

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) FIRELIGHT BOOKS LLC	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ C <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) 11650 CR 4215	Requester's name and address (optional)
City, state, and ZIP code Tyler, TX 75706		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																									
	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Social security number													-			-							
Social security number																									
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	<table border="1" style="margin: auto;"> <tr><td colspan="12" style="text-align: center;">Employer identification number</td></tr> <tr><td>2</td><td>0</td><td>-</td><td>4</td><td>7</td><td>4</td><td>0</td><td>1</td><td>3</td><td>3</td><td> </td><td> </td></tr> </table>	Employer identification number												2	0	-	4	7	4	0	1	3	3		
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2	0	-	4	7	4	0	1	3	3																
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.																									

Part II Certification	
Under penalties of perjury, I certify that:	
1. 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 2. 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 3. I am a U.S. citizen or other U.S. person (defined below).	
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 on page 4.	

Sign Here	Signature of U.S. person ▶ <i>Nancy Nichols</i>	Date ▶ <i>5-30-11</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

SOLE SOURCE AFFIDAVIT

Before me, the undersigned official, on this day, personally appeared Nancy Nichols, a person known to me to be the person whose signature appears below, who after being duly sworn upon his oath deposed and said:

“ My name is Nancy Nichols. I am over the age of 18, have never been convicted of a crime, and am competent to make this affidavit.”

“ I am an authorized representative of the following company or firm:
FIRELIGHT BOOKS LLC ”

“ The above-named company or form is the sole source of the following item(s) or products(s):
TTS WHEELS, Modification Wheel, Intervention Wheel, LS Wheel, Roots Wheel, Memory Training Kit, HOME CONNECTION CALENDARS, FORMAL ANNUAL CONFIDENTIALITY TRAINING SYSTEM (F.A.C.T.S.), ELEMENTS CURRICULUM, EduREALM Curriculum and Interactive, RTI What About Behavior Training, Behavior and Academic Accommodations Training Kit, Nichols Behavior Checklist.”

“Competition in providing the above-named item(s) or products(s) is precluded by the existence of a patent, copyright, secret process, or monopoly.”

“There is/are no other like item(s) or product(s) available for purchase that would serve the same purpose or function and there is only one price for the above-named item(s) or product(s) because of exclusive distribution or marketing rights.”

COMPANY: Firelight Books LLC
ADDRESS: 11650 County Road 4215
CITY,STATE, ZIP CODE: Tyler, TX. 75706
TELEPHONE NUMBER: 903-881-8500 or 1-800-975-0054
FAX NUMBER: 903-882-7571
CONTACT NAME / TITLE Nancy Nichols Co-Owner

Texas Education Code Subchapter B., Sec. 44.031

- X. Without complying with Subsection (a), the board of trustees of a school district may purchase an items that is available from only one source including:
 - A. an item for which competition is precluded because of the existence of A patent, copyright, secret process, or monopoly;
 - B. a film, manuscript, or book;
 - C. a utility service including electricity, gas, or water; and
 - D. a captive replacement part or component for equipment.

XI. The exceptions provided by Subsection (j) do not apply to mainframe data-processing equipment and peripheral attachments with a single-item purchase in excess of \$ 15,000.00.

Nancy Nichols
Signature

SUBSCRIBED AND SWORN to before me on this 30th day of MAY, 2011.

Michael D. Rice
Notary Public
MICHAEL D. RICE
Print Name
July 9, 2014

My Commission Expires:



CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.

By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of person doing business with local governmental entity.

FIRLIGHT BOOKS LLC

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Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to expenditure of money.

NONE

4 Describe each affiliation or business relationship with a person who is a local government officer and who appoints or employs a local government officer of the local governmental entity that is the subject of this questionnaire.

NONE

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor or other person doing business with local governmental entity

FORM CIQ

Page 2

5 Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES.)

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or business relationship. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?

Yes

No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?

Yes

No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes

No

D. Describe each affiliation or business relationship.

6 Describe any other affiliation or business relationship that might cause a conflict of interest.

NONE

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Nancy Nichols

Signature of person doing business with the governmental entity

5/20/11

Date