

The undersigned hereby certifies that I am an individual authorized to act on behalf of the company in submitting this Request for Proposal and Assurances. I certify that all of the information provided herein is true and accurate, to the best of my knowledge. I understand that the discovery of deliberately misrepresented information contained herein may constitute grounds for denying the applicant's request for approval.

Dakota Auringer, LLC

Typed Name of Company

7 Pine Lake Ct., Ocean Springs, MS 39564

Typed Mailing Address of Company

850-591-0281

Typed Telephone Number

dakota_1195@yahoo.com

Typed Email Address

Cage Code: 8ZU87

SAM.gov Number

Dakota Auringer

Typed Name of Authorized Representative

Dakota Auringer

Signature of Authorized Representative

03/31/2025

Date Signed