



State Licensing Board for Contractors

This is to Certify that:

TPS GULF SOUTHEAST, LLC
8184 Hwy 44
Suite 105
Gonzales, LA 70737

is duly licensed and entitled to practice the following classifications

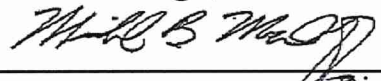
ELECTRICAL WORK (STATEWIDE)

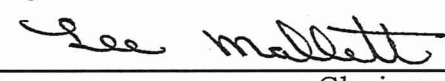


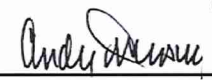
Expiration Date: July 26, 2025

License No:55638

Witness our hand and seal of the Board dated,
Baton Rouge, LA 27th day of July 2022


Director


Chairman


Treasurer

This License Is Not Transferrable

NETA

CERTIFICATE OF ACCREDITATION

is hereby granted to

Tidal Power Services, LLC

Rosharon, TX

AS RECOGNIZED BY THE

INTERNATIONAL ELECTRICAL TESTING ASSOCIATION

January 1, 2023 – January 31, 2024

Ken Bassett

Ken Bassett
Membership Chair



INTERNATIONAL ELECTRICAL TESTING ASSOCIATION
3050 OLD CENTRE ROAD ~ SUITE 101 ~ PORTAGE, MI 49024 ~ WWW.NETAWORLD.ORG

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Ascension

BEFORE ME, the undersigned authority, personally came and appeared: Leslie
Jennings Magee, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Compliance Manager of TPS Gulf SE, LLC (Entity),
the party who submitted a bid in response to Bid Number 50-00143906, to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

**(Choose A or B, if option A is indicated please include the required
attachment):**

Choice A _____

Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B ✓

there are NO campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B ✓ There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Leslie Jennings Magee
Signature of Affiant

Leslie Jennings Magee
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 4th DAY OF Jan, 2024

[Signature]
Notary Public

Printed Name of Notary



Rhonda Vinet
Notary Public
Notary ID No. 65467
Ascension Parish State
of Louisiana Parish, Louisiana

Notary/Bar Roll Number

My commission expires

for Life

DATE: 12/06/2023

Page: 6

BID NO.: 50-00143906

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO X

MAXIMUM ESCALATION PERCENTAGE REQUESTED 0 %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 1/23/24

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 55638

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: TPS Gulf Southeast, LLC

ADDRESS: 8184 Hwy 44 Suite 105

CITY, STATE: Gonzales, L.A. ZIP: 70737

TELEPHONE: (225) 644-8170 FAX: (225) 644 8215

EMAIL ADDRESS: Tyler@tpsgse.com

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: #1

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 323,700

AUTHORIZED SIGNATURE: [Signature]

TITLE: General Manager

DARRYN KIMBROUGH
Printed Name

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00143906

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	ONLY	Two (2) Year Switchgear Maintenance Contract for the Jefferson Parish Water Department 0010 - MAJOR PREVENTATIVE MAINTENANCE PROGRAM ON EXISTING ELECTRICAL SWITCHGEAR SYSTEMS AT EAST JEFFERSON WATERWORKS, TO BE APPLIED ONLY AT EAST JEFFERSON WATERWORKS, (AS PER SPECIFICATIONS AND THE RELATED SINGLE LINE DIAGRAM). *** MANDATORY PRE-BID & SITE VISIT ***	\$ 191,000	\$
2	1.00	ONLY	0020 - MAJOR PREVENTATIVE MAINTENANCE PROGRAM ON EXISTING ELECTRICAL SYSTEMS AT WEST JEFFERSON WATERWORKS, TO BE APPLIED ONLY AT WEST JEFFERSON WATERWORKS, (AS PER SPECIFICATIONS AND THE RELATED SINGLE LINE DIAGRAM).	\$ 107,000	\$
3	8.00	ONLY	0030 - INSPECTION OF GROUNDING SYSTEM AT ELEVATED WATER STORAGE TANKS. EASTBANK 3 WESTBANK 5	\$ 700	\$
4	2.00	ONLY	0035 - INSPECTION OF GROUNDING SYSTEM AT ELEVATED WATER STORAGE TANKS. (FOR GRAND ISLE ONLY) GRAND ISLE 2	\$ 1,200	\$
5	30.00	EA	0040 - RELATED MANHOLE WORK AND INSPECTIONS AS DESCRIBED IN SUB-PARAGRAPHS NOS. 4.7.8 & 4.7.9	\$ 150	\$
6	40.00	HR	0050 - COST PER ONE (1) MAN-HOUR FOR ENGINEERING SERVICES (ALL ASSOCIATED COSTS SHALL BE INCLUDED IN THE UNIT PRICE BID)	\$ 125	\$
7	40.00	HR	0060 - COST PER ONE (1) MAN-HOUR FOR TECHNICIAN SERVICES (ALL ASSOCIATED COSTS SHALL BE INCLUDED IN THE UNIT PRICE BID)	\$ 125	\$
8	40.00	HR	0070 - COST PER ONE (1) MAN-HOUR FOR ELECTRICIAN SERVICES	\$ 80	\$

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00143906

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
9	1.00	ONLY	<p>(ALL ASSOCIATED COSTS SHALL BE INCLUDED IN THE UNIT PRICE BID)</p> <p>9999 - PARTS AND MATERIALS</p> <p>THIS IS A NON-BIDABLE ITEM. THIS ITEM IS FOR PARTS NEEDED TO COMPLETE A REPAIR UP TO \$5,000.00 PER JOB, WITH THE APPROVAL FROM THE REQUESTING DEPARTMENT.</p> <p>INVOICES SHALL BE SUBMITTED AT COST ONLY (WITH NO MARKUP)</p>	\$ N/A	\$

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
TPS Gulf Southeast, LLC
INCORPORATED.

AT THE MEETING OF DIRECTORS OF TPS Gulf Southeast LLC
INCORPORATED, DULY NOTICED AND HELD ON September 12, 2017 A
QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND
SECONDED. IT WAS:

RESOLVED. THAT Darryn Kimbrough, BE AND IS HEREBY
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE
EXECUTION OF ALL BIDS. PAPERS, DOCUMENTS. AFFIDAVITS, BONDS, SURETIES,
CONTRACTS AND ACTS AND TO RECEIVE AND RECEIPT THEREFOR ALL
PURCHASE ORDERS AND NOTICES ISSUED PURSUANT TO THE PROVISIONS OF
ANY SUCH BID OR CONTRACT, THIS CORPORATION HEREBY RATIFYING,
APPROVING, CONFIRMING, AND ACCEPTING EACH AND EVERY SUCH ACT
PERFORMED BY SAID AGENT AND ATTORNEY-IN-FACT.

I HEREBY CERTIFY THE FOREGOING TO
BE A TRUE AND CORRECT COPY OF AN
EXCERPT OF THE MINUTES OF THE
ABOVE DATED MEETING OF THE BOARD
OF DIRECTORS OF SAID CORPORATION,
AND THE SAME HAS NOT BEEN
REVOKED OR RESCINDED.



Susie Lowell

SECRETARY-TREASURER

September 12, 2017

DATE

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/24/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services 6425 Youree Drive Suite 520 Shreveport, LA 71105 318 626-6633		CONTACT NAME: Karen Vickers PHONE (A/C, No, Ext): 318-704-8525 FAX (A/C, No): 800-933-3721 E-MAIL ADDRESS: Karen.Vickers@mcgriff.com															
INSURED Tidal Power Services, LLC; Tidal Power Services LA, LLC; TPS Gulf Southeast, LLC 4211 Chance Lane Rosharon, TX 77583		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Indian Harbor Insurance Company</td> <td>36940</td> </tr> <tr> <td>INSURER B : Scottsdale Insurance Company</td> <td>41297</td> </tr> <tr> <td>INSURER C : Zurich American Insurance Company</td> <td>16535</td> </tr> <tr> <td>INSURER D : Pacific Insurance Company, Ltd</td> <td>10046</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Indian Harbor Insurance Company	36940	INSURER B : Scottsdale Insurance Company	41297	INSURER C : Zurich American Insurance Company	16535	INSURER D : Pacific Insurance Company, Ltd	10046	INSURER E :		INSURER F :	
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INSURER E :																	
INSURER F :																	

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			US00103292LI23A	03/01/2023	03/01/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 POLLUTION LI \$1,000,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BAP292998302	03/01/2023	03/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB			US00103294LI23A*	03/01/2023	03/01/2024	EACH OCCURRENCE \$10,000,000
B	<input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$			XNS0010603*	03/01/2023	03/01/2024	AGGREGATE \$10,000,000
				*EACH POLICY IS	\$5M/\$5M		\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC292998202	03/01/2023	03/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.I. EACH ACCIDENT \$1,000,000 E.I. DISEASE - EA EMPLOYEE \$1,000,000 E.I. DISEASE - POLICY LIMIT \$1,000,000
D	Professional Liab			01OH050087123	03/01/2023	03/01/2024	\$2,000,000 Each Claim \$2,000,000 Aggregate

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

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

The Parish of Jefferson, its Districts, Departments, and Agencies under the direction of the Parish President and Parish Council; Department of Water
 1221 Elmwood Park Boulevard, Suite 909
 Jefferson, LA 70123

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

Christopher Rimmer

DESCRIPTIONS (Continued from Page 1)

The following provisions and endorsements are part of the policies shown on this certificate of liability insurance. Each policy and all of its terms and conditions supersede any representation made herein. Electronic copies are available by email request.

General Liability/Contractors Pollution Liability:

Blanket Additional Insured (Ongoing Operations) Where required by written contract
Blanket Additional Insured (Completed Operations) Where required by written contract
Additional Insured-Owners, Lessees, or Contractors-Automatic Status for Other Parties when Required in Written Construction Agreement
Blanket Additional Insured-Lessor Leased Equipment Where required by written contract
Blanket Additional Insured-Managers or Lessors of Premises Where required by written contract
Blanket Primary and Non-Contributory Endorsement Where required by written contract
Blanket Waiver of Subrogation Where required by written contract
Contractual Liability
Gulf of Mexico In Rem Endorsement
Gulf of Mexico Territory Amendment Endorsement
Includes XCU
Cross Claims and Cross Suits (Named Insured vs. Named Insured) Exclusion
Contractors Pollution Liability (CPL) Limit \$1,000,000 Each Pollution Incident subject to policy General Aggregate Limit of \$2,000,000. Occurrence Form.
General Liability Aggregate Per Project Limit \$5,000,000 (does not apply to CPL)
Written Notice of Cancellation by Insurance Company to Certificate Holder: 30 days (except 10 days for non payment of premium by insured)

Automobile:

Blanket Additional Insured Where required by written contract
Blanket Waiver of Subrogation Where required by written contract
Blanket Primary and Non-Contributory Endorsement Where required by written contract
Written Notice of Cancellation by Insurance Company to Certificate Holder: 30 days (except 7 days for non payment of premium by insured)

Workers Compensation and Employers Liability:

Blanket Waiver of Subrogation Where required by written contract
Blanket Alternate Employer Endorsement Where required by written contract
United States Longshoremen's and Harbor Workers' Act
Outer Continental Shelf Lands Act
Maritime Coverage
Written Notice of Cancellation by Insurance Company to Certificate Holder: 30 days (except 7 days for non payment of premium by insured)
Workers Compensation Coverage A: Louisiana and Texas; Coverage C Other States: All States, except Monopolistic States.
Officer/Member Excluded Dennis Janak

Excess Liability:

Follow Form General Liability, Contractors Pollution Liability, Automobile Liability, Employers Liability.
Blanket Additional Insured Where required by written contract
Blanket Waiver of Subrogation Where required by written contract
Blanket Primary and Non-Contributory Endorsement Where required by written contract
Written Notice of Cancellation by Insurance Company to Certificate Holder: 30 days (except 10 days for non payment of premium by insured)

General Liability and Automobile policies include named additional insured in favor of The Parish of Jefferson, its Districts, Departments, and Agencies under the direction of the Parish President and Parish Council; Department of Water. CG2037 General Liability Additional Insured-Completed Operations limited to job locations:

DESCRIPTIONS (Continued from Page 1)

Jefferson Parish Water Treatment Plant
3600 Jefferson Hwy, Jefferson, LA 70121

Jefferson Parish Dept of Water
4500 Westbank Expressway, Marrero, LA 70072

Proposal Number 50-00136400

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. TPS Gulf Southeast, LLC	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► P Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> 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 FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 8184 Hwy 44 Suite 105	Requester's name and address (optional)
6 City, state, and ZIP code Gonzales, L.A. 70737	
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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-			-		
or								
Employer identification number								
2	7	-	4	5	5	0	6	2

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ► <i>Leslie Jennings Mayer</i>	Date ► <i>1/3/2023</i>
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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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS 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-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), 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.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.