



wolverinesolutionsgroup

Welcome to Wolverine!

We are grateful you have made the decision to partner with Wolverine Solutions Group for your critical business communication needs. To ensure a seamless transition of your program(s), we ask that you supply the following completed documents prior to your anticipated start of service date. The documents include the following (and can be found as attachments to this correspondence):

- Credit Application for New Business Account
- Postage Deposit Confirmation ?
- Completed W-9 Form
- Tax Status (for tax exempt clients)
- NCOALink® Processing Acknowledgement Form
(approval to process client data for National Change of Address to gain automation discounts on postage)
- NCOALink® Mail Processing Equipment Processing Acknowledgement Form
(for clients taking advantage of our Automated Presort services)
- Completed USPS Form 8096
(for clients taking advantage of our Automated Presort services)

Completed forms can be emailed to: accounting@wolverinemail.com or faxed to (313) 873-6846.

Completed forms may also be mailed to:

Wolverine Solutions Group
Attention: Finance Department
1601 Clay Street
Detroit, MI 48211-1902

In some instances, these documents may take 48 hours to process, so we encourage you to complete them as soon as possible. If you have any questions or concerns, please feel free to contact:

Ksenija Mirkovic
Wolverine Solutions Group
Controller
(313) 871-6176
kmirkovic@wolverinemail.com

We look forward to a long and successful partnership.

Best Regards,

The Wolverine Team

Wolverine Solutions Group
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Business Name (Client):	LLPS, Inc.	Credit Line (Est. 30 Day Sales)	\$
Business Contact Name:	Michael Bishop	<input type="checkbox"/> Sole proprietorship	
Phone:	517-321-4144	<input type="checkbox"/> Partnership	
E-mail:		<input checked="" type="checkbox"/> Corporation	
Business Address:	5859 W Saginaw Hwy #343	Federal Tax ID #:	# 38-3468792
City, State ZIP Code:	Lansing, MI 48917	DUNS ID #:	# 143918543

ACCOUNTS PAYABLE CONTACT INFORMATION

Name:	Michael Bishop/Amber Blais	Direct Invoices to:	Amber Blais
Title:	Operations / Admin. Mgr. / Asst.	Business Address	5859 Saginaw Hwy #343
Phone:	517-321-4144	City, State ZIP Code:	Lansing, MI 48917
Fax:	517-321-9441	Name of Bank:	Capitol National
E-mail:		Account Number:	303-639-8
		Type of Account:	<input type="checkbox"/> Savings <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company Name:	Nobelus	Contact: Russell Truan	
Address:	550 Albion Ave	Phone: 865-244-4657	
City, State ZIP Code:	Schaumburg, IL 60193	800-895-2747	
Years as Client:	2	E-mail: russell.truan@nobelus.com	
Company Name:	Caraustar IPG	Contact: Jodey Leser	
Address:	4935 Starr St SE	Phone: 248-467-1703	
City, State ZIP Code:	Grand Rapids, MI 49546	616-974-9165	
Years as Client:	10	E-mail: jodey.leser@caraustar.com	
Company Name:	Bulkofficesupply.com	Contact: Nick Pappalardo	
Address:	PO Box 470	Phone: 800-658-1488 x121	
City, State ZIP Code:	Hewlett, NY 11557	Fax: 516-252-1527	
Years as Client:	5	E-mail: nick@bulkofficesupply.com	

AGREEMENT

Client agrees to pay account in accordance with regular terms that are stated on the invoice. In the event any balance is not paid within the terms stated and any suit or action is brought to enforce or interpret any of the terms of this Agreement, including Wolverine Solutions Group's Standard Terms and Conditions of Sale, client agrees to pay all actual costs of collection, including actual attorney's fees and court costs and interest charged at the rate of 1.5% per annum whether or not litigation is commenced or prosecuted to final judgement. Parties hereby agree that if any suit is brought to enforce any part of terms of sale as stated on invoice, venue of said suit or action shall be in the appropriate trial court. By submitting this application, you authorize Wolverine Solutions Group to make inquiries into the banking and business/trade references you have supplied. Wolverine Solutions Group also reserves the right to seek additional credit information through Dun & Bradstreet.

SIGNATURES

Signature:	Michael Bishop	Signature:	
Name & Title:	Michael Bishop - Operations Mgr.	Name & Title:	
Date:	11/20/18	Date:	

W-9

Form
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

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.	
LLPS Inc	
2 Business name/disregarded entity name, if different from above	
Labor Law Poster Service	
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 type="checkbox"/> C Corporation <input checked="" 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) ► <small>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.</small> <input type="checkbox"/> Other (see instructions) ►	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
<small>Exempt payee code (if any) _____</small> <small>Exemption from FATCA reporting code (if any) _____</small> <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions.	
5859 W Saginaw Hwy Ste 343	
6 City, state, and ZIP code	
Lansing, MI 48917 (Corporate Office)	
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							
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>

or

Employer identification number									
3	8	-	3	4	6	8	7	9	2

Part II Certification

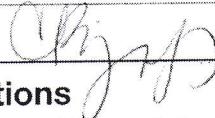
Under penalties of perjury, I certify that:

- 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 ► November 20, 2018

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-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.**

Michigan Sales and Use Tax Certificate of Exemption

DO NOT send to the Department of Treasury. Certificate must be retained in the seller's records. This certificate is invalid unless all four sections are completed by the purchaser.

SECTION 1: TYPE OF PURCHASE

A. One-Time Purchase

Order or Invoice Number: _____

C. Blanket Certificate

Expiration Date (maximum of four years): _____



B. Blanket Certificate. Recurring Business Relationship

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made from the vendor listed below. This certifies that this claim is based upon the purchaser's proposed use of the items or services, OR the status of the purchaser.

Vendor's Name and Address

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

1. All items purchased.

2. Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

1. For Resale at Retail. Enter Sales Tax License Number: 38-3468792

2. For Lease. Enter Use Tax Registration Number: _____

The following exemptions DO NOT require the purchaser to provide a number:

3. For Resale at Wholesale.

4. Agricultural Production. Enter percentage: _____ %

5. Industrial Processing. Enter percentage: _____ %

6. Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization).

7. Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organization (must provide IRS authorized letter with this form).

8. Nonprofit Organization with an authorized letter issued by the Michigan Department of Treasury prior to June 1994 (must provide copy of letter with this form).

9. Rolling Stock purchased by an Interstate Motor Carrier.

10. Other (explain): _____

SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Business Name <u>LLPS, Inc.</u>	Type of Business (see codes on page 2) <u>16</u>
Business Address <u>5859 W. Saginaw Hwy #313</u>	City, State, ZIP Code <u>Lansing, MI 48917</u>
Business Telephone Number (include area code) <u>517-321-4144</u>	Name (Print or Type) <u>Michael Bishop</u>
Signature and Title <u>Michael Bishop - Operations Mgr.</u>	Date Signed <u>11/20/18</u>



NCOA^{Link} MAIL PROCESSING EQUIPMENT PROCESSING ACKNOWLEDGEMENT FORM

The collection of information on this Processing Acknowledgement Form (PAF) is required by the Privacy Act of 1974. The United States Postal Service (USPS) requires that each NCOA^{Link} Mail Processing Equipment (MPE) Service Provider Licensee have a completed NCOA^{Link} MPE PAF for each of their NCOA^{Link} MPE customers prior to providing the NCOA^{Link} MPE service. The Licensee is also required by the USPS to retain a copy of the completed form for each of its customers and to obtain an updated PAF from each of its customers at minimum once per year. Any signature upon this PAF shall be considered valid for all purposes and have the same effect whether it is an ink-signed hardcopy document or equivalent alternative.

MAIL OWNER

I, the undersigned, an authorized representative of:

LLPS, Inc.

Company Name

5859 W. Saginaw Hwy. #343

Address

Lansing

City

MI

48917-2460

State ZIP+4

517-321-4144 511199

Telephone Number

NAICS

USPS Mailer ID
(optional)

michaelb@LLPSinc.com

E-mail Address
(optional)

LLPS, Inc.

Parent Company Name

Labor Law Poster Service LLC/ Council for Corporations LLC

Marketing or "DBA" Company Name or Primary Affiliate Company Name
(if applicable)

Company Website (optional)

Michael Bishop

Name (Please print)

Operations Manager

Title

Michael Bishop

11/20/18

Signature

do hereby acknowledge that I have received and reviewed the NCOA^{Link} Mail Processing Equipment Information Package supplied to me by Wolverine Solutions Group, an NCOA^{Link} MPE Data User Licensee. I also understand that the sole purposes of the NCOA^{Link}

MPE service is to provide:

1. Mailpiece redirection (via re-addressing) due to customer moves for mailpieces that I have submitted to the Licensee for mailing;
2. A mailpiece correction service (electronic return) for my customer addresses that will be used for preparation of future mailings. The mailpiece facsimiles that I have submitted to the Licensee will be returned within seven (7) business days of processing, unless I authorize a longer time period in writing; or
3. Mailpiece address correction service in which mailpieces that obtain address correction information as a result of this process will be separated from my mailing and returned either in the form hardcopy or photocopied mailpieces and returned within seven (7) business days of processing by the Licensee, unless I authorize a longer time period in writing. The information provided to me for this service will be used for preparation of future mailings.

Furthermore, I understand that the NCOA^{Link} MPE process may not be used to create or maintain new movers' lists.

LICENSEE

Wolverine Solutions Group

Business Name (Please print)

Scott Sam

Name (Please print)

Scott Sam

Signature

313-871-2622

Telephone Number

Assistant Operations Mgr.

Title

10/4/2017

Date

313-873-8730

Fax Number

For Licensee Use Only

PAF ID:



NCOA^{Link}® PROCESSING ACKNOWLEDGEMENT FORM

The collection of information on this Processing Acknowledgement Form (PAF) is required by the Privacy Act of 1974. The United States Postal Service® (USPS®) requires that each NCOA^{Link} Licensee have a completed NCOA^{Link} PAF for each of their NCOA^{Link} customers prior to providing the NCOA^{Link} service. The Licensee is also required by the USPS to retain a copy of the completed form for each of its customers and to obtain an updated PAF from each of its customers at minimum once per year. Any signature upon this PAF shall be considered valid for all purposes and have the same effect whether it is an ink-signed hardcopy document or equivalent alternative.

LIST OWNER

I, the undersigned, an authorized representative of:

LLPS, Inc.

Company Name

5859 W. Saginaw Hwy. #343

Address

Lansing

City

517-321-4144

Telephone Number

511199

NAICS

USPS Mailer ID (optional)

MI

48917-2460

michaelb@llpsinc.com

E-mail Address (optional)

LLPS, Inc.

Parent Company Name

Labor Law Poster Service, LLC / Council for Corporations, LLC

Marketing or "DBA" Company Name or Primary Affiliate/Company Name

Michael Bishop

Name (Please print)

Michael Bishop

Signature

Company Website (optional)

Operations Manager

Title

11/20/18

Date

do hereby acknowledge that I have received and reviewed the NCOA^{Link} Information Package supplied to me by BCC Software, LLC an NCOA^{Link} Service Provider. I also understand that the sole purpose of the NCOA^{Link} service is to provide a mailing list correction service for lists that will be used for preparation of mailings. Furthermore, I understand that NCOA^{Link} may not be used to create or maintain new movers' lists.

LICENSEE

BCC Software, LLC

Business Name (Please print)

Name (Please print)

Data Marketing Services

Title

Signature

Date

800-337-0372

Telephone Number

585-272-7778

Fax Number

BROKER/AGENT **LIST ADMINISTRATOR** (Check applicable box)

Business Name (Please print)

Address

City/State/ZIP+4

Name (Please print)

Title

Signature

Date

Telephone Number

NAICS

Company Website (optional)

For Licensee Use Only

PAF ID:

Broker/Agent ID:

List Administrator ID: