

Cover Letter

January 30, 2024

Denver Public Library  
E-Rate Category 2 Proposal  
DPL.E-RATE.2024.2

David Hamilton  
Senior IT Manager  
10 W 14th Ave Pkwy  
Denver, CO 80204

Dear Mr. Hamilton,

Thank you for the opportunity to submit a proposal to provide network infrastructure solutions and services for the Denver Public Library's E-Rate Category 2 funding request.

At SYSTEC101, we have over 14 years of experience designing and implementing reliable cabling, fiber optic, wireless, and network infrastructure solutions for businesses across Colorado. We take pride in using the latest technologies to ensure our clients have fast, secure connectivity to support their daily operations.

Some of our most relevant past projects include:

- E-Rate cabling and wireless access point installation for Adams County School District 14
- Network infrastructure buildout for the new Stryker facility in Englewood, CO
- Ongoing cabling maintenance for multiple SiteOne retail store locations

As a dedicated technology partner, we will work closely with you to understand your unique needs. Our customized solutions are tailored for performance, flexibility and long-term cost-savings.

For this project, we propose

- Wireless access point refresh (installation only)
- Horizontal cabling installation

You can find more details about our proposed solution and pricing later in this proposal. Thank you again for your consideration. We look forward to the potential of partnering with the Denver Public Library to enhance your network infrastructure. Please contact me if you need any additional information.

Sincerely,  
Murat Yildirim  
SYSTEC101



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## Executive Summary

SYSTEC101 is pleased to present this proposal to the Denver Public Library for E-Rate Category 2 funding to support network infrastructure upgrades and ongoing maintenance.

As a leading provider of structured cabling and wireless installation services, SYSTEC101 has the expertise to deploy a best-in-class wireless network solution for DPL. Our proposed project includes:

- Wireless Access Point Installation: Installation of up to 600 wireless access points (provided by others) across 29 library locations. This includes mounting, cabling, configuration, and testing.
- Horizontal Cabling: Installation of up to 100 additional Category 6a drops across locations at an average of 200 feet per run. This cabling will support the new wireless network and future-proof the infrastructure.

SYSTEC101's dedicated project team will conduct on-site surveys, develop a detailed network design, and perform a turnkey installation. Our solution is tailored specifically for DPL's needs and budget.

With over 14 years in the industry, SYSTEC101 has the expertise to ensure a seamless deployment on schedule and on budget. We also provide ongoing support and training to keep your IT team informed.

We appreciate your consideration and look forward to becoming DPL's trusted technology partner. Please let me know if you need any additional information.

## Network Cabling Installation Proposal

### Detailed Specifications

All horizontal cabling will be installed according to the Denver Public Library's construction standards using the Systimax Structured Cabling System. Category 6a cabling will be used to ensure network speeds up to 10Gbps now and for future upgrades.

Cable will be gray in color and installed in existing walls and ceilings wherever possible. For areas requiring conduit/molding, the color will match the wall/ceiling. Each cable run will not exceed 295 feet and will include a service loop at the termination point.

All cabling will be tested and certified to perform error-free per current EIA/TIA standards. Comprehensive testing reports will be provided upon completion. Cabling will be labeled at each end and on the patch panel according to DPL's standard.

As-built documentation and wiring diagrams will be provided in AutoCAD format within one week of each phase completion. A one-year warranty is included.

### Pricing

The following pricing is quoted on a per-drop basis:

#### Cable Type | Pricing

Cable pull through existing walls/ceilings | \$340 each (Including labor and material)

### Project Timeline

Upon contract award, surveys will be conducted within 2 weeks . Network design documentation will be submitted within 3 weeks after DPL preferred project start time.

Installation will commence after design approval be completed in phases by location over 22 weeks.

Training for DPL IT staff will occur upon completion.

## Wireless Access Point installation Proposal

### Design Overview

A site survey will be conducted to assess the existing wireless network and determine optimal AP quantities and placement.

Up to 600 Meraki MR56 or MR57 WiFi 6/6E APs will be installed across 29 library locations. The final AP count and locations will be determined based on the survey findings to ensure comprehensive coverage.

### Equipment

The wireless network will be managed by a Meraki Cloud Controller. APs will connect back to the controller via the library's existing network infrastructure.

### Pricing

- Pre-Installation Survey: \$14,000
- Post-Installation Survey: \$14,000
- 600 Meraki MR56/MR57 APs: TBD (provided by others)
- AP Mounting: \$33,000
- Project Management: \$7,000

Total Cost: \$68,000 (excluding AP hardware)

### Project Timeline

Installation will commence after cabling is completed starting with the Central Library and proceed location by location through the project timeline.

## **References**

### **1. Adams County School District14**

Project name: E Rate, Wireless Access Point Cabling and 10GB Fiber Optic Interconnect Between MDF and IDF Closets

Contact information.

David Powell  
Network Administrator

Adams County School District 14  
D/M: 303.853.3227  
5291 East 60th Ave., Commerce City, CO 80022 dpowell@adams14.org |  
www.adams14.org

### **2. Stryker**

Project name: Stryker new facility network infrastructure.  
Contact information.

Marc Terry  
Senior Branch Operations Manager

Stryker  
13310 James E Casey Ave Englewood, CO 80112  
C 720 375 6985

### **2. SiteOne Retail Stores Cabling**

Contact Information Gary Ledwell SR

ITS National Project Manager Vision Technologies, Inc.

O: (667) 239-2540  
C: (443) 761-5013

gledwell@visiontech.biz

## Company Information

SYSTEC101 has been providing best-in-class structured cabling, wireless, and networking solutions for over 14 years. We are a Colorado-based company with local resources to quickly respond to the needs of our customers.

## Project Team

A dedicated project manager will oversee all aspects of the project from start to finish. Murat Yildirim, RCDD, will serve as the lead technician on site. He has over 15 years of experience managing complex cabling and wireless installations.

Our team of BICSI-certified technicians will handle the physical installation work. At least one BICSI-certified technician will be on site at all times to supervise cabling and ensure all work meets the highest industry standards.

Murat Yildirim holds his BICSI Registered Communications Distribution Designer (RCDD) certification, the highest level of cabling certification available. He will be responsible for overseeing the entire project and serving as the primary point of contact for the Denver Public Library.

## Insurance

SYSTEC101 carries the following types and amounts of insurance:

- General Liability: \$2,000,000
- Worker's Compensation
- Automobile Liability: \$1,000,000

FCCRN# 0025307026

Duns# 036833511

FEIN# 47-1644654



# Diversity and Inclusiveness\* in City Solicitations Information Request Form

Submitted on	1 February 2024, 4:54pm
Receipt number	3229
Related form version	6

## Page 1/2

Business Email Address	my@systec101.com
Enter Email Address of City and County of Denver contact person facilitating this solicitation	e-rate@denverlibrary.org
Please provide the City Agency that is facilitating this solicitation:	Library
Project Name	DPLE-RATE.2024.2 - E-Rate Cat. 2 - Wireless Network, UPS units, Data Cabling, Hardware Maintenance
Solicitation No. (If Applicable)	DPLE-RATE.2024.2
Name of Your Company	Systec101
What Industry is Your Business?	Technology
Street Address	11871 E 33rd Ave, Unit B
City	Aurora
State	CO
ZIP Code	80010
Business Phone Number	3035377575
Business Facsimile Number	

## Page 2/2

1. How many employees does your company employ?	1 - 10
1A. How many of your employees are full time?	2
1B. How many of your employees are part time?	6

2. Do you have a Diversity and Inclusiveness Program?

No

2.1. Employment and retention?

2.2. Procurement and supply chain activities? \*

2.3. Customer Service?

3. Provide a detailed narrative of your company's diversity and inclusiveness principles and programs. This may include, for example, (i) diversity and inclusiveness employee training programs, equal opportunity policies, and the budget amount spent on an annual basis for workplace diversity; or (ii) diversity and inclusiveness training and information to improve customer service. (If Not Applicable, please type N/A below) \*

4. Does your company regularly communicate its diversity and inclusiveness policies to employees?

5. How often do you provide training and diversity and inclusiveness principles?

5.1 What percentage of the total number of employees generally participate?

6. State how you achieve diversity and inclusiveness in supply and procurement activities. This may include, for example, narratives of training programs, equal opportunity policies, diversity or inclusiveness partnership programs, mentoring and outreach programs, and the amount and description of budget spent on an annual basis for procurement and supplier diversity and inclusiveness. (If Not Applicable, please type N/A below)

7. Do you have a diversity and inclusiveness committee?

8. Do you have a budget for diversity and inclusiveness efforts?

9. Does your company integrate diversity and inclusion competencies into executive/manager performance evaluation plans?

10. I attest that the information represented herein is true, correct and complete, to the best of my knowledge.

Check Here if the Above Statement is True.

Name of Person Completing Form

Murat Yildirim

Today's Date

02/01/2024

NOTE: Attach additional sheets or documentation as necessary for a complete response.

## E-Rate Participation Agreement

This E-Rate Participation Agreement is made effective as of 02/01/2024 by and between Denver Public Library located at 10 W 14th Ave Pkwy, Denver CO 80204 and herein referred to as "Applicant" and Systec101 located at 11871 E 33rd Ave Unit B Aurora CO, 80010 and herein referred to as Service Provider

WHEREAS, the Applicant seeks to apply for E-Rate discounts on eligible telecommunications services, Internet access, and/or internal connections from the Service Provider through the Universal Service E-Rate program;

NOW, THEREFORE, the parties agree as follows:

1. The Service Provider agrees to participate in the Universal Service E-Rate program under the terms and conditions of use established by the Schools and Libraries Division of the Universal Service Administrative Company.
2. The Service Provider agrees to cooperate fully with the Applicant, Universal Service Administrative Company, and the FCC in providing all requested documents and information required for the application review and application process.
3. The Service Provider understands that any contractual relationship executed between it and the Applicant is dependent on the Applicant receiving the E-Rate funding commitment and agrees to negotiate in good faith any changes in service or product offerings based on the final E-Rate funding commitment amount.
4. The Service Provider agrees to invoice the Applicant for only the non-discount portion of services and will invoice the Universal Service Administrative Company for the discounted portion of E-Rate eligible services.

5. The Service Provider agrees to all program rules and acknowledgements stated in the current FCC Form 498 on file with USAC.

This Agreement constitutes the entire agreement of the parties with respect to the subject matter hereof.

Denver Public Library

Systec101



By: \_\_\_\_\_

By: Murat Yildirim

Owner at Systec101

Date: \_\_\_\_\_

Date: 02/01/2024

## Non-Collusion Statement

The undersigned certifies, under penalties of perjury, that this proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

Systec101

Name of Business/Individual



---

Signature of Authorized Representative

Murat Yildirim / Owner at Systec101

Printed Name and Title of Authorized Representative

## Certificate of Insurance



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/22/2023

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).

<b>PRODUCER</b> <b>American Family Insurance - Business Insurance</b> <b>PO Box 5316</b> <b>Binghamton, NY 13902</b>	<b>CONTACT NAME:</b> American Family Insurance - Business Insurance <b>PHONE</b> (A/C, No, Ext): 866-908-0626 <b>FAX</b> (A/C, No): <b>E-MAIL</b> ADDRESS: service@amfambusinessinsurance.com														
<b>INSURED</b> SYSTEC101 LLC 11871 E 33RD AVE UNIT B AURORA CO 80010	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Midvale Indemnity Company</td> <td>27138</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Midvale Indemnity Company	27138	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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## COVERAGES

CERTIFICATE NUMBER: 3380115511493984164311222

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	COMMERCIAL GENERAL LIABILITY			BPP1032260	11/09/2023	11/09/2024	EACH OCCURRENCE \$2,000,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N	N				DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000			
							MED EXP (Any one person) \$5,000			
							PERSONAL & ADV INJURY \$2,000,000			
							GENERAL AGGREGATE \$4,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$4,000,000			
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC									
	OTHER:									
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)			
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)			
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)			
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)			
	UMBRELLA LIAB						EACH OCCURRENCE			
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE			
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$									
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N						OTH-ER			
	(Mandatory in NH)						E.L. EACH ACCIDENT			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE			
							E.L. DISEASE - POLICY LIMIT			
	PROFESSIONAL LIABILITY						OCCURRENCE AGGREGATE			

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

Computer and Office Equipment Maintenance

111 South Tejon, North Tower, Plaza of the Rockies, Suite 112 Colorado Springs, Colorado 80903

## CERTIFICATE HOLDER

COLARELLI CONSTRUCTION, INCORPORATED

## CANCELLATION

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

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/08/2023

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).

<b>PRODUCER</b> Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (855) 222-5919 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> support@nextinsurance.com														
<b>INSURED</b> Murat Yildirim SYSTEC101 11871 E 33rd Ave Unit B Aurora, CO 80010	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : National Specialty Insurance Company</td><td>22608</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Specialty Insurance Company	22608	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER F :															

**COVERAGES** **CERTIFICATE NUMBER:** 174631222 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input 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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	NXTQKXCV7C-00-WC	09/08/2023 09/08/2024	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$500,000.00 E.L. DISEASE - EA EMPLOYEE \$500,000.00 E.L. DISEASE - POLICY LIMIT \$1,000,000.00

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

Proof of Insurance.

### CERTIFICATE HOLDER

Murat Yildirim  
SYSTEC101  
11871 E 33rd Ave Unit B  
Aurora, CO 80010

### LIVE CERTIFICATE



Click or scan to view

### CANCELLATION

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

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ACORD 25 (2016/03)

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# W-9 Form

**Form W-9**  
(Rev. November 2017)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

---

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.

**2** Business name/disregarded entity name, if different from above  
**Systec101 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.

☒ Individual/sole proprietor or single-member LLC  
  
☐ 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.

☐ Other (see instructions) ► \_\_\_\_\_

☐ C Corporation    ☐ S Corporation    ☐ Partnership    ☐ Trust/estate

**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) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.) See instructions.  
**11871 E 33rd Ave Unit B**

**6** City, state, and ZIP code  
**Aurora CO, 80010**

**7** List account number(s) here (optional)

Requester's name and address (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**

4	7								
---	---	--	--	--	--	--	--	--	--

**Social security number**

--	--	--	--	--	--	--	--	--	--

**or**

**Employer identification number**

4	7								
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**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 ► **01/02/2024**

---

**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](http://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-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



