

UNITED STATES ARMED FORCES FOUNDATION, INC.

515 MEADOWBROOK DR. ARLINGTON TX. 76010-7543

CAGE CODE: 997N2 / 96412 / 99994

FEDERAL COMMUNICATIONS COMMISSION (FCC) - (FRN) 0032304370 / 0004085460

[January 19, 2023]

Purpose of Letter

The purpose of this letter is to formally appoint an Entity Administrator for the named Entity and to attest to the accuracy of the information contained in the entity registration.

Designation of Entity Administrator

I, [William Maverick Winslow AC56], the below signed individual, hereby confirm that the appointed Entity Administrator is an authorized officer, agent, or representative of the Entity. This letter authorizes the appointed Entity Administrator to manage the Entity's registration record, its associated users, and their roles to the Entity, in the System for Award Management (SAM).

Entity Covered by this Letter Unique Entity ID: <u>LGJHPVTNRLN9</u>

Legal Business Name: <u>UNITED STATES ARMED FORCES FOUNDATION, INC.</u>
Physical Address: <u>515 MEADOWBROOK DR. ARLINGTON, TEXAS 76010-7543</u>

Entity Administrator Contact Information
Full Name (First and Last): WILLIAM WINSLOW

Phone Number: 214-208-6457

Email Address: williamwinslow@deltaforce12333.army

*The Entity Administrator must have an individual user account in SAM associated with the email address listed.

Account Administration Preference (ONLY CHOOSE ONE)

⊠Self-Administration Confirmation

For the purpose of registering with the United States Government through the online System for Award Management (SAM), I do not authorize any third party to act on behalf of the Entity listed above. I have checked the Self-Administration Confirmation box to indicate that the designated Entity Administrator is not a third-party agent. The entity administrator is directly affiliated with the entity being registered.

☐Third-Party Agent Designation

For the purpose of registering with the United States Government through the online System for Award Management (SAM), I, the below signed, do hereby authorize the following person who is not directly affiliated with the Entity listed above, to act on behalf of the Entity: [insert full name (First and Last), phone number, address, and email address of the Third-Party Agent] (Designated Third-Party Agent). This authorization permits the Designated Third-Party Agent to conduct all normal, common business functions within SAM while binding the signatory to all actions conducted and representations made as a result of authorization granted herein. I have checked the Third-Party Agent Designation box and completed the above information to indicate that the designated Entity Administrator is a third-party agent.

Attestation

I, the below-signed, attest to the following:

- All information contained in this letter is complete and accurate.
- The designated Entity Administrator listed above has an individual SAM User Account created with the email address provided in this letter.
- The banking information provided for Electronic Funds Transfer on the Financial Information Page in the SAM.gov registration for the Entity above is correct and accurate.

Respectfully,

X W M. W. Stor AL56 (SIGNATURE)

Cage 99714 Z

[William Maverick Winslow]

[Administrator, President]

[williamwinslow@deltaforce12333.armv

[United States Armed Forces Foundation, Inc.]

[515 Meadowbrook Dr. Arlington, Texas 76010-7543]

TO BE COMPLETED BY NOTARY

(in accordance with State notary requirements)

State of Texus

County of _____

This instrument was acknowledged before me this $\frac{19}{20}$ day of $\frac{20}{20}$ (year)

by William (name of officer or agent, title or officer or agent) of

name of entity).

____ Personally Known

Produced Identification

Type of ID and Number on ID 10455692

(Seal)

CHEYANNE WALTON
Notary Public
State of Texas
ID # 13394798-8
My Comm. Expires 09-07-2026

(Typed, Stamped or Printed)

Notary Public, State of Texas











