

Company Name: Orkin, LLC
Address: 2170 Piedmont Road NE
Atlanta, GA 30324
County: Fulton County GA

Fed Tax ID: 58-0942031
CAGE Code: 1FNT3
GSA Schedule: GS-06F-0003N
Business Size: Large Since 1901

Website: www.orkincommercial.com
Owner: Orkin, LLC is a wholly owned subsidiary of Rollins, Inc.

PoC: Deborah A Toth
Title: Government Business Development & Contract Manager
Phone: (O) 770-220-6165
(C) 404-219-6445
eMail: dtoth@rollins.com

Support PoC: Dana Duncan
Title: Government Support Coordinator
Phone: 901-232-1483
eMail: dana.duncan@rollins.com

Invoicing PoC: Tereice White
Title: Senior Invoicing A/R Analyst
Phone: (O) 770-220-6096
eMail: troach@rollins.com

Payment Address: Orkin Government Accounts Payable
Attention: Teriece White
PO Box 638898
Cincinnati, OH 45263-8898

Collections PoC: David Webb
Title: Government A/R Collections Analyst
Phone: (O) 770-220-6050
eMail: david.webb@rollins.com

Service Branch(es): 425 Company Owned Brick & Mortar Branch locations

Address(es): 48 Contiguous United States, Hawaii, Puerto Rico and US Virgin Islands
:



System for Award Management: 2024-2025 Valid Registration



| | | |
|--|--|--|
| Unique Entity ID HW5VHF3D69K6 | CAGE / NCAGE 1FNT3 | Purpose of Registration All Awards |
| Registration Status Active Registration | Expiration Date Feb 26, 2025 | |
| Physical Address 2170 Piedmont RD NE Atlanta, Georgia 30324-4135 United States | Mailing Address 2170 Piedmont RD NE Atlanta, Georgia 30324 United States | |
| Business Information | | |
| Doing Business as (blank) | Division Name Orkin National Accounts/government | Division Number (blank) |
| Congressional District Georgia 05 | State / Country of Incorporation Delaware / United States | URL www.orkin.com |
| Registration Dates | | |
| Activation Date Feb 29, 2024 | Submission Date Feb 27, 2024 | Initial Registration Date May 23, 2001 |
| Entity Dates | | |
| Entity Start Date Jan 1, 1901 | Fiscal Year End Close Date Dec 31 | |
| Immediate Owner | | |
| CAGE 1GHT5 | Legal Business Name ROLLINS, INC. | |



Orkin GSA Schedule Contract # 47QSHA23D0001

1st Five Year Term Valid until October 10, 2027

| | | | | | | | |
|--|--|--|--|--|--|---|--|
| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | | | 1. CONTRACT ID CODE | | PAGE 1 OF 1 PAGES | |
| 2. AMENDMENT/MODIFICATION NUMBER PO-0001 | | 3. EFFECTIVE DATE Oct 11, 2022 | | 4. REQUISITION/PURCHASE REQUISITION NUMBER | | 5. PROJECT NUMBER (if applicable) MAS | |
| 6. ISSUED BY General Services Administration CTR FAC MAINT AND HWD 2300 Main Street, 6th floor KANSAS CITY MO 641082416 | | 7. ADMINISTERED BY (if other than item 6) GSA/FAS/QV0CB 230 S DEARBORN ST CHICAGO IL 60604 | | CODE | | | |
| 8. NAME AND ADDRESS OF CONTRACTOR (Number, street, county, State and ZIP Code) ORKIN, LLC 2170 PIEDMONT RD NE ATLANTA, GA 303244135 | | | | (X) | | 9A. AMENDMENT OF SOLICITATION NUMBER | |
| | | | | <input type="checkbox"/> | | 9B. DATED (SEE ITEM 11) | |
| | | | | <input type="checkbox"/> | | 10A. MODIFICATION OF CONTRACT/ORDER NUMBER 47QSHA23D0001 | |
| | | | | <input type="checkbox"/> | | 10B. DATED (SEE ITEM 13) Oct 11, 2022 | |
| CODE | | FACILITY CODE | | | | | |
| 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS | | | | | | | |
| <input type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. | | | | | | | |
| 12. ACCOUNTING AND APPROPRIATION DATA (if required) | | | | | | | |
| 13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. | | | | | | | |
| IT MODIFIES THE CONTRACT/ORDER NUMBER AS DESCRIBED IN ITEM 14. | | | | | | | |
| CHECK ONE | | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NUMBER IN ITEM 10A. | | | | | |
| <input checked="" type="checkbox"/> | | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). Type of contract modification Unilateral | | | | | |
| <input type="checkbox"/> | | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: | | | | | |
| <input type="checkbox"/> | | D. OTHER (Specify type of modification and authority) | | | | | |
| E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office. | | | | | | | |
| 14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) | | | | | | | |
| The purpose of this modification is to assign Contract Number 47QSHA23D0001 to Offer 1077324, awarded to ORKIN, LLC, under Schedule MAS on Oct 11, 2022. No other changes are made here. Last Item. | | | | | | | |
| Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect. | | | | | | | |
| 15A. NAME AND TITLE OF SIGNER (Type or print) GSA Initiated Mod | | | | 15A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Aletha A. Pelham | | | |
| 15B. CONTRACTOR/OFFEROR | | 15C. DATE SIGNED | | 15B. UNITED STATES OF AMERICA | | 15C. DATE SIGNED | |
| Signature Not Required | | | | Signed electronically See above | | Oct 11, 2022 | |
| (Signature of person authorized to sign) | | | | (Signature of Contracting Officer) | | | |

Previous edition unusable

STANDARD FORM 30 (REV. 11/2016)

Orkin, LLC
Government Business Development
Deborah A Toth
2170 Piedmont Road NE
Atlanta, GA 30324
770-220-6165
dtoth@rollins.com

**Contract # 042821-ORK**

This Contract is between Sourcewell, 202 12th Street Northeast, P.O. Box 219, Staples, MN 56479 (Sourcewell) and Orkin, LLC, 2170 Piedmont Road NE, Atlanta, GA 30324-4135 (Vendor).

Sourcewell is a State of Minnesota local government agency and service cooperative created under the laws of the State of Minnesota (Minnesota Statutes Section 123A.21) that offers cooperative procurement solutions to government entities. Participation is open to federal, state/province, and municipal governmental entities, higher education, K-12 education, nonprofit, tribal government, and other public entities located in the United States and Canada. Sourcewell issued a public solicitation for Pest Management Services with Related Products from which Vendor was awarded a contract.

Vendor desires to contract with Sourcewell to provide equipment, products, or services to Sourcewell and the entities that access Sourcewell's cooperative purchasing contracts (Participating Entities).

1. TERM OF CONTRACT

- A. **EFFECTIVE DATE.** This Contract is effective upon the date of the final signature below.
- B. **EXPIRATION DATE AND EXTENSION.** This Contract expires June 18, 2025, unless it is cancelled sooner pursuant to Article 22. This Contract may be extended up to one additional one-year period upon request of Sourcewell and with written agreement by Vendor.
- C. **SURVIVAL OF TERMS.** Articles 11 through 14 survive the expiration or cancellation of this Contract.

2. EQUIPMENT, PRODUCTS, OR SERVICES

- A. **EQUIPMENT, PRODUCTS, OR SERVICES.** Vendor will provide the Equipment, Products, or Services as stated in its Proposal submitted under the Solicitation Number listed above. Vendor's Equipment, Products, or Services Proposal (Proposal) is attached and incorporated into this Contract.



The University of Nebraska

Contract # 3280-20-7210-02

for

Pest Control Products and Services

with

Orkin, LLC

Effective: April 9, 2021



Orkin Equal Employment Opportunity, Diversity and Respect Policy

Orkin, LLC's policy is that there shall be no unlawful discrimination against any individual in any area of employment. Orkin supports and maintains an Affirmative Action Plan. A copy of the Rollins Affirmative Action Plan is available to review, upon written request, from our corporate Home Office in Atlanta, Georgia.

Orkin provides equal employment opportunities without regard to race, color, age, sex, pregnancy, religion, national origin, military or veteran status, or physical or mental disability, or any other protected criteria specified by applicable law. This policy extends to all terms and conditions of employment, including but not limited to hiring, promotion, transfer, compensation, performance evaluation, assignment, etc. In addition, any form of harassment related to an employee's race, color, age, sex, pregnancy, religion, national origin, veteran status or disability (or any legally protected criteria) violates Company policy.

Orkin Small Business

Orkin, LLC is a large business headquartered in Atlanta, GA. Orkin has over 400 service branches across the United States and invests in the local communities and economies by hiring and employing administrative staff, managers, service technicians and sales personnel that sustain/support the communities in which they live and work.

Orkin utilizes small businesses in our branches to provides services to include but not be limited to:

- cleaning companies;
- window washers;
- caterers;
- vehicle maintenance for fleets;
- florists;



July 28, 2020



Orkin, LLC is a wholly owned subsidiary of Rollins, Inc.

To Whom It May Concern:

This is to confirm that Rollins, Inc. and its subsidiaries conduct criminal background checks and completes drugs screens on all applicants and employees, where applicable by law. The criminal records are reviewed before hire and annually. The drug screens are completed before hire, randomly and post-incident. (Rollins subsidiaries include Orkin LLC., Western Pest Services, The Industrial Fumigant Company, HomeTeam Pest Defense, AllPest, Critter Control, Inc., Trutech LLC., Waltham Services LLC., PermaTreat, Crane Pest Control, Statewide Pest Control, Murray Pest Control and Safeguard Pest Control)

The criminal background search includes the following:

- Social Security Number Validation
- Analyzed Social Security Number Search
- County Criminal Records Search
- National Criminal Database Search
- National Sexual Offender Database Search
- Additional searches may be conducted if required by a customer

Our drug screen testing is the standard 5-panel screen, which tests for cannabinoids (THC, marijuana), cocaine, phencyclidine (PCP), opiates (codeine, morphine, and acetyl morphine), and amphetamine (methamphetamine).

If you have questions or need additional information, please do not hesitate to contact our office at 404-888-2919 or ewilliams@rollins.com.

Thanks,

Erika Williams
Human Resources Manager, HRSC



Orkin Commitment to Hiring Veterans of Military Service

Companywide, Orkin is committed to providing job opportunities for our country's Honorably Discharged Veterans. We are aware of the ever-increasing numbers of returning war heroes having difficulty finding employment and feel it is our duty and privilege as grateful Americans to offer new career prospects to those who have served.

As of year-end 2023, 7% of Orkin's total workforce across the United States are Honorably Discharged Veterans.



BE A PART OF OUR STORY

Orkin is a stable, financially sound company that provides essential pest control services to over 2 million commercial and residential customers. We have a GREAT story to tell and many of those chapters come from the veterans who successfully transitioned and enjoyed long-term careers with us.

We hope that you will become a part of the Orkin story!



Schedule
Contract # 47QSHA23D0001

Orkin, LLC Company Information/Credentials



Awarded Contract
Contract # 042821-ORK

Orkin ISO 9001:2015

Valid until November 20, 2026



MANAGEMENT SYSTEM CERTIFICATE

Certificate no.:
CERT-10649-2005-AQ-USA-ANAB

Initial certification date:
21 November, 2005

Valid:
21 November, 2023 – 20 November, 2026

This is to certify that the management system of
**Rollins Pest and Termite Control Quality
Assurance Department**
2170 Piedmont Rd NE, Atlanta, GA, 30324-4135, USA

has been found to conform to the Quality Management System standard:
ISO 9001:2015

This certificate is valid for the following scope:

The Provision of Internal QA Audits Focusing on Service Delivery for all Orkin Field Operations performing Pest Control and/or Termite Services including the Precision Protection Gold Medal Program.

Place and date:
Katy, TX, 02 October, 2023



For the issuing office:
DNV - Business Assurance
1400 Ravello Drive, Katy, TX, 77449-5164, USA

Sherif Mekkawy
Management Representative

Lack of fulfillment of conditions as set out in the Certification Agreement may render this Certificate invalid.

ACCREDITED UNIT: DNV Business Assurance USA Inc., 1400 Ravello Drive, Katy, TX, 77449, USA - TEL: +1 281-396-1000. www.dnv.com

Orkin, LLC
Government Business Development
Deborah A Toth
2170 Piedmont Road NE
Atlanta, GA 30324
770-220-6165
dtoth@rollins.com



Orkin 2024 Proof of Insurance



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)
12/15/2023

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

| PRODUCER Willis Towers Watson Southeast, Inc. Five Concourse Corporate Center, 18th Floor Atlanta, GA 30328 | CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C No. Ext.): 1-877-945-7378 FAX (A/C No.): 1-888-467-2378 E-MAIL: certificates@willis.com ADDRESS: | | | | | | | | | | | | | | |
|---|--|-------------------------------|--------|---|-------|--|-------|---|-------|---|-------|------------|--|------------|--|
| INSURED Orkin LLC, Orkin Services of California Inc, Orkin Pest Control, Orkin Commercial Services 2170 Piedmont Rd NE Atlanta, GA 30324 | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Old Republic Insurance Company</td><td>24147</td></tr><tr><td>INSURER B: ACE Property & Casualty Insurance Company</td><td>20699</td></tr><tr><td>INSURER C: Indemnity Insurance Company of North America</td><td>43575</td></tr><tr><td>INSURER D: ACE American Insurance Company</td><td>22667</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Old Republic Insurance Company | 24147 | INSURER B: ACE Property & Casualty Insurance Company | 20699 | INSURER C: Indemnity Insurance Company of North America | 43575 | INSURER D: ACE American Insurance Company | 22667 | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: Old Republic Insurance Company | 24147 | | | | | | | | | | | | | | |
| INSURER B: ACE Property & Casualty Insurance Company | 20699 | | | | | | | | | | | | | | |
| INSURER C: Indemnity Insurance Company of North America | 43575 | | | | | | | | | | | | | | |
| INSURER D: ACE American Insurance Company | 22667 | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

| COVERAGES | | CERTIFICATE NUMBER: W31499362 | | 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 WCD | 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 <input checked="" type="checkbox"/> Pesticide/Herbicide Coverage <input checked="" type="checkbox"/> Pest Control Professional GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER: | | | MRZY 312034 24 | 01/01/2024 / 01/01/2025 | EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 3,000,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/PROP AGG \$ 3,000,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | MWTB 312033 24 | 01/01/2024 / 01/01/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | XEU 027927683 009 | 01/01/2024 / 01/01/2025 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/NEIGHBOR EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | WLR C50672207 | 01/01/2024 / 01/01/2025 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 2,000,000 EL DISEASE - EA EMPLOYEE \$ 2,000,000 EL DISEASE - POLICY LIMIT \$ 2,000,000 |
| D | Excess Workers Comp | | | WCU C5067213A | 01/01/2024 / 01/01/2025 | EL Each Accident \$2,000,000 EL Disease-Pol Limit \$2,000,000 EL Disease-Each Empl \$2,000,000 |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Umbrella Policy is follow form to the scheduled underlying policies and scheduled retained limits, subject to policy exclusions. | | | | | | |

| CERTIFICATE HOLDER | CANCELLATION |
|-----------------------------------|--|
| Evidence Certificate of Insurance | 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 <i>Jessica Graham</i> |

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

SR ID: 25125972

BATCH: 3249060

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Orkin will provide contract specific Certificate(s) of Insurance upon notification of a contract(s) award.

Orkin, LLC
Government Business Development
Deborah A Toth
2170 Piedmont Road NE
Atlanta, GA 30324
770-220-6165
dtoth@rollins.com



Orkin W-9

| Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service | | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. ROLLINS, INC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Business name/disregarded entity name, if different from above SAM Unique Entity ID #HW5VHF3D69K6 ORKIN, LLC; ORKIN; ORKIN PEST; ORKIN EXTERMINATING (DUNS 002509420) (FEIN 58-0942031) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Print or type. See Specific Instructions on page 3. | 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 checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ 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) 5 Exemption from FATCA reporting code (if any) D <small>(Applies to accounts maintained outside the U.S.)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 Address (number, street, and apt. or suite no.) See instructions. 2170 PIEDMONT ROAD NE PO BOX 638898 | | | Requester's name and address (optional) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 City, state, and ZIP code ATLANTA, GEORGIA 30324-4135 CINCINNATI, OH 45263-8898 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 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 <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><tr><td colspan="9">Social security number</td></tr><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td>-</td><td></td></tr><tr><td colspan="9">or</td></tr><tr><td colspan="9">Employer identification number</td></tr><tr><td>5</td><td>1</td><td>-</td><td>0</td><td>0</td><td>6</td><td>8</td><td>4</td><td>7</td></tr></table> | | | | | Social security number | | | | | | | | | | | | - | | | | - | | or | | | | | | | | | Employer identification number | | | | | | | | | 5 | 1 | - | 0 | 0 | 6 | 8 | 4 | 7 |
| Social security number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | - | | | | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| or | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 1 | - | 0 | 0 | 6 | 8 | 4 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 ▶ <i>Deborah A Toth</i> | | | Date ▶ January 1, 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 . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none">• 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Orkin/Rollins Banking and Credit Information

Orkin, LLC is a wholly owned subsidiary of Rollins, Inc.
2170 Piedmont Road NE
Atlanta, GA 30324

ROLLINS Listings:

Incorporated: 2/24/1948
NYSE Listing: Rollins, Inc. (ROL)
Federal Tax: 51-0068479
D & B Number: 00-6919088

Bank Information
SunTrust Banks Inc.
Account # 8800602768
Address: 25 Park Place, 21st Floor
Mail Code GA-ATL-1963
Atlanta, GA 30303

What is ARC?

VersaPay's ARC is an Accounts Receivable Cloud application used by Orkin[®]. As our customer, we invite you to use the platform to view and pay your invoices.

Why Should I Sign Up?

By signing into your customer portal, you'll have access to all of your invoices online. You will be able to check your account statement, print your invoices and make payments securely online.

Is it Secure?

VersaPay has passed the most rigorous security testing from external auditors to verify their security level meets the highest industry standards. Their systems are monitored and updated as needed to protect against any known security risks.

In addition to this third-party testing, VersaPay's internal security personnel use several risk assessment and security tools to monitor and maintain the security of their online systems. VersaPay is a certified PCI Level 1 Service Provider and is audited annually by its banking partners to ensure 'bank grade' security compliance.

What Does This Mean?

VersaPay has passed the most rigorous security testing from external auditors to verify their security level meets the highest industry standards.

All interactions with VersaPay's services are done using the latest levels of SSL encryption, on servers housed in a SSAE16 certified facility, meeting the highest standards in security available.

To get set up on VersaPay call 1-800-241-1666 option 7.



Orkin Key Corporate Personnel

| 2024 Orkin Key Personnel Team Resume | | | |
|---|--|--|---------------------|
| Technical Services Corporate Resources | | | |
| Name | Academic Background | Position Held at Orkin | Years of Experience |
| Judy Black | Board Certified Entomologist, Certified Professional –Food Safety M.S., Entomology, West Virginia University B.S., Environmental Protection, West Virginia University | Vice President, Quality Assurance Technical Services | 37 |
| Glen Ramsey | Board Certified Entomologist, Certified Food Manager M.S. Entomology, University of Georgia B.S.E.S. Entomology, University of Georgia | Senior Manager, Technical Services | 15 |
| Frank Meek | BCE - Board Certified Entomologist | Manager, Technical Services | 38 |
| Ben Hottel | Ph.D. Entomology, University of Florida M.S. Entomology, University of Illinois B.S. Agricultural and Consumer Economics, University of Illinois | Manager, Technical Services | 15 |
| Ronald D. Harrison | Ph.D., Entomology, University of Georgia M.S., Horticulture, University of Georgia B.S., Plant Science, Agronomy, Horticulture, Utah State University Board Certified Entomologist | Director, International Franchise Technical Services | 31 |
| Mike Leisses | B.S. Communications, University of Wisconsin-Oshkosh American Institute of Baking Rollins Leadership Program | Director, National Accounts Customer Care Procedures & Systems | 34 |
| Mala Williams | B.A., Business Administration, University of Southern Caribbean American Institute of Baking Texas A & M Emory SQL – Database | Director, National Accounts Procedures, Systems & AR | 24 |



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|-----------------------|---|--|----|
| Deborah A Toth | Master's Certificate, Government Contracting Villanova University B.S., Psychology, University of Pittsburgh | Government Business Development & Contract Manager | 20 |
| Dana Duncan | B.A., Professional Studies – Pharmaceutical Sales, University of Memphis Category 7 Commercial Applicator, Tennessee Department of Agriculture | Government Support Coordinator | 5 |
| Teriece White | Business Management, Strayer University Data Processing, Financial Accounting & Credit Analysis | Government AR Invoice Analyst | 7 |
| David Webb | Business Technical Management-DeVry University CRM Systems and Database Management | Government AR Collections Analyst | 8 |
| | | | |