SIT & NTS Workshop

15 July 2026

Opening Remarks/Admin Notes

Opening Remarks
COL Mike Ashton, PPA J3 Director

Lead Narrator
Ms. Shari Wilson, Chief, J3 Storage Branch

Briefers
Ms. Shanette Jean (Storage-in-Transit)
Ms. Jody Crockett (Non-Temporary Storage)

Administrative Notes

Agenda

- Storage in Transit (SIT) Letter of Intent requirements
- SIT Pre-Award Documentation/Samples
- Question/Answer session

Break (10 mins)

- Non-Temporary Storage (NTS) Pre-Award Documentation/Samples
- Approval Timelines
- Regulations/References
- Question/Answer session

Storage In Transit Checklist

SIT Pre-Award Checklist

#1	**Corporation/Partnership Documentation** a. Articles of Incorporation (if an Inc) b. Provide Articles of Organization (if an LLC) c. Most recent corporate minutes electing current Corporate Officers or Members d. Proof company is authorized to operate in state where warehouse resides (i.e. Certificate of good standing, certificate of status, business license, etc.) e. Provide an authenticated copy of your Partnership Agreement (if applicable)
#2	**Building Lease or Ownership Documents** Documents must include the warehouse street address exactly as listed by the ISO Commercial Risks Services, Inc. (See checklist item #6 for ISO information) a. 1-year lease • The following are not acceptable: Month to month renewals, subleases, assignment/assumption of leases, handwritten leases, white-out terms, or leases that contain excessive strikethroughs (~~example~~). Any alterations must be initialed by both parties. • If your lease includes a guarantor, the SB will provide you a guarantor statement for all parties to sign b. Deed or Tax Receipt (if you own the building) c. The following statement must be included in the lease or provided in a memorandum on the landlord's company letterhead. If you own your building this statement must be provided on your company letterhead and signed by the owner: **"(Landlord's name) acknowledges that holding shipments hostage is a violation of Federal Law; specifically IAW USC Title 37, Section 453, which states in part, no carrier, port agent, warehouseman, freight forwarder, or other person involved in the transportation of property may have a lien on, or hold, impound, or otherwise interfere with the movement of baggage and household goods being transported under this section."**
#3	**DD Form 1811 – Pre-Award Survey** Type in all highlighted sections. Handwritten form will not be accepted. **(Sample 1811 attached)**
#4	**Warehouse Operational Layout Fire Plan** This shall be drawn on 8½" X 11" paper and must include items listed below. Building schematics will not be accepted **(Sample Warehouse Operational Layout Fire Plans attached)** a. Drawing will be from an overhead view and sized to scale b. Include any adjacent occupants (include name of occupant(s) and reference sample for sizing requirements) c. A directional compass (north, south, east, west), and all bordering streets d. Annotate the configuration of pallet or open stack storage, racks for storage of rugs, overstuffed furniture, areas designated for oversized items, aisles, deck space, working areas, and office space e. Show dimensions of fire aisles, deck space, work areas, wall clearances, doors (personnel, overhead and dock), overall building dimensions, etc. f. All firewalls must be clearly annotated showing the fire resistance rating

	g. Location of all fire extinguishers and fire evacuation routes marked in red After layout is reviewed by the SB, have document signed, dated, and stamped or sealed by the local servicing fire department
#5	**Additional Fire Protection Data Form** The form must be completed and signed by the local servicing fire department. The SB will not accept facilities serviced by fire departments with fire community public protection class ratings of class 9 or 10. In addition, the nearest fire hydrant must be within 500 feet of the warehouse(s) and there must be enough water to sustain a firefighting effort **(Blank Additional Fire Protection Data Form attached)**
#6	**Fire Protection System: Insurance Services Office (ISO)** This requirement must be obtained by first contacting the insurance agent for assistance. Provide the full ISO report from Verisk indicating that your fire system is recognized for rate credit. Facilities rated as wood framed or with fire systems that do not receive rate credit will not be accepted. The following must be provided with the ISO report: • government storage letter • loss cost quote • underwriting survey report If your warehouse resides in a state where Verisk does not offer services, you may need to contact your state's independent insurance/rating/survey bureau.
#7	**Fire System Maintenance Contract and Inspection Report** Provide the written contract and most recent inspection report between your company and the licensed contract service company. The agreement must include on-site, physical inspections, maintenance, and monitoring (if applicable), that is in effect for the type of supplemental fire protection system listed below. All contracts must be complete to include signatures, printed names, and date by both parties. Proposals, quotes, and unsigned contracts will not be accepted. a. **Supervised Sprinkler System (1-SSP)** - The sprinkler system and electronic monitoring system is physically inspected every 90 days in accordance with National Fire Protection Association (NFPA) Pamphlet 25. Contract must state physical inspections are completed every 90 days (quarterly) **Note**: Contract must include an additional inspection of the water flow detection and reporting (electronic) system every 90 days (quarterly) b. **Unsupervised Sprinkler System (2-USP)** - The sprinkler system is physically inspected every 90 days in accordance with NFPA Pamphlet 25. Contract must state physical inspections are completed every 90 days (quarterly) c. **Detection and Reporting Alarm System (3-D&R)** – The fire system is physically inspected every 30 days in accordance with NFPA Pamphlet 72. Contract must state physical inspections are completed every 30 days (monthly)
#8	**Flood Plain Information** Using the Federal Management Agency (FEMA), provide a copy of the FEMA map depicting the finished floor elevation of the warehouse(s) above the 100-year flood plain. • The warehouse must be clearly marked on the map

Storage In Transit (SIT) Letter Of Intent (LOI)

- Submit LOI on Company Letterhead
- Company legal name to include Fictitious Name (if applicable)
- Warehouse physical address to include Suite number (if applicable)
- POC: Name, email, and phone number
- Desire to participate in Storage In Transit Program
- Print name and title/sign/date

STORAGE BRANCH MOVING & STORAGE, INC
101 Hippo Drive
Prescott , Illinois 52226-5357

15 July 2026

Memo: Storage Branch

Subject: Request Storage In Transit (SIT) approval

To whom it may concern,

Storage Branch Moving & Storage, Inc. located at 101 Hippo Drive, Prescott, IL 52226-5357 request the opportunity to participate in the SIT program. Your assistance with the approval process is greatly appreciated.

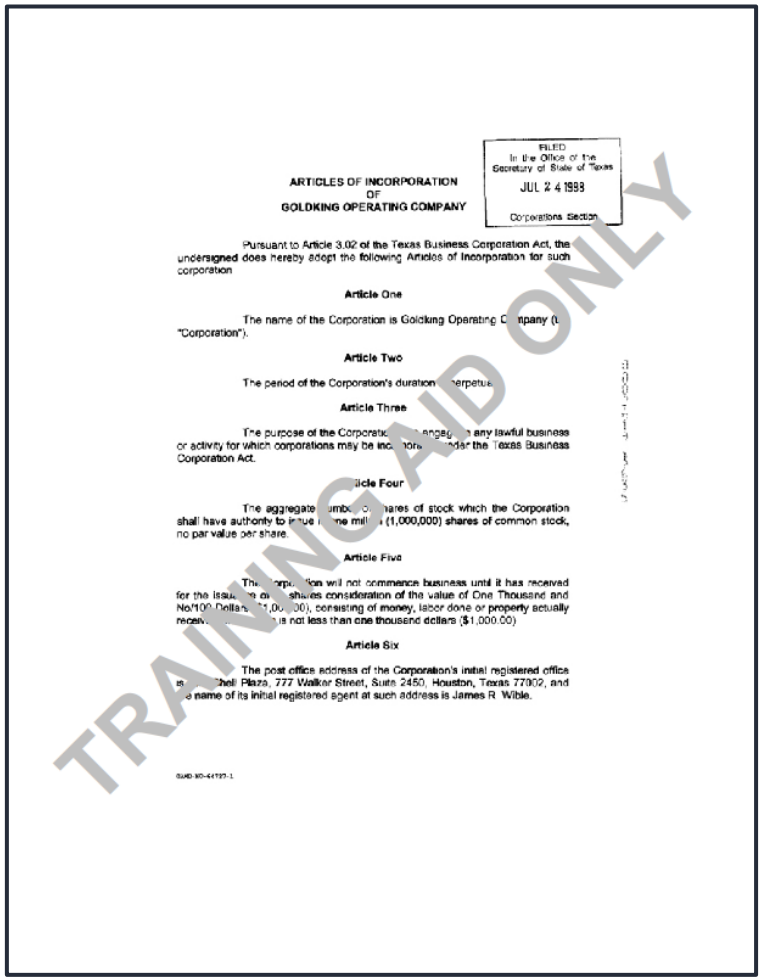
POC: Samantha Smith, COO
Email: Samantha.smith.coo@sbmoving.com
Phone: 106-222-5555

Samantha Smith
Samantha Smith
Chief Operating Officer
Storage Branch Moving and Storage, Inc

Checklist Item #1. Corporate Document (INC)

Inc.

Articles of Incorporation



FILED
In the Office of the
Secretary of State of Texas
JUL 24 1998
Corporations Section

ARTICLES OF INCORPORATION
OF
GOLDKING OPERATING COMPANY

Pursuant to Article 3.02 of the Texas Business Corporation Act, the undersigned does hereby adopt the following Articles of Incorporation for such corporation

Article One

The name of the Corporation is Goldking Operating Company (the "Corporation").

Article Two

The period of the Corporation's duration is perpetual.

Article Three

The purpose of the Corporation is to engage in any lawful business or activity for which corporations may be incorporated under the Texas Business Corporation Act.

Article Four

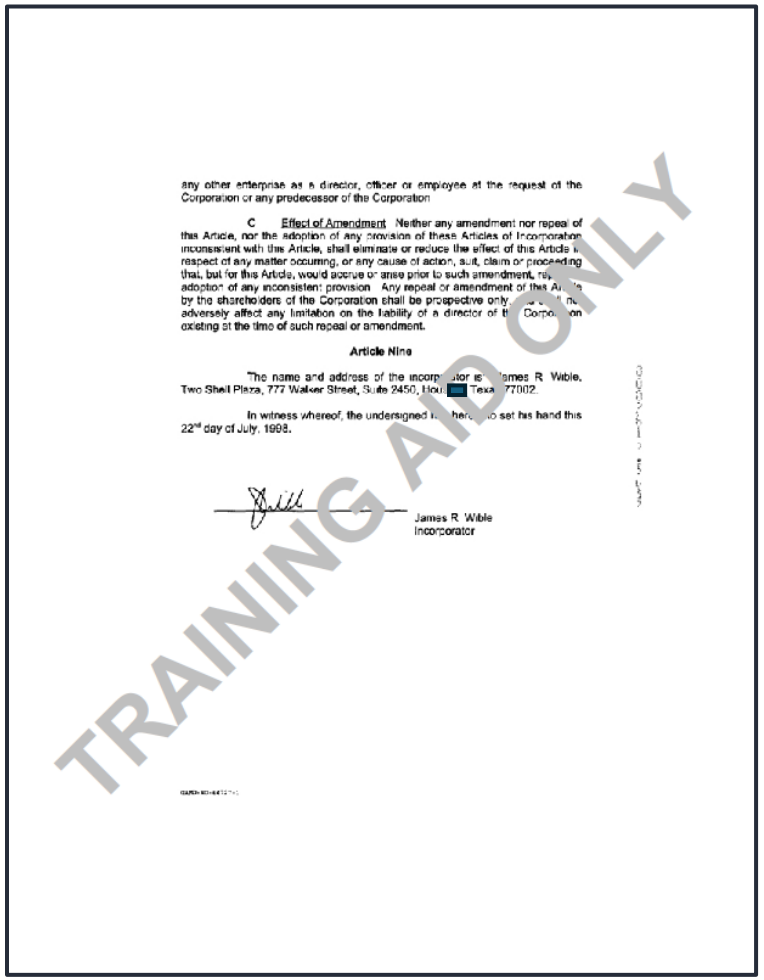
The aggregate number of shares of stock which the Corporation shall have authority to issue is one million (1,000,000) shares of common stock, no par value per share.

Article Five

The Corporation will not commence business until it has received for the issuance of shares consideration of the value of One Thousand and No/100 Dollars ($1,000.00), consisting of money, labor done or property actually received. The amount is not less than one thousand dollars ($1,000.00)

Article Six

The post office address of the Corporation's initial registered office is One Shell Plaza, 777 Walker Street, Suite 2450, Houston, Texas 77002, and the name of its initial registered agent at such address is James R. Wible.



any other enterprise as a director, officer or employee at the request of the Corporation or any predecessor of the Corporation

C. Effect of Amendment. Neither any amendment nor repeal of this Article, nor the adoption of any provision of these Articles of Incorporation inconsistent with this Article, shall eliminate or reduce the effect of this Article in respect of any matter occurring, or any cause of action, suit, claim or proceeding that, but for this Article, would accrue or arise prior to such amendment, repeal or adoption of any inconsistent provision. Any repeal or amendment of this Article by the shareholders of the Corporation shall be prospective only and shall not adversely affect any limitation on the liability of a director of the Corporation existing at the time of such repeal or amendment.

Article Nine

The name and address of the incorporator is James R. Wible, One Shell Plaza, 777 Walker Street, Suite 2450, Houston, Texas 77002.

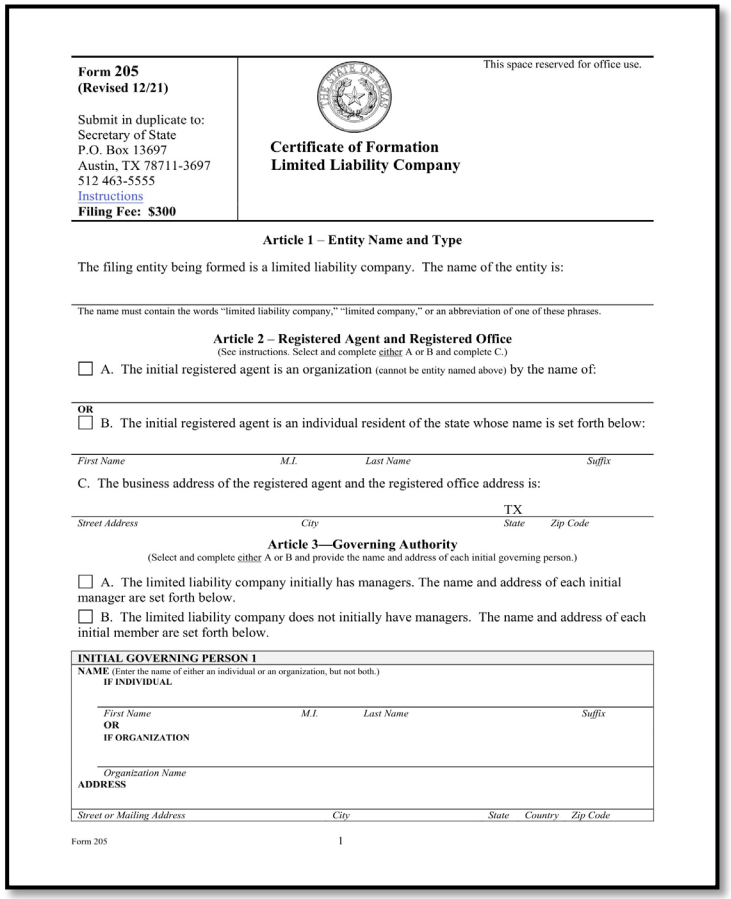
In witness whereof, the undersigned incorporator has hereto set his hand this 22nd day of July, 1998.

James R. Wible
Incorporator

Checklist Item #1. Corporate Document (LLC)

LLC:

Articles of Organization



Form 205
(Revised 12/21)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
Instructions
Filing Fee: $300

This space reserved for office use.

Certificate of Formation
Limited Liability Company

Article 1 – Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

The name must contain the words "limited liability company," "limited company," or an abbreviation of one of these phrases.

Article 2 – Registered Agent and Registered Office
(See instructions. Select and complete either A or B and complete C.)

☐ A. The initial registered agent is an organization (cannot be entity named above) by the name of:

OR

☐ B. The initial registered agent is an individual resident of the state whose name is set forth below:

First Name *M.I.* *Last Name* *Suffix*

C. The business address of the registered agent and the registered office address is:

Street Address *City* TX *State* *Zip Code*

Article 3—Governing Authority
(Select and complete either A or B and provide the name and address of each initial governing person.)

☐ A. The limited liability company initially has managers. The name and address of each initial manager are set forth below.

☐ B. The limited liability company does not initially have managers. The name and address of each initial member are set forth below.

INITIAL GOVERNING PERSON 1

NAME (Enter the name of either an individual or an organization, but not both.)
IF INDIVIDUAL

First Name *M.I.* *Last Name* *Suffix*

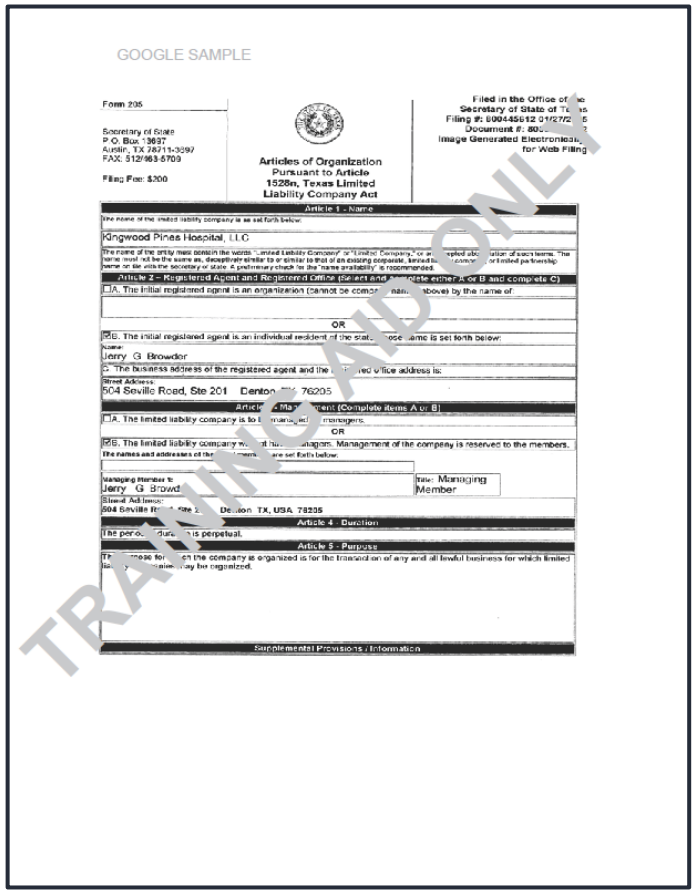
OR
IF ORGANIZATION

Organization Name

ADDRESS

Street or Mailing Address *City* *State* *Country* *Zip Code*

Form 205 1



GOOGLE SAMPLE

Form 205

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709

Filing Fee: $200

Articles of Organization
Pursuant to Article
1528n, Texas Limited
Liability Company Act

Filed in the Office of the
Secretary of State of Texas
Filing #: 800045612 01/27/2...
Document #: 80...
Image Generated Electronically
for Web Filing

Article 1 - Name

The name of the limited liability company is as set forth below:

Kingwood Pines Hospital, LLC

The name of the entity must contain the words "Limited Liability Company" or "Limited Company," or an accepted abbreviation of such terms. The name must not be the same as, deceptively similar to or similar to that of an existing corporate, limited liability company or limited partnership name on file with the secretary of state. A preliminary check for the name availability is recommended.

Article 2 – Registered Agent and Registered Office (Select and complete either A or B and complete C)

☐ A. The initial registered agent is an organization (cannot be corporate name listed above) by the name of:

OR

☒ B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:
Jerry G Browdor

C. The business address of the registered agent and the registered office address is:

Street Address:
504 Seville Road, Ste 201 Denton TX 76205

Article 3 - Management (Complete items A or B)

☐ A. The limited liability company is to be managed by managers.

OR

☒ B. The limited liability company will not have managers. Management of the company is reserved to the members.

The names and addresses of the members are set forth below:

Managing Member is:
Jerry G Browd Title: Managing Member

Street Address:
504 Seville Road, Ste 201 Denton TX, USA 76205

Article 4 - Duration

The period of duration is perpetual.

Article 5 - Purpose

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized.

Supplemental Provisions / Information

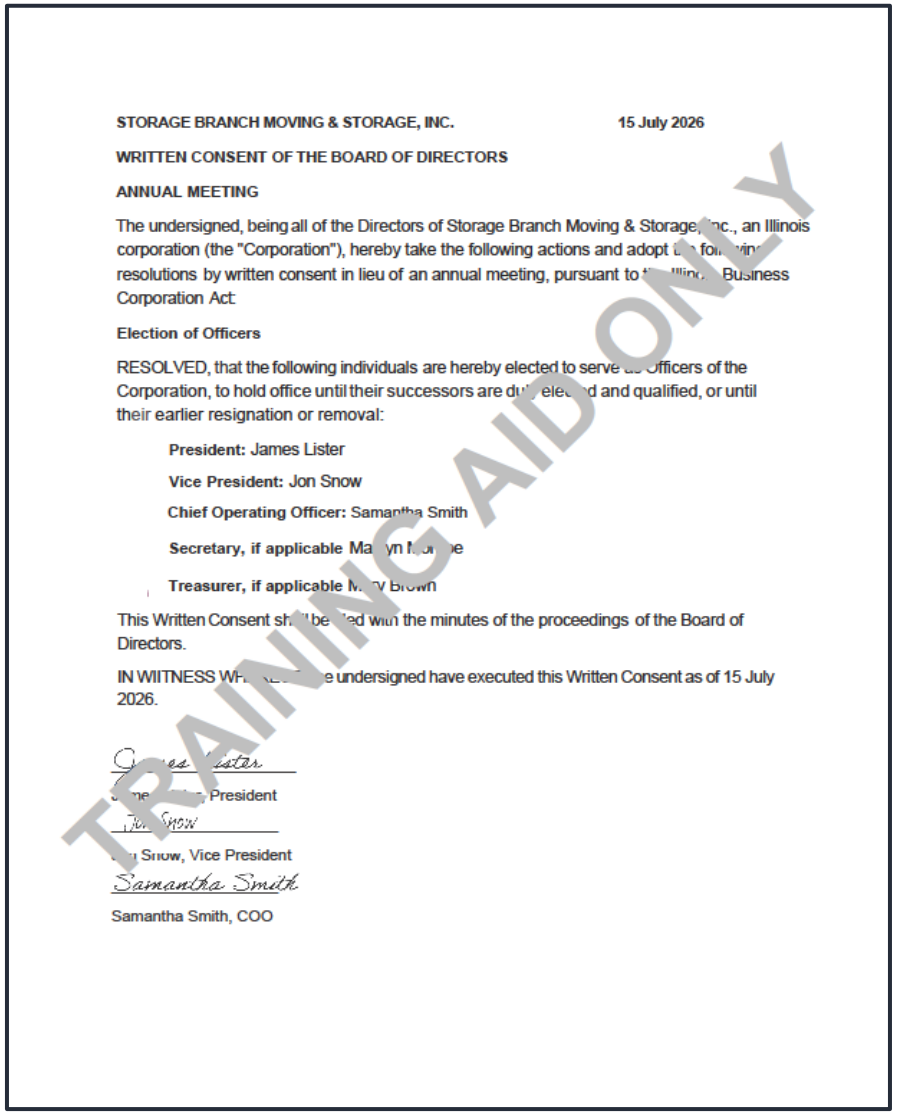
TRAINING ONLY

UNCLASSIFIED

Checklist Item #1. Corporate Documents

LLC & INC:

1c. Most recent corporate minutes electing current Corporate Officers or Members



STORAGE BRANCH MOVING & STORAGE, INC. 15 July 2026

WRITTEN CONSENT OF THE BOARD OF DIRECTORS

ANNUAL MEETING

The undersigned, being all of the Directors of Storage Branch Moving & Storage, Inc., an Illinois corporation (the "Corporation"), hereby take the following actions and adopt the following resolutions by written consent in lieu of an annual meeting, pursuant to the Illinois Business Corporation Act:

Election of Officers

RESOLVED, that the following individuals are hereby elected to serve as Officers of the Corporation, to hold office until their successors are duly elected and qualified, or until their earlier resignation or removal:

President: James Lister

Vice President: Jon Snow

Chief Operating Officer: Samantha Smith

Secretary, if applicable Marilyn Monroe

Treasurer, if applicable Mary Brown

This Written Consent shall be filed with the minutes of the proceedings of the Board of Directors.

IN WITNESS WHEREOF, the undersigned have executed this Written Consent as of 15 July 2026.

James Lister

James Lister, President

Jon Snow

Jon Snow, Vice President

Samantha Smith

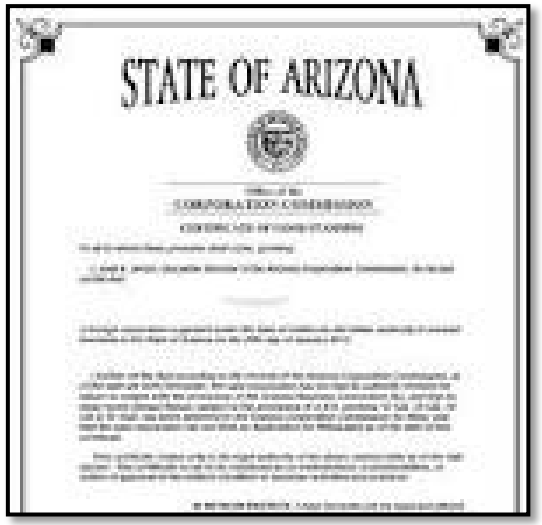
Samantha Smith, COO

Checklist Item #1. Corporate Documents

LLC & INC:

1d. Certificate of good standing, certificate of status, business license


State of West Virginia
Certificate
I, Mac Warner, Secretary of State of the State of West Virginia, hereby certify that
made application to the West Virginia Secretary of State's Office to be a registered limited liability company in the State of West Virginia on . The application was received and found to conform to law.
The company is filed as an at-will company, for an indefinite period.
I further certify that the company has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Cancellation or Termination to the company.
Accordingly, I hereby issue this Certificate of Existence
CERTIFICATE OF EXISTENCE
Validation ID
Given under my hand and the Great Seal of the State of West Virginia on this day of
Mac Warner
Secretary of State


STATE OF ARIZONA


STATE OF MISSOURI
Jason Kander
Secretary of State
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING


The State of South Carolina
Office of Secretary of State Mark Hammond
Certificate of Authority

UNCLASSIFIED

Checklist Item #2. Lease or Ownership

- Building Lease
- Ownership Documents
- Hostage Statement
- Guarantor Statement (if applicable)

Checklist Item #2. Lease

Lease

NTS: 3-Year lease or 1 year with two option years

SIT: 1-Year lease (after approval)

Note: Times above must be remaining on lease at time of approval

- Company (Lessee) legal corporate name
- Between the landlord and tenant only
- Must include the warehouse street address exactly as listed on the LOI
- Must be signed by landlord and tenant
- No sublease
- No month to month
- No assignment or assumption of leases
- No excessive strikethroughs
- Must have hostage statement reflected on checklist; no deviations either in lease or on company letterhead
- Guarantor statement must be signed and returned to our office (if applicable)

Checklist Item #2. Ownership

Building Ownership

- Deed or;
- Tax Receipt - Most current paid (proof of payment)
- Hostage Statement – Provide on your company letterhead and signed/dated by owner.

Checklist Item #2. Hostage Statement

Must be included in lease or provided in memorandum on Landlord's company letterhead, exactly as stated below (no deviations):

"(Landlord's name) Acknowledges that holding shipments hostage is a violation of Federal Law; specifically IAW USC Title 37, Section 453, which states in part, no carrier, port agent, warehouseman, freight forwarder, or other person involved in the transportation of property may have a lien on, or hold, impound, or otherwise interfere with the movement of baggage and household goods being transported under this section."

- Signature of Landlord
- Printed name and Date
- Signature of Tenant
- Printed name and Date

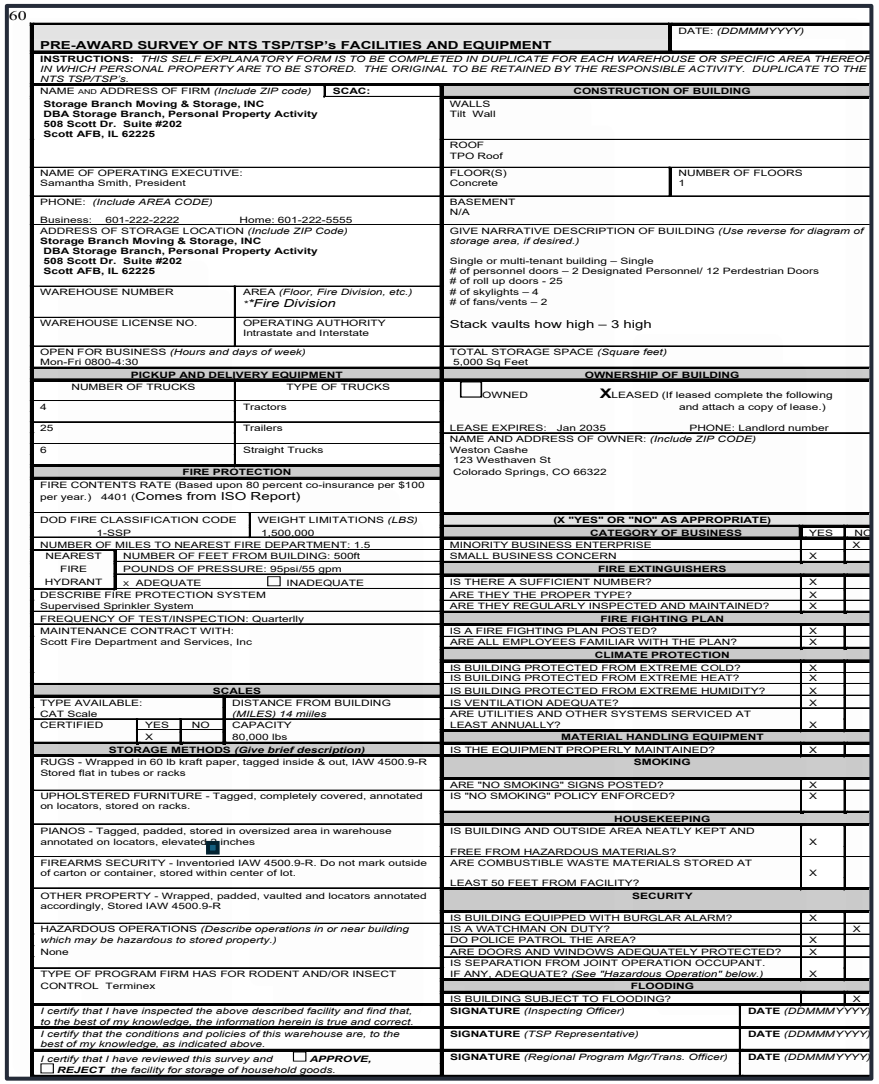
Checklist Item #2. Guarantor Statement (If Applicable)

As Guarantor, I hereby guarantee monthly rental payments for the warehouse located at (warehouse address) and leased by (NTSTSP) are promptly made to (WHO PAYEMENTS ARE MADE TO). This agreement is between Guarantor and NTSTSP to guarantee prompt monthly rental payments to the lessor, i.e., warehouse owner by the lessee, i.e., NTSTSP. The Department of Defense (DoD) is not a party to this agreement. This agreement does not create any cause of action against Service members' baggage or household goods stored at (warehouse address), which I, as Guarantor, may have against NTSTSP occasioned by the latter's failure to promptly pay monthly rental payments, or any other expense. As Guarantor, I recognize that the warehouse located at (warehouse address) serves as an approved DoD warehouse to handle storage in transit which consists of personal property/household goods of DoD Service members and DoD civilians. As Guarantor, I acknowledged, by this document, that holding personal property/household goods of DoD Service members and DoD civilians hostage is a violation of Federal law; specifically, in accordance with U.S.C. Title 37, Section 453, which states, in part, "No carrier, port agent, warehouseman, freight forwarder, or other personal involved in the transportation of property may have a lien on, or hold, impound, or otherwise interfere with the movement of baggage and household goods being transported under this section." In the event, NTSTSP defaults or fails to pay rent, I acknowledge that I will not impose a lien on, or hold, impound, or otherwise interfere with the movement of baggage and household goods located in the warehouse (warehouse address) or otherwise make any claims to or seek any compensation from the Government or the property owners due to said default or non-payment of rent.

Guarantor Signature:
Printed Name:
Date:
Landlord Signature:
Printed Name:
Date:

Checklist Item #3. DD Form 1811

- Must have legal company name
- Must have dba (if applicable)
- Type in all information



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PRE-AWARD SURVEY OF NTS TSP/TSP's FACILITIES AND EQUIPMENT — DATE: *(DDMMMYYYY)*

INSTRUCTIONS: *THIS SELF EXPLANATORY FORM IS TO BE COMPLETED IN DUPLICATE FOR EACH WAREHOUSE OR SPECIFIC AREA THEREOF IN WHICH PERSONAL PROPERTY ARE TO BE STORED. THE ORIGINAL TO BE RETAINED BY THE RESPONSIBLE ACTIVITY. DUPLICATE TO THE NTS TSP/TSP's.*

NAME AND ADDRESS OF FIRM *(Include ZIP code)* | SCAC:
Storage Branch Moving & Storage, INC
DBA Storage Branch, Personal Property Activity
508 Scott Dr. Suite #202
Scott AFB, IL 62225

NAME OF OPERATING EXECUTIVE:
Samantha Smith, President

PHONE: *(Include AREA CODE)*
Business: 601-222-2222 Home: 601-222-5555

ADDRESS OF STORAGE LOCATION *(Include ZIP Code)*
Storage Branch Moving & Storage, INC
DBA Storage Branch, Personal Property Activity
508 Scott Dr. Suite #202
Scott AFB, IL 62225

WAREHOUSE NUMBER	AREA *(Floor, Fire Division, etc.)* ***Fire Division*
WAREHOUSE LICENSE NO.	OPERATING AUTHORITY Intrastate and Interstate

OPEN FOR BUSINESS *(Hours and days of week)*
Mon-Fri 0800-4:30

PICKUP AND DELIVERY EQUIPMENT

NUMBER OF TRUCKS	TYPE OF TRUCKS
4	Tractors
25	Trailers
6	Straight Trucks

FIRE PROTECTION

FIRE CONTENTS RATE (Based upon 80 percent co-insurance per $100 per year.) 4401 (Comes from ISO Report)

DOD FIRE CLASSIFICATION CODE 1-SSP	WEIGHT LIMITATIONS *(LBS)* 1,500,000

NUMBER OF MILES TO NEAREST FIRE DEPARTMENT: 1.5

NEAREST FIRE HYDRANT — NUMBER OF FEET FROM BUILDING: 500ft; POUNDS OF PRESSURE: 95psi/55 gpm; x ADEQUATE ☐ INADEQUATE

DESCRIBE FIRE PROTECTION SYSTEM
Supervised Sprinkler System

FREQUENCY OF TEST/INSPECTION: Quarterly

MAINTENANCE CONTRACT WITH:
Scott Fire Department and Services, Inc

SCALES

TYPE AVAILABLE:	DISTANCE FROM BUILDING *(MILES)* 14 miles		
CAT Scale	CERTIFIED	YES	NO
		X	
	CAPACITY	80,000 lbs	

STORAGE METHODS ***(Give brief description)***

RUGS - Wrapped in 60 lb kraft paper, tagged inside & out, IAW 4500.9-R Stored flat in tubes or racks

UPHOLSTERED FURNITURE - Tagged, completely covered, annotated on locators, stored on racks.

PIANOS - Tagged, padded, stored in oversized area in warehouse annotated on locators, elevated [redacted] inches

FIREARMS SECURITY - Inventoried IAW 4500.9-R. Do not mark outside of carton or container, stored within center of lot.

OTHER PROPERTY - Wrapped, padded, vaulted and locators annotated accordingly, Stored IAW 4500.9-R

HAZARDOUS OPERATIONS *(Describe operations in or near building which may be hazardous to stored property.)*
None

TYPE OF PROGRAM FIRM HAS FOR RODENT AND/OR INSECT CONTROL Terminex

I certify that I have inspected the above described facility and find that, to the best of my knowledge, the information herein is true and correct.

I certify that the conditions and policies of this warehouse are, to the best of my knowledge, as indicated above.

I certify that I have reviewed this survey and ☐ ***APPROVE,*** ☐ ***REJECT*** *the facility for storage of household goods.*

CONSTRUCTION OF BUILDING

WALLS
Tilt Wall

ROOF
TPO Roof

FLOOR(S)	NUMBER OF FLOORS
Concrete	1

BASEMENT
N/A

GIVE NARRATIVE DESCRIPTION OF BUILDING *(Use reverse for diagram of storage area, if desired.)*

Single or multi-tenant building – Single
# of personnel doors – 2 Designated Personnel/ 12 Perdestrian Doors
# of roll up doors - 25
# of skylights – 4
# of fans/vents – 2

Stack vaults how high – 3 high

TOTAL STORAGE SPACE *(Square feet)*
5,000 Sq Feet

OWNERSHIP OF BUILDING

☐ OWNED X LEASED (If leased complete the following and attach a copy of lease.)

LEASE EXPIRES: Jan 2035 PHONE: Landlord number

NAME AND ADDRESS OF OWNER: *(Include ZIP CODE)*
Weston Cashe
123 Westhaven St
Colorado Springs, CO 66322

(X "YES" OR "NO" AS APPROPRIATE)

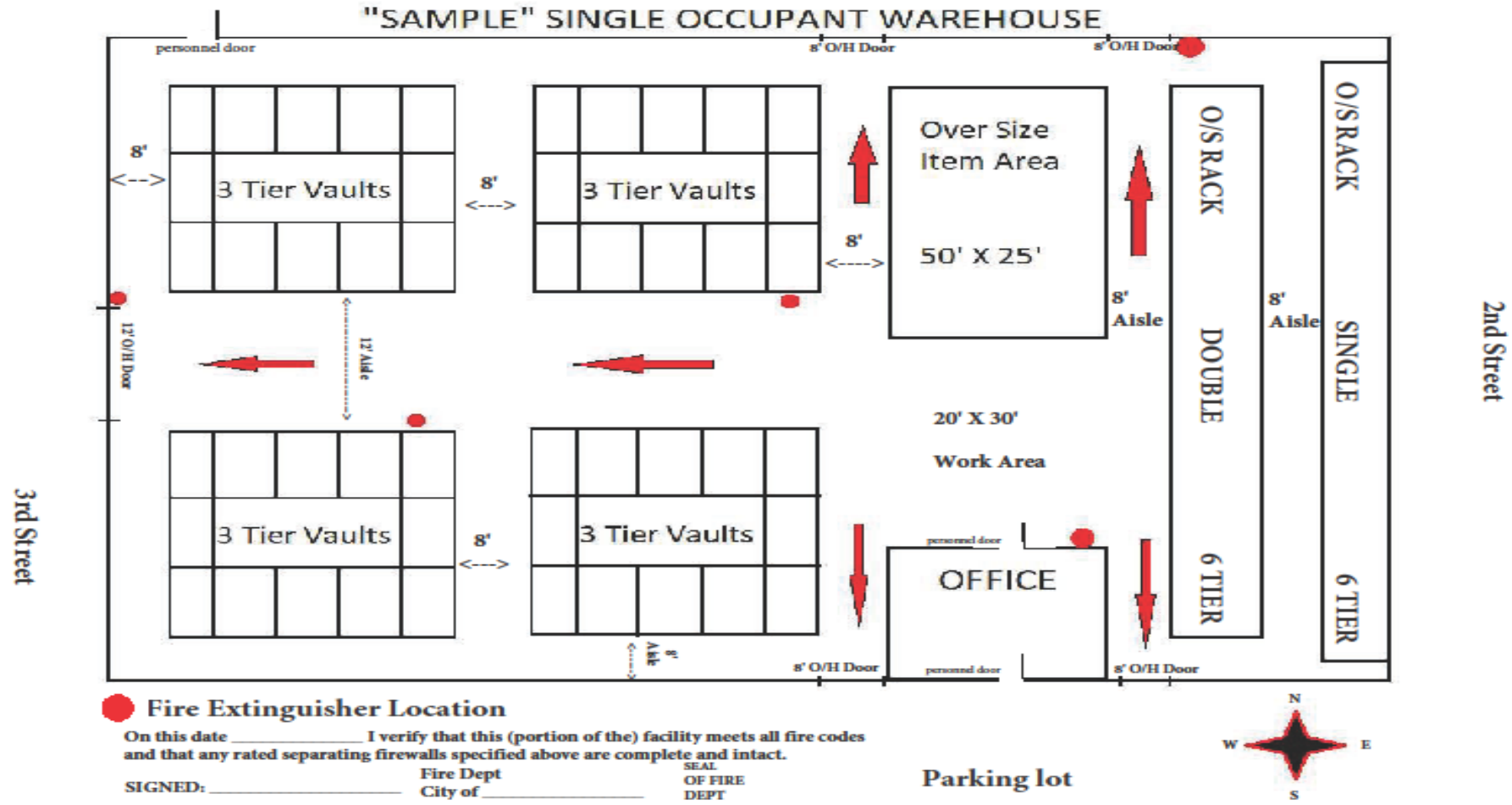
CATEGORY OF BUSINESS	YES	NO
MINORITY BUSINESS ENTERPRISE		X
SMALL BUSINESS CONCERN	X	
FIRE EXTINGUISHERS		
IS THERE A SUFFICIENT NUMBER?	X	
ARE THEY THE PROPER TYPE?	X	
ARE THEY REGULARLY INSPECTED AND MAINTAINED?	X	
FIRE FIGHTING PLAN		
IS A FIRE FIGHTING PLAN POSTED?	X	
ARE ALL EMPLOYEES FAMILIAR WITH THE PLAN?	X	
CLIMATE PROTECTION		
IS BUILDING PROTECTED FROM EXTREME COLD?	X	
IS BUILDING PROTECTED FROM EXTREME HEAT?	X	
IS BUILDING PROTECTED FROM EXTREME HUMIDITY?	X	
IS VENTILATION ADEQUATE?	X	
ARE UTILITIES AND OTHER SYSTEMS SERVICED AT LEAST ANNUALLY?	X	
MATERIAL HANDLING EQUIPMENT		
IS THE EQUIPMENT PROPERLY MAINTAINED?	X	
SMOKING		
ARE "NO SMOKING" SIGNS POSTED?	X	
IS "NO SMOKING" POLICY ENFORCED?	X	
HOUSEKEEPING		
IS BUILDING AND OUTSIDE AREA NEATLY KEPT AND FREE FROM HAZARDOUS MATERIALS?	X	
ARE COMBUSTIBLE WASTE MATERIALS STORED AT LEAST 50 FEET FROM FACILITY?	X	
SECURITY		
IS BUILDING EQUIPPED WITH BURGLAR ALARM?	X	
IS A WATCHMAN ON DUTY?		X
DO POLICE PATROL THE AREA?	X	
ARE DOORS AND WINDOWS ADEQUATELY PROTECTED?	X	
IS SEPARATION FROM JOINT OPERATION OCCUPANT, IF ANY, ADEQUATE? *(See "Hazardous Operation" below.)*	X	
FLOODING		
IS BUILDING SUBJECT TO FLOODING?		X

SIGNATURE *(Inspecting Officer)* — **DATE** *(DDMMMYYYY)*

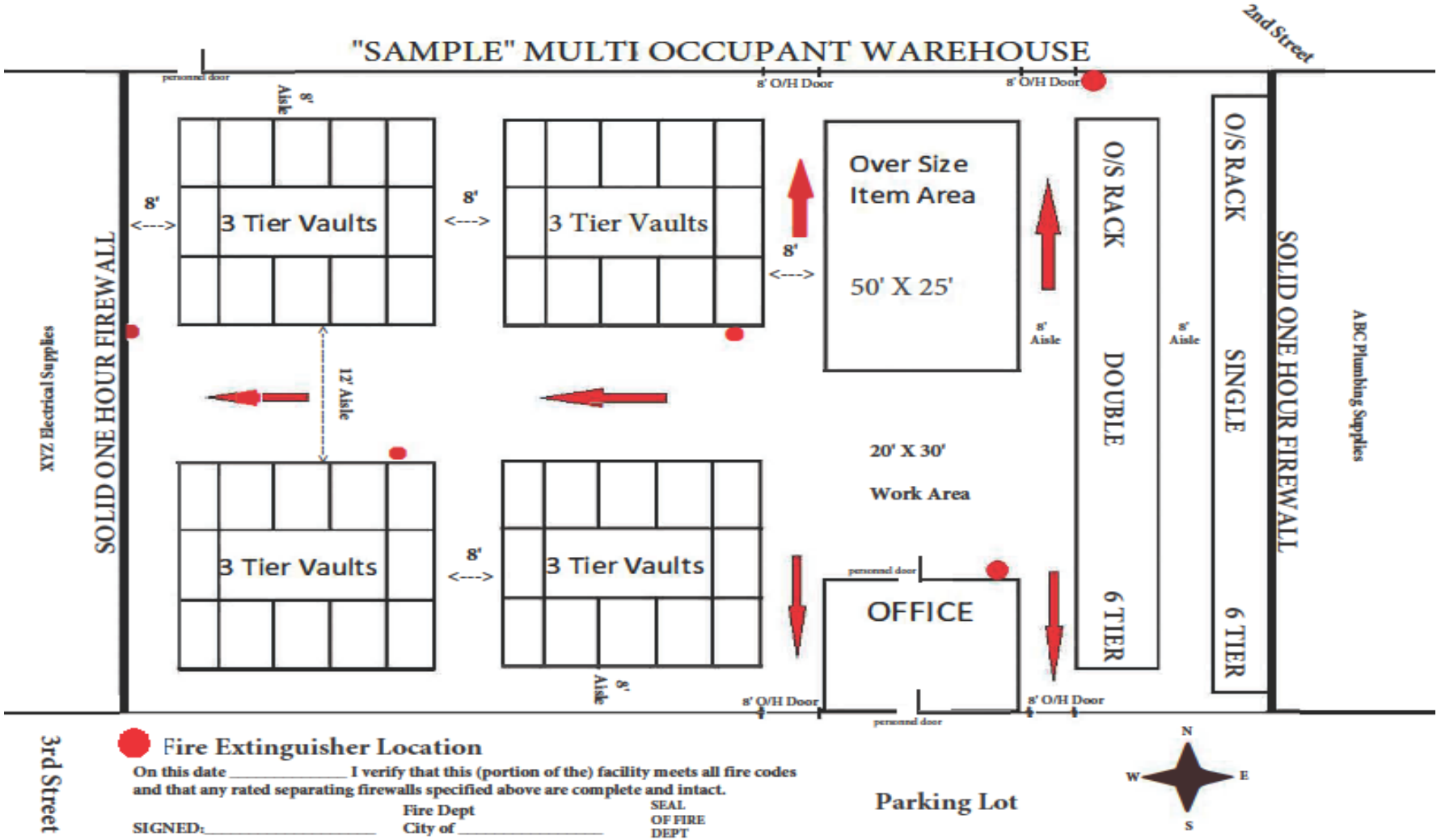
SIGNATURE *(TSP Representative)* — **DATE** *(DDMMMYYYY)*

SIGNATURE *(Regional Program Mgr/Trans. Officer)* — **DATE** *(DDMMMYYYY)*

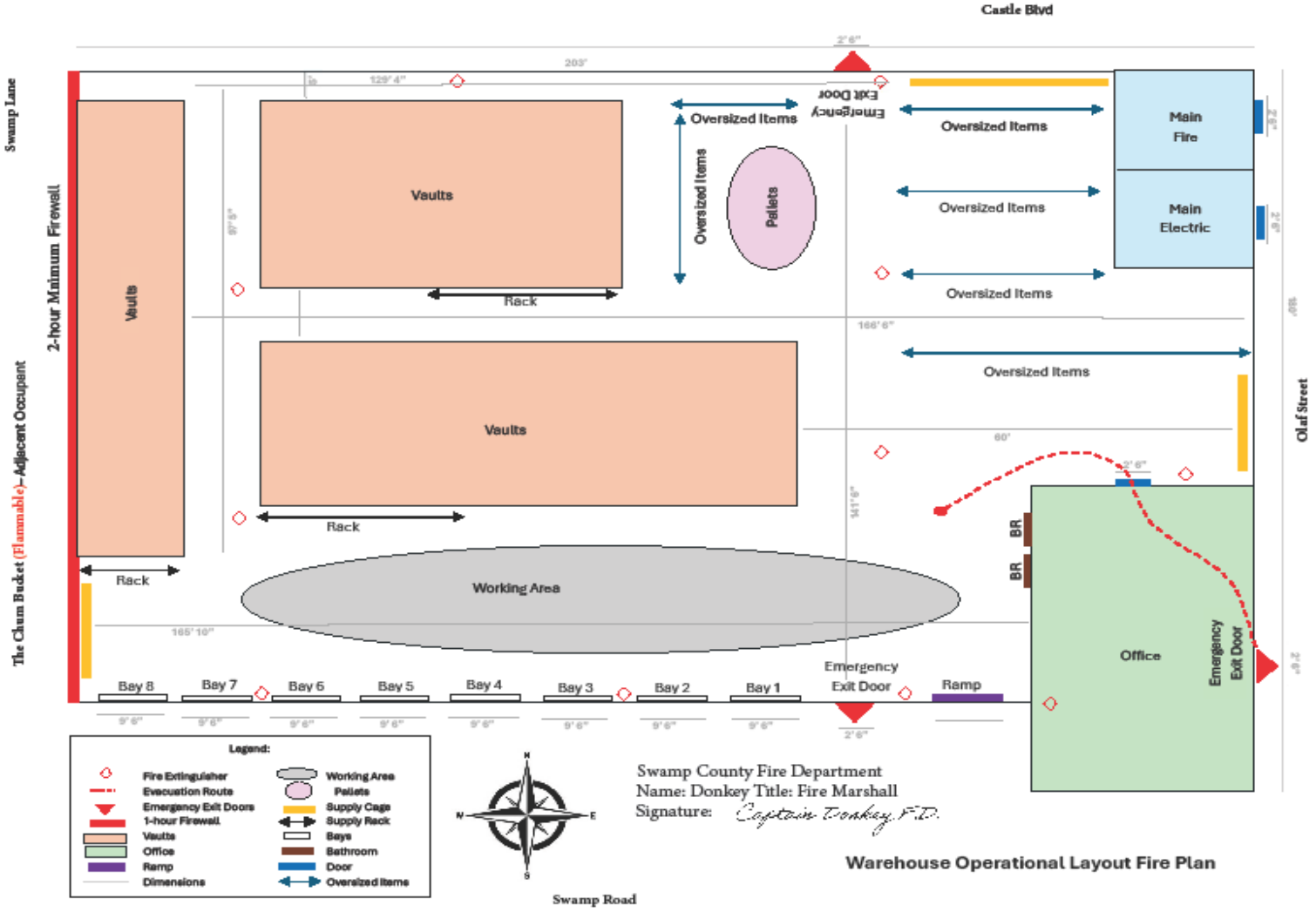
Checklist Item #4. Operational Layout Fire Plan



Checklist Item #4. Operational Layout Fire Plan

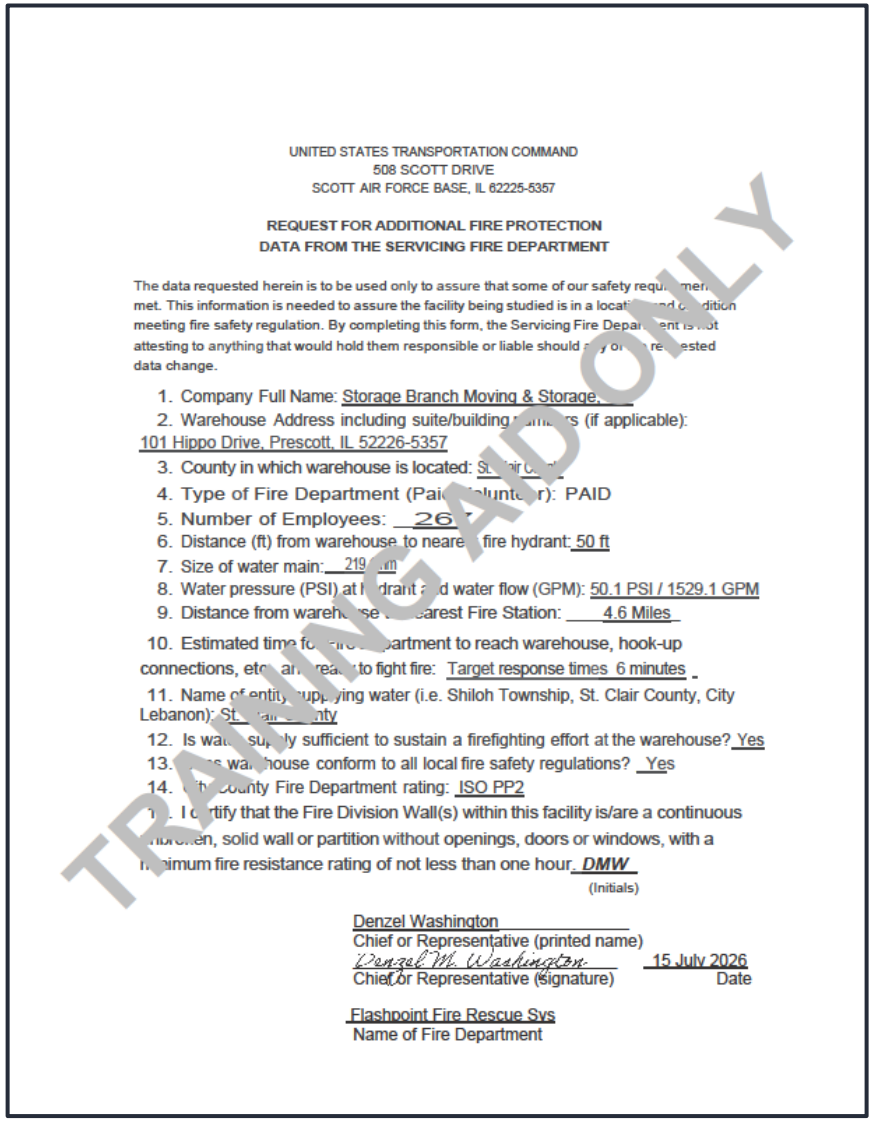


Checklist Item #4. Operational Layout Fire Plan



Checklist Item #5. Additional Fire Protection Form

- Must be completed/signed by Fire Department
- Legal Company Name to include Suite number (if applicable)



UNITED STATES TRANSPORTATION COMMAND
508 SCOTT DRIVE
SCOTT AIR FORCE BASE, IL 62225-5357

REQUEST FOR ADDITIONAL FIRE PROTECTION DATA FROM THE SERVICING FIRE DEPARTMENT

The data requested herein is to be used only to assure that some of our safety requirements are met. This information is needed to assure the facility being studied is in a location and condition meeting fire safety regulation. By completing this form, the Servicing Fire Department is not attesting to anything that would hold them responsible or liable should any of the requested data change.

1. Company Full Name: Storage Branch Moving & Storage
2. Warehouse Address including suite/building numbers (if applicable): 101 Hippo Drive, Prescott, IL 52226-5357
3. County in which warehouse is located: St. Clair County
4. Type of Fire Department (Paid/Volunteer): PAID
5. Number of Employees: 26
6. Distance (ft) from warehouse to nearest fire hydrant: 50 ft
7. Size of water main: 219 mm
8. Water pressure (PSI) at hydrant and water flow (GPM): 50.1 PSI / 1529.1 GPM
9. Distance from warehouse to nearest Fire Station: 4.6 Miles
10. Estimated time for fire department to reach warehouse, hook-up connections, etc. and ready to fight fire: Target response times 6 minutes
11. Name of entity supplying water (i.e. Shiloh Township, St. Clair County, City Lebanon): St. Clair County
12. Is water supply sufficient to sustain a firefighting effort at the warehouse? Yes
13. Does warehouse conform to all local fire safety regulations? Yes
14. What is County Fire Department rating: ISO PP2
15. I certify that the Fire Division Wall(s) within this facility is/are a continuous unbroken, solid wall or partition without openings, doors or windows, with a minimum fire resistance rating of not less than one hour. *DMW*
(Initials)

Denzel Washington
Chief or Representative (printed name)
Denzel M. Washington 15 July 2026
Chief or Representative (signature) Date

Flashpoint Fire Rescue Svs
Name of Fire Department

Checklist Item #6. Insurance Services Office (ISO)

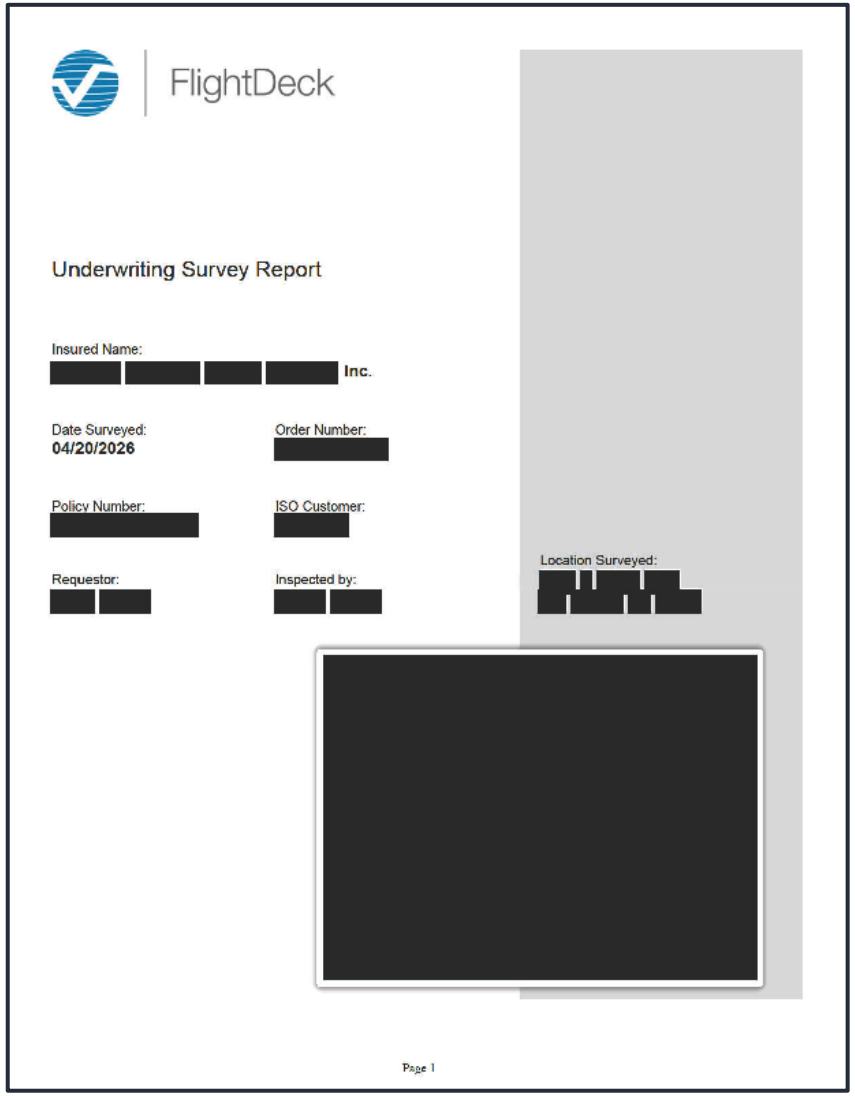
ISO

- Underwriting Survey Report
- Government Storage Report
- Loss Cost Quote

Checklist Item #6. ISO - Underwriting Survey Report

- Company legal name
- Warehouse physical address
- Will be multi-page (Up to 10 pages)

NOTE: Must submit entire ISO report!


FlightDeck

Underwriting Survey Report

Insured Name:
[redacted] Inc.

Date Surveyed:
04/20/2026

Order Number:
[redacted]

Policy Number:
[redacted]

ISO Customer:
[redacted]

Requestor:
[redacted]

Inspected by:
[redacted]

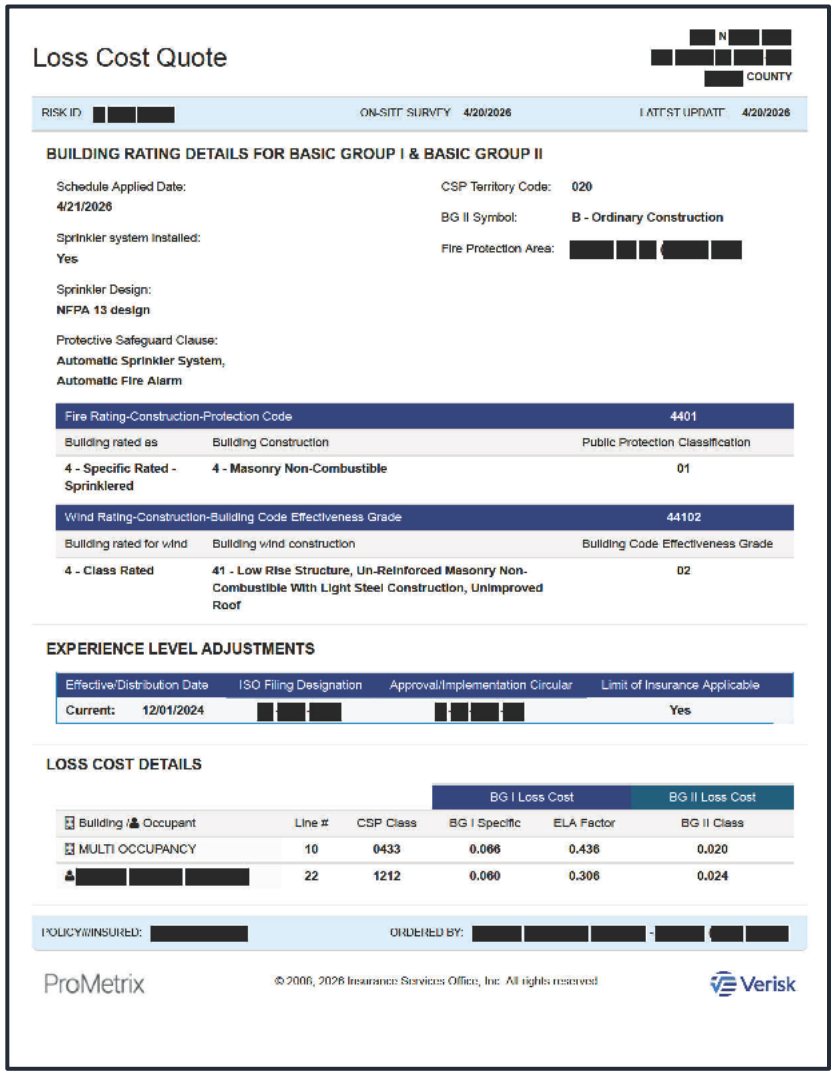
Location Surveyed:
[redacted]

[redacted]

Page 1

Checklist Item #6. ISO – Loss Cost Quote

- Loss Cost Quote is part of the ISO
- Additional four pages to ISO report (approximately)



Loss Cost Quote

[redacted] COUNTY

RISK ID [redacted] ON-SITE SURVEY 4/20/2026 LATEST UPDATE 4/20/2026

BUILDING RATING DETAILS FOR BASIC GROUP I & BASIC GROUP II

Schedule Applied Date: 4/21/2026

Sprinkler system installed: Yes

Sprinkler Design: NFPA 13 design

Protective Safeguard Clause: Automatic Sprinkler System, Automatic Fire Alarm

CSP Territory Code: 020

BG II Symbol: B - Ordinary Construction

Fire Protection Area: [redacted]

Fire Rating-Construction-Protection Code		4401
Building rated as	Building Construction	Public Protection Classification
4 - Specific Rated - Sprinklered	4 - Masonry Non-Combustible	01

Wind Rating-Construction-Building Code Effectiveness Grade		44102
Building rated for wind	Building wind construction	Building Code Effectiveness Grade
4 - Class Rated	41 - Low Rise Structure, Un-Reinforced Masonry Non-Combustible With Light Steel Construction, Unimproved Roof	02

EXPERIENCE LEVEL ADJUSTMENTS

Effective/Distribution Date	ISO Filing Designation	Approval/Implementation Circular	Limit of Insurance Applicable
Current: 12/01/2024	[redacted]	[redacted]	Yes

LOSS COST DETAILS

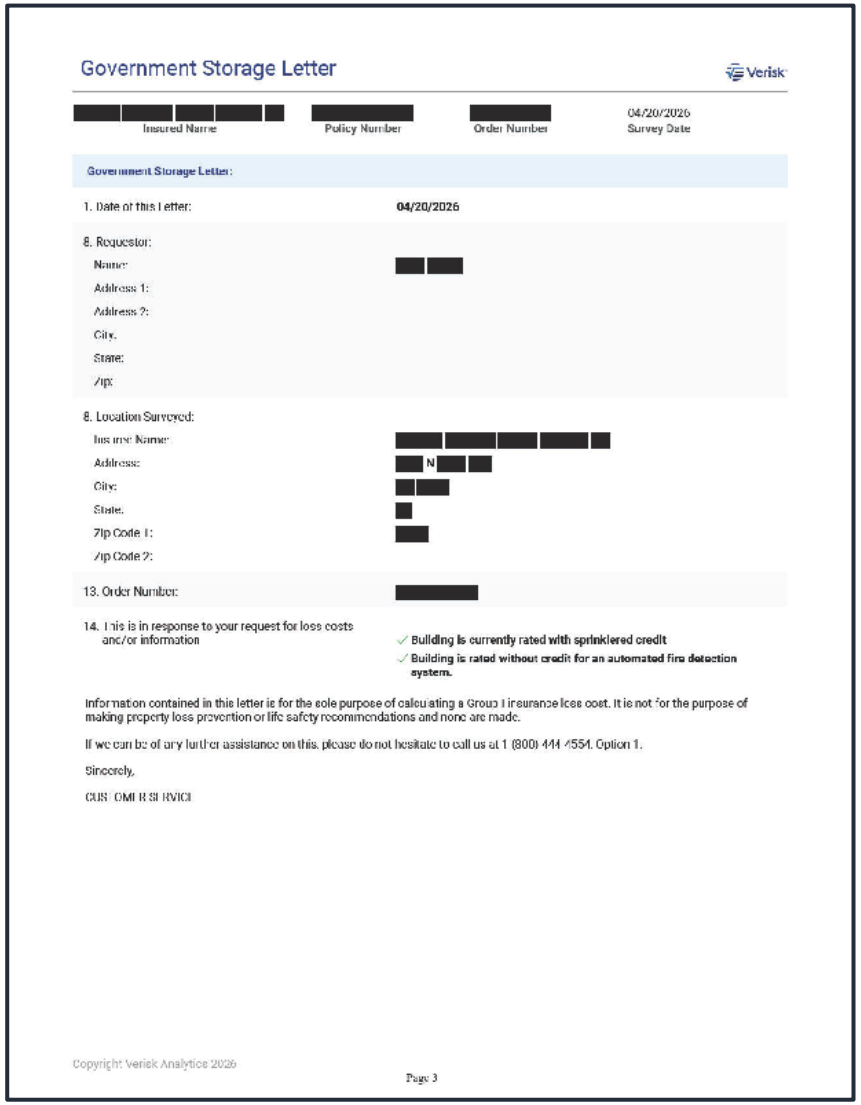
			BG I Loss Cost		BG II Loss Cost
Building / Occupant	Line #	CSP Class	BG I Specific	ELA Factor	BG II Class
MULTI OCCUPANCY	10	0433	0.066	0.436	0.020
[redacted]	22	1212	0.060	0.306	0.024

POLICY/INSURED: [redacted] ORDERED BY: [redacted]

ProMetrix © 2006, 2026 Insurance Services Office, Inc. All rights reserved Verisk

Checklist Item #6. Government Storage Letter

- Government Storage Letter
- One-page document



Government Storage Letter

Verisk

[redacted] Insured Name | [redacted] Policy Number | [redacted] Order Number | 04/20/2026 Survey Date

Government Storage Letter:

1. Date of this Letter: 04/20/2026

8. Requestor:
Name: [redacted]
Address 1:
Address 2:
City:
State:
Zip:

8. Location Surveyed:
Insured Name: [redacted]
Address: [redacted]
City: [redacted]
State: [redacted]
Zip Code 1: [redacted]
Zip Code 2:

13. Order Number: [redacted]

14. This is in response to your request for loss costs and/or information
- ✓ Building is currently rated with sprinklered credit
- ✓ Building is rated without credit for an automated fire detection system.

Information contained in this letter is for the sole purpose of calculating a Group I insurance loss cost. It is not for the purpose of making property loss prevention or life safety recommendations and none are made.

If we can be of any further assistance on this, please do not hesitate to call us at 1 (800) 444 4554, Option 1.

Sincerely,

CUSTOMER SERVICE

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Page 3

Checklist Item #7. Fire System Maintenance Contract & Inspection

Sprinkler Systems and Inspection requirement

- 1 SSP (Supervised)-Physically inspected every 90 Days (2 components require inspection electronics, sprinkler)
- 2 USP (Unsupervised) Physically inspected every 90 Days
- 3 D&R (Detection and Report) -Physically inspected every 30 Days

Checklist Item #7. Fire System Maintenance Contract & Inspection

Fire Maintenance Contract

- Company legal name
- Warehouse address to include Suite # if applicable
- Frequency of inspection must be included in Contract
- Both Parties (Contractor and Company) print & sign contract

Checklist Item #8. Flood Plain (FEMA)

Federal Emergency Management Agency (FEMA) Link:
https://msc.fema.gov/portal/home

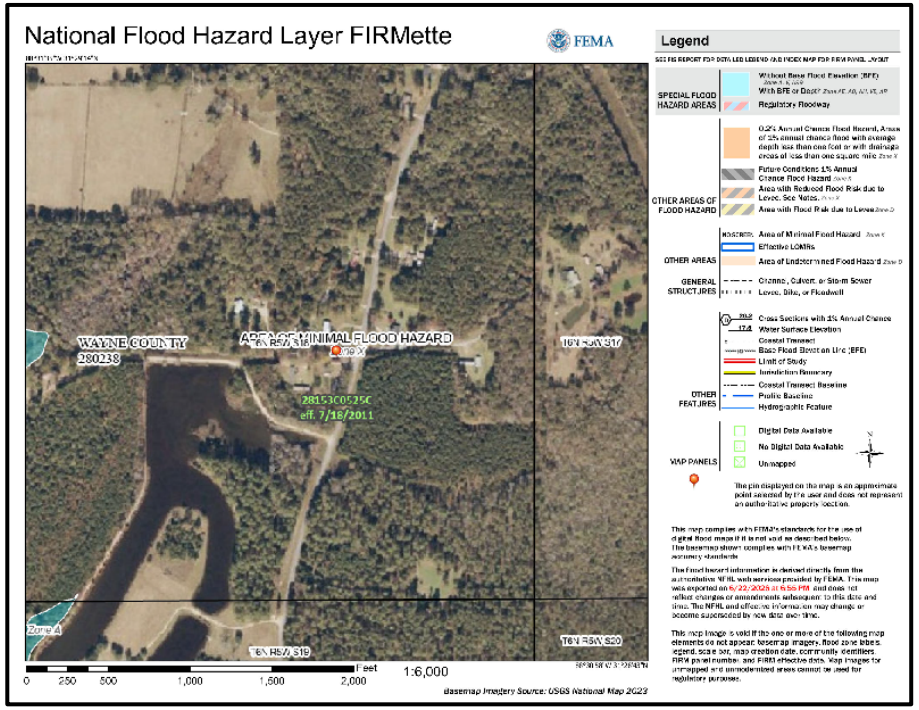
- Insert warehouse address and search
- Click Dynamic Map 

  - Warehouse must be clearly marked in Zone X
  - If warehouse in other than Zone X, the following is required
    - Third-party certification or elevation certification from a licensed City Engineer, Engineering Firm, Corps of Engineers (COE), Federal Emergency Management Agency (FEMA), or Local City/County Zoning Board

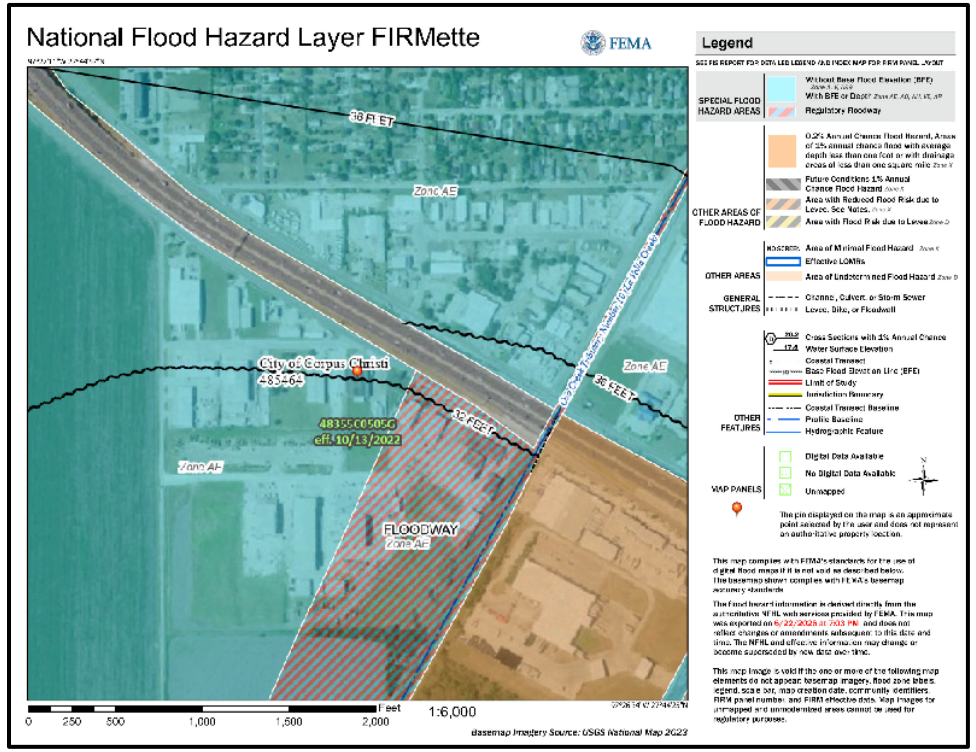
Checklist Item #8. Flood Plain (FEMA)

Federal Emergency Management Agency (FEMA)

A.

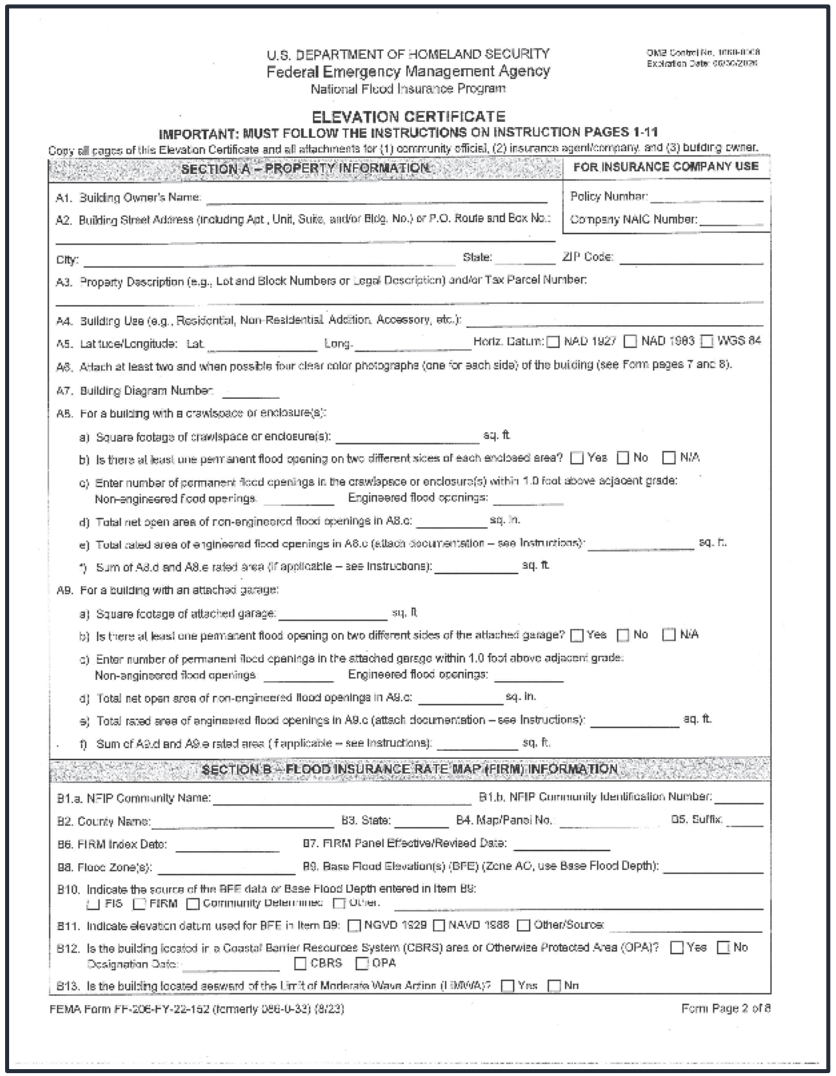


B.



Checklist Item #8. Flood Plain - Elevation Certificate

FEMA map Elevation Certificate Sample



U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 09/30/2026

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

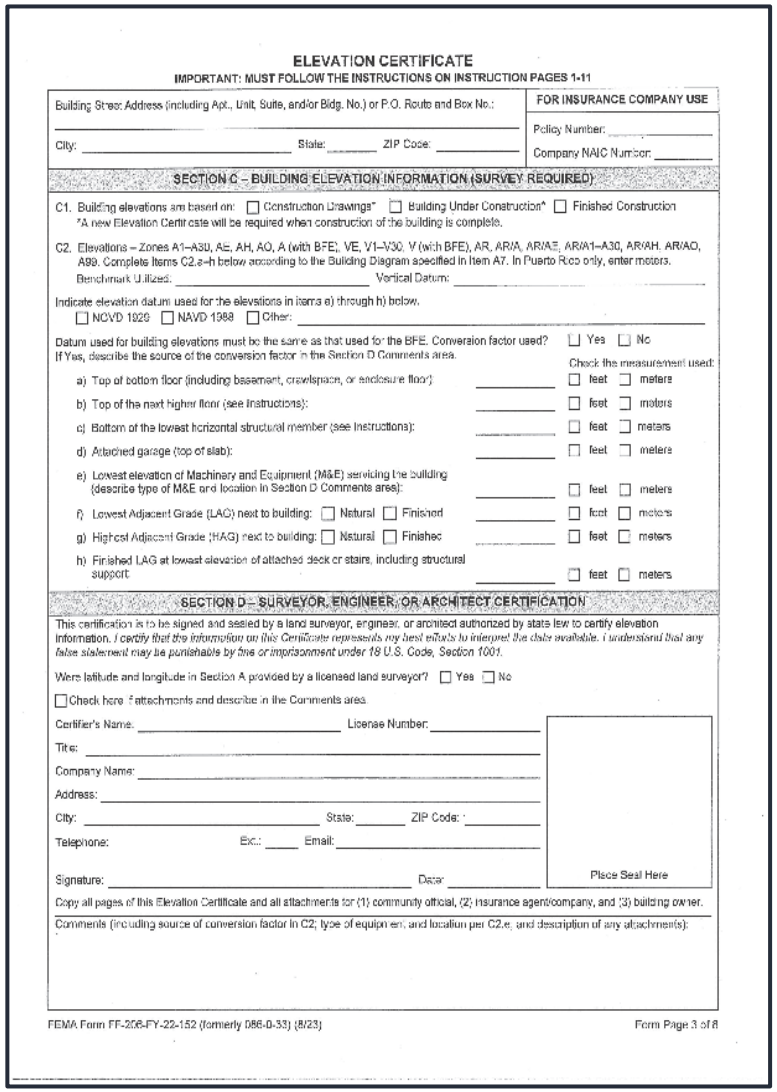
SECTION A – PROPERTY INFORMATION | **FOR INSURANCE COMPANY USE**

A1. Building Owner's Name: _____ | Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: _____ | Company NAIC Number: _____
City: _____ State: _____ ZIP Code: _____
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: _____
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): _____
A5. Latitude/Longitude: Lat. _____ Long. _____ Horiz. Datum: ☐ NAD 1927 ☐ NAD 1983 ☐ WGS 84
A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8).
A7. Building Diagram Number: _____
A8. For a building with a crawlspace or enclosure(s):
a) Square footage of crawlspace or enclosure(s): _____ sq. ft.
b) Is there at least one permanent flood opening on two different sides of each enclosed area? ☐ Yes ☐ No ☐ N/A
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade:
Non-engineered flood openings: _____ Engineered flood openings: _____
d) Total net open area of non-engineered flood openings in A8.c: _____ sq. in.
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft.
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.
A9. For a building with an attached garage:
a) Square footage of attached garage: _____ sq. ft.
b) Is there at least one permanent flood opening on two different sides of the attached garage? ☐ Yes ☐ No ☐ N/A
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade:
Non-engineered flood openings: _____ Engineered flood openings: _____
d) Total net open area of non-engineered flood openings in A9.c: _____ sq. in.
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft.
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: _____ B1.b. NFIP Community Identification Number: _____
B2. County Name: _____ B3. State: _____ B4. Map/Panel No. _____ B5. Suffix: _____
B6. FIRM Index Date: _____ B7. FIRM Panel Effective/Revised Date: _____
B8. Flood Zone(s): _____ B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): _____
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:
☐ FIS ☐ FIRM ☐ Community Determined ☐ Other: _____
B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: _____
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☐ No
Designation Date: _____ ☐ CBRS ☐ OPA
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? ☐ Yes ☐ No

FEMA Form FF-206-FY-22-152 (formerly 086-0-33) (8/23) Form Page 2 of 8



ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: _____ | FOR INSURANCE COMPANY USE
City: _____ State: _____ ZIP Code: _____ | Policy Number: _____ Company NAIC Number: _____

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: _____ Vertical Datum: _____
Indicate elevation datum used for the elevations in items a) through h) below.
☐ NGVD 1929 ☐ NAVD 1988 ☐ Other: _____
Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? ☐ Yes ☐ No
If Yes, describe the source of the conversion factor in the Section D Comments area.

		Check the measurement used:
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	_____	☐ feet ☐ meters
b) Top of the next higher floor (see Instructions):	_____	☐ feet ☐ meters
c) Bottom of the lowest horizontal structural member (see Instructions):	_____	☐ feet ☐ meters
d) Attached garage (top of slab):	_____	☐ feet ☐ meters
e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):	_____	☐ feet ☐ meters
f) Lowest Adjacent Grade (LAG) next to building: ☐ Natural ☐ Finished	_____	☐ feet ☐ meters
g) Highest Adjacent Grade (HAG) next to building: ☐ Natural ☐ Finished	_____	☐ feet ☐ meters
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support	_____	☐ feet ☐ meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. *I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.*
Were latitude and longitude in Section A provided by a licensed land surveyor? ☐ Yes ☐ No
☐ Check here if attachments and describe in the Comments area.
Certifier's Name: _____ License Number: _____
Title: _____
Company Name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Telephone: _____ Ext.: _____ Email: _____
Signature: _____ Date: _____
Place Seal Here
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.
Comments (including source of conversion factor in C2; type of equipment and location per C2.e, and description of any attachments):

FEMA Form FF-206-FY-22-152 (formerly 086-0-33) (8/23) Form Page 3 of 8

Checklist Item #9. Security

- Security (Burglar/Intrusion Alarm)-Contract
- UL Certificate
- Double Keyed Locking System

Security (Burglar/Intrusion Alarm) Contract

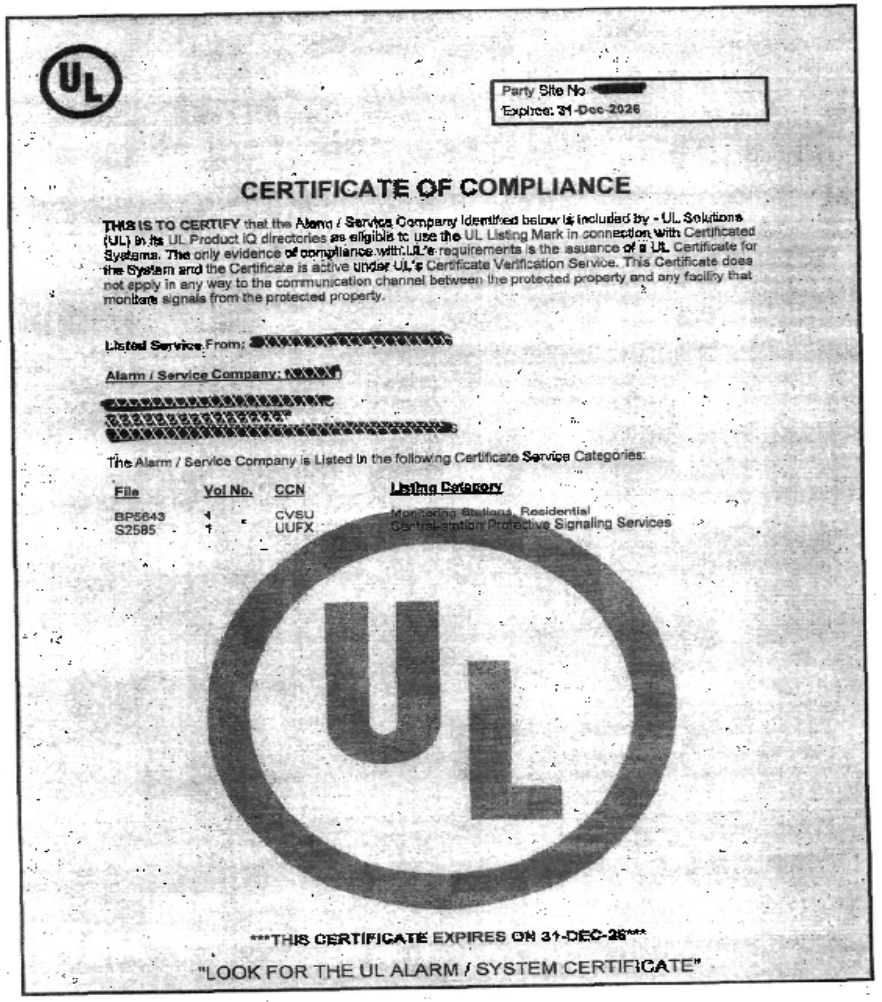
- Legal company name as stated in Articles of Incorp/
- Warehouse address to include Suite # if applicable
- Contract must state on-site physical inspection every 180 days
- Both Parties (Licensed contract service company and your company) print/sign/date contract
- The exact verbiage below must be stated within the contract or provided on the burglar intrusion company's letterhead:

"The intrusion signal is continuously monitored by an Underwriters Laboratory approved Central Station and the burglar/intrusion system is physically inspected semi-annually (every 180 days) for proper operation."

Checklist Item #9. Security (UL Certificate)

Underwriters Laboratory (UL) Certificate:

- Must be current



Party Site No: [redacted]
Expires: 31-Dec-2026

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY that the Alarm / Service Company identified below is included by - UL Solutions (UL) in its UL Product iQ directories as eligible to use the UL Listing Mark in connection with Certificated Systems. The only evidence of compliance with UL's requirements is the issuance of a UL Certificate for the System and the Certificate is active under UL's Certificate Verification Service. This Certificate does not apply in any way to the communication channel between the protected property and any facility that monitors signals from the protected property.

Listed Service From: [redacted]

Alarm / Service Company: [redacted]

The Alarm / Service Company is Listed in the following Certificate Service Categories:

File	Vol No.	CCN	Listing Category
BP5643	1	CVSU	Monitoring Stations, Residential
S2585	1	UUFX	Central-station Protective Signaling Services

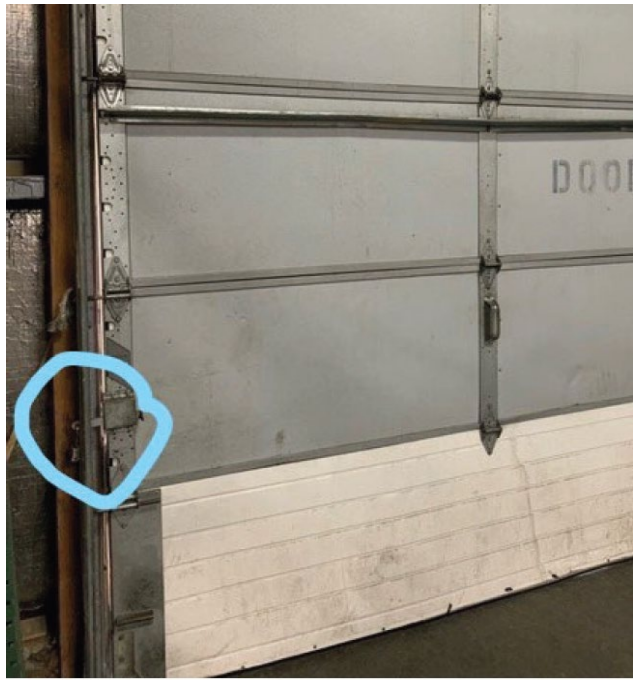
THIS CERTIFICATE EXPIRES ON 31-DEC-26

"LOOK FOR THE UL ALARM / SYSTEM CERTIFICATE"

Checklist Item #9. Security (Double Locks)

Double-Keyed Locking System

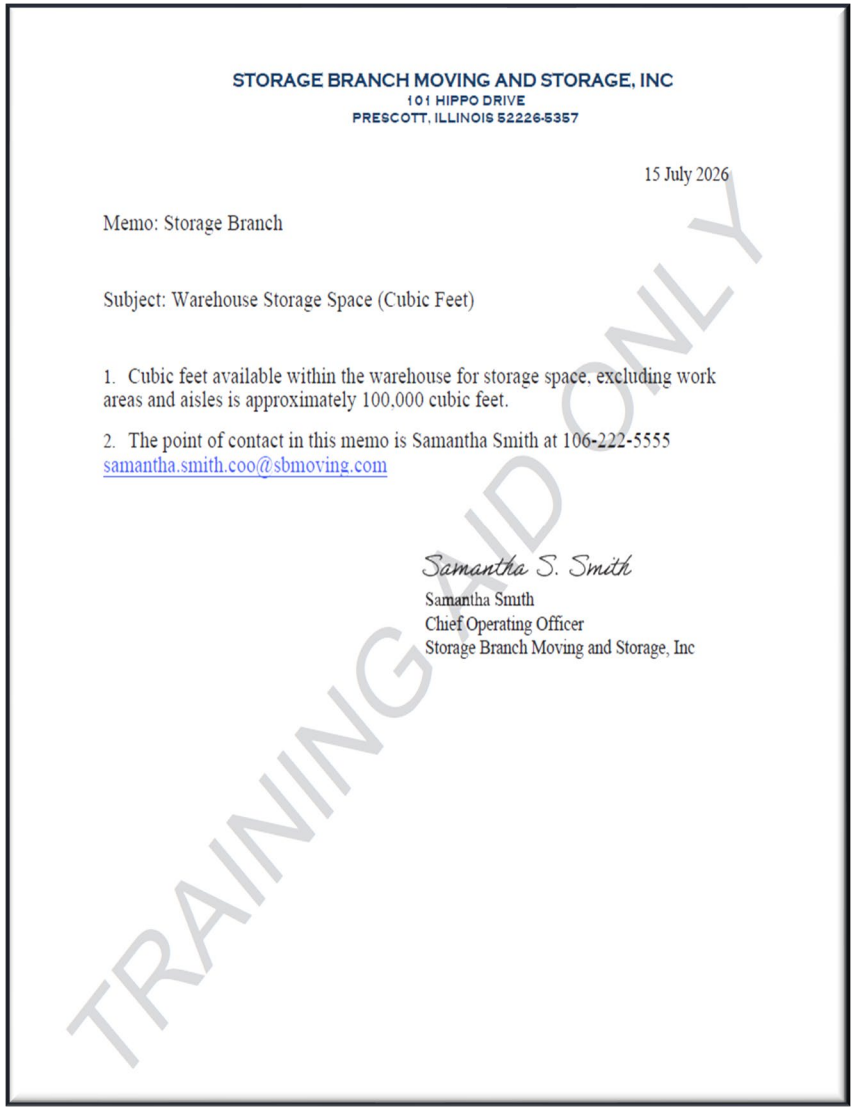
- Each door – (overhead, roll-up, personnel, etc) must be secured with 2 keyed locking mechanisms



Checklist Item #10. Warehouse Space - Cubic Feet

Provide on company letterhead with signature, printed name, and date

cubic ft formula- length * width * height
100L, 50W, 20H
100 * 50=5,000 sq ft
5,000 * 20=100,000 cubic ft



STORAGE BRANCH MOVING AND STORAGE, INC
101 HIPPO DRIVE
PRESCOTT, ILLINOIS 52226-5357

15 July 2026

Memo: Storage Branch

Subject: Warehouse Storage Space (Cubic Feet)

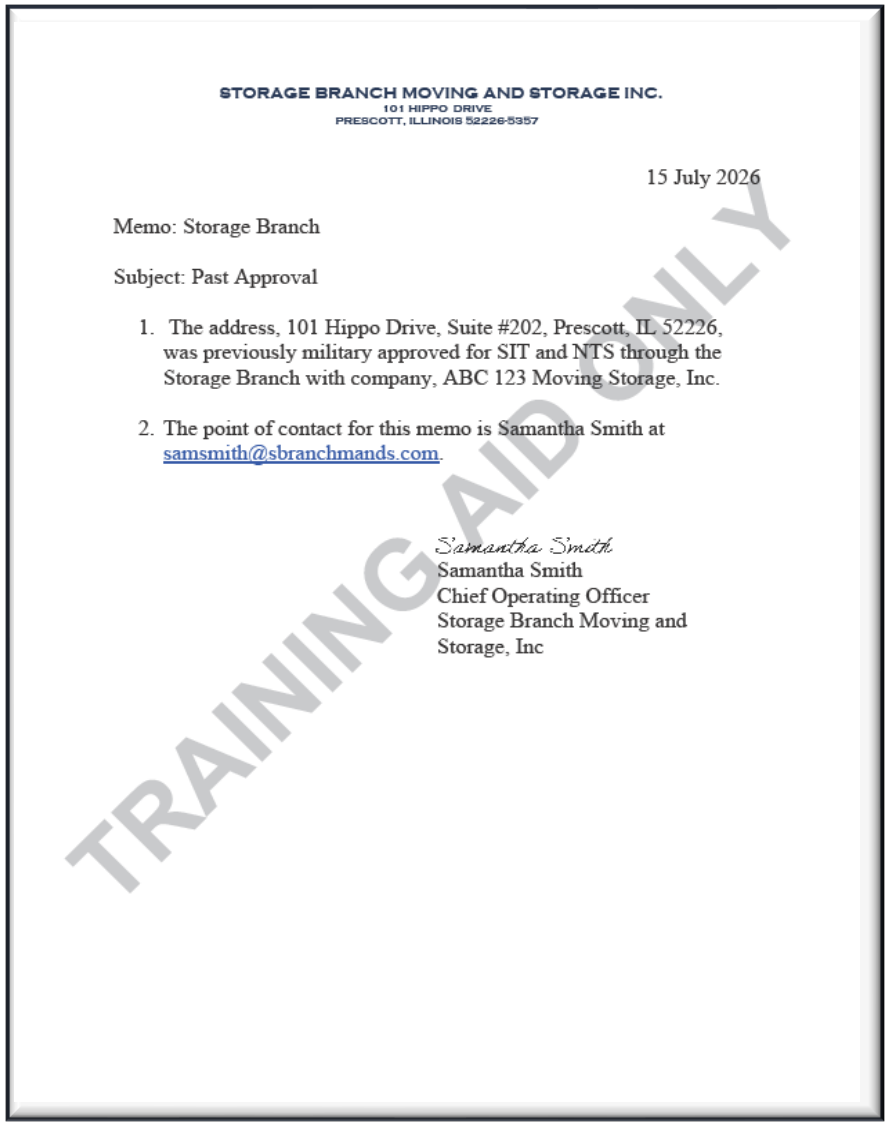
1. Cubic feet available within the warehouse for storage space, excluding work areas and aisles is approximately 100,000 cubic feet.

2. The point of contact in this memo is Samantha Smith at 106-222-5555 samantha.smith.coo@sbmoving.com

Samantha S. Smith
Samantha Smith
Chief Operating Officer
Storage Branch Moving and Storage, Inc

Checklist Item #11. Past Approval

Yes, previously approved: "The address, [Complete warehouse address including street, suite # (if applicable), city, state, zip code], was military approved for [SIT only or both SIT/NTS] through the Storage Branch with company, [Previously approved company name]."



STORAGE BRANCH MOVING AND STORAGE INC.
101 HIPPO DRIVE
PRESCOTT, ILLINOIS 52226-5357

15 July 2026

Memo: Storage Branch

Subject: Past Approval

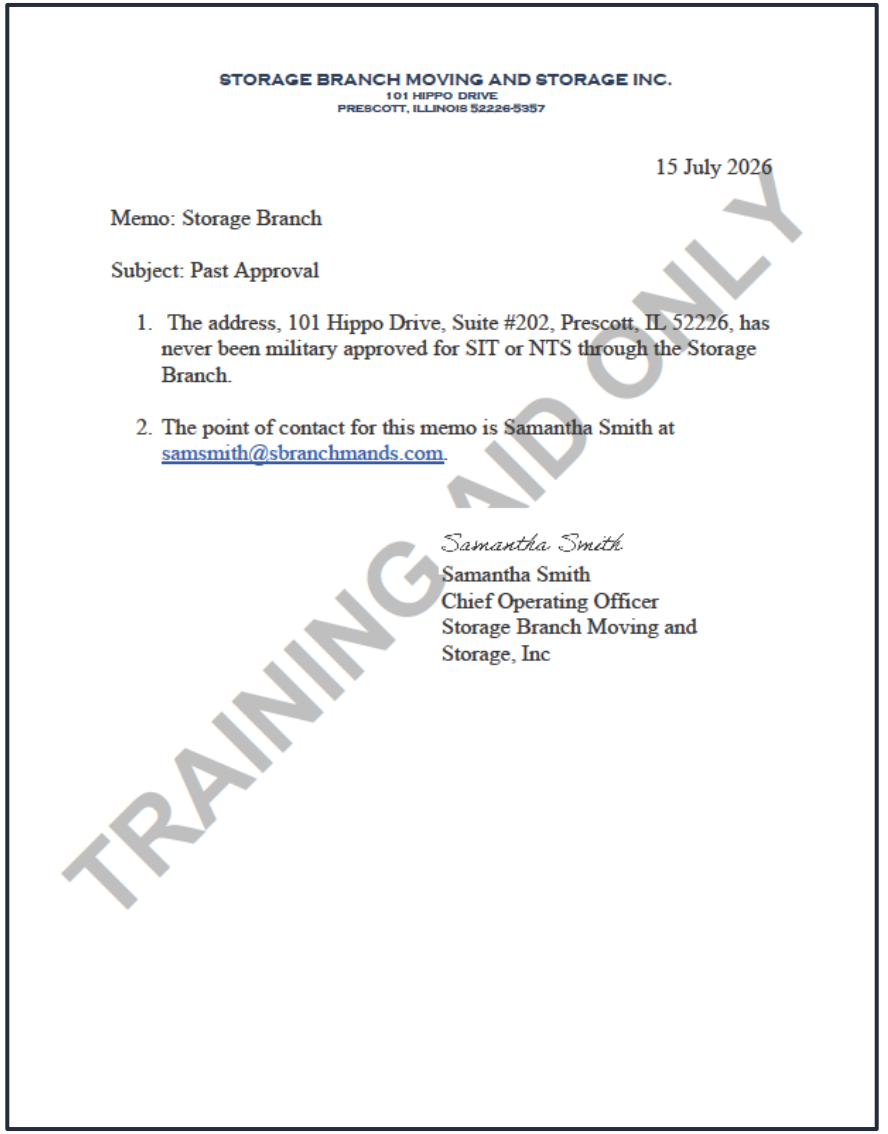
1. The address, 101 Hippo Drive, Suite #202, Prescott, IL 52226, was previously military approved for SIT and NTS through the Storage Branch with company, ABC 123 Moving Storage, Inc.

2. The point of contact for this memo is Samantha Smith at samsmith@sbranchmands.com.

Samantha Smith
Samantha Smith
Chief Operating Officer
Storage Branch Moving and Storage, Inc

Checklist Item #11. Past Approval

No past approval: "The address, [Complete warehouse address including street, suite # (if applicable), city, state, zip code], has never been military approved for SIT or NTS through the Storage Branch Branch."



STORAGE BRANCH MOVING AND STORAGE INC.
101 HIPPO DRIVE
PRESCOTT, ILLINOIS 52226-5357

15 July 2026

Memo: Storage Branch

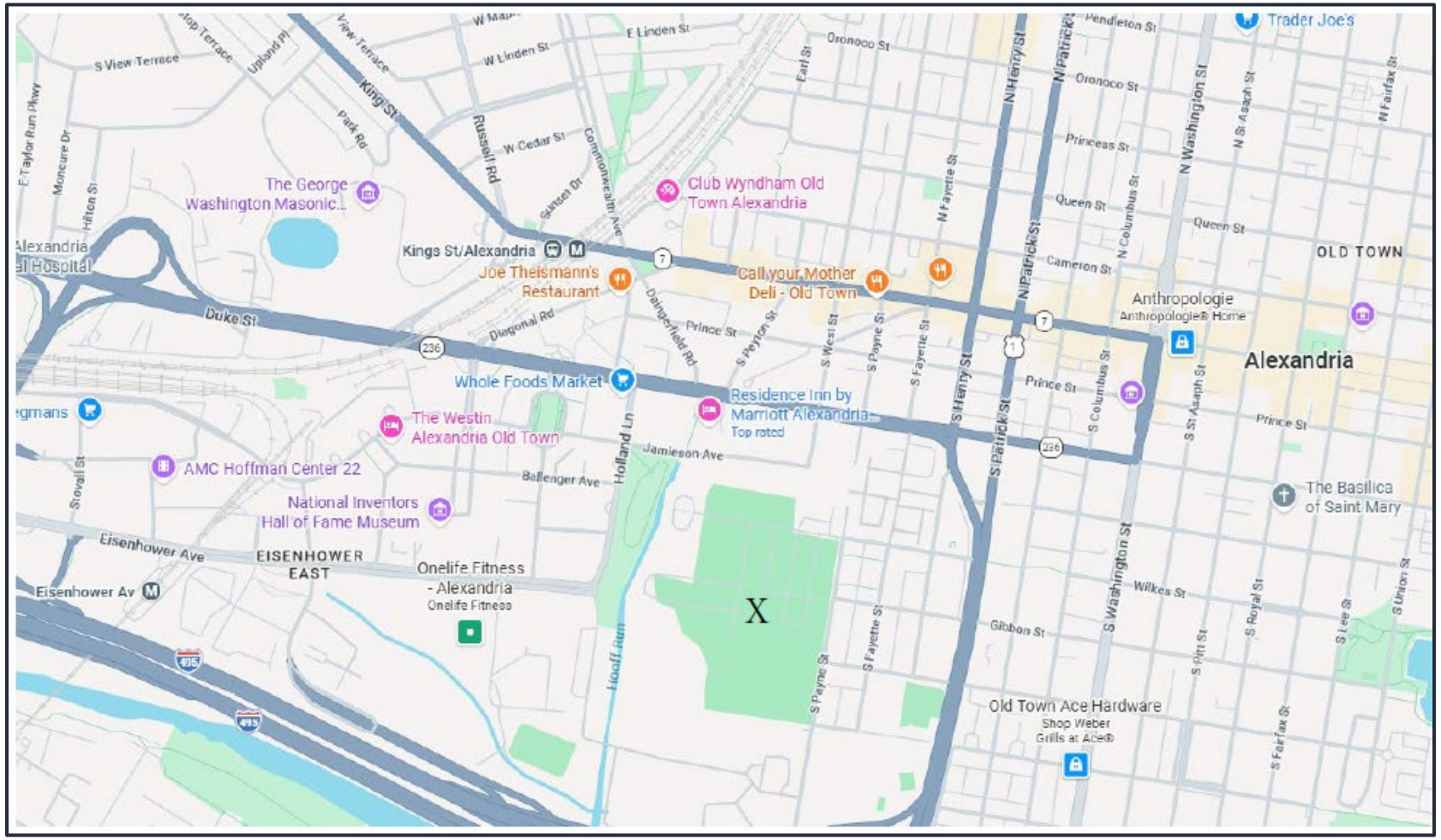
Subject: Past Approval

1. The address, 101 Hippo Drive, Suite #202, Prescott, IL 52226, has never been military approved for SIT or NTS through the Storage Branch.

2. The point of contact for this memo is Samantha Smith at samsmith@sbranchmands.com.

Samantha Smith
Samantha Smith
Chief Operating Officer
Storage Branch Moving and Storage, Inc

Checklist Item #12. City Map



UNCLASSIFIED

Checklist Item #13. Building Description & Photographs

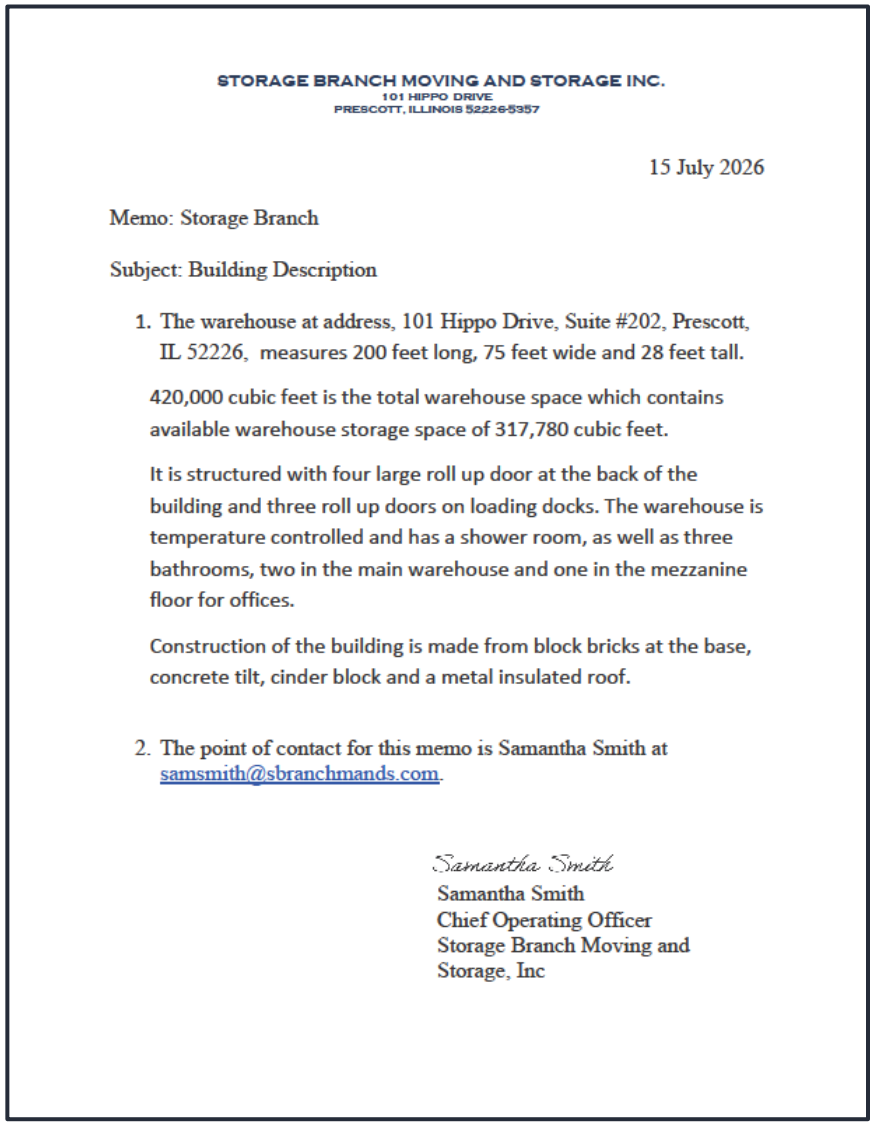
Provide the following photos in either a Microsoft Word Document or Microsoft PowerPoint format. All photos must be labeled appropriately to indicate what is being shown.

- Outside of warehouse (including dock areas)
- Inside of warehouse (including rugs/oversized storage racks and office space)
- Metal trash cans with tight fitting metal lids
- Warehouse operational layout fire plan (Item #4) posted in multiple locations throughout warehouse
- No smoking signs posted outside of personnel, overhead, and dock doors
- Fire extinguishers mounted and clearly marked in multiple locations throughout warehouse
- All forklifts with fire extinguishers mounted
- Keyed locks and monitor sensors on all warehouse entry points (i.e. doors, windows, etc.)

Checklist Item #13. Building Description

Provide the following information on company letterhead with signature, printed name, and date from an operating executive:

- A description of the construction of the building (i.e., metal skin/metal frame, concrete block, wood frame, and type of roof)



STORAGE BRANCH MOVING AND STORAGE INC.
101 HIPPO DRIVE
PRESCOTT, ILLINOIS 522265357

15 July 2026

Memo: Storage Branch

Subject: Building Description

1. The warehouse at address, 101 Hippo Drive, Suite #202, Prescott, IL 52226, measures 200 feet long, 75 feet wide and 28 feet tall.

   420,000 cubic feet is the total warehouse space which contains available warehouse storage space of 317,780 cubic feet.

   It is structured with four large roll up door at the back of the building and three roll up doors on loading docks. The warehouse is temperature controlled and has a shower room, as well as three bathrooms, two in the main warehouse and one in the mezzanine floor for offices.

   Construction of the building is made from block bricks at the base, concrete tilt, cinder block and a metal insulated roof.

2. The point of contact for this memo is Samantha Smith at samsmith@sbranchmands.com.

Samantha Smith
Samantha Smith
Chief Operating Officer
Storage Branch Moving and Storage, Inc

Checklist Item #14. Pest Control Program

Pest Control Contract

- Legal company name
- Warehouse address to include Suite # (if applicable)
- Inspected every 30 days
- Signed and dated by both the Licensed Contractor and Company

Checklist Item #14. Pest Control Program

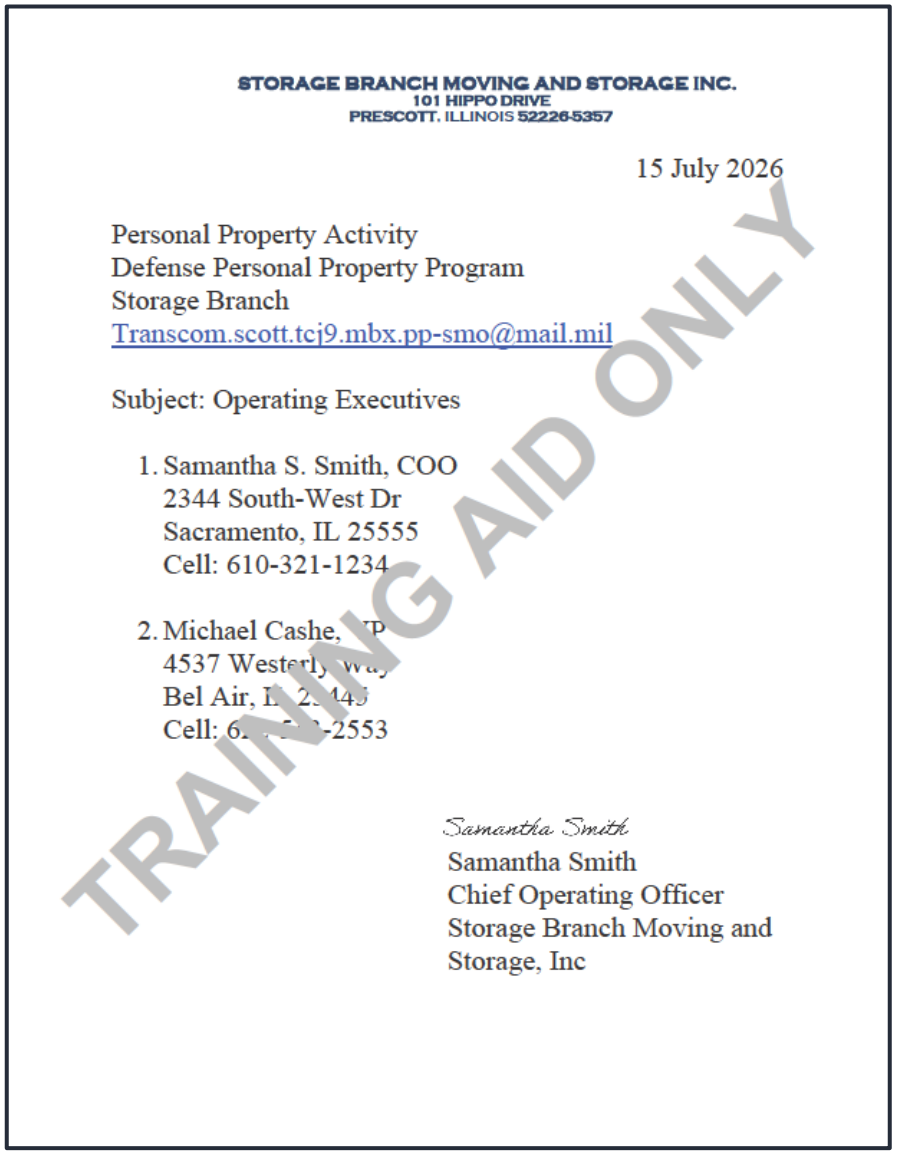
Pest Control log – Self Administered

- Must be completed every 30 days

Pest Control Log				
Company Name (Including DBA): Address(s):				
Date of Service	Employee Name	Evidence of Pests? (Yes/No)	Action Taken	Areas Treated

Checklist Item #15. Operating Executives

- Provide on Company letterhead
- Two Operating Executives to contact in case of emergency
- Names, home addresses, and cellphone number with area code



STORAGE BRANCH MOVING AND STORAGE INC.
101 HIPPO DRIVE
PRESCOTT, ILLINOIS 52226-5357

15 July 2026

Personal Property Activity
Defense Personal Property Program
Storage Branch
Transcom.scott.tcj9.mbx.pp-smo@mail.mil

Subject: Operating Executives

1. Samantha S. Smith, COO
   2344 South-West Dr
   Sacramento, IL 25555
   Cell: 610-321-1234

2. Michael Cashe, VP
   4537 Westerly Way
   Bel Air, IL 25445
   Cell: 6[illegible]-2553

Samantha Smith
Samantha Smith
Chief Operating Officer
Storage Branch Moving and
Storage, Inc

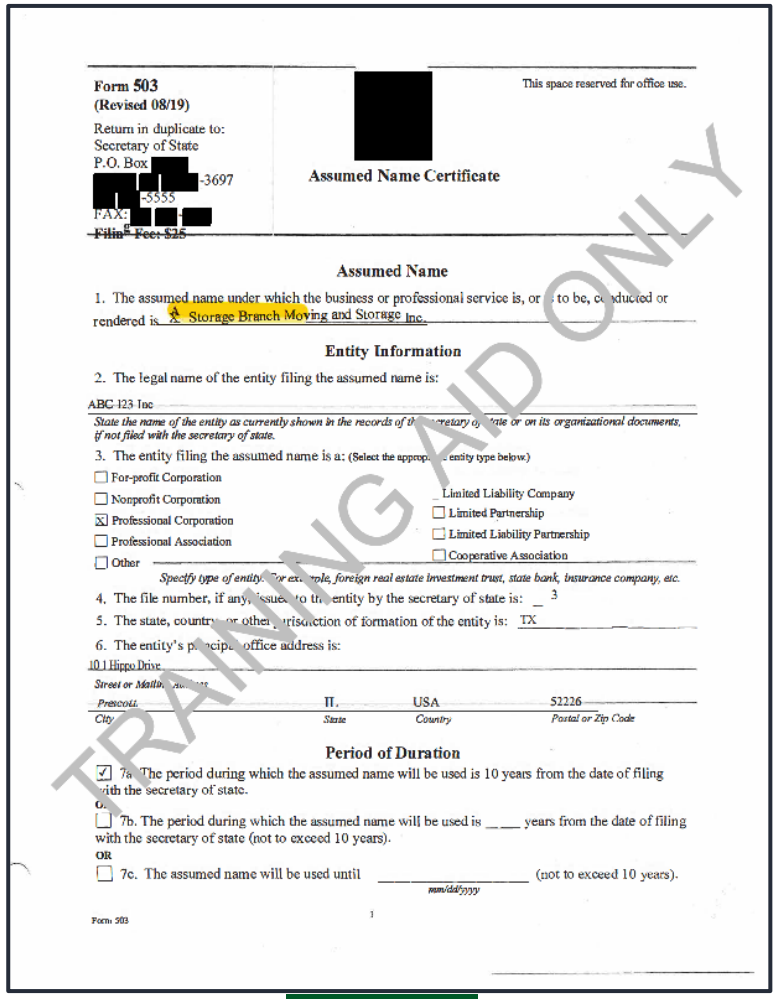
Checklist Item #16. Fictitious Business Name

Fictitious Business Name (FBN)
Doing Business As (DBA)
Trade Name, Assumed Name, Assumed Business Name (ABN)

"[Complete company name] at [Complete warehouse address including street, suite # (if applicable), city, state, zip code] does not utilize a fictitious business name (FBN), doing business as (DBA) name, trade name, assumed name, or assumed business name (ABN)."

Checklist Item #16. Fictitious Business Name

DBA/FBN/ABN



Form 503
(Revised 08/19)

Return in duplicate to:
Secretary of State
P.O. Box [redacted]-3697
[redacted]-5555
FAX: [redacted]
~~Filing Fee: $25~~

This space reserved for office use.

[redacted]

Assumed Name Certificate

Assumed Name

1. The assumed name under which the business or professional service is, or is to be, conducted or rendered is: Storage Branch Moving and Storage Inc.

Entity Information

2. The legal name of the entity filing the assumed name is:

ABC 123 Inc

State the name of the entity as currently shown in the records of the secretary of state or on its organizational documents, if not filed with the secretary of state.

3. The entity filing the assumed name is a: (Select the appropriate entity type below.)

- ☐ For-profit Corporation
- ☐ Nonprofit Corporation
- ☒ Professional Corporation
- ☐ Professional Association
- ☐ Other

- ☐ Limited Liability Company
- ☐ Limited Partnership
- ☐ Limited Liability Partnership
- ☐ Cooperative Association

Specify type of entity (for example, foreign real estate investment trust, state bank, insurance company, etc.

4. The file number, if any, issued to the entity by the secretary of state is: 3

5. The state, country or other jurisdiction of formation of the entity is: TX

6. The entity's principal office address is:

10 1 Hippo Drive
Street or Mailing Address

Prescott — IL — USA — 52226
City — State — Country — Postal or Zip Code

Period of Duration

☑ 7a. The period during which the assumed name will be used is 10 years from the date of filing with the secretary of state.

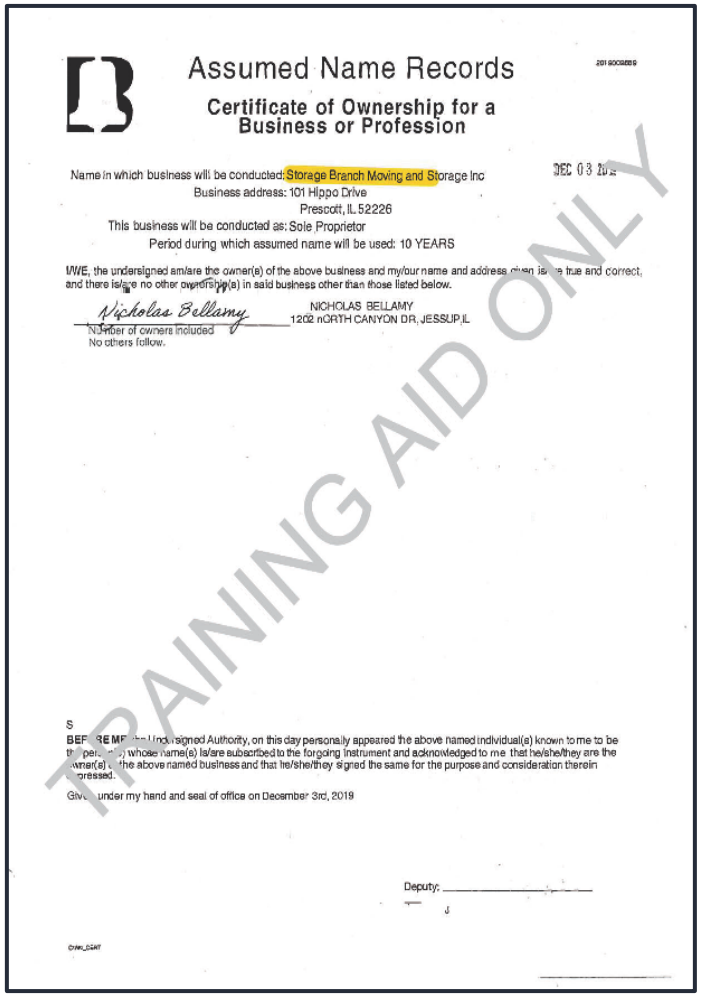
OR

☐ 7b. The period during which the assumed name will be used is ____ years from the date of filing with the secretary of state (not to exceed 10 years).

OR

☐ 7c. The assumed name will be used until _____ (not to exceed 10 years).
mm/dd/yyyy

Form 503



Assumed Name Records

Certificate of Ownership for a Business or Profession

DEC 03 20[redacted]

Name in which business will be conducted: Storage Branch Moving and Storage Inc
Business address: 101 Hippo Drive
Prescott, IL 52226
This business will be conducted as: Sole Proprietor
Period during which assumed name will be used: 10 YEARS

I/WE, the undersigned am/are the owner(s) of the above business and my/our name and address given is/are true and correct, and there is/are no other owner(s) in said business other than those listed below.

Nicholas Bellamy — NICHOLAS BELLAMY
1202 nORTH CANYON DR, JESSUP,IL

Number of owners included
No others follow.

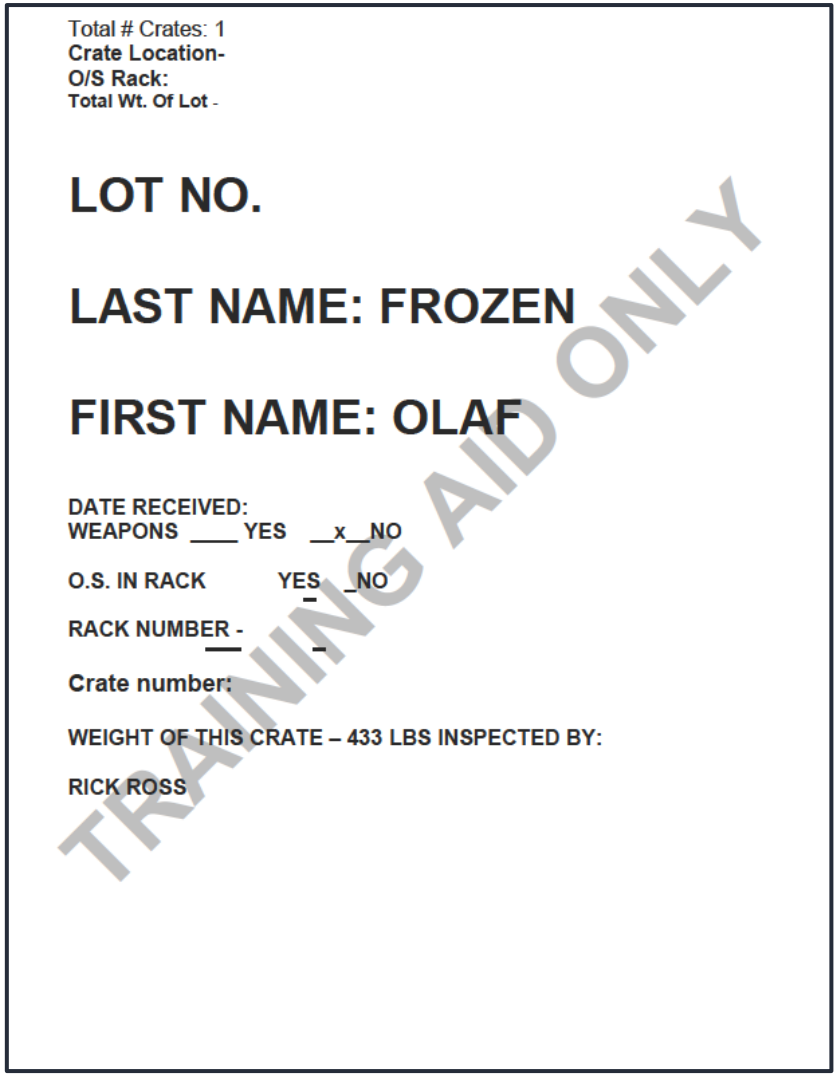
S
BEFORE ME, the undersigned Authority, on this day personally appeared the above named individual(s) known to me to be the person(s) whose name(s) is/are subscribed to the forgoing instrument and acknowledged to me that he/she/they are the owner(s) of the above named business and that he/she/they signed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office on December 3rd, 2019

Deputy: _____

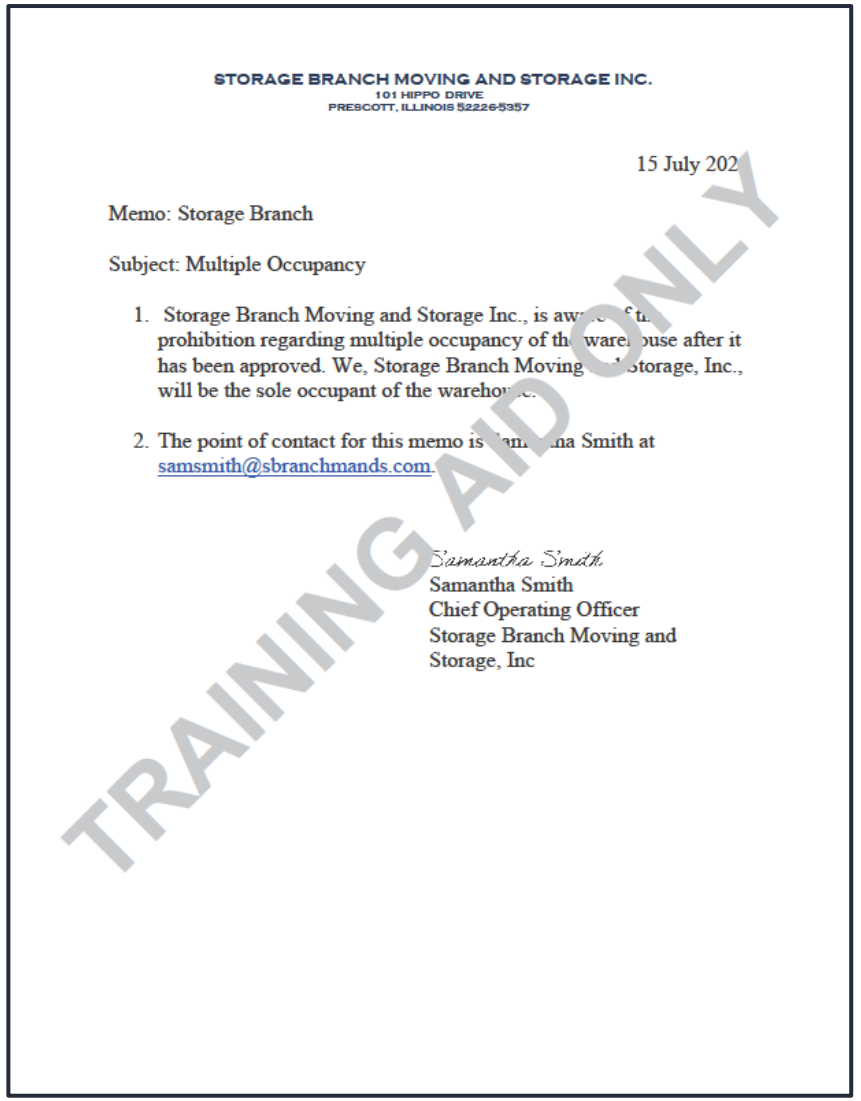
Checklist Item #17. Warehouse Locator System

Storage in Transit (SIT)- Locator



Checklist Item #18. Multiple Occupancy Statement

"[Complete company name including DBA] is aware of the prohibition regarding multiple occupancy of the warehouse after it has been approved. We, [Complete company name including DBA], will be the sole occupant of the warehouse."



STORAGE BRANCH MOVING AND STORAGE INC.
101 HIPPO DRIVE
PRESCOTT, ILLINOIS 52226-5357

15 July 202

Memo: Storage Branch

Subject: Multiple Occupancy

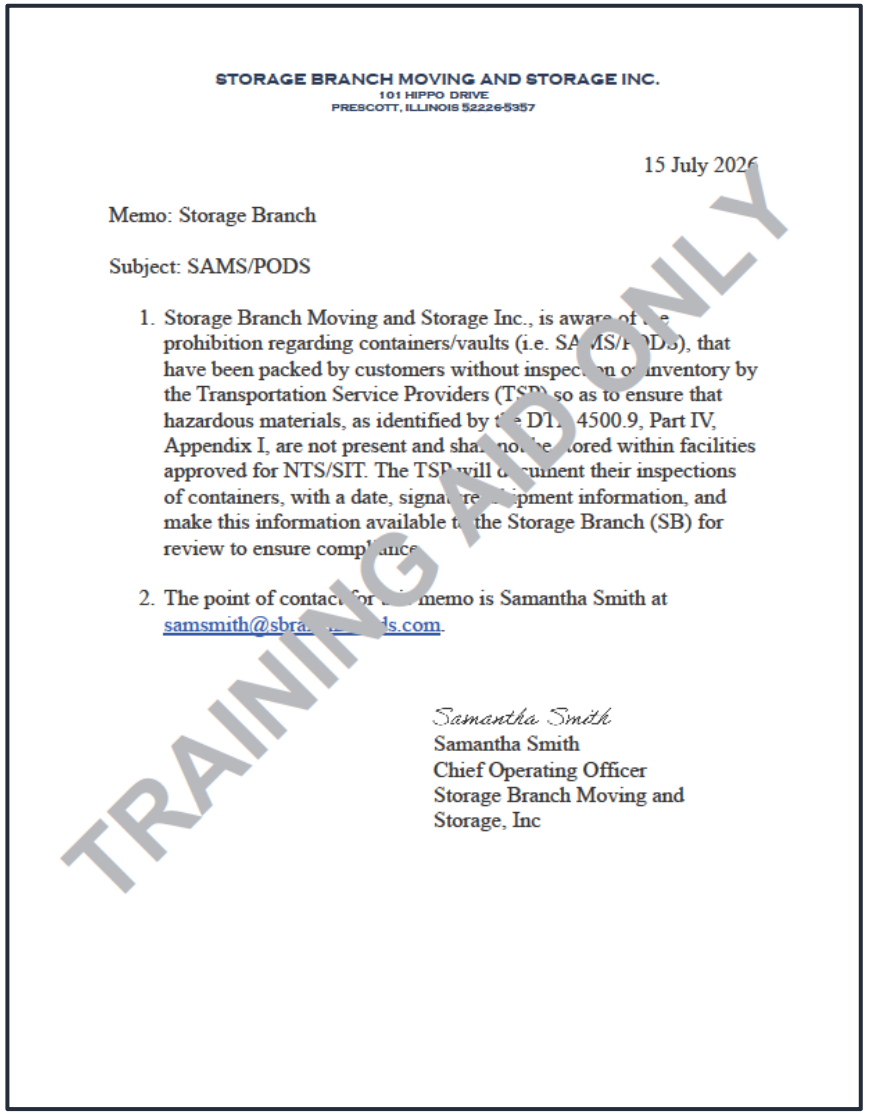
1. Storage Branch Moving and Storage Inc., is aw[illegible] of th[illegible] prohibition regarding multiple occupancy of th[illegible] ware[illegible]ouse after it has been approved. We, Storage Branch Moving [illegible]torage, Inc., will be the sole occupant of the wareho[illegible].

2. The point of contact for this memo is [illegible]na Smith at samsmith@sbranchmands.com.

Samantha Smith
Samantha Smith
Chief Operating Officer
Storage Branch Moving and Storage, Inc

Checklist Item #19. SAMS/PODS Statement

"[Complete company name including DBA] is aware of the prohibition regarding containers/vaults (i.e. SAMS/PODS), that have been packed by customers without inspection or inventory by the Transportation Service Providers (TSP) so as to ensure that hazardous materials, as identified by the DTR 4500.9, Part IV, Appendix I, are not present and shall not be stored within facilities approved for NTS/SIT. The TSP will document their inspections of containers, with a date, signature, shipment information, and make this information available to the Storage Branch (SB) for review to ensure compliance."



STORAGE BRANCH MOVING AND STORAGE INC.
101 HIPPO DRIVE
PRESCOTT, ILLINOIS 52226-5357

15 July 2026

Memo: Storage Branch

Subject: SAMS/PODS

1. Storage Branch Moving and Storage Inc., is aware of the prohibition regarding containers/vaults (i.e. SAMS/PODS), that have been packed by customers without inspection or inventory by the Transportation Service Providers (TSP) so as to ensure that hazardous materials, as identified by the DTR 4500.9, Part IV, Appendix I, are not present and shall not be stored within facilities approved for NTS/SIT. The TSP will document their inspections of containers, with a date, signature, shipment information, and make this information available to the Storage Branch (SB) for review to ensure compliance.

2. The point of contact for this memo is Samantha Smith at samsmith@sbra...ds.com.

Samantha Smith
Samantha Smith
Chief Operating Officer
Storage Branch Moving and Storage, Inc

Checklist Item #20. Physical Inspection Of Warehouse Facility

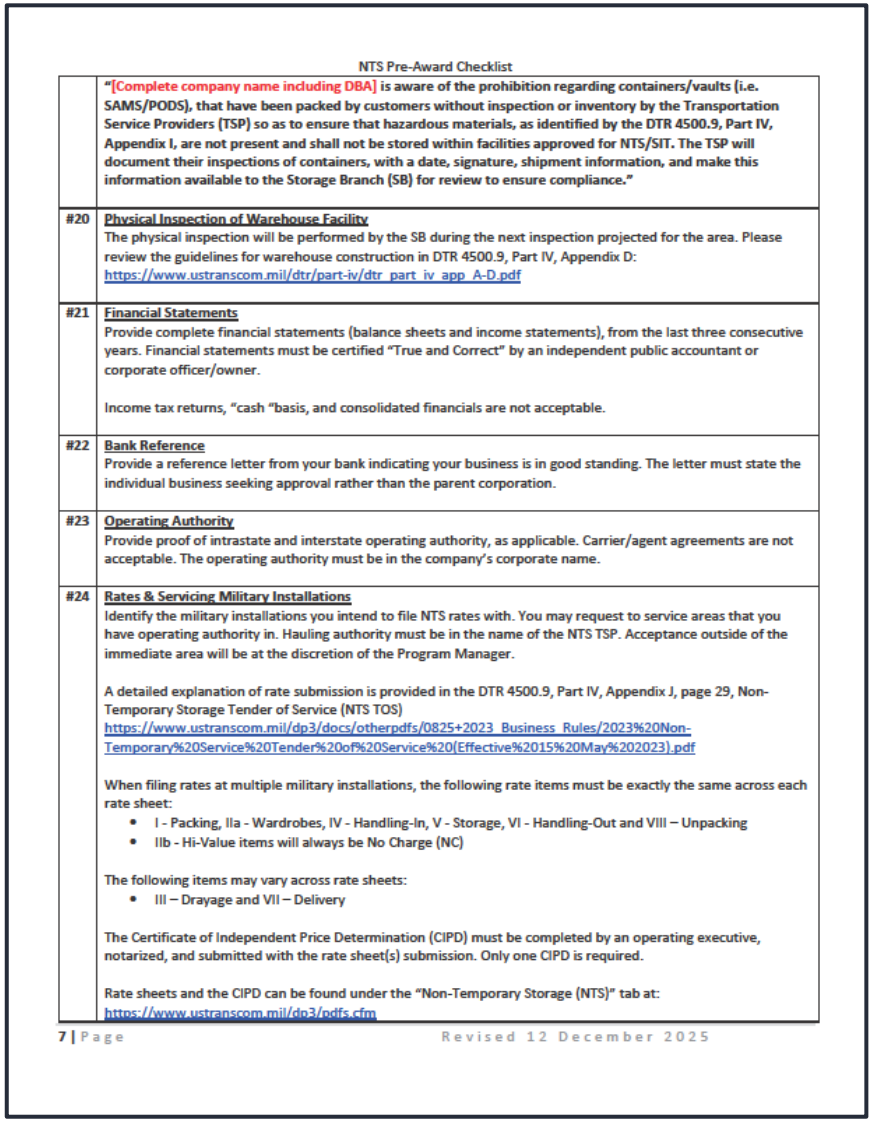
- Physical inspection – Final requirement for SIT Pre-Award
- Inspection Conducted by PPA, Storage Branch
- Physical inspection date-To Be Determined based on availability

Questions?

Break 10 minutes

Non-Temporary Storage (NTS) Checklist

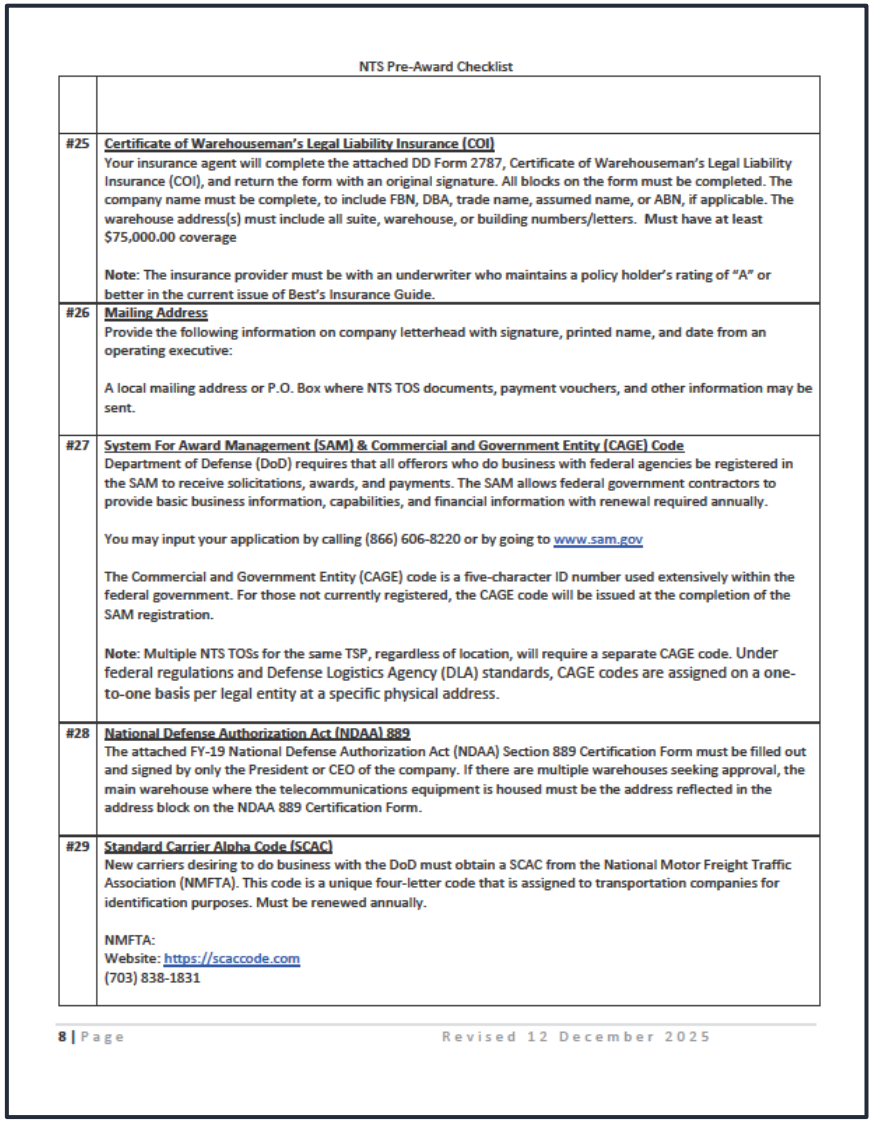
NTS Checklist



NTS Pre-Award Checklist

	"[Complete company name including DBA] is aware of the prohibition regarding containers/vaults (i.e. SAMS/PODS), that have been packed by customers without inspection or inventory by the Transportation Service Providers (TSP) so as to ensure that hazardous materials, as identified by the DTR 4500.9, Part IV, Appendix I, are not present and shall not be stored within facilities approved for NTS/SIT. The TSP will document their inspections of containers, with a date, signature, shipment information, and make this information available to the Storage Branch (SB) for review to ensure compliance."
#20	**Physical Inspection of Warehouse Facility** The physical inspection will be performed by the SB during the next inspection projected for the area. Please review the guidelines for warehouse construction in DTR 4500.9, Part IV, Appendix D: https://www.ustranscom.mil/dtr/part-iv/dtr_part_iv_app_A-D.pdf
#21	**Financial Statements** Provide complete financial statements (balance sheets and income statements), from the last three consecutive years. Financial statements must be certified "True and Correct" by an independent public accountant or corporate officer/owner. Income tax returns, "cash "basis, and consolidated financials are not acceptable.
#22	**Bank Reference** Provide a reference letter from your bank indicating your business is in good standing. The letter must state the individual business seeking approval rather than the parent corporation.
#23	**Operating Authority** Provide proof of intrastate and interstate operating authority, as applicable. Carrier/agent agreements are not acceptable. The operating authority must be in the company's corporate name.
#24	**Rates & Servicing Military Installations** Identify the military installations you intend to file NTS rates with. You may request to service areas that you have operating authority in. Hauling authority must be in the name of the NTS TSP. Acceptance outside of the immediate area will be at the discretion of the Program Manager. A detailed explanation of rate submission is provided in the DTR 4500.9, Part IV, Appendix J, page 29, Non-Temporary Storage Tender of Service (NTS TOS) https://www.ustranscom.mil/dp3/docs/otherpdfs/0825+2023_Business_Rules/2023%20Non-Temporary%20Service%20Tender%20of%20Service%20(Effective%2015%20May%202023).pdf When filing rates at multiple military installations, the following rate items must be exactly the same across each rate sheet: • I - Packing, IIa - Wardrobes, IV - Handling-In, V - Storage, VI - Handling-Out and VIII – Unpacking • IIb - Hi-Value items will always be No Charge (NC) The following items may vary across rate sheets: • III – Drayage and VII – Delivery The Certificate of Independent Price Determination (CIPD) must be completed by an operating executive, notarized, and submitted with the rate sheet(s) submission. Only one CIPD is required. Rate sheets and the CIPD can be found under the "Non-Temporary Storage (NTS)" tab at: https://www.ustranscom.mil/dp3/pdfs.cfm

7 | Page Revised 12 December 2025



NTS Pre-Award Checklist

#25	**Certificate of Warehouseman's Legal Liability Insurance (COI)** Your insurance agent will complete the attached DD Form 2787, Certificate of Warehouseman's Legal Liability Insurance (COI), and return the form with an original signature. All blocks on the form must be completed. The company name must be complete, to include FBN, DBA, trade name, assumed name, or ABN, if applicable. The warehouse address(s) must include all suite, warehouse, or building numbers/letters. Must have at least $75,000.00 coverage **Note**: The insurance provider must be with an underwriter who maintains a policy holder's rating of "A" or better in the current issue of Best's Insurance Guide.
#26	**Mailing Address** Provide the following information on company letterhead with signature, printed name, and date from an operating executive: A local mailing address or P.O. Box where NTS TOS documents, payment vouchers, and other information may be sent.
#27	**System For Award Management (SAM) & Commercial and Government Entity (CAGE) Code** Department of Defense (DoD) requires that all offerors who do business with federal agencies be registered in the SAM to receive solicitations, awards, and payments. The SAM allows federal government contractors to provide basic business information, capabilities, and financial information with renewal required annually. You may input your application by calling (866) 606-8220 or by going to www.sam.gov The Commercial and Government Entity (CAGE) code is a five-character ID number used extensively within the federal government. For those not currently registered, the CAGE code will be issued at the completion of the SAM registration. **Note**: Multiple NTS TOSs for the same TSP, regardless of location, will require a separate CAGE code. Under federal regulations and Defense Logistics Agency (DLA) standards, CAGE codes are assigned on a one-to-one basis per legal entity at a specific physical address.
#28	**National Defense Authorization Act (NDAA) 889** The attached FY-19 National Defense Authorization Act (NDAA) Section 889 Certification Form must be filled out and signed by only the President or CEO of the company. If there are multiple warehouses seeking approval, the main warehouse where the telecommunications equipment is housed must be the address reflected in the address block on the NDAA 889 Certification Form.
#29	**Standard Carrier Alpha Code (SCAC)** New carriers desiring to do business with the DoD must obtain a SCAC from the National Motor Freight Traffic Association (NMFTA). This code is a unique four-letter code that is assigned to transportation companies for identification purposes. Must be renewed annually. NMFTA: Website: https://scaccode.com (703) 838-1831

8 | Page Revised 12 December 2025

Initiating NTS Pre-Award

- To initiate the NTS process – the Letter of Intent (LOI) must state that you would like NTS (automatic SIT) approval
- Provide financial statement for the last 3 consecutive years – must meet our minimum program requirements

STORAGE BRANCH MOVING & STORAGE, INC
101 Hippo DRIVE
Prescott , ILLINOIS 52226-5357

15 July 2026

Memo: Storage Branch

Subject: Request Non-Temporary Storage and Storage In Transit (SIT) approval

To whom it may concern,

Storage Branch Moving & Storage, Inc. located at 101 Hippo Drive, Prescott, IL 52226-5357 request the opportunity to participate in the Non-Temporary Storage (NTS) and Storage in Transit (SIT) program. Your assistance with the approval process is greatly appreciated.

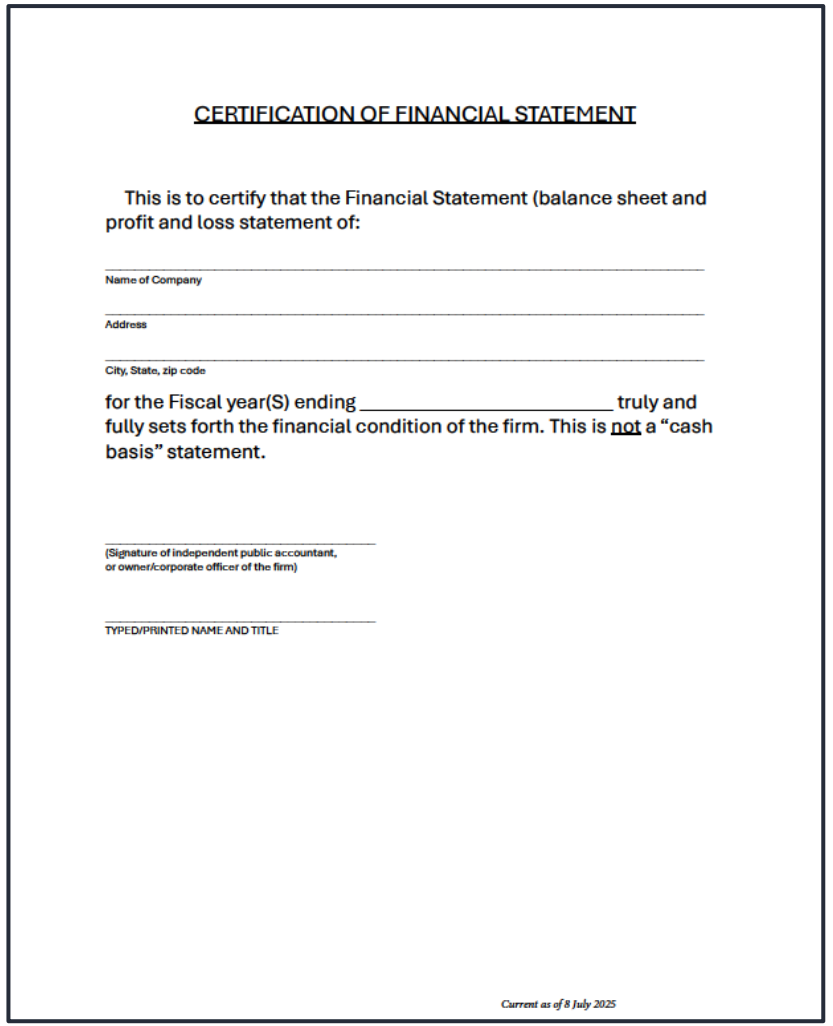
POC: Samantha Smith, COO
Email: Samantha.smith.coo@sbmoving.com
Phone: 106-222-5555

Samantha Smith
Samantha Smith
Chief Operating Officer
Storage Branch Moving and Storage, Inc

NTS Checklist Item #21. Financial Statement

- Provide complete financial statements (balance sheets and income statements), from the last three consecutive years.
- Financial statements must be certified “True and Correct” by an independent public accountant or corporate officer/owner
  - Or Certification of Financial Statement is acceptable

Note: Income tax returns, “cash” basis, and consolidated financials are not acceptable



CERTIFICATION OF FINANCIAL STATEMENT

This is to certify that the Financial Statement (balance sheet and profit and loss statement of:

_____
Name of Company

_____
Address

_____
City, State, zip code

for the Fiscal year(S) ending _____ truly and fully sets forth the financial condition of the firm. This is not a “cash basis” statement.

_____
(Signature of independent public accountant, or owner/corporate officer of the firm)

_____
TYPED/PRINTED NAME AND TITLE

Current as of 8 July 2025

NTS Checklist Item #17. Warehouse Locator System

- Warehouse Receipts
- Inventory
- Locator System

Note: Minimum information required for Non-Temporary Storage (NTS) locator system is outlined in the DTR 4500.9R, Part IV, Appendix J, page 39, Non-Temporary Storage Tender of Service (NTS TOS): https://www.ppa.mil/Industry-Government-Resource-Center/

NON-NEGOTIABLE WAREHOUSE RECEIPT AND INVENTORY

CONTRACTOR OR CARRIER | PAGE NO. | NO. OF PAGES | AGENT | CARRIERS REFERENCE NO. | OWNER'S GRADE OR RATING AND NAME | CONTRACT OR GBL NO. | ORIGIN LOADING ADDRESS | CITY | STATE | GOVT. SERVICE ORDER NO. | DESTINATION | VAN NUMBER

DESCRIPTIVE SYMBOLS | EXCEPTION SYMBOLS | LOCATION SYMBOLS

NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR.

ITEM NO. | CR. REF. | ARTICLES | CONDITION AT ORIGIN

ITEM NO. | REMARKS/EXCEPTIONS

TAPE LOT NO. | TAPE COLOR | NOS. FROM | THRU

WARNING → BEFORE SIGNING CHECK SHIPMENT, COUNT ITEMS AND DESCRIBE LOSS OR DAMAGE IN SPACE ON THE RIGHT ABOVE.

CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) | DATE | AT | CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) | DATE

TRAINING AID ONLY

Total # Crates: 1
Crate Location-
O/S Rack:
Total Wt. Of Lot -

LOT NO.

LAST NAME: FROZEN

FIRST NAME: OLAF

DATE RECEIVED:
WEAPONS ____ YES __x__NO

O.S. IN RACK YES _NO

RACK NUMBER -

Crate number:

WEIGHT OF THIS CRATE – 433 LBS INSPECTED BY:

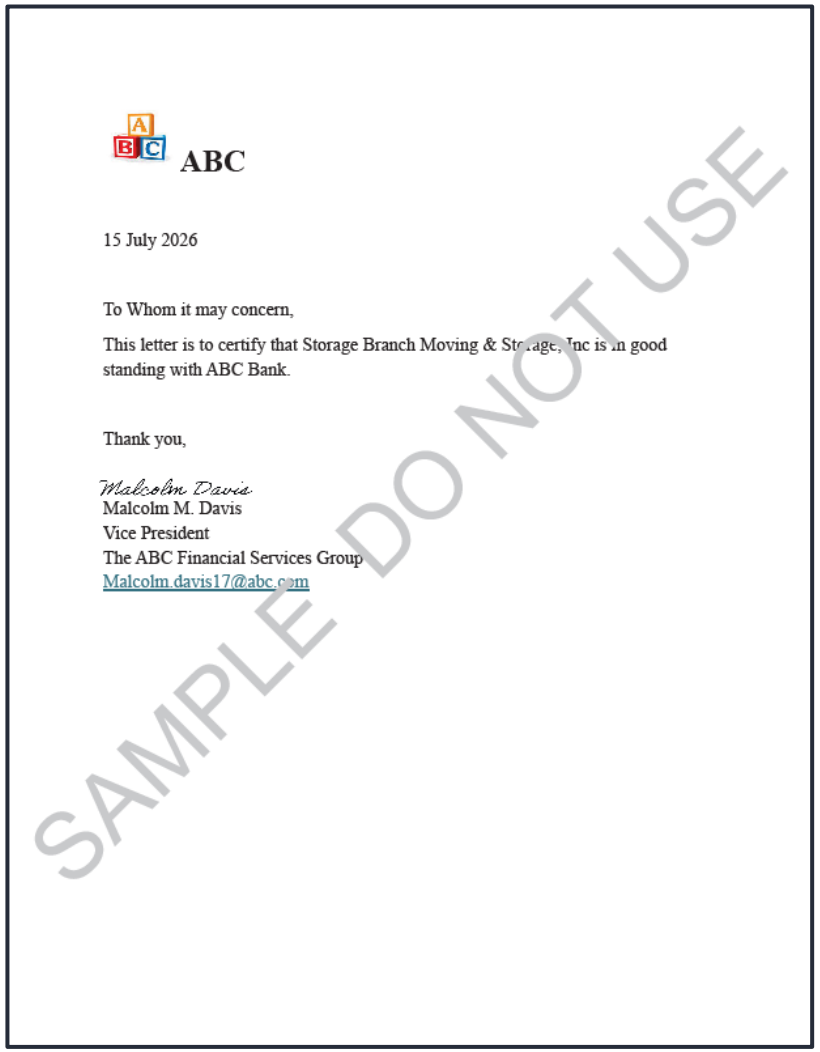
RICK ROSS

TRAINING AID ONLY

NTS Checklist Item #22. Bank Reference

Bank Reference

- Letter indicating your business is in good standing
- Letter must state the individual business seeking approval not the parent corporation
- Bank representative must sign and date



ABC

15 July 2026

To Whom it may concern,

This letter is to certify that Storage Branch Moving & Storage, Inc is in good standing with ABC Bank.

Thank you,

Malcolm Davis
Malcolm M. Davis
Vice President
The ABC Financial Services Group
Malcolm.davis17@abc.com

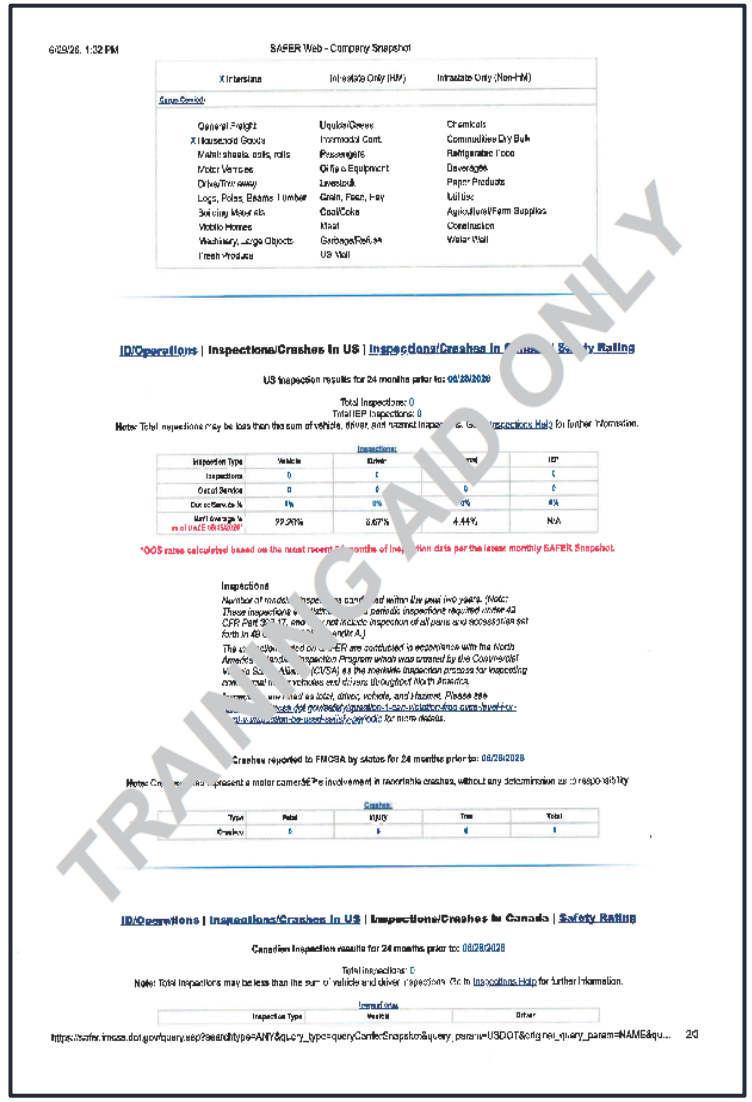
SAMPLE DO NOT USE

NTS Checklist Item #23. Operating Authority

- Intrastate Hauling Authority
  - Not required in all states

- Interstate Hauling Authority- Only required if servicing shipments outside state where warehouse is physically located

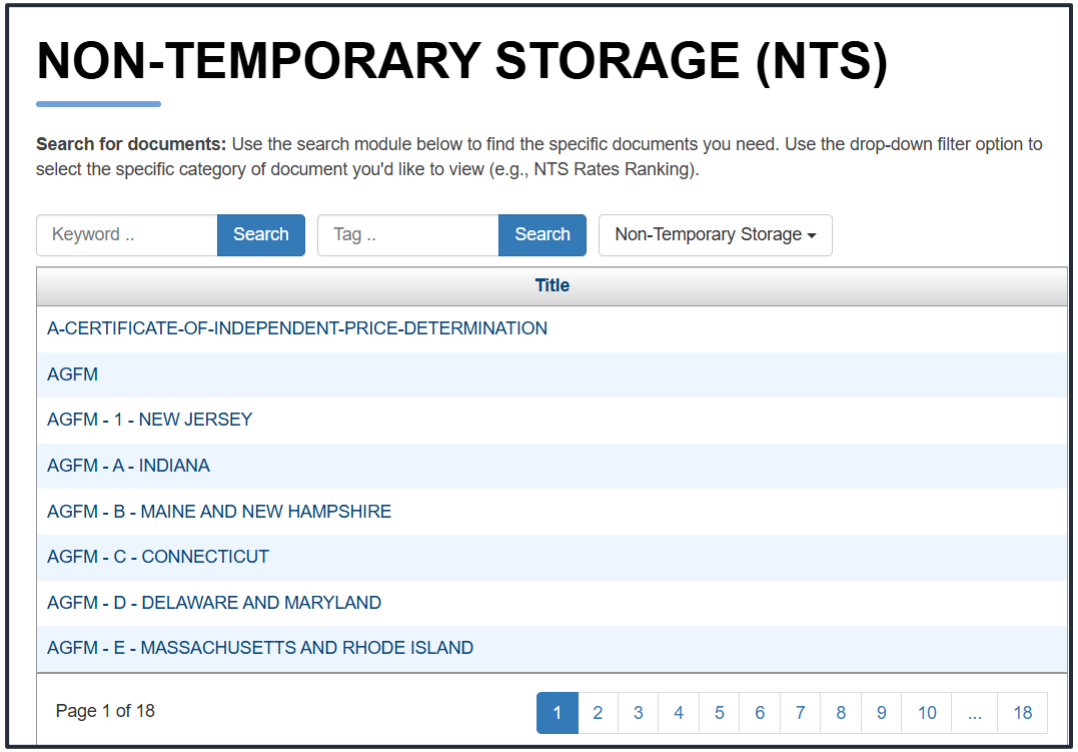
Link
https://safer.fmcsa.dot.gov/CompanySnapshot.aspx



NTS Checklist Item #24. Rates & Servicing Military Installations

https://www.ppa.mil/Industry-Government-Resource-Center/

Scroll to the section labeled Non-Temporary Storage (NTS)



NTS Checklist Item #25. Certificate Of Legal Liability Insurance

- DD Form 2787 (COI)
- Must have legal company name and DBA/Tradename (if applicable)
- Insurance Company must have AM Best rating of “A” or better

CERTIFICATE OF WAREHOUSEMEN'S LEGAL LIABILITY INSURANCE
(DOD Directive 4500.9R)

This is to certify that a policy is now in force and includes insurance for Warehousemen's Legal Liability as required for property and accepted and stored under a Tender of Service with any governmental agency under Public Law 87-649 (or any other subsequent to Public Law 245) is provided in an amount not less than $6.00 times the number of pounds in storage at the time of loss subject to the limit(s) of liability specified below. A minimum per lot limit of liability of $6.00 times the net weight of the lot is mandatory.

Type all information except signature.

1. INSURANCE COMPANY Must have current "A" or better rating on AM Best list	2. NON-TEMPORARY STORAGE (NTS) TRANSPORTATION SERVICE PROVIDER (TSP)
a. NAME Old Guard Insurance Co.	a. NAME Storage Branch Moving and Storage, Inc. MUST INCLUDE DBA, If applicable)
b. ADDRESS *(Number, Street, City, State and ZIP Code)* 123 Red Sea Egypt, IL 63337	b. ADDRESS *(Number, Street, City, State and ZIP Code)* 101 Hippo Drive MUST add Suite # if applicable Prescott, IL 52226
3. POLICY NUMBER 0000Y0-000BBB	4. EFFECTIVE DATE (YYYYMMDD) (12:01 a.m. Standard Time at the place of issuance and continuing until cancelled as provided for in paragraph 5 below. 2026/07/15 2401
5a. ADDRESS OF WAREHOUSE	5b. LIMIT OF LIABILITY
(1) 101 Hippo Dr Prescott, IL 52226 MUST add Suite # if applicable	$ 100,000
(2) 2nd warehouse	$
(3) 3rd warehouse	$

Deductions under this policy are applied on an occurrence basis and shall notexceed $1,000.00. Deductible amount: $ $1,000.00. If the NTS TSP may be liable, the company may be liable. If the NTS TSP cannot or does not handle a claim, the company assumes responsibility to see that the claim receives proper attention, including the determination of the NTS TSP's liability, and payment in full to the extent of that liability.

Lack of cooperation from the NTS TSP for any reason (including NTS TSP bankruptcy) is no defense. If necessary, the company shall seek from the claimant affidavits or other supporting documentation to permit a determination of liability.

When requested by the Regional Program Manager, the company will provide, within (30) days, a duplicate original of said policy and all endorsements thereto. The Regional Program Manager reserves the right to reject certificates of insurance from insurance companies if they fail to provide adequate protection.

This certificate may not be changed without cancellation of said policy. Such cancellation or any material change may be effected by the company or the NTS TSP only by giving thirty (30) days notice in writing to the:
Personal Property Activity, ATTN: J3/SMO, 508 Scott Dr., BLDG 1900W, Rm 1006 SCOTT AFB, IL 62225

Such notice will commence from the date said notice is actually received.

Insurance companies must be legally authorized to issue policies of warehousemen's legal liability insurance in each state that the NTS TSP is authorized to operate or be authorized to issue such policies in the state in which the NTS TSP has its principal place of business. The underwriter of warehousemen's legal liability insurance must have a policyholder's rating of "A" or better in Best's Insurance Guide.

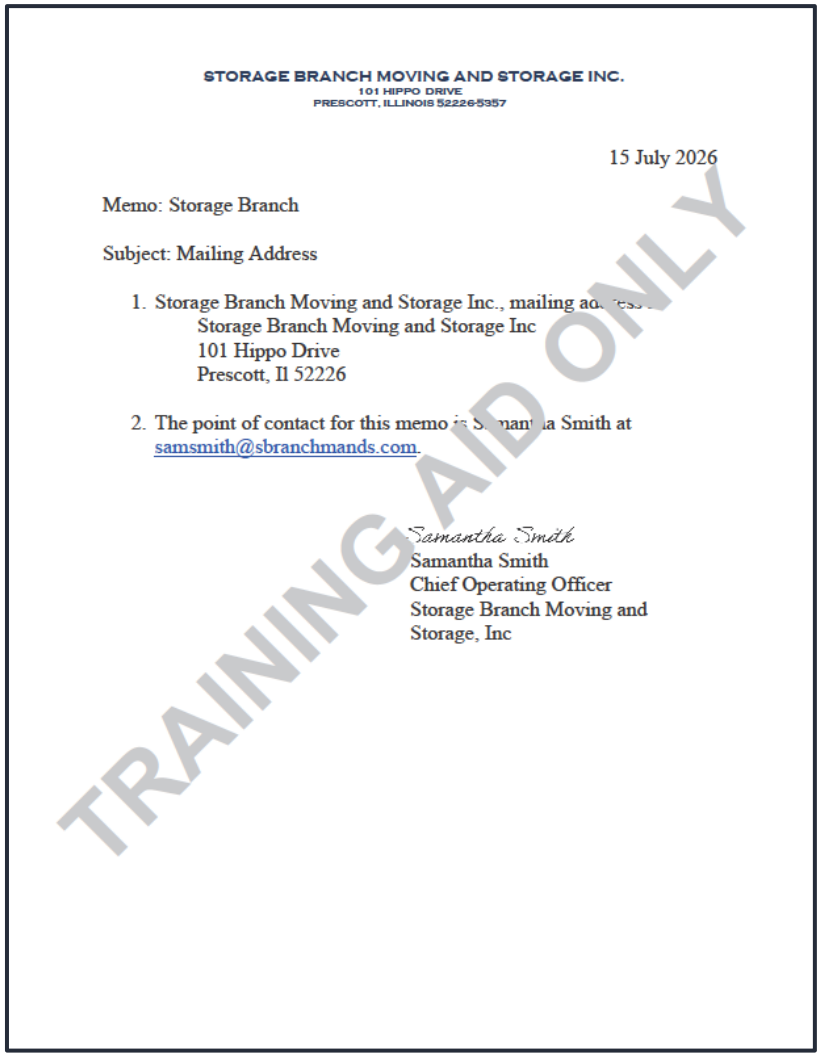
ISSUING OFFICE

6a NAME OF INSURANCE COMPANY/UNDERWRITER/AGENT	b. ADDRESS *(Number, Street, City, State, and ZIP Code)*
Old Guard Insurance Co/Toade Prince/UW	123 Red Sea Egypt, IL 63337
c. TELEPHONE NUMBER *(Include area code)* 733-337-1111	

7a. NAME OF AUTHORIZED INSURANCE COMPANY REPRESENTATIVE	b. SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*
Kerrie Washington	Kerrie Washington	2026/07/15

DD Form 2787, SEP, 1999(EG) Replaces MT form 365-R, Nov 96 Which is Obsolete

NTS Checklist Item #26. Mailing Address



STORAGE BRANCH MOVING AND STORAGE INC.
101 HIPPO DRIVE
PRESCOTT, ILLINOIS 52226-5357

15 July 2026

Memo: Storage Branch

Subject: Mailing Address

1. Storage Branch Moving and Storage Inc., mailing address:
   Storage Branch Moving and Storage Inc
   101 Hippo Drive
   Prescott, Il 52226

2. The point of contact for this memo is Samantha Smith at samsmith@sbranchmands.com.

Samantha Smith
Samantha Smith
Chief Operating Officer
Storage Branch Moving and Storage, Inc

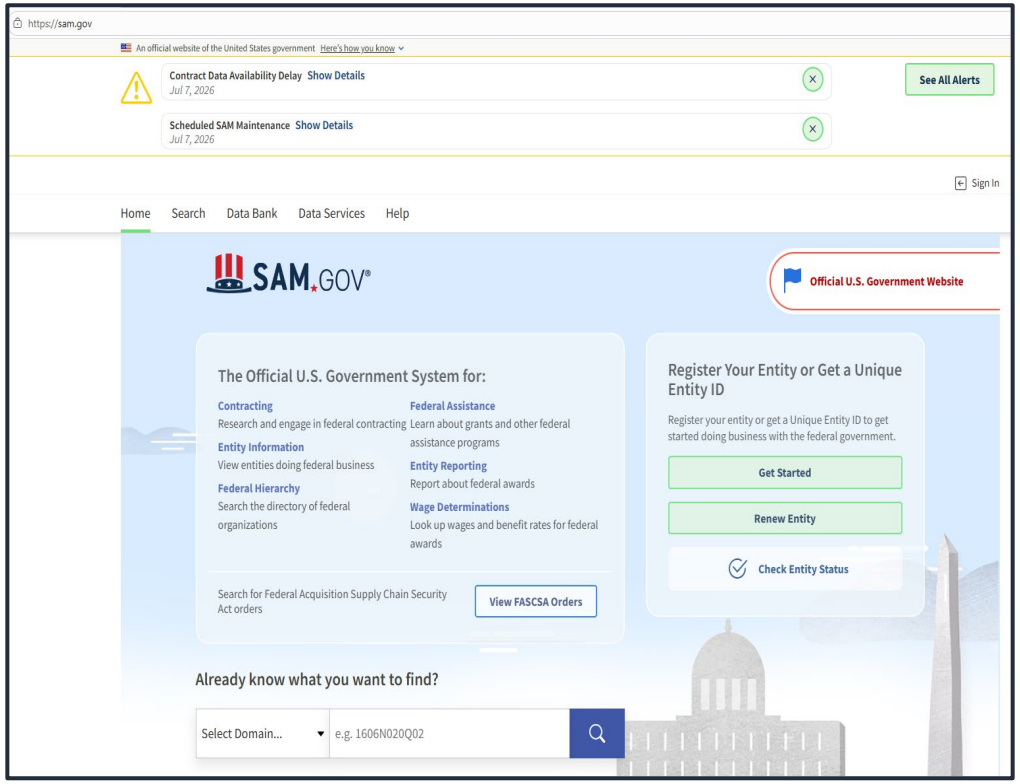
NTS Checklist Item #27. System For Award Management (SAM)

CAGE Code

- Must be Active
- Renewal required annually

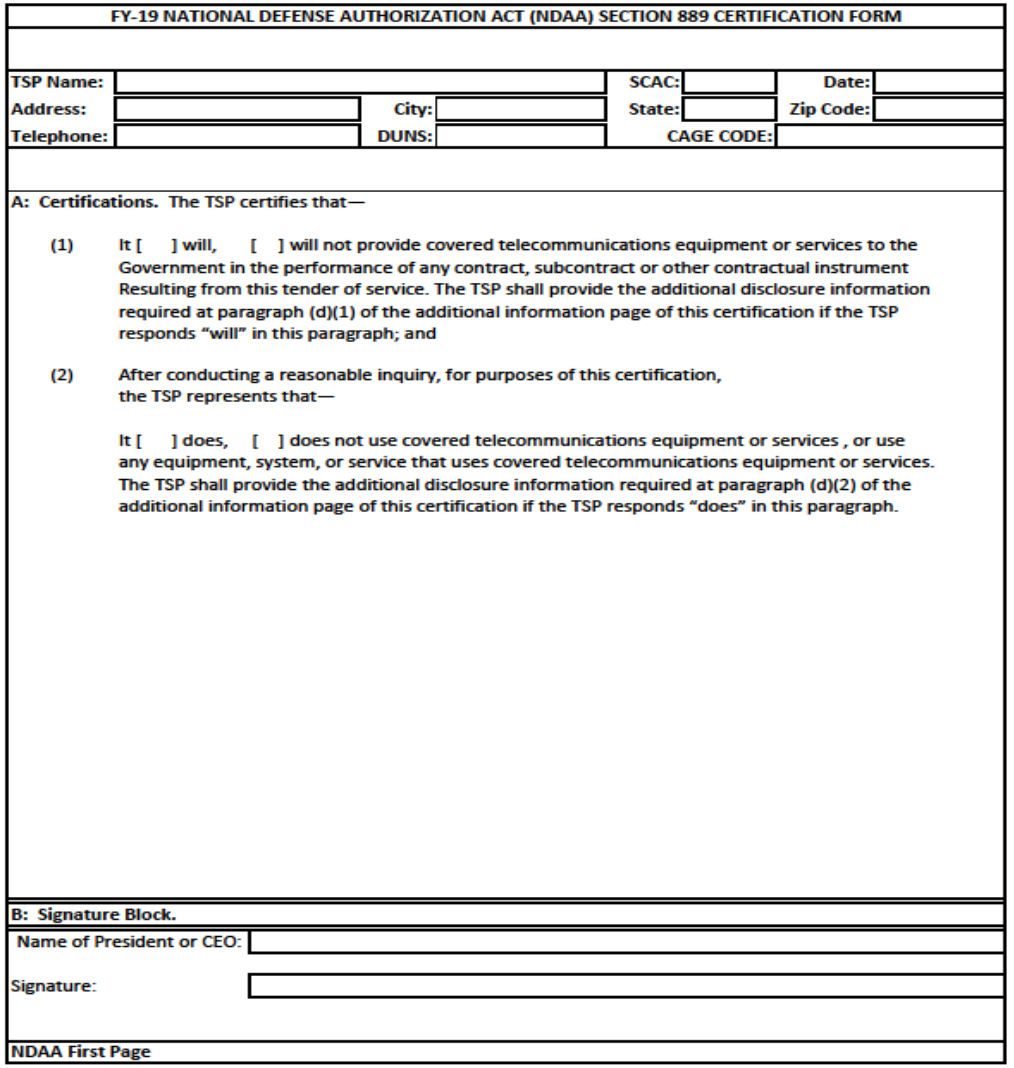
Note: Multiple NTS TOSs for the same TSP, regardless of location, will require a separate CAGE code. Under federal regulations and Defense Logistics Agency (DLA) standards, CAGE codes are assigned on a **one-to-one basis** per legal entity at a specific physical address

Link: www.sam.gov



NTS Checklist Item #28. FY19 National Defense Authorization Act (NDAA)

- 889 Certification Form required to be completed if compliance is not reflected on sam.gov website
- Annual Requirement
- Must be signed by President/CEO
- Link: www.sam.gov



FY-19 NATIONAL DEFENSE AUTHORIZATION ACT (NDAA) SECTION 889 CERTIFICATION FORM

TSP Name:			SCAC:	Date:	
Address:		City:	State:	Zip Code:	
Telephone:		DUNS:	CAGE CODE:		

A: Certifications. The TSP certifies that—

(1) It [ ] will, [ ] will not provide covered telecommunications equipment or services to the Government in the performance of any contract, subcontract or other contractual instrument Resulting from this tender of service. The TSP shall provide the additional disclosure information required at paragraph (d)(1) of the additional information page of this certification if the TSP responds "will" in this paragraph; and

(2) After conducting a reasonable inquiry, for purposes of this certification, the TSP represents that—

It [ ] does, [ ] does not use covered telecommunications equipment or services , or use any equipment, system, or service that uses covered telecommunications equipment or services. The TSP shall provide the additional disclosure information required at paragraph (d)(2) of the additional information page of this certification if the TSP responds "does" in this paragraph.

B: Signature Block.

Name of President or CEO:

Signature:

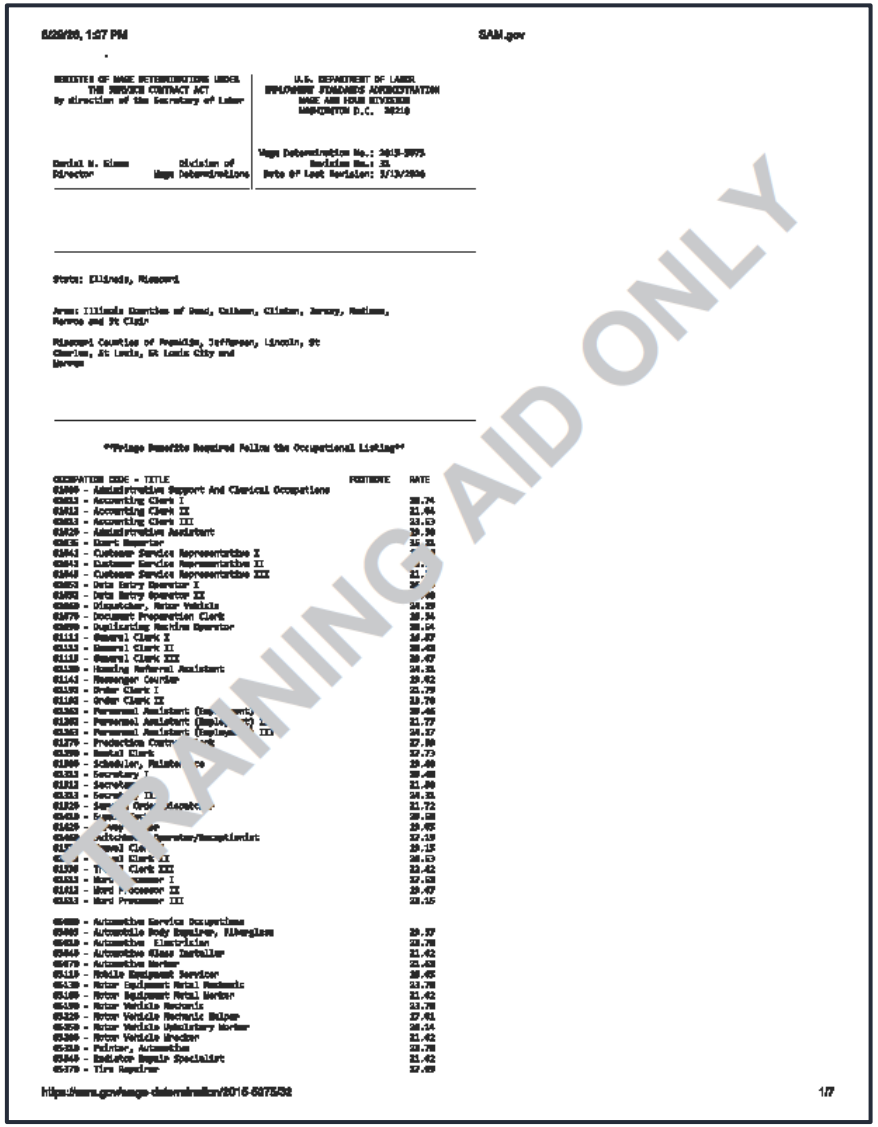
NDAA First Page

NTS Checklist Item #29. Standard Carrier Alpha Code (SCAC)

- Must renew annually
- Link:
  https://www.scaccode.com/

NTS Checklist Item #30. Wage Determination

- Wage Determination
- Link: https://sam.gov/



6/26/20, 1:27 PM SAM.gov

REGISTER OF WAGE DETERMINATIONS UNDER THE SERVICE CONTRACT ACT
By direction of the Secretary of Labor

U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
WAGE AND HOUR DIVISION
WASHINGTON D.C. 20210

Daniel W. Simms, Director
Division of Wage Determinations

Wage Determination No.: 2015-5775
Revision No.: 32
Date Of Last Revision: 3/13/2020

State: Illinois, Missouri

Area: Illinois Counties of Bond, Calhoun, Clinton, Jersey, Madison, Monroe and St Clair

Missouri Counties of Franklin, Jefferson, Lincoln, St Charles, St Louis, St Louis City and Warren

Fringe Benefits Required Follow the Occupational Listing

OCCUPATION CODE - TITLE	FOOTNOTE	RATE
01000 - Administrative Support And Clerical Occupations		
01011 - Accounting Clerk I		20.74
01012 - Accounting Clerk II		21.84
01013 - Accounting Clerk III		23.53
01020 - Administrative Assistant		29.30
01035 - Court Reporter		32.31
01041 - Customer Service Representative I		[illegible]
01042 - Customer Service Representative II		[illegible]
01043 - Customer Service Representative III		21.[illegible]
01051 - Data Entry Operator I		[illegible]
01052 - Data Entry Operator II		[illegible]
01060 - Dispatcher, Motor Vehicle		24.29
01070 - Document Preparation Clerk		20.34
01090 - Duplicating Machine Operator		20.54
01111 - General Clerk I		20.57
01112 - General Clerk II		22.42
01113 - General Clerk III		25.47
01120 - Housing Referral Assistant		28.31
01141 - Messenger Courier		19.62
01191 - Order Clerk I		21.79
01192 - Order Clerk II		23.70
01261 - Personnel Assistant (Em[illegible]) I		20.46
01262 - Personnel Assistant (Em[illegible]) II		21.77
01263 - Personnel Assistant (Employment) III		24.17
01270 - Production Control [illegible]		27.38
01280 - Rental Clerk		17.73
01290 - Scheduler, Maintenance		23.49
01311 - Secretary I		20.48
01312 - Secretary II		21.98
01313 - Secretary III		24.31
01320 - Service Order Dispatcher		21.72
01410 - Supply Technician		28.18
01420 - Survey Worker		23.95
01460 - Switchboard Operator/Receptionist		17.19
01[illegible] - Travel Clerk I		20.15
01[illegible] - Travel Clerk II		22.53
01[illegible] - Travel Clerk III		23.42
01311 - Word Processor I		17.53
01312 - Word Processor II		19.67
01313 - Word Processor III		22.15
05000 - Automotive Service Occupations		
05005 - Automobile Body Repairer, Fiberglass		25.57
05010 - Automotive Electrician		23.78
05040 - Automotive Glass Installer		21.42
05070 - Automotive Worker		21.42
05110 - Mobile Equipment Servicer		20.65
05130 - Motor Equipment Metal Mechanic		23.78
05160 - Motor Equipment Metal Worker		21.42
05190 - Motor Vehicle Mechanic		23.78
05220 - Motor Vehicle Mechanic Helper		17.61
05250 - Motor Vehicle Upholstery Worker		20.14
05280 - Motor Vehicle Wrecker		21.42
05310 - Painter, Automotive		23.78
05340 - Radiator Repair Specialist		21.42
05370 - Tire Repairer		17.69

https://sam.gov/wage-determination/2015-5775/32 1/7

TRAINING AID ONLY

NTS Checklist Item #31. Cyber Maturity-Model Certification (CMMC)

- Cyber Maturity Model Certification (CMMC)- Unique Identifier
- All NTS TSP's are required to have Level One affirmation prior to approval
- Level Two affirmation is required by 1 March 2027
- Link: https://piee.eb.mil/

Approval Timelines

- Approval timeline varies depending on company's proactiveness/documents meeting requirements
- Failure to submit documents within 180 days will result in Pre-Award being discontinued
- Temp approval for SIT can be authorized once requirements are met/approved by Program Manager
- Temp approval is not authorized for warehouses seeking "NTS approval"
- Warehouses approved under NDA initiative, PPA Advisory #26-0093, will not be eligible for NDA approval in 2027

Links

- https://www.ppa.mil/
- https://sam.gov/
- https://piee.eb.mil/
- https://www.scaccode.com/
- www.sam.gov
- https://safer.fmcsa.dot.gov/CompanySnapshot.aspx
- https://msc.fema.gov/portal/home
- https://www.ppa.mil/Industry-Government-Resource-Center/

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Questions?

Closing Remarks