

PERIDOT CORPORATION

May 27, 2021

FEDERAL SERVICE DESK
ATTN: SAM.GOV REGISTRATION PROCESSING
460 INDUSTRIAL BLVD
LONDON, KY 40741-7285
UNITED STATES OF AMERICA

SUBJECT: Information Required to Activate SAM Entity Registration

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, Scott Koepkey, 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

DUNS Number: 088184643
PERIDOT CORPORATION
1072 SERPENTINE LN
PLEASANTON , CA
94566-4731
United States

Entity Administrator Contact Information

Scott Koepkey
925-461-8830
scottk@peridotcorp.com

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PLEASANTON , CA 94566-4731
925-461-8830

PERIDOT CORPORATION

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.

Third-Party Agent Designation

For the purpose of registering with the United States Government through the online System for Award Management (SAM), I do hereby authorize [insert full name, phone number, address, and email address of the Third-Party Agent] (Designated Third-Party Agent) to act on behalf of the Entity listed above. 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,



Scott Koepkey
Administrator
scottk@peridotcorp.com
PERIDOT CORPORATION
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PLEASANTON, CA
94566-4731
United States

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PERIDOT CORPORATION

TO BE COMPLETED BY NOTARY

(in accordance with State notary requirements)

State of California

County of Alameda

This instrument was acknowledged before me this 21 day of June (month),

2021 (year), by RIDDHI MISTRY, NOTARY PUBLIC (name of

officer or agent, title or officer or agent) of Lowell Scott Koepke (name of entity).

Personally Known

Produced Identification

Type of ID and Number on ID Drivers License - N3490213

(SEAL)

Riddhi
Signature of Notary

RIDDHI MISTRY
Name of Notary (Typed, Stamped, Printed)

Notary Public, State of California.

SEE ATTACHED FOR NOTARY

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Alameda

On 06/21/2021 before me, RIDDHI MISTRAL, NOTARY PUBLIC

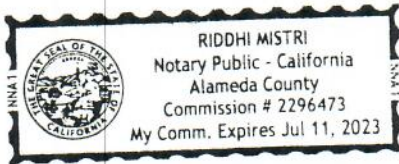
Here Insert Name and Title of the Officer

personally appeared Lowell Scott Koepke
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/hers/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Place Notary Seal and/or Stamp Above

Signature Riddhi
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____ Signer's Name: _____

Corporate Officer - Title(s): _____ Corporate Officer - Title(s): _____

Partner - Limited General Partner - Limited General

Individual Attorney in Fact Individual Attorney in Fact

Trustee Guardian or Conservator Trustee Guardian or Conservator

Other: _____ Other: _____

Signer is Representing: _____ Signer is Representing: _____