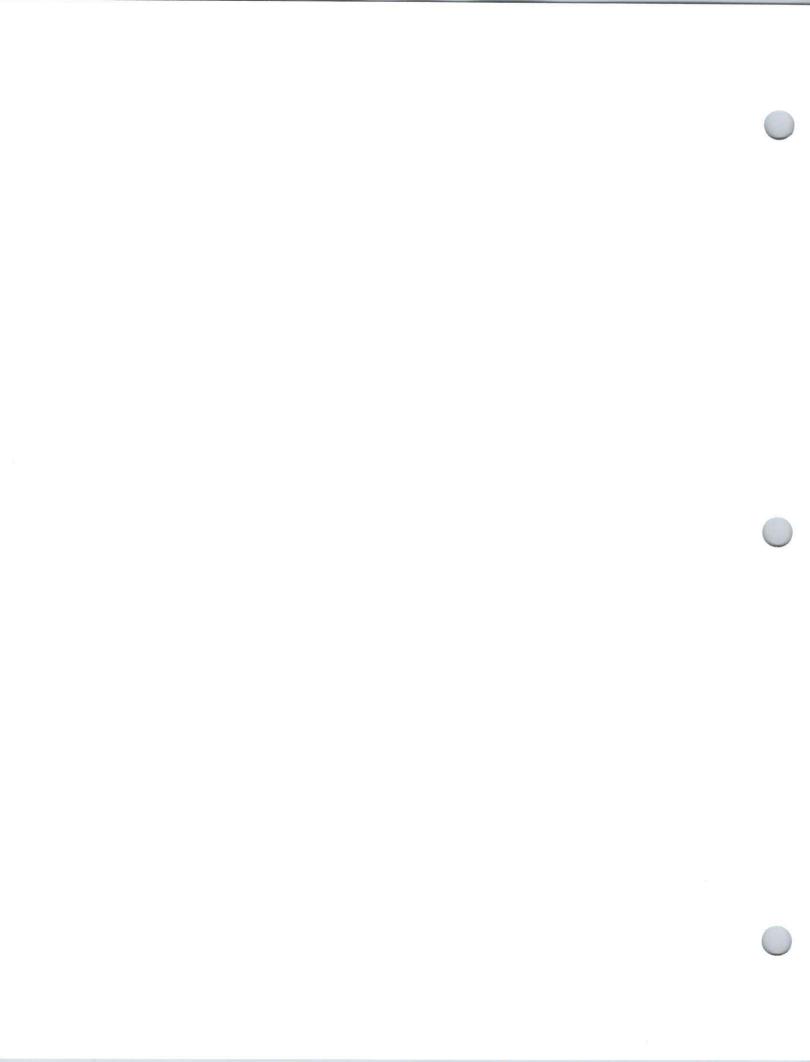


State of Alabama

Disclosure Statement

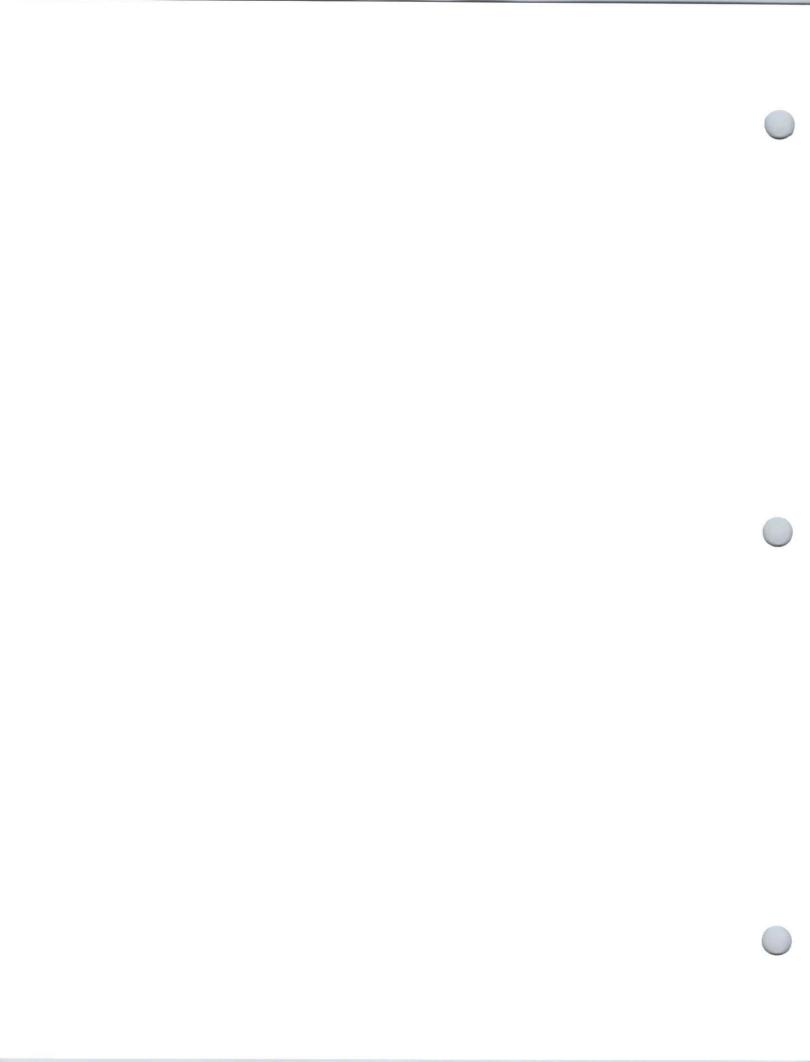
(Required by Act 2001-955)



| 2. | List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the |
|----|---|
| | proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public |
| | employees work. (Attach additional sheets if necessary.) |

| FAMILY MEMBER ADDRESS | | PUBLIC OFFICIAL STATE DEPARTMENT/ C EMPLOYEE AGENCY WHERE EMPLOYED |
|---|--|--|
| NA | | |
| | | |
| If you identified individuals in items one and/or two officials, public employees, and/or their family men grant proposal. (Attach additional sheets if necessions) | nbers as the result of the contract, p | direct financial benefit to be gained by the pub roposal, request for proposal, invitation to bid, |
| | | |
| | | |
| Describe in detail below any indirect financial bene public official or public employee as the result of the additional sheets if necessary.) | fits to be gained by any public official e contract, proposal, request for pro | il, public employee, and/or family members of the posal, invitation to bid, or grant proposal. (Attack |
| NA | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| List below the name(s) and address(es) of all paid posal, invitation to bid, or grant proposal: | consultants and/or lobbyists utilized | to obtain the contract, proposal, request for pro |
| NAME OF PAID CONSULTANT/LOBBYIST | ADDRESS | |
| NA | | |
| | | |
| | | |
| | | |
| | | |
| By signing below, I certify under oath and penal | ity of perjury that all statements or | n or attached to this form are true and corre |
| to the best of my knowledge. I further understar to exceed \$10,000.00, is applied for knowingly p | nd that a civil penalty of ten perce | nt (10%) of the amount of the transaction, no |
| | noviding meaners or misleading in | mornagon. |
| Signature | 2/1/2024 Date | |
| Bunkaly | 2/1/2024 | Sept 29, 202 |
| Notary's Signature | Date | Date Notary Expires |

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.



| State of Arizona |
|--|
| County of Maricopa |
| CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491) DATE: 2 1 2 4 |
| RE Contract/Grant/Incentive (describe by number or subject): Join Purchasing Agreement by and |
| between irraigh Public Sector, Inc. (Confractor/Grantee) and Alabama Community College System & Alabama Higher Education Entities (State Agency or Department or other Public Entity) |
| The undersigned hereby certifies to the State of Alabama as follows: |
| The undersigned holds the position of Global Compliance Officer and Assistant Secretary with the Contractor/Grantee named above, and in the Contractor of Grantee named above. |
| authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge |
| AND THE PROPERTY OF THE PROPER |
| of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011- |
| 535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act". 2. Using the following definitions from Section 3 of the Act select and initial either (a) or (b) below to describe the |
| and the second of the rect and third chiral (a) of (b), below, to describe the |
| Contractor/Grantee's business structure. |
| BUSINESS ENTITY. Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business entity" shall include, but not be limited to the following: a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited it transact business in this state, business trusts, and any business entity that registers with the Secretary of State. |
| b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license, and any business entity that is operating unlawfully without a business license. EMPLOYER. Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household. |
| X (a) The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act. |
| (b) The Contractor/Grantee is not is a business entity or employer as those terms are defined in Section 3 of the Act. |
| 3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of |
| Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within |
| the State of Alabama; |
| 4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors |
| beyond its control. Certified this 15th day of February 20 24 Lisanne Steinheiser, CCEP |
| By: Global Compliance Officer and Assistant Secretary |
| The above Certification was signed in my presence by the person whose name appears above, on |
| witness: Awarda Lyedy |
| AMANDA LUEDY Notary Public, State of Arizona Maricopa County Commission # 654248 My Commission Expires September 29, 2027 |

