



Thompson Advertising, Inc.
dba Mascot Junction™

MascotJunction.com
info@mascotjunction.com

5121 SW Mallard Pt.
Lee's Summit, MO 64082
Ph: 816-916-1377
Fx: 816-286-1359

Vendor Set-Up Packet

Use this information to set Mascot Junction (Thompson Advertising, Inc.) as a vendor.

Includes:

EIN number: 43-1910089

DUNS number: 013738674

W-9 Form

Sole Source Provider Affidavit

General Liability Insurance

Request for Taxpayer Identification Number and Certification

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

| | | |
|---|--|---|
| Print or type See Specific Instructions on page 2. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. David A Thompson | |
| | 2 Business name/disregarded entity name, if different from above Thompson Advertising Inc. dba Mascot Junction, Toons4biz, and PBIS Teaching Tools | |
| | 3 Check appropriate box for federal tax classification; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.) 5121 SW Mallard Point | Requester's name and address (optional) |
| | 6 City, state, and ZIP code Lee's Summit, MO 64093 | |
| | 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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

| | |
|---|--|
| Social security number | |
| [] [] [] - [] [] - [] [] [] [] | |
| or | |
| Employer identification number | |
| 4 3 - 1 9 1 0 0 8 9 | |

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 on page 3.

| | | |
|------------------|----------------------------|-----------------------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ 12-7-16 |
|------------------|----------------------------|-----------------------|

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. 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?* on page 2 for further information.



Thompson Advertising, Inc.
 dba Mascot Junction™
 MascotJunction.com
 info@mascotjunction.com

5121 SW Mallard Pt.
 Lee's Summit, MO 64082
 Ph: 816-916-1377
 Fx: 816-286-1359

SOLE SOURCE AFFIDAVIT

Before me, the undersigned official, on this day, personally appeared David Thompson, a person known to me to be the person whose signature appears below, whom after being duly sworn upon his oath deposed and said:

1. My name is David Thompson, I am over the age of 18, have never been convicted of a crime and being competent to make the affidavit.

2. I am an authorized representative of the following company or firm:
Thompson Advertising, Inc. dba Mascot Junction

3. The above named company or firm is the sole source of the following item(s), and no other company or firm in the United States of America sales or distributes the product(s) listed below:

PBIS Roll Out Kits that include the following products with copyrighted/trademarked designs: clip art, posters, banners, signs, award certificates, gotcha rewards and t-shirts

4. Competition in providing the above named item(s) or product(s) is precluded due to:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> a Patent | <input checked="" type="checkbox"/> a Copyright | <input type="checkbox"/> a Secret Process |
| <input type="checkbox"/> a Monopoly | <input type="checkbox"/> it is a Film | <input type="checkbox"/> it is a Manuscript |
| <input type="checkbox"/> it is a Book | <input type="checkbox"/> it is a Utility Service (i.e., electricity, gas, water) | <input type="checkbox"/> it is a Captive Replacement Part or Component for Equipment |

[Signature]
 Signature of Authorized Vendor Official

President
 Title of Authorized Vendor Official

Signature of Supervisor or Authorized Vendor Official

Title of Supervisor of Authorized Vendor Official

Affidavit will be valid for two (2) years from date subscribed and sworn.

SUBSCRIBED AND SWORN to before me on this 7th day of June, 2017

KATIE A. THOMAS
 Notary Public - Notary Seal
 STATE OF MISSOURI
 (seal) Jackson County
 My Commission Expires: 8/10/2019
 Commission # 15226191

[Signature]
 Notary Public Signature

Print Name: Katie A. Thomas

My Commission Expires: 8/10/2019

Company: Thompson Advertising, Inc. dba Mascot Junction
 Address/City/State/Zip: 5121 SW Mallard Pt
 Telephone Number: 816-916-1377 Fax Number: 816-286-1359
 Contract Person: David Thompson Email: info@mascotjunction.com



SHELTER INSURANCE COMPANIES

GENERAL LIABILITY
EVIDENCE OF INSURANCE
AS OF 08/03/2017



NAME AND ADDRESS OF NAMED INSURED:
THOMPSON, DAVID
5121 SW MALLARD PT
LEES SUMMIT, MO 64082

AGENT:
SHANE LEDFORD
209 SW JEFFERSON
P O BOX 1999
LEES SUMMIT, MO 64063
(816) 524-7700
AGENT NUMBER 24-9876-34

Policy Number: 24-31-3156409-1 **Effective Date: 08/03/2017, 10:24 AM Central Time**
Expiration Date: 08/03/2018, 12:01 AM Central Time

This policy will continue to renew as long as we offer to renew it and you pay the required premium by the due date.

THE LOCATION OF THE DESCRIBED PREMISES IS 5121 SW MALLARD PT LEES SUMMIT, MO 64082
BUSINESS OF THE NAMED INSURED IS: SELLS POSTERS TO SCHOOLS
THE NAMED INSURED IS: INDIVIDUAL
THE LIMIT OF THE COMPANYS LIABILITY IS STATED IN THE POLICY AND APPLIES AS FOLLOWS:

| Limits of Insurance | | | |
|---|--|----|-----------|
| General Aggregate (Other Than Product - Completed Operations) | | \$ | 1,000,000 |
| Personal and Advertising Injury Limit | | \$ | 500,000 |
| Each Occurrence Limit | | \$ | 500,000 |
| Rented To You Limit | | \$ | 100,000 |
| Medical Expense Limit (Any One Person) | | \$ | 5,000 |
| Premium | | \$ | 100.00 |

| Coverage Form and Description of Hazards | | | Premium Basis | Premium |
|--|-----|---|---------------|---------|
| Code | Key | Description | | |
| 5121 SW MALLARD PT LEES SUMMIT, MO 64082 (COUNTY 037) | | | | |
| Premises and Operations | | | | |
| 45993 | 3 | MANUFACTURERS' REPRESENTATIVES (PRODUCTS NOT AVAILABLE) | 50000 | 6.00 |
| Products and Completed Operations | | | | |

THE FOLLOWING ENDORSEMENTS ARE A PART OF THIS POLICY AND ARE ATTACHED:

| Limit | |
|----------|---|
| CG-00-01 | Commercial General Liability Coverage Form |
| CG-01-34 | Missouri Changes - Pollution Exclusion |
| CG-21-67 | Fungi Or Bacteria Exclusion |
| IL-00-17 | Common Policy Conditions |
| IL 00 21 | Nuclear Energy Liability Exclusion |
| IL-02-74 | Missouri Changes - Cancellation And Nonrenewal |
| CG-21-04 | Exclusion - Products - Completed Operations Hazards |

TERM 12 MONTHS
ZONE CODE 503

AGENT _____
24-9876-34