letter).This is a budgeted item in the 2024 Police Budget line# 3120.5200.

Donald B. Campbell ✓
Chief of Police

APPROVED
DATE OF TOWN ACTION: 3/25/2024
VOTE OF TOWN BOARD 3-0-0-2

LISA M. VANCE AYERS, TOWN CLERK

NEW YORK STATE | Division of Criminal Justice Services

KATHY HOCHUL
Governor

ROSSANA ROSADO
Commissioner

CILLIAN FLAVIN
Deputy Commissioner

Grant Award Notice

Friday, May 31, 2024

The Division of Criminal Justice Services (DCJS) is pleased to advise you that your agency will receive funding under the State's Law Enforcement Technology (LETECH) Program for State Fiscal Year (FY) 2024-2025.

Project Name	Award Amount[1]
Town of Newburgh Police Department Law Enforcement Technology (LETECH) Program	$439,239.00
Budget	**Term Dates**
SFY 2024-25	April 1, 2024 to March 31, 2025

Additional Information:

We are pleased to inform you that Governor Kathy Hochul secured additional funding in the SFY 2024-2025 Budget to assist in the acquisition of law enforcement technology and equipment.

Please note that you will not receive a DCJS grant contract for this funding; instead you must sign and return an online attestation form, located at the following weblink:
https://survey.alchemer.com/s3/7859407/NYS-DCJS-LETECH-2425-AttestationForm

Upon completion of the attestation form, funds will be sent to your agency in one payment by the DCJS Office of Budget and Finance.

You may use the funds on any previously approved item within your application, or on any of the following items:

- Surveillance Cameras (Mobile/Fixed)
- License Plate Readers (Mobile/Fixed)
- Acoustic Gunshot Detection Systems
- Unmanned Aerial Vehicles (UAVs, also known as "drones")
- 3-D Crime Scene Laser Scanner
- Scanners/Readers/Radios
- Software Applications, Development and Deployment
- Patrol Vehicle Equipment (PC/Tablet, Scanners, Printer, etc.)
- Body Worn Equipment
- Lighting Systems

AT THE WORKSHOP MEETING
of the Town Board of the Town of Newburgh held
at 1496 Route 300 in said township at 7:00 p.m.
on Monday the 25th of March, 2024

Present	Paul Ruggiero, Councilman Anthony R. LoBiondo, Councilman Gil Piaquadio, Supervisor
Also Present	Mark C. Taylor, Attorney for the Town Lisa M. Vance Ayers, Town Clerk Dawnmarie Busweiler, Deputy Town Clerk
Absent	Scott M. Manley, Councilman Betty Greene, Councilwoman

Meeting called to order at 7:03 p.m.

1. ROLL CALL

2. PLEDGE OF ALLEGIANCE TO THE FLAG

3. MOMENT OF SILENCE

4. CHANGES TO AGENDA
No changes

5. ACCOUNTING: Approval of Audit
MOTION made by Councilman LoBiondo to approve the audit in the amount of $1,847,334.88. Motion seconded by Councilman Ruggiero. VOTE: Councilwoman Greene - absent; Councilman Ruggiero - yes; Councilman Manley – absent; Councilman LoBiondo – yes; Supervisor Piaquadio - yes. Motion passed: 3 yes; 0 no; 0 abstain; 2 absent.

6. POLICE:

A. Purchase of License Plate Reader

Chief, Donald B. Campbell, is requesting approval to enter into an agreement with Flock Safety for the installation of 56 License Plate Reader's at various locations withing the Town. This is state of the art technology that has proven extremely effective in assisting law enforcement in the solving of crime throughout the country. The cost of the service is $175,000 annually and Flock Safety installs, maintains and updates all of the cameras and equipment. Flock is a sole source of this equipment and service (see attached sole source letter.) This is a budgeted item in the 2024 Police Budget line# 3120.5200.

MOTION made by Councilman Ruggiero to approve the agreement with Flock Safety for the installation of 56 License Plate Reader's. Motion seconded by Councilman LoBiondo. VOTE: Councilwoman Greene – absent; Councilman Ruggiero – yes; Councilman Manley – absent; Councilman LoBiondo – yes; Supervisor Piaquadio – yes. Motion passed: 3 yes; 0 no; 0 abstain; 2 absent.

B. Acceptance of Stop DWI Funding

Attorney Mark Taylor presented a Resolution to the Town Board Authorizing Execution and Delivery of Inter-Municipal Agreement between the Town of Newburgh and Orange County for the period March 10, 2024 – January 1, 2025 for Stop DWI Program Services.

flock safety

INVOICE

Flock Group Inc dba Flock Safety
www.flocksafety.com

Invoice Number	INV-49600
Invoice Date:	10/11/2024
Due Date:	11/10/2024
Payment Terms:	Net 30
PO#:	04102024

Bill To: NY - Newburgh Town PD
Newburgh, New York, 12550

Ship To: NY - Newburgh Town PD
300 Gardnertown Rd
Newburgh, New York 12550

Billing Company Name: NY - Newburgh Town PD
Billing Contact Name: Adam Zeilberger
Billing Email Address: azeilberger@townofnewburghpd.org

Payment Terms: Net 30
Contracted Billing Structure: 100% at First Camera Validation

Notes: NY - Newburgh Town PD - Falcon Contract Split (Phase 1): Initial Year of 12 Month Term, 2024 - 2025

ITEMS	QTY	UNIT PRICE	SALES TAX	TOTAL
Flock Safety Falcon ®	24	$3,000.00	$0.00	$72,000.00

Unless otherwise noted on the Order Form, the Term shall commence upon first installation and validation of Flock Hardware.
Link to Location of Services: https://planner.flocksafety.com/public/5ecff011-5473-494a-b77e-eb27bdb4e68a

Subtotal:	**$72,000.00**
Sales Tax:	**$0.00**
Credit:	**$0.00**
Payments:	**$0.00**
Balance Due:	**$72,000.00**

3120.5200

Technology Grant
1st installment
LPR's

If you have questions about your invoice or need to update your billing contact information, please email billing@flocksafety.com or call 866-901-1781, option 3.

flock safety

INVOICE

Flock Group Inc dba Flock Safety
www.flocksafety.com

Invoice Number	INV-49600
Invoice Date:	10/11/2024
Due Date:	11/10/2024
Payment Terms:	Net 30
PO#:	04102024

Payment Remittance Information	
Pay by Check:	**Pay by ACH:**
Payable to: Flock Group Inc Memo: INV-49600 Mail to: PO Box 121923 Dallas, TX 75312-1923	Account Legal Name: Flock Group Inc. Account Number: 3302113966 Account Type: Checking Routing / SWIFT Code: 121140399 / SVBKUS6S
If paying by check, please include the remittance slip below.	*If paying by ACH, please include your invoice number in the memo section of the ACH transfer request.*

Please be aware that failure to pay the invoice by the due date may result in an interest penalty or disconnection of service, as specified in your contract.

Detach and Return with Payment

Make Checks Payable to: Flock Group Inc

If sending via USPS:	Flock Group Inc PO Box 121923 Dallas, TX 75312-1923	Account:	NY - Newburgh Town PD
Or		Invoice #	INV-49600
If sending via UPS, FedEx or USPS:	Flock Group Inc 891923 1501 North Plano Rd. ste 100 Richardson, TX 75081	Amount Due:	**$72,000.00**
		Amount Enclosed:	$_____

NEW YORK STATE | Division of Criminal Justice Services

KATHY HOCHUL
Governor

ROSSANA ROSADO
Commissioner

CILLIAN FLAVIN
Deputy Commissioner

Grant Award Notice

Friday, May 31, 2024

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Project Name	Award Amount[1]
Town of Newburgh Police Department Law Enforcement Technology (LETECH) Program	$439,239.00
Budget	**Term Dates**
SFY 2024-25	April 1, 2024 to March 31, 2025

Additional Information:

We are pleased to inform you that Governor Kathy Hochul secured additional funding in the SFY 2024-2025 Budget to assist in the acquisition of law enforcement technology and equipment.

Please note that you will not receive a DCJS grant contract for this funding; instead you must sign and return an online attestation form, located at the following weblink:
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Upon completion of the attestation form, funds will be sent to your agency in one payment by the DCJS Office of Budget and Finance.

You may use the funds on any previously approved item within your application, or on any of the following items:

- Surveillance Cameras (Mobile/Fixed)
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TOWN OF NEWBURGH POLICE DEPARTMENT

300 Gardnertown Road, Newburgh, New York 12550

DONALD B. CAMPBELL
CHIEF OF POLICE

Phone: (845) 564-1100
Fax: (845) 564-1870

March 19, 2024

To: Newburgh Town Board

From: Chief Bruce Campbell

Purpose: Purchase License Plate Reader

I am requesting permission to enter into an agreement with Flock Safety for the installation of 56 License Plate Reader's at various locations within the Town. This is state of the art technology that has proven extremely effective in assisting law enforcement in the solving of crime throughout the country. The cost of the service is $175,000 annually and Flock Safety installs, maintains and updates all of the cameras and equipment. Flock is a sole source of this equipment and service (see attached sole source letter).This is a budgeted item in the 2024 Police Budget line# 3120.5200.

Donald B. Campbell ✓
Chief of Police

APPROVED
DATE OF TOWN ACTION: 3/25/2024
VOTE OF TOWN BOARD 3-0-0-2

LISA M. VANCE AYERS, TOWN CLERK

AT THE WORKSHOP MEETING
of the Town Board of the Town of Newburgh held
at 1496 Route 300 in said township at 7:00 p.m.
on Monday the 25th of March, 2024

Present	Paul Ruggiero, Councilman Anthony R. LoBiondo, Councilman Gil Piaquadio, Supervisor
Also Present	Mark C. Taylor, Attorney for the Town Lisa M. Vance Ayers, Town Clerk Dawnmarie Busweiler, Deputy Town Clerk
Absent	Scott M. Manley, Councilman Betty Greene, Councilwoman

Meeting called to order at 7:03 p.m.

1. ROLL CALL

2. PLEDGE OF ALLEGIANCE TO THE FLAG

3. MOMENT OF SILENCE

4. CHANGES TO AGENDA
No changes

5. ACCOUNTING: Approval of Audit
MOTION made by Councilman LoBiondo to approve the audit in the amount of $1,847,334.88. Motion seconded by Councilman Ruggiero. VOTE: Councilwoman Greene - absent; Councilman Ruggiero - yes; Councilman Manley – absent; Councilman LoBiondo – yes; Supervisor Piaquadio - yes. Motion passed: 3 yes; 0 no; 0 abstain; 2 absent.

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flock safety

INVOICE

Flock Group Inc dba Flock Safety
www.flocksafety.com

Invoice Number	INV-37295
Invoice Date:	3/27/2024
Due Date:	4/26/2024
Payment Terms:	Net 30
PO#:	03262024

Payment Remittance Information	
Pay by Check:	**Pay by ACH:**
Payable to: Flock Group Inc Memo: INV-37295 Mail to: PO Box 121923 Dallas, TX 75312-1923	Account Legal Name: Flock Group Inc. Account Number: 3302113966 Account Type: Checking Routing / SWIFT Code: 121140399 / SVBKUS6S
If paying by check, please include the remittance slip below.	*If paying by ACH, please include your invoice number in the memo section of the ACH transfer request.*

By paying this invoice, I, the customer, agree to the terms and conditions listed at
https://www.flocksafety.com/terms-and-conditions

Please be aware that failure to pay the invoice by the due date may result in an interest penalty or disconnection of service, as specified in your contract.

3120.5200

Detach and Return with Payment

Make Checks Payable to: Flock Group Inc

If sending via USPS:
Flock Group Inc
PO Box 121923
Dallas, TX 75312-1923

Or

If sending via UPS, FedEx or USPS:
Flock Group Inc
891923
1501 North Plano Rd. ste 100
Richardson, TX 75081

Account: NY - Newburgh Town PD

Invoice # INV-37295

Amount Due: **$7,000.00**

Amount Enclosed: $_____

flock safety

INVOICE

Flock Group Inc dba Flock Safety
www.flocksafety.com

Invoice Number	INV-37295
Invoice Date:	3/27/2024
Due Date:	4/26/2024
Payment Terms:	Net 30
PO#:	03262024

Bill To: NY - Newburgh Town PD
300 Gardnertown Rd
Newburgh, New York, 12550

Ship To: NY - Newburgh Town PD
300 Gardnertown Rd
Newburgh, New York 12550

Billing Company Name: NY - Newburgh Town PD
Billing Contact Name: Adam Zeilberger
Billing Email Address: azeilberger@townofnewburghpd.org

Payment Terms: Net 30
Contracted Billing Structure: 100% at First Camera Validation

Notes: NY - Newburgh Town PD - Town Funded

ITEMS	QTY	UNIT PRICE	SALES TAX	TOTAL
Flock Safety Falcon ®	56	$3,000.00	$0.00	$168,000.00
Flock Safety Falcon ® Flex	2	$3,500.00	$0.00	$7,000.00

Unless otherwise noted on the Order Form, the Term shall commence upon first installation and validation of Flock Hardware.
Link to Location of Services: https://planner.flocksafety.com/public/5417acea-6183-4529-aeaa-5efb6dfa42f1

Subtotal:	**$175,000.00**
Sales Tax:	**$0.00**
Credit:	**$168,000.00**
Payments:	**$0.00**
Balance Due:	**$7,000.00**

If you have questions about your invoice or need to update your billing contact information, please email billing@flocksafety.com or call 866-901-1781, option 3.

flock safety

INVOICE

Flock Group Inc dba Flock Safety
www.flocksafety.com

Invoice Number	INV-101668
Invoice Date:	8/12/2026
Due Date:	9/11/2026
Payment Terms:	Net 30
PO#:	

W-9 Form [Download]
Certificates of Insurance [Download]

Bill To: NY - Newburgh Town PD
300 Gardnertown Rd
Newburgh, New York, 12550

Ship To: NY - Newburgh Town PD
300 Gardnertown Rd
Newburgh, New York 12550

Billing Company Name: NY - Newburgh Town PD
Billing Contact Name: Matthew Nadolny
Billing Email Address: mnadolny@townofnewburghpd.org

Payment Terms: Net 30
Contracted Billing Structure: Annual

Notes: Renewal Opportunity: Year 2 of 24 Month Term, 2026 - 2027

(A.3120.5497)

Please note a minor change to our invoices starting February 1, 2025 updating product/SKU names listed in each line item. This change is only to naming conventions and will not affect the products, functionality, or services you receive from Flock Safety. Please update your payment system to reflect these new product/SKU names as needed.

ITEMS	QTY	UNIT PRICE	SALES TAX	TOTAL
Flock Safety LPR Flex, fka Falcon Flex	2	$3,500.00	$0.00	$7,000.00

Unless otherwise noted on the Order Form, the Term shall commence upon first installation and validation of Flock Hardware.
Link to Location of Services:

Subtotal:	**$7,000.00**
Sales Tax:	**$0.00**
Credit:	**$0.00**
Payments:	**$0.00**
Balance Due:	**$7,000.00**

If you have questions about your invoice, are providing an exemption certificate or need to update your billing contact information, please email billing@flocksafety.com or call 866-901-1781, option 3.

flock safety

INVOICE

Flock Group Inc dba Flock Safety
www.flocksafety.com

Invoice Number	INV-101668
Invoice Date:	8/12/2026
Due Date:	9/11/2026
Payment Terms:	Net 30
PO#:	

Payment Remittance Information	
Pay by Check:	**Pay by ACH:**
Payable to: Flock Group Inc Memo: INV-101668 Mail to: PO Box 121923 Dallas, TX 75312-1923	Account Legal Name: Flock Group Inc. Account Number: 3302113966 Account Type: Checking Routing / SWIFT Code: 121140399 / SVBKUS6S
If paying by check, please include the remittance slip below.	*If paying by ACH, please include your invoice number in the memo section of the ACH transfer request.*

Please be aware that failure to pay the invoice by the due date may result in an interest penalty or disconnection of service, as specified in your contract.

.....

Detach and Return with Payment

Make Checks Payable to: Flock Group Inc

If sending via USPS:
Flock Group Inc
PO Box 121923
Dallas, TX 75312-1923

Or

If sending via UPS, FedEx or USPS:
Flock Group Inc
891923
885 East Collins Boulevard,
Suite 110
Richardson, TX 75081

Account: NY - Newburgh Town PD

Invoice # INV-101668

Amount Due: **$7,000.00**

Amount Enclosed: $_____

Docusign Envelope ID: 9DF25955-147F-8374-8294-373C03130509

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.)

Flock Group Inc

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

Flock Safety

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)

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.)

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 . . . . . ☐

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

3284 Northside Parkway NW, Suite 150

Requester's name and address (optional)

6 City, state, and ZIP code

Atlanta, GA 30327

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

8	2	-	0	5	9	4	8	7	5

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** | Signed by: 1024FAF1F68A40F... | **Date** 6/11/2026

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

Docusign Envelope ID: 9DF25955-147F-8374-8294-373C03130509

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is 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 created 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).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under *"By signing the filled-out form"* above (for reportable interest and dividend accounts opened after 1983 only).

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Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

• Generally, individuals (including sole proprietors) are not exempt from backup withholding.

• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

• Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.

• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

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2—The United States or any of its agencies or instrumentalities.

3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.

5—A corporation.

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.

7—A futures commission merchant registered with the Commodity Futures Trading Commission.

8—A real estate investment trust.

9—An entity registered at all times during the tax year under the Investment Company Act of 1940.

10—A common trust fund operated by a bank under section 584(a).

11—A financial institution as defined under section 581.

12—A middleman known in the investment community as a nominee or custodian.

13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5.[2]
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

[1] See Form 1099-MISC, Miscellaneous Information, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/EIN*. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

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Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

*Note: The grantor must also provide a Form W-9 to the trustee of the trust.

**For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

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Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Go to *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/03/2026

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
MARSH RISK & INSURANCE SERVICES
FOUR EMBARCADERO CENTER, SUITE 1100
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94111

CN134017657--GAUWa-25-26

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Berkley National Insurance Company	38911
INSURER B : Federal Insurance Company	20281
INSURER C : Homeland Insurance Company Of New York	34452
INSURER D : QBE SPECIALTY INSURANCE COMPANY	11515
INSURER E : Vantage Risk Specialty Insurance Company	16275
INSURER F : QBE Underwriting Ltd, Syndicate 5555; AA-1120067	1120067

INSURED
Flock Group Inc
DBA Flock Safety
3284 Northside Pkwy NW Suite 150
Atlanta, GA 30327

COVERAGES **CERTIFICATE NUMBER:** SEA-003980279-21 **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			VGL 9750843-10	10/23/2025	10/23/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$ 10,000
	X POLICY [X] PRO-JECT [ ] LOC						PERSONAL & ADV INJURY	$ 1,000,000
	OTHER:						GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
B	AUTOMOBILE LIABILITY			(25) 7365-58-85	10/23/2025	10/23/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
D	X UMBRELLA LIAB X OCCUR			140010841 (Primary $3M)	10/23/2025	10/23/2026	EACH OCCURRENCE	$ 10,000,000
E	EXCESS LIAB CLAIMS-MADE			P03XC0000093270 ($3.5M p/o $7M)	10/23/2025	10/23/2026	AGGREGATE	$ 10,000,000
F	DED X RETENTION $ 10,000			B0509MPSPB2504930 ($3.5M p/o $7M)	10/23/2025	10/23/2026		$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			71845256	10/23/2025	10/23/2026	X PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N	N/A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	Errors & Omissions / Cyber			730000029-0001 'SIR: $100,000'	08/23/2025	08/23/2026	Limit:	5,000,000

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

CERTIFICATE HOLDER

Flock Group
DBA Flock Safety
3284 Northside Pkwy NW Suite 150
Atlanta, GA 30327

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

Marsh Risk & Insurance Services

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AGENCY CUSTOMER ID: CN134017657
LOC #: San Francisco

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH RISK & INSURANCE SERVICES	Flock Group Inc DBA Flock Safety 3284 Northside Pkwy NW Suite 150 Atlanta, GA 30327
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

1st Excess Errors & Omissions / Cyber:
Policy No: P03CY0000092600
Carrier: Vantage Risk Specialty Insurance Company
Effective Date: 10/07/2025
Expiration Date: 08/23/2026
Limit (xs $10M): $5,000,000

2nd Excess Errors & Omissions / Cyber:
Policy No: 02-841-50-40
Carrier: AIG Specialty Insurance Company
Effective Dates: 10/07/2025 to 08/23/2026
Limit (xs $15M): $5,000,000

Aviation (AERO)
Policy Number: 9043580
Carrier: Global Aerospace, Inc.
Effective Date: 01/14/2025
Expiration Date: 01/14/2026
Limit: 2,000,000

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flock safety

Flock Group Inc.
Payment Information

Flock accepts payment by mail in check and ACH. See below for remittance addresses.

Mail in Checks can be sent to either of the below addresses.

Flock Group Inc
PO BOX 121923
DALLAS TX 75312- 1923

OR

Flock Group Inc
LBX# 891923
1501 NORTH PLANO RD STE 100
RICHARDSON TX 75081

If you would like to pay by ACH.

Account Legal Name: Flock Group Inc
Account Number: 3302113966
Account Opening Date: 03/06/2017
Account Type: Checking
Routing Number/SWIFT Code: 121140399 / SVBKUS6S

Thank you,
Billing Department