COMPANY LOGO/LETTERHEAD

DATE

PEO STRI – PM OneSAF

3045 Technology Pkwy

Orlando, FL 32826

ATTN: APM OneSAF

Subject: Letter of Agency for OneSAF Distribution Agreement

Reference: Attached OneSAF Distribution Agreement

Dear APM OneSAF:

I hereby certify that NAME OF AUTHORIZED PERSON is authorized by ORGANIZATION to sign the subject OneSAF Distribution Agreement and bind ORGANIZATION on all contractual matters pertaining to this Agreement.

If you have any questions, please contact the undersigned at PHONE or via email CONTRACTS DIRECTOR, VP, or President.

Sincerely,

Signature of CONTRACTS DIRECTOR, VP, or President.