

By signature below, the undersigned certifies on behalf of Vendor that the information in this form is true, complete, and accurate and that I am authorized by Vendor to make this certification and all consents and agreements contained herein.

First Student, Inc.


Vendor Name

191 Rosa Parks Street, Cincinnati, OH 45202

Address, City, State, and Zip Code

760.405.7171

Phone Number



Signature of Authorized Company

Gregg Prettyman

Official Printed Name

8/27/2024

Date

gregg.prettyman@firstgroup.com

E-mail address