



FAX COVER SHEET

Date: February 24, 2026
Time: 03:32 PM CST
Pages: 33 (including cover)

TO:

Name: Snapcom
Fax: +13146982122

FROM:

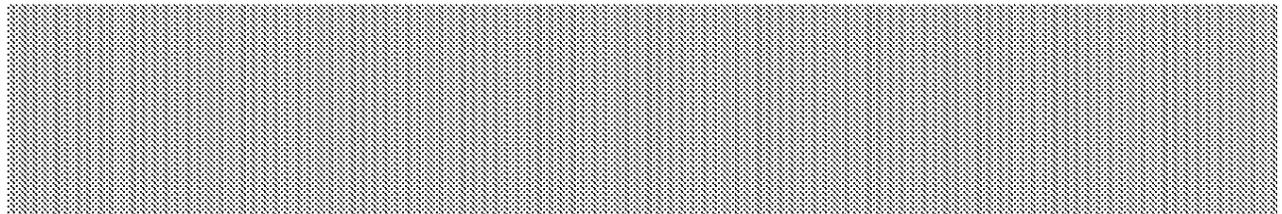
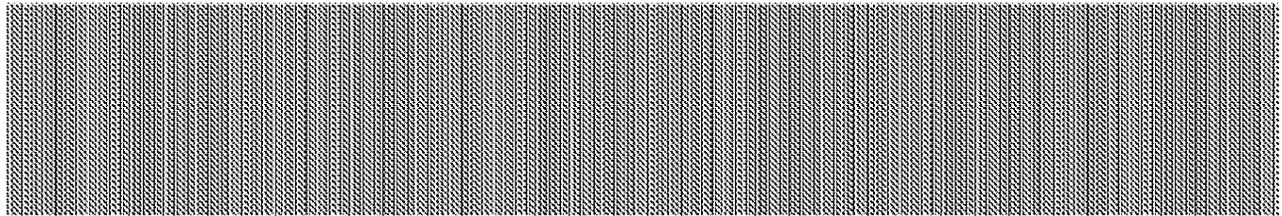
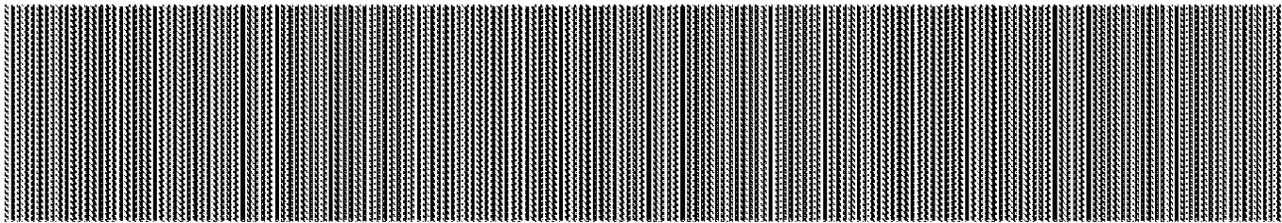
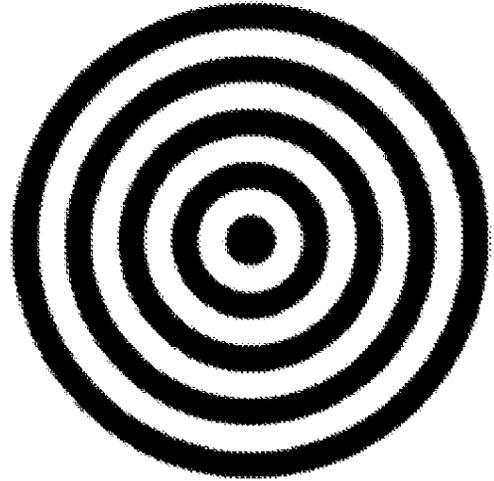
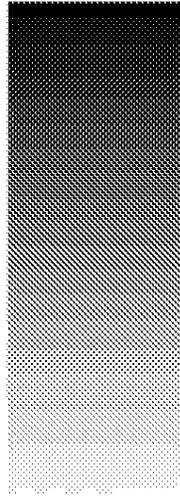
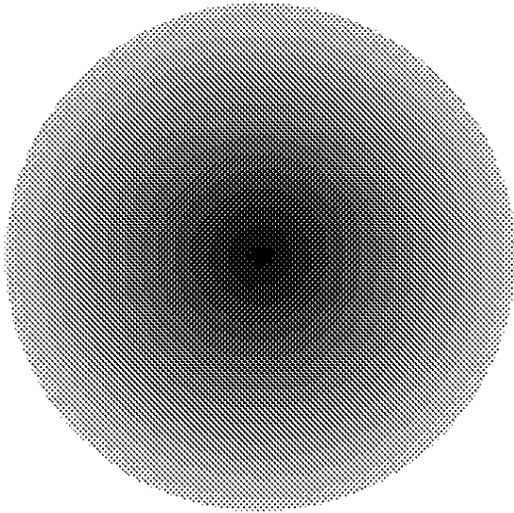
Name: Bret S
Company: Snapcom
Fax: +13144532928
Email: bret@snapcom.com

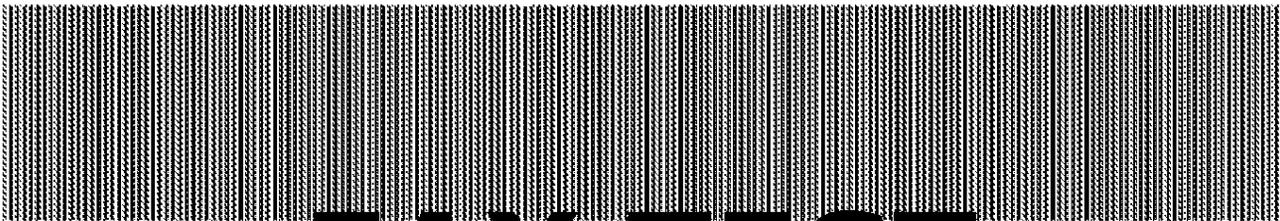
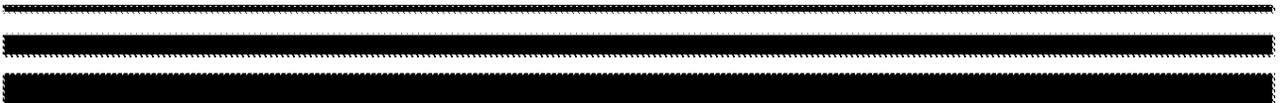
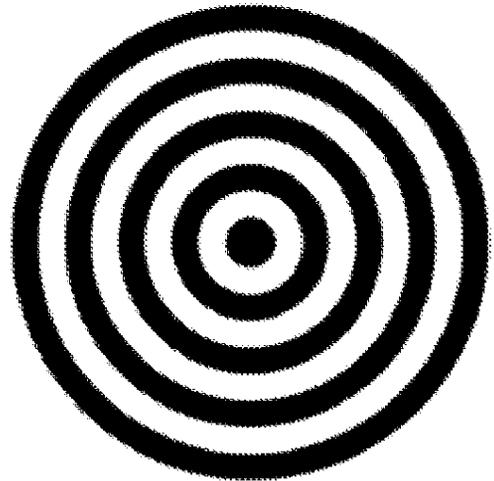
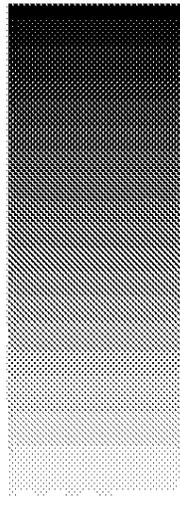
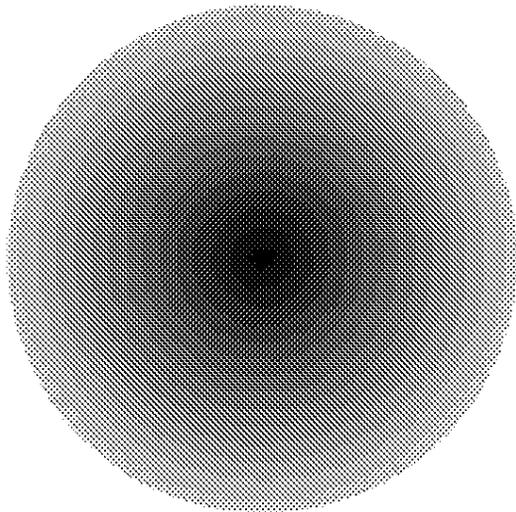
CONFIDENTIALITY NOTICE: This facsimile transmission and any attachments are intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone and return the original to us via mail.

FAX TEST

DATE: _____

USER: _____

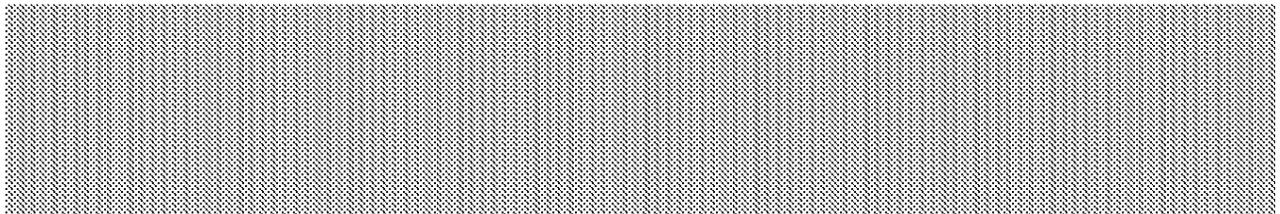


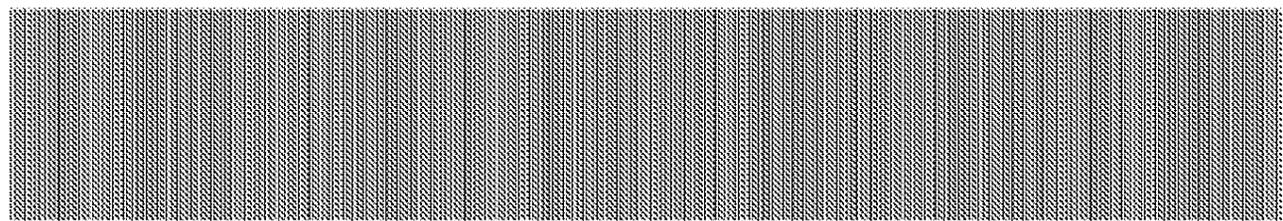
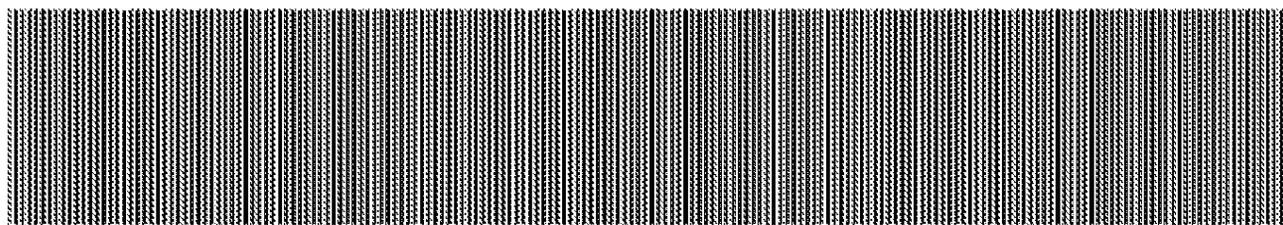
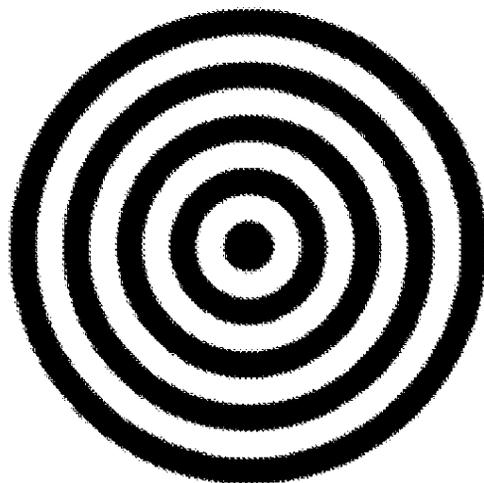
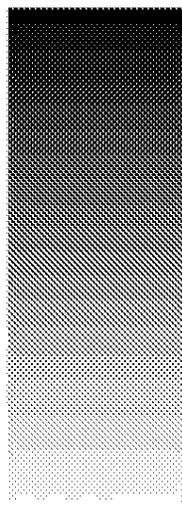
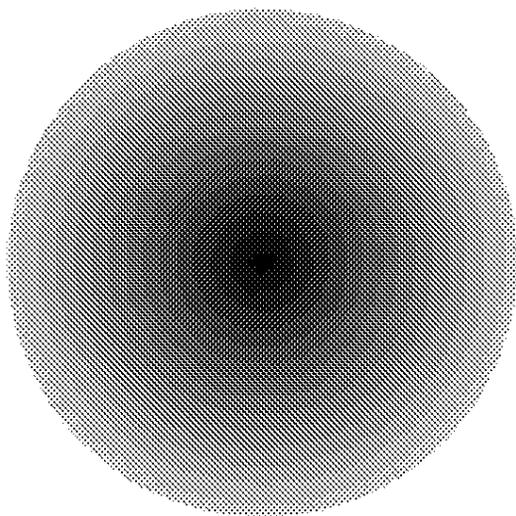


FAX TEST

DATE: _____

USER: _____





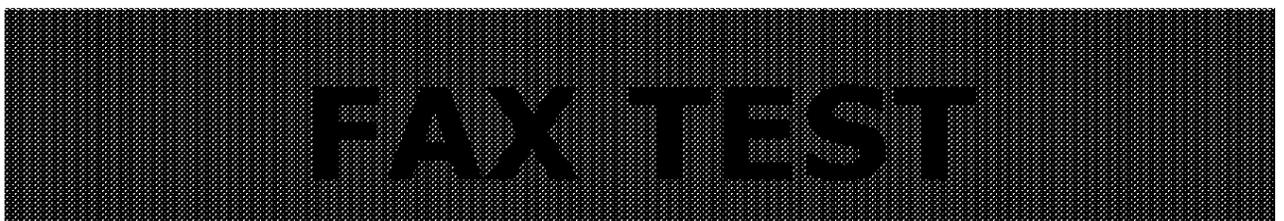
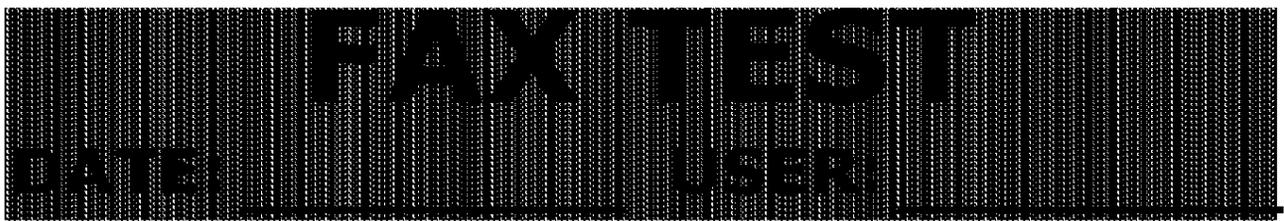
FAX TEST

DATE: _____

USER: _____

FAX TEST

DATE: _____ USER: _____



DATE: _____ USER: _____

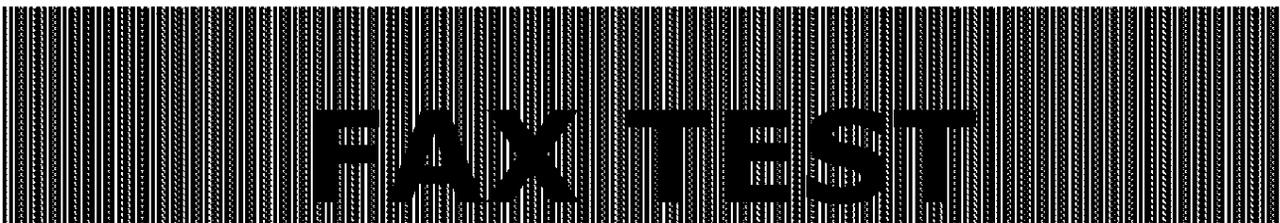
FAX TEST

DATE: _____ USER: _____

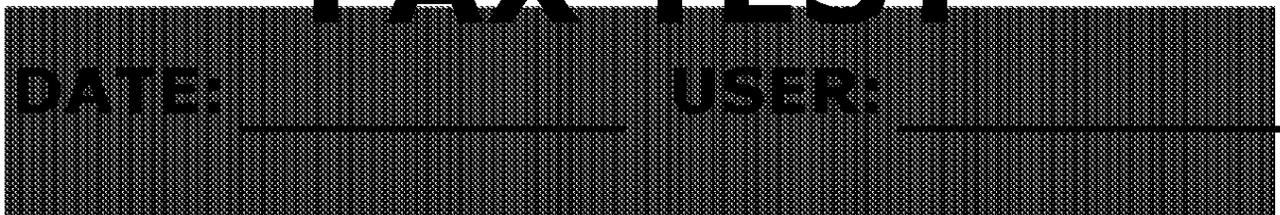


DATE: _____ USER: _____

FAX TEST



DATE: _____ USER: _____



FAX TEST

DATE: _____ USER: _____

FAX TEST
DATE: _____ USER: _____

FAX TEST

DATE: _____ USER: _____

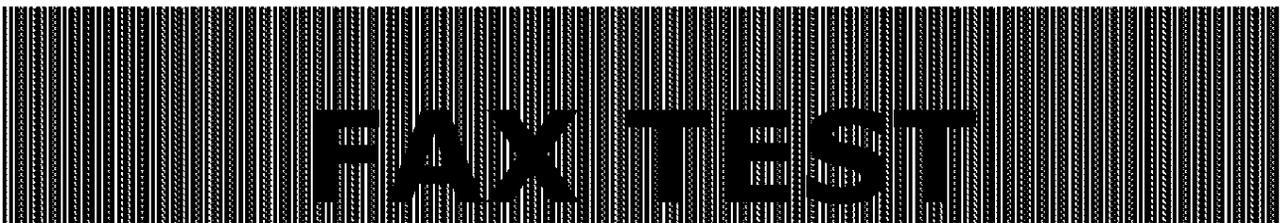
FAX TEST

DATE: _____ USER: _____



DATE: _____ USER: _____

FAX TEST



DATE: _____ USER: _____



DATE: _____ USER: _____



FAX TEST

DATE: _____ USER: _____

FAX TEST
DATE: _____ USER: _____

FAX TEST

DATE: _____ USER: _____

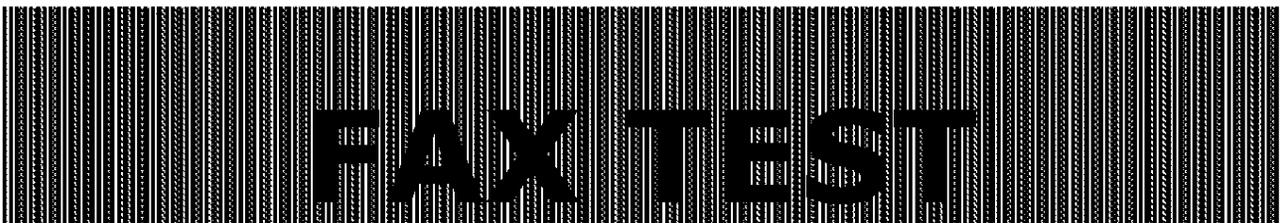
FAX TEST

DATE: _____ USER: _____

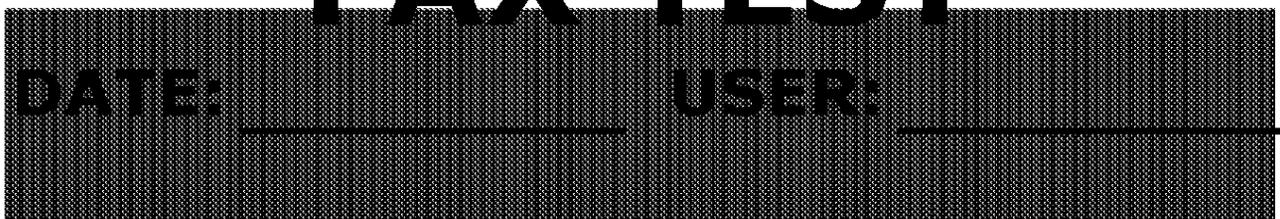
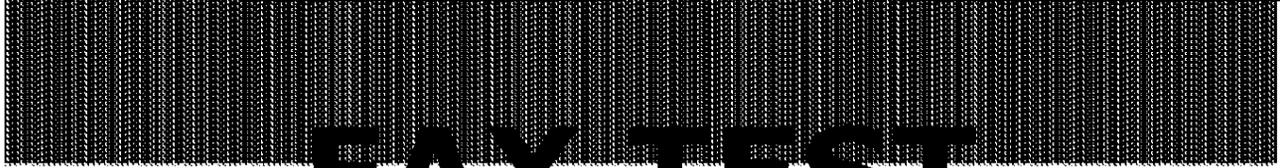


DATE: _____ USER: _____

FAX TEST

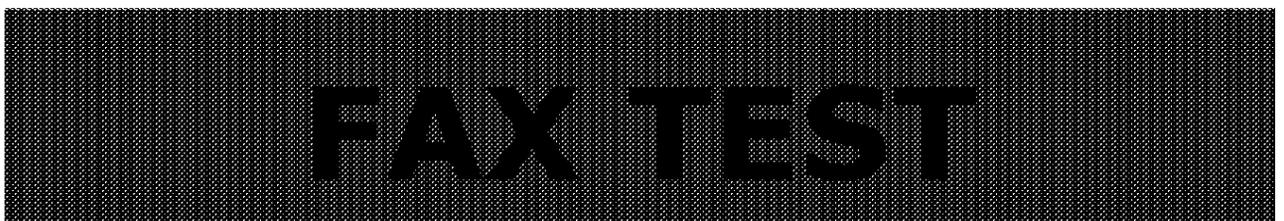
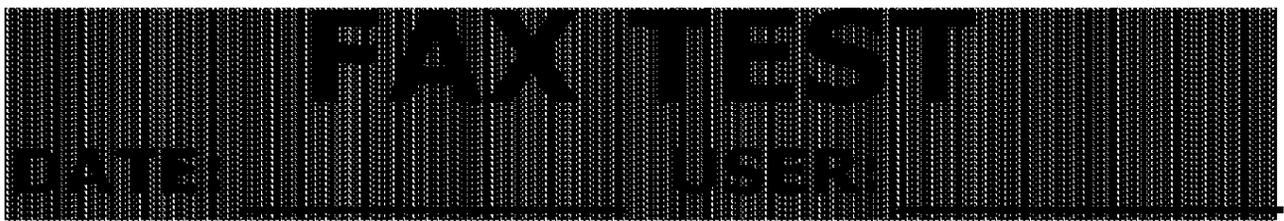


DATE: _____ USER: _____



FAX TEST

DATE: _____ USER: _____



DATE: _____ USER: _____

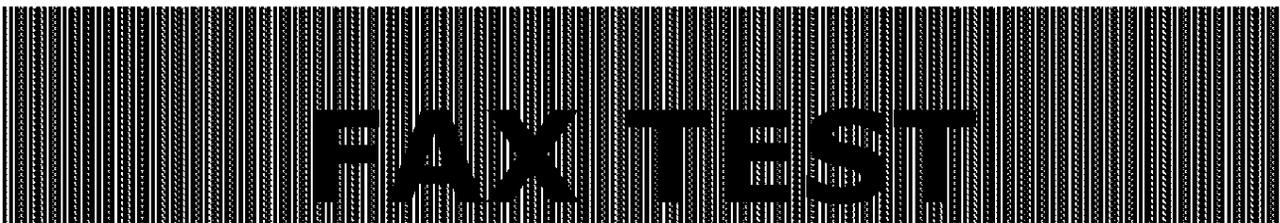
FAX TEST

DATE: _____ USER: _____

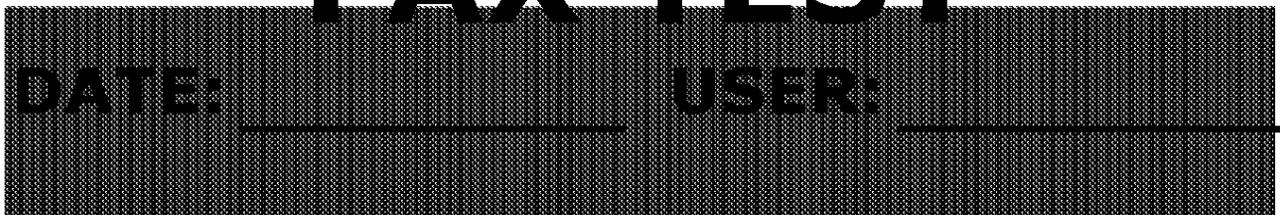


DATE: _____ USER: _____

FAX TEST



DATE: _____ USER: _____



FAX TEST

DATE: _____ USER: _____

FAX TEST
DATE: _____ USER: _____

FAX TEST

DATE: _____ USER: _____

FAX TEST

DATE: _____ USER: _____

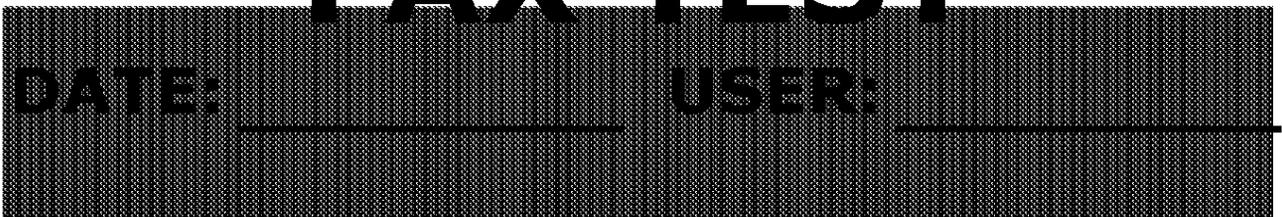


DATE: _____ USER: _____

FAX TEST



DATE: _____ USER: _____



FAX TEST

DATE: _____ USER: _____

FAX TEST
DATE: _____ USER: _____

FAX TEST

DATE: _____ USER: _____

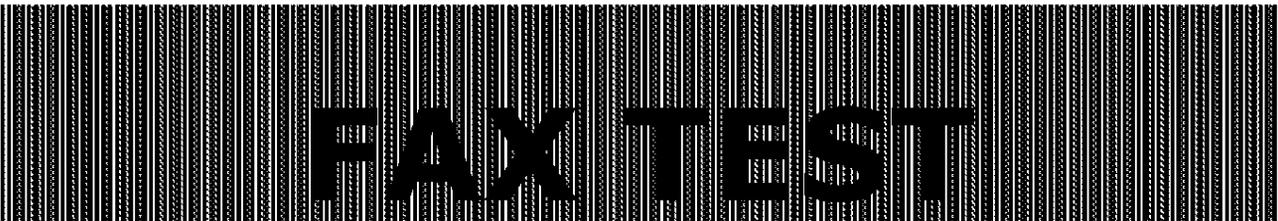
FAX TEST

DATE: _____ USER: _____



DATE: _____ USER: _____

FAX TEST



DATE: _____ USER: _____



DATE: _____ USER: _____

FAX TEST

DATE: _____ USER: _____

FAX TEST
DATE: _____ USER: _____

FAX TEST

DATE: _____ USER: _____

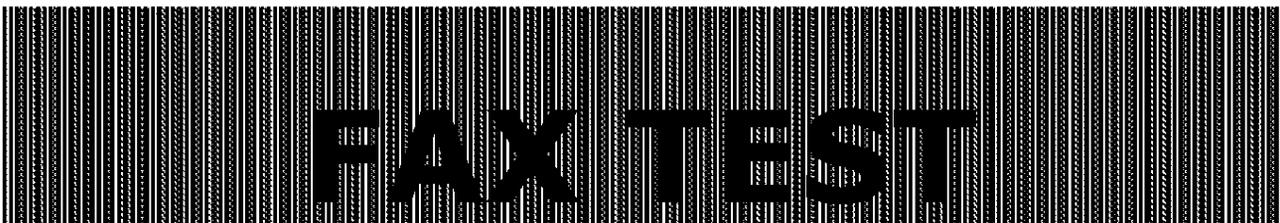
FAX TEST

DATE: _____ USER: _____

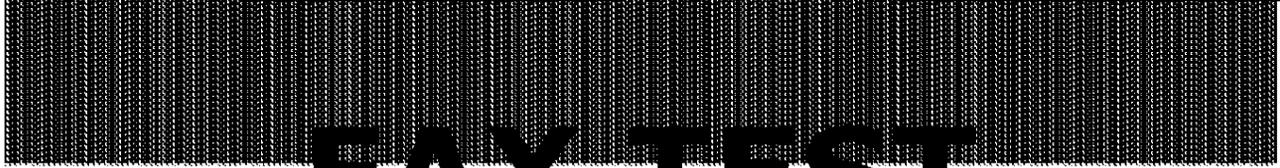


DATE: _____ USER: _____

FAX TEST



DATE: _____ USER: _____



FAX TEST

DATE: _____ USER: _____

FAX TEST
DATE: _____ USER: _____

FAX TEST

DATE: _____ USER: _____

FAX TEST

DATE: _____ USER: _____

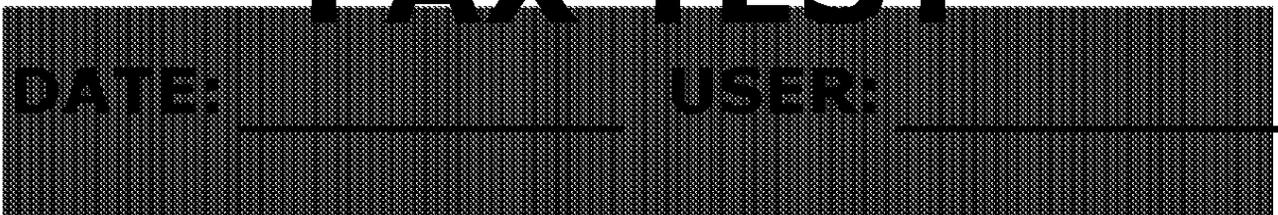


DATE: _____ USER: _____

FAX TEST



DATE: _____ USER: _____



FAX TEST

DATE: _____ USER: _____

FAX TEST
DATE: _____ USER: _____

FAX TEST

DATE: _____ USER: _____

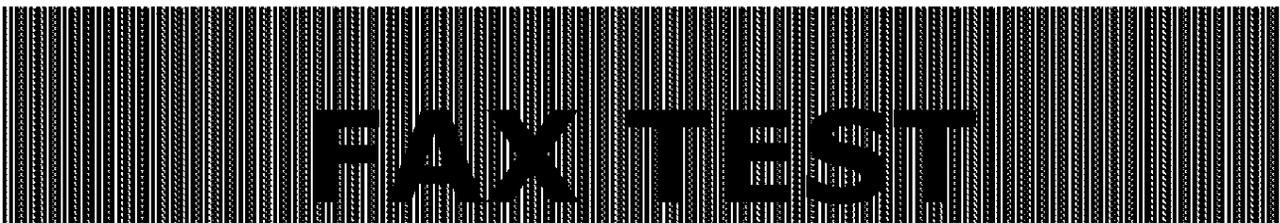
FAX TEST

DATE: _____ USER: _____

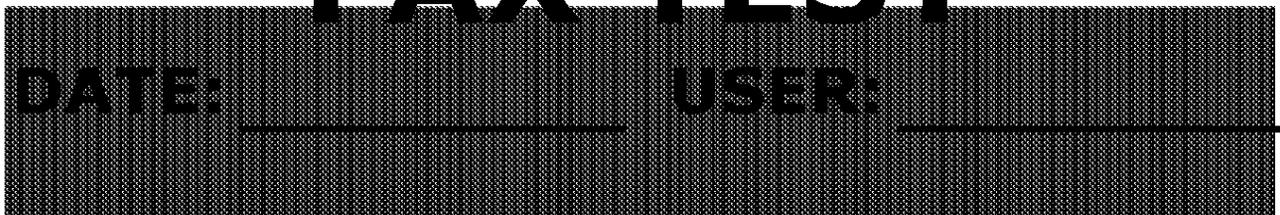


DATE: _____ USER: _____

FAX TEST



DATE: _____ USER: _____



DATE: _____ USER: _____

FAX TEST

DATE: _____ USER: _____

FAX TEST
DATE: _____ USER: _____

FAX TEST

DATE: _____ USER: _____

FAX TEST

DATE: _____ USER: _____



DATE: _____ USER: _____

FAX TEST



DATE: _____ USER: _____



DATE: _____ USER: _____

FAX TEST

DATE: _____ USER: _____

FAX TEST
DATE: _____ USER: _____

FAX TEST

DATE: _____ USER: _____

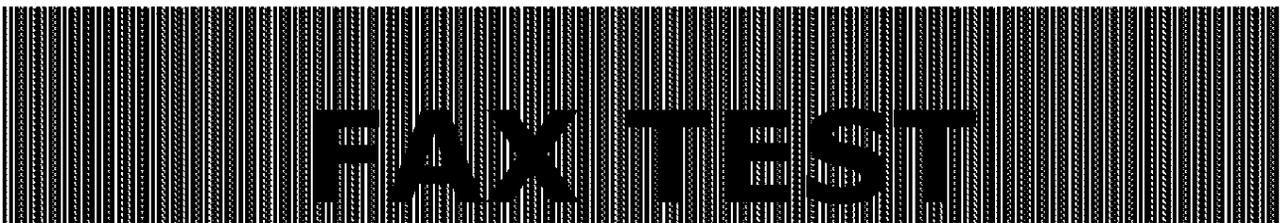
FAX TEST

DATE: _____ USER: _____

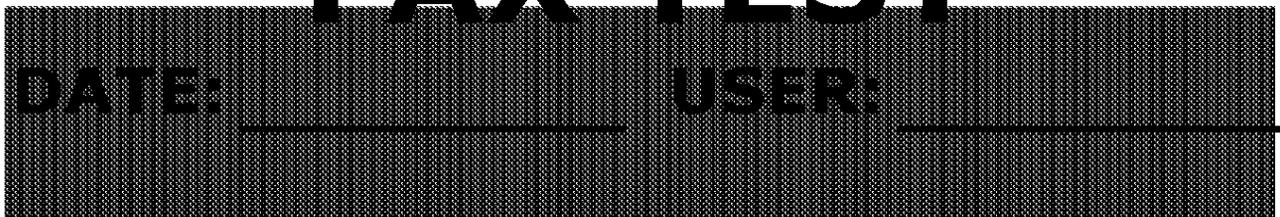


DATE: _____ USER: _____

FAX TEST



DATE: _____ USER: _____



FAX TEST

DATE: _____ USER: _____

FAX TEST
DATE: _____ USER: _____

DATE: _____ USER: _____

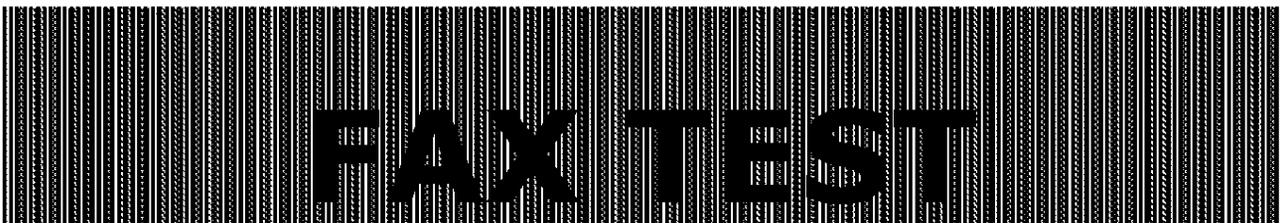
FAX TEST

DATE: _____ USER: _____

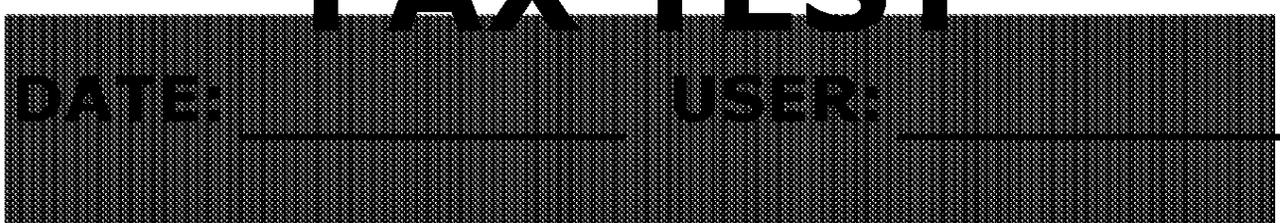
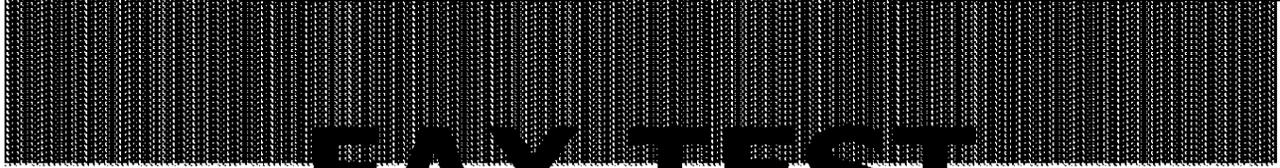


DATE: _____ USER: _____

FAX TEST



DATE: _____ USER: _____



DATE: _____ USER: _____

FAX TEST

DATE: _____ USER: _____

FAX TEST
DATE: _____ USER: _____

FAX TEST

DATE: _____ USER: _____

FAX TEST

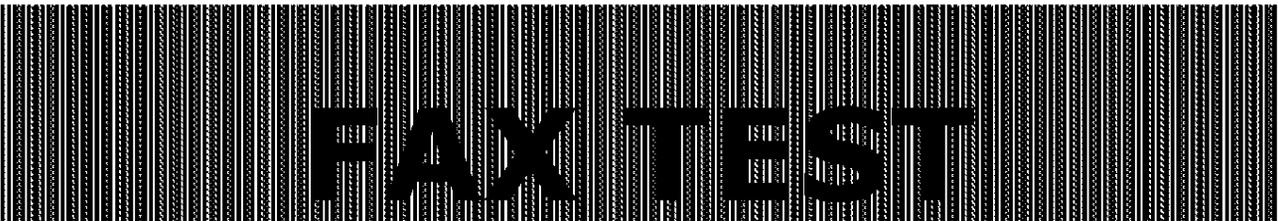
DATE: _____ USER: _____



DATE: _____ USER: _____

FAX TEST

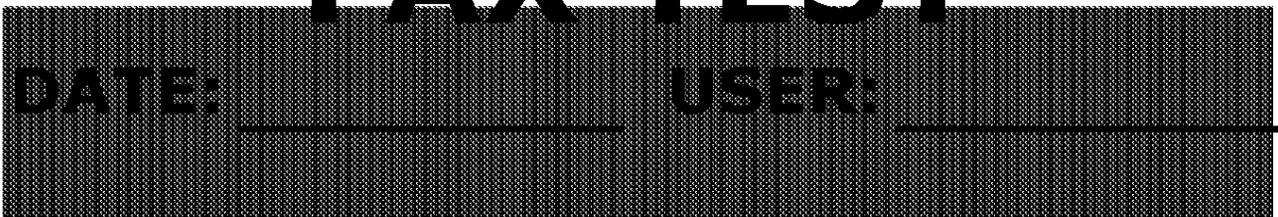
DATE: _____ USER: _____



DATE: _____ USER: _____

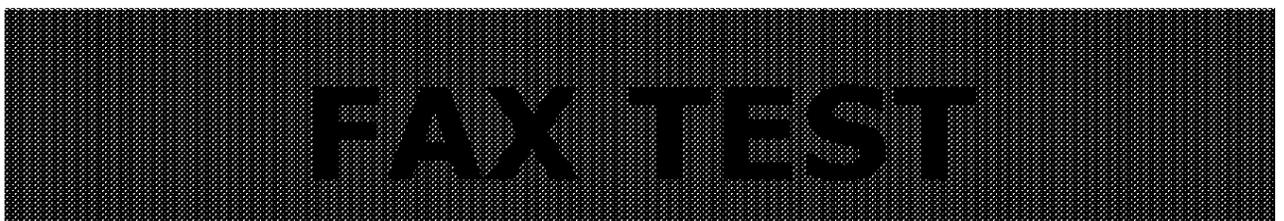
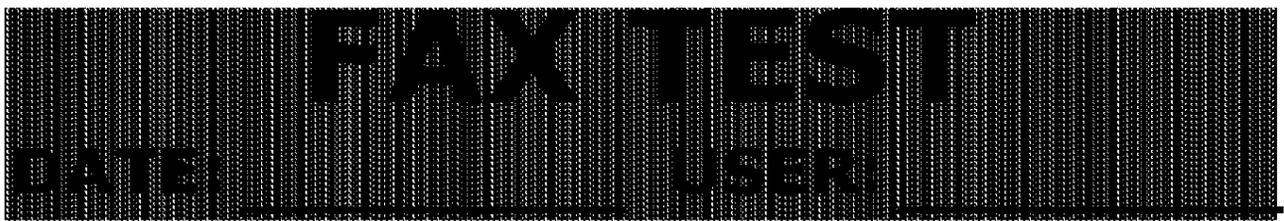


DATE: _____ USER: _____



FAX TEST

DATE: _____ USER: _____



DATE: _____ USER: _____

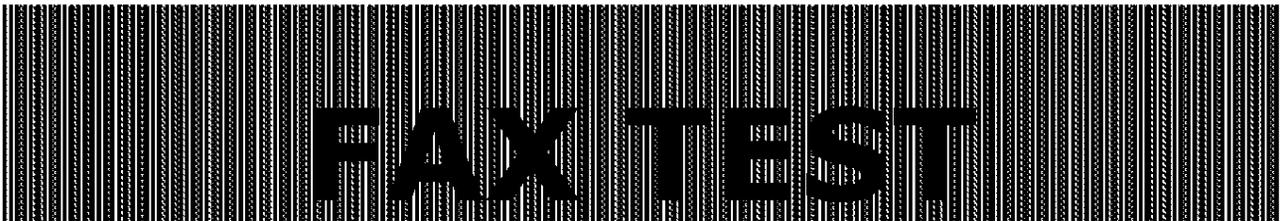
FAX TEST

DATE: _____ USER: _____



DATE: _____ USER: _____

FAX TEST



DATE: _____ USER: _____



DATE: _____ USER: _____

