

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF TERM OF CONTRACT

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

OPTION 1: CURRENTLY INSTALLED
OPTION 2, 3: 90 DAYS

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 69381

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: UNITI FIBER

ADDRESS: 106 METAIRIE LAWN DR # 200

CITY, STATE: METAIRIE, LA ZIP: 70001

TELEPHONE: (504) 635-3517 FAX: ()

EMAIL ADDRESS: jeffrey.lemmond@uniti.com

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: Addendum # 1 50-139813

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ see pricing pages 7-8

AUTHORIZED SIGNATURE: [Signature]

Steven Schnauder

Printed Name

TITLE: Regional Vice President

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00139813

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	36.00	MO	<p>THREE (3) YEAR CONTRACT TO PROVIDE JEFFERSON PARISH OPTICAL INTERNET AND METRO ETHERNET FOR THE JEFFERSON PARISH DEPARTMENT OF ELCTRONIC INFORMATION SYSTEMS</p> <p>0010 - Jefferson Parish Optical Internet and metro ethernet Contract for 3 Years. Respondents must meet the following criteria:</p> <ul style="list-style-type: none"> -Tier 1 Telecommunications Provider. -Symmetrical Enterprise-class fiber Internet circuit. -Carrier network distribution/switching centers must have backup generators. -The connection must be Dedicated, not a shared connection. -Optical Fiber Internet delivered into the building, no copper. -Over 85% of the path must be underground, not aerial. -Jefferson Parish will not pay Construction costs. <p>Service Addresses</p> <ol style="list-style-type: none"> 1. JP Emergency Operation Center - 910 3rd St., Gretna, LA 70053 2. Joseph S. Yenni Building - 1221 Elmwood Park Blvd, Jefferson, LA 70121 <p>The Recurring Monthly Cost shall include Both sites combined</p> <p>Metro ethernet 1: 1 Gbps metro Ethernet connecting locations A & B below</p> <p>Metro ethernet option 1: 1 Gbps metro ethernet point to point connection between A & B locations</p> <p>(A) Jefferson Parish Joseph S. Yenni Building 1221 Elmwood Park Blvd. Jefferson, LA 70123</p> <p>(B) Emergency Operations Center 910 3rd Street Gretna, LA 70053</p>	<p>\$ 949.⁰⁰</p>	<p>\$ 34,164.⁰⁰</p>
2	36.00	MO	<p>0020 - Metro ethernet option 2: 2 Gbps metro ethernet</p>	<p>\$ 1196.²⁵</p>	<p>\$ 43,065.⁰⁰</p>

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00139813

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
3	36.00	MO	<p>Option 2: 2 Gbps Point to point metro ethernet connection between A & B locations</p> <p>(A) Jefferson Parish Joseph S. Yenni Building 1221 Elmwood Park Blvd. Jefferson, LA 70123</p> <p>(B) Emergency Operations Center 910 3rd Street Gretna, LA 70053</p> <p>0030 - Metro ethernet option 3: 3 Gbps metro ethernet</p>	\$ 1320.00	\$ 47,520.00
4	36.00	MO	<p>Option 3: 3 Gbps Point to point metro ethernet connection between A & B locations</p> <p>(A) Jefferson Parish Joseph S. Yenni Building 1221 Elmwood Park Blvd. Jefferson, LA 70123</p> <p>(B) Emergency Operations Center 910 3rd Street Gretna, LA 70053</p> <p>0040 - Contiguous /27 IPv4 Block</p>	\$ 150.00	\$ 5,400.00
5	36.00	MO	<p>0050 - Internet option 1: 1 Gbps Internet</p> <p>Emergency Operations Center 910 3rd Street Gretna, LA 70053</p>	\$ 949.00	\$ 34,164.00
6	36.00	MO	<p>0060 - Internet option 2: 2 Gbps Internet</p> <p>Emergency Operations Center 910 3rd Street Gretna, LA 70053</p>	\$ 1196.25	\$ 43,065.00
7	36.00	MO	<p>0070 - Internet option 3: 3 Gbps Internet</p> <p>Emergency Operations Center 910 3rd Street Gretna, LA 70053</p>	\$ 1320.00	\$ 47,520.00

Non-Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared: Steve Schnauder
_____, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Agent of Uniti Fiber (Entity),
the party who submitted a bid in response to Bid Number 50-00139813, to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.


Signature of Affiant

Steven Schnauder
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 20th DAY OF October, 2022.


Notary Public

Printed Name of Notary



Notary/Bar Roll Number

My commission expires _____.



October 20, 2022

Jefferson Parish Purchasing Department

RE: Bid 50-00139813; Authority of Steve Schnauder, Regional Vice President of Sales, Uniti Fiber LLC

To Whom it May Concern:

By this letter, I am verifying that Steve Schnauder is Regional Vice President of Sales of Uniti Fiber LLC and has full authority to bid, negotiate, and obligate Uniti Fiber with regard to the bid for Optical Internet and Metro Ethernet that is due on October 20, 2022.

If you have further questions, please contact me directly.

Sincerely,

A handwritten signature in blue ink that reads "Julie K. Plowman".

Julie K. Plowman
Deputy General Counsel
of all Uniti companies
(512) 739-8939
Julie.plowman@uniti.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/8/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Stephens Insurance, LLC 111 Center Street, Suite 100 Little Rock, AR 72201 www.stephensinsurance.com	CONTACT NAME: PHONE (A/C No. Ext): 1-800-643-9691		FAX (A/C, No): 501-377-2317
	E-MAIL ADDRESS:		
INSURED Uniti Group Inc. (See Complete Named Insured Addendum) 2101 Riverfront Drive, Suite A Little Rock AR 72201	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: National Fire Insurance Of Hartford		20478
	INSURER B: Continental Insurance Company		35289
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 67116417

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			7012347039	3/1/2022	3/1/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			7012165356	3/1/2022	3/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			7012165387	3/1/2022	3/1/2023	EACH OCCURRENCE	\$ 5,000,000
B	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			7012165387	3/1/2022	3/1/2023	AGGREGATE	\$ 5,000,000
							Excess - \$5M xs \$5M	\$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	7012165373	3/1/2022	3/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See Attached Addendum for Additional Coverage Details

CERTIFICATE HOLDER**CANCELLATION**

For Information Purposes Only

**** ** ****

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Stan Payne

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ACORD 25 (2016/03)

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ADDITIONAL REMARKS SCHEDULE

AGENCY Stephens Insurance, LLC		NAMED INSURED Uniti Group Inc. (See Complete Named Insured Addendum) 2101 Riverfront Drive, Suite A Little Rock AR 72201	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability (03/16)

HOLDER: For Information Purposes Only

ADDRESS: ***** ** * ** *

NAMED INSURED SCHEDULE:
 FIRST NAMED INSURED: UNITI GROUP INC
 Uniti Group LP LLC
 Uniti Group LP
 Uniti Group Finance Inc
 CSL Capital, LLC
 Talk America Services, LLC
 CSL National GP, LLC
 CSL National, LP - Below Entities are Holding Companies for REIT Assets
 CSL Alabama System, LLC
 CSL Arkansas System, LLC
 CSL Florida System, LLC
 CSL Georgia System, LLC
 CSL Iowa System, LLC
 CSL Kentucky System, LLC
 CSL Mississippi System, LLC
 CSL Missouri System, LLC
 CSL New Mexico, LLC
 CSL North Carolina Realty GP, LLC
 CSL North Carolina System, LP
 CSL North Carolina Realty, LP
 CSL Tennessee Realty Partner, LLC
 CSL Tennessee Realty, LLC
 CSL Ohio System, LLC
 CSL Oklahoma System, LLC
 CSL Texas System, LLC
 CSL Realty, LLC
 CSL Georgia Realty, LLC
 Uniti Holdings GP, LLC
 Uniti Holdings LP
 Uniti Fiber Holdings, Inc.
 Uniti Fiber LLC
 Uniti QRS Holdings GP LLC
 Uniti LATAM GP LLC
 Uniti QRS Holdings LP
 Uniti Leasing LLC
 Uniti Dark Fiber LLC
 Uniti Towers LLC
 PEG Bandwidth Services, LLC
 Contact Network, LLC
 PEG Bandwidth DC, LLC
 PEG Bandwidth DE, LLC
 Inline Services, LLC
 PEG Bandwidth LA, LLC
 PEG Bandwidth MA, LLC
 PEG Bandwidth MD, LLC
 PEG Bandwidth MS, LLC
 PEG Bandwidth NJ, LLC
 PEG Bandwidth PA, LLC
 PEG Bandwidth TX, LLC
 PEG Bandwidth VA, LLC
 PEG Bandwidth NY Telephone Corp



ADDITIONAL REMARKS SCHEDULE

AGENCY Stephens Insurance, LLC		NAMED INSURED Uniti Group Inc. (See Complete Named Insured Addendum) 2101 Riverfront Drive, Suite A Little Rock AR 72201
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability (03/16)

HOLDER: For Information Purposes Only

ADDRESS: ***** ** * ** *

- Hunt Telecommunications, LLC
- Hunt Brothers of LA, LLC
- Integrated Data Systems, LLC
- Nexus Systems, Inc.
- Nexus Wireless, LLC
- Southern Light, LLC
- Uniti Wireless Holdings LLC
- Uniti LATAM LP
- Uniti Leasing X LLC
- Uniti Leasing XI LLC
- Uniti Leasing XII LLC
- Information Transport Solutions, Inc.
- Uniti Group Finance Holdco Inc
- ANS Connect, LLC
- Uniti National, LLC



ADDITIONAL REMARKS SCHEDULE

AGENCY Stephens Insurance, LLC		NAMED INSURED Uniti Group Inc. (See Complete Named Insured Addendum) 2101 Riverfront Drive, Suite A Little Rock AR 72201	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability (03/16)

HOLDER: For Information Purposes Only

ADDRESS: ***** ** * ** *

NOTE - COPIES OF THE FORMS REFERENCED BELOW ARE AVAILABLE UPON REQUEST:
 The General Liability Policy includes a blanket automatic additional insured endorsement that provides additional insured status to any persons or organizations to which you are obligated by a written agreement to procure additional insured coverage per form CNA75079XX (1-15)
 The "Other Insurance - Primary/Excess provision" with respect to additional insured's per form CNA7470XX(1-15)
 The General Liability policy includes blanket automatic waiver of subrogation provision where required by written agreement per form CNA7470XX(1-15)
 The General Liability policy includes thirty (30) day notice of cancellation endorsement, for reasons other than non-payment of premium, to persons or organizations on file with agent or broker at the time of cancellation if required by contract per form CNA74702XX (1-15)
 The Auto Liability Policy includes a blanket automatic additional insured endorsement that provides additional insured status to any persons or organizations to which you are obligated by a written agreement to procure additional insured coverage per form SCA 23 500 D (10-11)
 The "Other Insurance - Primary/Excess provision" with respect to additional insured's per form CNA71527XX(1-15)
 The Auto Liability includes a blanket automatic waiver of subrogation provision where required by written agreement per form CA 04 44 (10-13)
 The Auto Liability policy includes thirty (30) day notice of cancellation endorsement, for reasons other than non-payment of premium, to persons or organizations on file with agent or broker at the time of cancellation if require by contract per form CNA72315XX (04-19)
 The Workers Compensation includes a blanket automatic waiver of subrogation provision where required by written agreement per forms WC 00 03 13 (04-84) or Texas WC 42 03 04B (06-14)
 The Work Comp policy includes thirty (30) day notice of cancellation endorsement, for reasons other than non-payment of premium, to persons or organizations on file with agent or broker at the time of cancellation if require by contract per form CC68021A (02-13)
 Longshore and Harbor Workers' Compensation Act endorsement (WC 00 01 06 A) is attached to the policy This endorsement amends the basic policy definition of workers compensation law to include the LHWCA
 The Umbrella Liability follows over underlying General Liability, Auto Liability and Work Comp policies. The Umbrella policy includes additional insured as in underlying per form C CNA75504XX (03-15). The Umbrella policy includes blanket waiver of subrogation per form CNA75504XX (03-15)
 General Liability & Umbrella Liability policies both include separation of insured provisions that are automatically built into coverage forms CG0001 (04-113) and CNA75504XX (03-15). The General Liability & Excess policies "do not" include cross suits exclusion endorsements.
 Contractors' GL Extension Endorsement per form CNA7470XX(1-15) includes Contractual Liability Railroad (#7)

State of Louisiana



State Licensing Board for Contractors

This is to Certify that:

SOUTHERN LIGHT, LLC
107 St. Francis Street Ste. 1800
Mobile, AL 36602

is duly licensed and entitled to practice the following classifications

SPECIALTY: TELECOMMUNICATIONS (EXCLUDING PROPERTY PROTECTION AND LIFE SAFETY SYSTEMS)



Expiration Date: September 3, 2024

License No: 69381

Witness our hand and seal of the Board dated,
Baton Rouge, LA 4th day of September 2021

M. S. McCP

Director

See Malott

Chairman

Andy Munn

Treasurer

This License Is Not Transferrable

FOR PUBLIC DISPLAY - NOT TRANSFERABLE

ISSUED BY

SHERIFF AND EX-OFFICIO TAX COLLECTOR-JEFFERSON PARISH, LOUISIANA

2022 Occupational License Tax



HUNT TELECOM
HUNT TELECOMMUNICATIONS LLC
106 METAIRIE LAWN DR #200
METAIRIE, LA 70001



License # **650956384**

Account # **18198367**

Location Address

106 METAIRIE LAWN DR #200
METAIRIE, LA

Business Class **517919**
All Other Telecommunications

License Class **1740**
Retail Mdse/Service/Rental/etc

Tax	Interest	Penalty	Other	Total	Payment
\$800.00	\$2.89	\$40.00	(\$0.52)	\$842.37	\$842.37

JOSEPH P. LOPINTO, III
SHERIFF & TAX COLLECTOR

Gregory A. Ruppert, Director
Bureau of Revenue and Taxation

Pursuant to Jefferson Parish Code of Ordinances Chapter 35, Article VI, Section 35-153, the issuance of this occupational license to the person or firm named hereon is a receipt for payment of said tax and entitles the recipient to operate a business at the location shown, provided said business is operated within the confines of the application thereof, and does not violate any parish or state criminal, health, or zoning laws. This license will expire December 31, 2022.

RENEWAL APPLICATIONS ARE DUE PRIOR TO MARCH 1.

Occupational License Tax Renewal Form

Retail MDSE/Service/Rental

Jefferson Parish
 PO Box 248
 GRETNA, LA 70054-0248
 (504) 363-5637

Jurisdiction: Lafitte

Account #: 18198367
 Year: 2022
 Confirm #: 6NVLRE1X9B

Taxpayer Information

Name: Hunt Telecommunications LLC Address: 106 Metairie Lawn Dr Metairie, LA 70001-5467	Phone: 4072601011 E-Mail: hunt@csilongwood.com Business Start: _____
---	--

1 Total Gross Annual Sales/Receipts	\$683,615.56
3 Cash discounts & credits on returned merchandise	
11 Total Deductions	
12 Adjusted Gross	\$683,615.56
13 Tax Basis (Multiplied by 365/days in business this year)	\$683,615.56
16 Tax (Based on attached table) :	\$800.00
21 Penalty 5% per month (If not paid by March 1st) * Max 25% :	\$40.00
22 Interest 12% per annum (If not paid by March 1st) :	\$2.37
26 Total Due (Tax + Penalty + Interest) :	\$842.37
31 How many employees does this business employ?	
32 What is the approximate square footage occupied by this business?	
Payment Method:	Checking
Tax Due:	\$842.37
Convenience Fee:	\$0.00
Total Due:	\$842.37

Mark Lammert

3/10/2022

Signature of Owner or Authorized Agent

Date



Home Create Return My Returns Account Center Lookup Support FAQ



**Jefferson OLT - Lafitte
2022 Annual Occupational License
Renewal Application
Retail MDSE/Service/Rental**

Filing Period: Jan 2022 **Filing Status:** Annually

Due Date: 3/1/2022 12:00:00 AM **File Date:** 3/10/2022

** Return will not be filed and payment will not be processed until the FILE DATE specified above. **

**Using the specified file date, this return will be delinquent by 9 days.
Penalties and interest will be added to the total amount due.**

If your business has been open for less than one year. Please check the box below and select your start date. Gross * 365 / days in business will be used to estimate your total sales for next year.

Jan 1

1 Total Gross Annual Sales/Receipts	\$683,615.56
3 Cash discounts & credits on returned merchandise	
11 Total Deductions	\$0.00
12 Adjusted Gross	\$683,615.56
13 Tax Basis (Multiplied by 365/days in business this year)	\$683,615.56
16 Tax (Based on attached table) :	\$800.00
21 Penalty 5% per month (If not paid by March 1st) * Max 25% :	\$40.00
22 Interest 12% per annum (If not paid by March 1st) :	\$2.37
26 Total Due (Tax + Penalty + Interest) :	\$842.37
31 How many employees does this business employ?	
32 What is the approximate square footage occupied by this business?	

NEXT **CANCEL**

Click here for tax authority contact information



Website Support
Phone (225) 215-0052
Toll-Free (877) 693-4435
Email Support@SalesTaxOnline.com

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11794

310-56173-101

\$842.37

EFT Pmt

Hunt Telecommunications

**Jefferson Parish
Business License Fee Detail**

2021 Gross Revenues

A	303,556.78
Z	1,063,674.34
	<hr/>
	1,367,231.12

Business License Gross Revenues

683,615.56

800.00 Revenue (600K - 750K)

40.00 Penalty

2.37 Interest

842.37

Jefferson P. Occupational License - HUNT

Final Audit Report

2022-03-10

Created:	2022-03-10
By:	Daniel Newberry (daniel.newberry@uniti.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAmtQ_RxrE_3IEF8D7OjdZM63KLWojzCKV

"Jefferson P. Occupational License - HUNT" History

-  Document created by Daniel Newberry (daniel.newberry@uniti.com)
2022-03-10 - 4:07:52 PM GMT- IP address: 170.249.176.71
-  Document emailed to Olalekan Oloyede (olalekan.loyede@uniti.com) for signature
2022-03-10 - 4:08:08 PM GMT
-  Email viewed by Olalekan Oloyede (olalekan.loyede@uniti.com)
2022-03-10 - 5:06:32 PM GMT- IP address: 73.82.41.37
-  Document e-signed by Olalekan Oloyede (olalekan.loyede@uniti.com)
Signature Date: 2022-03-10 - 5:06:41 PM GMT - Time Source: server- IP address: 73.82.41.37
-  Agreement completed.
2022-03-10 - 5:06:41 PM GMT

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Uniti Fiber Holdings Inc.		
	2 Business name/disregarded entity name, if different from above Uniti Fiber LLC		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>		
	5 Address (number, street, and apt. or suite no.) See instructions. 107 Saint Francis Street, Suite 1800	Requester's name and address (optional)	
	6 City, state, and ZIP code Mobile, AL 36602		
	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
or										
Employer identification number										
8	1		-	0	9	8	1	8	5	8

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>1/19/2022</u>
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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-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, later.



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September 21, 2021

RE: Subsidiaries of Uniti Fiber Holdings Inc.

To Whom it May Concern:

This letter is to set forth the relationship of Uniti Fiber Holdings Inc. and several of its direct subsidiaries:

On July 3, 2017, **Southern Light, LLC** was acquired by Uniti Group Inc. and now is a subsidiary of Uniti Fiber Holdings Inc.

Also on July 3, 2017, **Hunt Telecommunications, LLC** was acquired by Uniti Group Inc. and now is a subsidiary of Uniti Fiber Holdings Inc.

On October 19, 2018, **Information Transport Solutions, Inc (ITS)** was acquired by Uniti Group Inc. and now is a subsidiary of Uniti Fiber Holdings Inc.

Each of these entities continues operations as a valid corporate entity, now part of the Uniti family of companies. These entities remain active parties to current and future contracts. However, due to consolidation of operations, you may receive billing or correspondence from "Uniti." If you need further information on the status of Southern Light, please contact me directly.

Sincerely,

A handwritten signature in blue ink that reads "Julie K. Plowman".

Julie K. Plowman
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