

INDEPENDENT CONTRACTOR AGREEMENT **FOR SERVICES**

This Agreement is made by and between Washoe County, a political subdivision of the State of Nevada, (County), and Case Worker Noelle Cullen Parks, (Contractor).

1. SERVICES TO BE PERFORMED

A. Scope of Work. Contractor shall perform in a competent manner the Scope of Work as set forth at Exhibit A attached to this Agreement and incorporated by reference.

B. Completion. The term of this Agreement commences on the Effective Date and continues until June 30, 2022, unless this Agreement is terminated sooner in accordance with its terms.

i. The Effective Date shall be the date this Agreement is fully executed and approved by the County and Contractor.

ii. The Contractor shall complete all phases of the Scope of Work with skill and care and in a timely manner.

2. PAYMENT

A. Payment Schedule. In consideration of the services to be performed by Contractor, County agrees to pay contractor as set forth in Payment Schedule at Exhibit B attached to this Agreement and incorporated by reference.

B. Contractor pays Expenses. Contractor shall be responsible for expenses incurred while performing services under this Agreement. This includes, but is not limited to, license fees; memberships and dues; automobile and other travel expenses; meals and entertainment; insurance premiums; and all salary, expenses and other compensation paid to Contractor's employees or contract personnel Contractor hires to complete the work under this Agreement. Any expenses to be paid by County are listed in Exhibit B along with an explanation of why the County is responsible for the expenses.

3. INDEPENDENT CONTRACTOR STATUS AND CERTIFICATION

Contractor is an independent contractor, not a County employee. Contractor's employees or contract personnel are not County employees. Contractor and County agree to the following rights consistent with an independent contractor relationship:

A. Contractor has the sole right to control and direct the details and methods by which the services required by this Agreement are performed, including the hours of work.

B. Neither Contractor nor Contractor's staff shall receive any training from County in the skills necessary to perform the services required by this Agreement.

C. Contractor has the right to perform services for others during the term of this Agreement. County shall not require Contractor to devote full time to performing the services required by this Agreement.

D. Contractor has the right to hire assistants and subcontractors to provide the services required by this Agreement. County shall not hire, supervise or pay any staff to assist Contractor.

E. Contractor will furnish all equipment and materials used to provide the services required by this Agreement. Unless otherwise provided in Exhibit B, Contractor is responsible for all expenses without reimbursement.

F. Contractor shall not be assigned a work location on County premises, and Contractor has the right to perform the services required by this Agreement at any place, location or time.

G. Neither Contractor nor any sub-contractors are employees of County and waive any and all claims to benefits otherwise provided to employees of the County, including, but not limited to, medical, dental, or other personal insurance, Nevada Public Employees Retirement System (PERS) or other retirement benefits, unemployment benefits, and liability and worker's compensation insurance.

H. Contractor agrees to provide County with a copy of contractor's business license, or with a copy of the notice of exemption from the Nevada Secretary of State. Contractor must also provide County with the Employer Identification Number (EIN) issued to the business by the Internal Revenue Service on the required Form W-9. The County will not accept a social security number in lieu of an EIN.

I. Contractor is solely responsible for federal taxes and social security payments applicable to money received for services provided. Contractor understands that the County complies with the requirements of the Internal Revenue Service for the reporting of miscellaneous income on Form 1099-MISC, and that amounts paid to Contractor will be reported to the IRS accordingly.

J. Contractor agrees to provide County with certificates of insurance as listed in the Indemnification and Insurance provisions attached as Exhibit "C" to this Agreement and incorporated by reference.

K. Contractor understands and agrees that the Employees' Retirement System of the State of Nevada (PERS), NRS Chapter 286, and PERS official policies limit or prohibit PERS retirees' ability to receive compensation for work performed for public employers such as Washoe County. PERS official policies require that County notify PERS of retirees who accept employment or an independent contract. If Contractor is a PERS retiree, it is Contractor's responsibility to seek advice from PERS and/or independent legal counsel regarding earnings restrictions. Contractor agrees that County shall not be liable for PERS benefits of any kind which may be lost or forfeited as a result of work performed by Contractor pursuant to this Agreement.

Contractor is ☒ or ☐ is not currently a retired member of the PERS JR on behalf of NC.

L. If previously an employee of Washoe County, I certify that I left the position in good standing and not due to discharge and more than 6 month from the effective date of this agreement on behalf of . (Initial here if applicable)

4. INDEMNIFICATION AND INSURANCE

Washoe County has established specific indemnification and insurance requirements for agreements with independent contractors to help assure that reasonable insurance coverage is maintained. Indemnification clauses are intended to assure that contractors accept and are able to pay for the loss or liability related to their activities. Insurance and Indemnification requirements are set forth in Exhibit C of this Agreement and incorporated by reference. All conditions and requirements identified in Exhibit C shall be completed prior to the commencement of any work under this Agreement.

5. OWNERSHIP OF PRODUCTS/DOCUMENTS

Contractor assigns to County all rights to all products, reports, documents, photographs, videos, data, and drawings produced by Contractor as a result of its services to County during the term of this Agreement.

6. BACKGROUND INVESTIGATION

If required by County, Contractor and any of its subcontractors or employees agree to submit to a full background investigation prior to the performance of any services under this Agreement, which may include but is not limited to, a criminal history check and fingerprinting. Any costs associated with the background investigation shall be paid by Contractor. The discovery of an undisclosed criminal conviction may be grounds for immediate termination of this Agreement without prior notice by the County, as may the conviction of Contractor during the term of the Agreement of any criminal offense.

7. TERMINATION OF AGREEMENT

- A. This Agreement may be terminated for any reason by either party by giving the other party written notice of the intent to terminate. The notice must specify a date upon which the termination will be effective, which date may not be less than 10 calendar days from the date of service of the notice.
- B. Only services satisfactorily performed up to the date of receipt of notice shall be compensated by County and such compensation shall be pursuant to the terms of this Agreement.
- C. Notwithstanding the above, Contractor shall not be relieved of any liability to the County for damages sustained by the County by virtue of any breach of this Agreement by the Contractor, and the County may withhold any payments to the Contractor for the purposes of set-off until such time as the exact amount of damages due the County from the Contractor may be determined.
- D. Non-appropriation Clause. The County may terminate its participation in this Agreement, effective immediately upon receipt of written notice on any date specified if for any reason the County's funding source is not appropriated or is withdrawn, limited, or impaired. The County will make every reasonable effort to ensure payment for services rendered by the Contractor. The Contractor shall agree to hold the County free from any charges or penalties except for those already incurred through the date of notice of cancellation.

8. MISCELLANEOUS PROVISIONS

A. Choice of Law. This Agreement shall be construed and interpreted according to the law of the State of Nevada.

B. Compliance with Laws. Contractor agrees to comply with all applicable laws, ordinances and regulations of the governmental entities having jurisdiction over matters that are the subject of this Agreement. Contractor shall comply with all federal, state and local laws requiring business permits, certificates and licenses required to carry out the services to be performed under this Agreement.

C. Assignment. Contractor may not assign or subcontract any rights or obligations under this Agreement without County's prior written approval.

D. Entire Agreement. This Agreement constitutes the entire Agreement between the parties and may only be modified by a written amendment signed by the parties hereto.

E. Notice. Notices and other communications in connection with this Agreement shall be in writing. Email or facsimile may be used to provide notice and shall be considered given on the date the notice is sent to the recipient's address as stated in this Agreement.

For Contractor:

Contact: Noelle Cullen Parks

Email: naparks22@gmail.com

Fax: _____

For County:

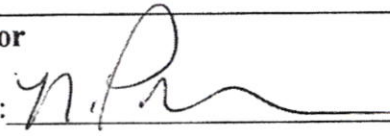
Contact: Jennifer Reyes

Email: jireyes@washoecounty.us

Fax: 7753256510

F. Non-Discrimination. No discrimination because of race, color, sex, marital status, affectional or sexual orientation, family responsibility, national origin, ancestry, handicap, or religion shall be made in the employment of persons to perform services under this contract. Contractor agrees to meet all of the requirements of Washoe County Code, Section 5.343 (Prohibition against Discrimination).

G. Waiver. The waiver by the County of the provisions of this Agreement shall not operate as a waiver unless explicitly set forth in writing and signed by County. Forbearance or indulgence by the County in any regard to the exercise of any provision shall not constitute a waiver of any provision to be performed by Contractor. Until complete performance by Contractor of the provisions of the Agreement, the County shall be entitled to invoke any remedy available to it under this Agreement or by law despite any such forbearance or indulgence.

Contractor	Washoe County
Signature: <u></u>	Signature: _____
Dated: <u>2-18-20</u>	Dated: _____
Name: <u>Noelle Cullen Parks</u>	Name: Mark Stewart
Address: <u>3925 Sarah Ct.</u>	Address: 1001 E. Ninth St.
<u>Reno NV 89509</u>	Reno, NV 89512
Email: <u>naparks22@gmail.com</u>	Email: mstewart@washoecounty.us
Fax: _____	Fax: 775.325.8062

INDEPENDENT CONTRACTOR AGREEMENT
EXHIBIT A
SCOPE OF WORK

SERVICES TO BE PERFORMED:

Contractor shall perform in a competent manner the Scope of Work as follows:

***** COURT REQUESTS WAIVER OF 6 MONTH COOLING OFF FOR THE FOLLOWING
REASON: The Judges Specialty Court programs have been left without a case worker. Due to
work over load, the Court is in high demand of a case worker who understands how the Specialty
Court programs work and acquires minimal training. This Independent Contractor worked with the
Specialty Court programs when employed by Washoe County. *****

Scope of Work:

The case worker will work 20-25 hours weekly. She will be performing the following tasks for Reno Justice Court
Specialty Court Programs, as well as adding her own expertise to enhance clients understanding.

- Complete screenings and RANT Assessment
- Assist Specialty Court participants with entering treatment, transitional living and residential treatment.
- Assist Specialty Court participants with obtaining Food Stamps, Medicaid, etc.
- Partake in weekly or bi-weekly meetings with High Risk clients to check progress and assist them in their compliance with the program.

INDEPENDENT CONTRACTOR AGREEMENT

EXHIBIT B

PAYMENT

PAYMENT:

In consideration of the services to be performed by Contractor, County agrees to pay Contractor as follows:

Check all that apply:

☐ County agrees to pay Contractor the total sum of \$ _____. Such payment will be made in accordance with the following schedule:

☒ County shall pay Contractor on a time and expense basis for all the work performed. The hourly rate shall be \$ 25.00.

☐ Except as otherwise mutually agreed to by the parties the payments made to Contractor shall not exceed \$ _____. The total value of the contract will not exceed \$99,999.99.

☐ Contractor shall submit invoices for work performed _____ (state when invoices are due, example on the 15th of each month). The County shall review such invoices and, if they are considered incorrect or untimely, the County shall review the matter with Contractor within ____ days from receipt of the Contractor's bill.

☐ This contract ____ is/ ____ is not grant funded. If grant funded, the title of the grant is titled _____.

☐ In addition the payment for services, the County shall pay the following:

(Use this to list any specific costs/expenses the County has agreed to pay that are not covered above)

INDEPENDENT CONTRACTOR AGREEMENT
EXHIBIT C
INSURANCE AND INDEMNIFICATION REQUIREMENTS

Washoe County has established specific requirements for agreements with independent contractors to help assure that reasonable insurance coverage is maintained. Indemnification clauses are intended to assure that contractors accept and are able to pay for the loss or liability related to their activities. All conditions and requirements identified in this Exhibit shall be completed prior to the commencement of any work under this Agreement.

1. **INDEMNIFICATION**

1.1 Contractor agrees to indemnify any County Indemnitee for Indemnifiable Losses in any Proceeding arising out of this Agreement alleging:

1.1.1 breach or non-fulfillment of any provision of this Agreement by Contractor;

1.1.2 any negligent or more culpable act or omission of Contractor (including any reckless or willful misconduct) in connection with the performance of its obligations under this Agreement;

1.1.3 any bodily injury, death of any person or damage to real or tangible personal property caused by the negligent or more culpable acts or omissions of Contractor (including any reckless or willful misconduct); or

1.1.4 any failure by Contractor to comply with any applicable federal, state or local laws, regulations or codes in the performance of its obligations under this Agreement except to the extent that County negligently or intentionally caused those Indemnifiable Losses.

1.2 In this Agreement, the following definitions apply:

1.2.1 "Contractor" means the Contractor, its employees, agents, subcontractors or any representatives and each of the heirs, executors, successors, and assignees of any of the foregoing.

1.2.2 "County Indemnitee" means the County, its officers, employees, volunteers, and any representatives and each of the heirs, executors, successors, and assignees of any of the foregoing.

1.2.3 "Indemnifiable Losses" means the aggregate of Losses and Litigation Expenses.

1.2.4 "Litigation Expenses" means any reasonable out-of-pocket expenses incurred in defending a Proceeding or in any related investigation or negotiation, including, but not limited to, court filing fees, court costs, arbitration fees, witness fees, and attorney and other professional fees and disbursements.

1.2.5 "Losses" means any amount awarded in, or paid in settlement of, any Proceeding, including any interest but excluding any Litigation Expenses.

1.2.6 "Proceeding" means any judicial, administrative or arbitration action, claim, suit, cause of action, demand or investigation.

1.3 County Defenses. County will not waive and intends to assert available defenses and limitations contained in the Nevada Revised Statutes Chapter 41.

1.4 Damages not to Exceed Contract Amount. Actual damages for the County's breach of this Agreement shall never exceed the amount of funds that have been appropriated for payment under this Agreement, but not yet paid, for the fiscal year budget in existence at the time of the breach.

1.5 Notice of Intent to Seek Indemnification. County Indemnatee shall notify Contractor (a "Claim Notice") of any Losses or discovery of facts on which County intends to base a request for indemnification under Section 1.1. County shall deliver to Contractor a copy of all pleadings and papers with respect to that Proceeding. Failure to provide a Claim Notice to Contractor does not relieve Contractor of any liability.

1.6 Contractor to Assume Defense. Contractor shall notify County Indemnatee of its intent to assume defense of a Proceeding and promptly retain independent legal counsel, reasonably acceptable to the County.

1.7 County Indemnatee Control of Defense. Notwithstanding anything to the contrary in Section 1.6, County Indemnatee may select its own legal counsel to represent its interests, and Contractor shall:

1.7.1 reimburse County Indemnatee for its costs and attorneys' fees immediately upon request as they are incurred; and

1.7.2 remain responsible to County Indemnatee for any Losses and Litigation Expenses indemnified under Section 1.1.

1.8 Payment of Litigation Expenses. Contractor shall pay any Litigation Expense that a County Indemnatee incurs in connection with defense of the Proceeding before the Contractor assumes the defense of that Proceeding.

1.9 Settlement by Contractor. Contractor shall obtain County Indemnatee's approval prior to settlement of any Proceeding. Approval must be in writing.

2. INSURANCE

2.1 Contractor's Insurance – General Requirements.

2.1.1 Contractor agrees to maintain insurance sufficient to insure against obligations under this agreement and as required by law.

2.1.2 Failure to maintain insurances does not relieve Contractor of its obligations under this agreement.

2.1.3 The cost of all insurance shall be borne by Contractor.

2.1.4 Contractor shall cause any subcontractor to maintain the specific insurance coverages listed in Section 2.2.

2.1.5 In the case of any *claims-made* policy, the necessary retroactive dates and extended reporting periods shall be procured to maintain continuous coverage.

2.2 Specific Insurance Requirements. Contractor agrees to maintain insurance:

2.2.1 Industrial Insurance: There shall be no Industrial Insurance coverage provided by County for Contractor or any of its Sub-contractors. Contractor is responsible for providing insurance and agrees to provide County with a certificate issued by an insurer in accordance with NRS 616B.627 and NRS 617.210 as a precondition to the performance of any work under this Agreement and as a precondition to any obligation of the County to make any payment under this Agreement.

2.2.1.1 The Industrial Insurance requirement may be waived for a sole proprietor who does not use the services of any employees, subcontractors, or independent contractors and completes an Affirmation of Compliance pursuant to NRS 616B.627.

2.2.1.2 Should Contractor be self-funded for Industrial Insurance, Contractor shall notify County in writing prior to the signing of the agreement. County reserves the right to approve said retentions and may request additional documentation for review prior to the signing of any agreement.

2.2.2 General Liability: Contractor agrees to maintain insurance in the amount of \$1,000,000 per claim for bodily injury, personal injury and property damage.

2.2.2.1 If insurance with a general aggregate limit is used, the general aggregate limit shall be increased to equal twice the required occurrence limit or revised to apply separately to this project or location.

2.2.2.2 The policy shall be endorsed to include the County, its officers and employees as additional insureds.

2.2.2.3 The policy shall not contain any exclusion for bodily injury or property damage arising from completed operations.

☐ The General Liability Insurance requirement is waived by Risk Management _____ (initials)

2.2.3 Automobile Liability: Contractor agrees to maintain insurance in the amount of \$1,000,000 combined single limit per claim for bodily injury and property damage. No aggregate limit may apply.

☐ The Automobile Insurance requirement is waived by Risk Management _____ (initials)

2.2.4 Errors and Omissions Liability: Contractor agrees to maintain insurance in the amount of \$1,000,000 per claim and as an annual aggregate.

2.2.4.1 Contractor shall maintain liability insurance during the term of this Agreement and for a period of three years from the date of substantial completion of the project. In the event that Contractor goes out of business, Contractor shall purchase Extended Reporting

Coverage for claims arising out of Contractor's negligent acts, errors and omissions committed during the term of the Liability Policy.

2.2.4.2 Should the parties agree that higher coverage limits are needed warranting a project policy, project coverage shall be purchased and the premium for limits exceeding the above amount shall be borne by County. County retains the option to purchase project insurance from any source.

☐ The Errors and Omissions Insurance requirement is waived by Risk Management ____ (initials)

2.3. Requirements applicable to all insurance policies.

2.3.1 Every policy required above shall be primary insurance.

2.3.2 Any insurance available to the County shall be excess and not contributory insurance.

2.3.3. The Contractor shall be solely responsible for any deductible losses under any policy required above.

2.4 Verification of Coverage. Contractor shall provide County with certificates of insurance and with original endorsements affecting coverage required by this exhibit. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. County reserves the right to review all required insurance policies at any time.

2.5 Failure to Maintain Insurance. In addition to any other remedies County may have if Contractor fails to maintain the required insurance policies or policy endorsements, County may, at its sole option:

2.5.1 Order Contractor to stop work, and/or

2.5.2. Withhold any payments until Contractor demonstrates compliance with the insurance requirements, and/or

2.5.3 Terminate the Agreement.

2.6 County's Insurance. Washoe County, through its Risk Management Division, has established a Self-insurance Program. This Program follows substantially the same format as that of commercial insurance coverage for property losses and third party liability claims.

2.6.1 The County self-funds its property losses up to \$50,000 per loss, and has commercial "all risk" coverage above that amount.

2.6.2 All liability actions against the County are handled in accordance with Nevada Revised Statutes, Chapter 41. The County has \$5,000,000 of excess liability insurance, with a \$1,500,000 self-insured retention.

2.6.3 Washoe County is authorized as a Self-Insured Employer for Workers' Compensation by the Nevada Commissioner of Insurance, certificate number 123024.

STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS
AFFIRMATION OF COMPLIANCE
WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS
(Instructions with Definitions are located on reverse side)

Noelle Parks Social Work 775-530-7257
Business Name (Include any name doing business as) Type of Business Business Telephone Number
3925 Sarah Ct. Reno NV 89509
Business Address City State Zip Code
530 80 3012 01275-A
Federal Identification No. Social Security No. Contractor's Board License No.
Same
Name of Principal Owner (Please Print) Principal Owner's Telephone No.
Principal Owner's Address City State Zip Code

Identified as: (Complete one section only)

☐ That the above identified business has obtained industrial workers' compensation insurance as required by Chapter 616A to D, inclusive, of the Nevada Revised Statutes (NRS):

Effective Date of Coverage Account Number

☒ That the above identified business is not subject to the provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes, due to a statutory exemption or as a business which has no employees nor hires any independent contractor or subcontractor.

☐ That the above identified business has a valid certificate of self-insurance pursuant to Chapter 616A to D, inclusive, of Nevada Revised Statutes.

Effective Date

Certificate Number

I declare that I have the authority to act on behalf of the above described business, and am applying for a license to operate said business as a(n): ☒ Individual ☐ Sole Proprietor ☐ Partnership ☐ Corporation

Name of Applicant (Please Print)

Applicant's Telephone No. 775-530-7257

Noelle Parks

Reno
City

NV
State

89509
Zip Code

Applicant's Residence Address

I do hereby affirm that the above information is true and correct.

DATED this 25th day of February, 20 20.

[Signature]

Signature of Applicant (To be signed in the presence of the business license office employee)

Social Worker

Applicant's Title

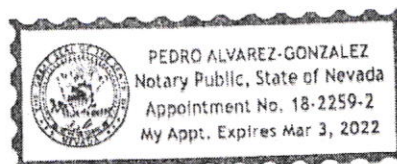
Witness Signature - (Business License Office Employee)

Name of City or County

If unable to sign this document in the presence of a Business License Employee, the Applicant's signature must be notarized.

SUBSCRIBED and SWORN to before me on this 25th day of February, 20 20.

[Signature]
NOTARY PUBLIC



D-25(1) (rev. 3/01)

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Noelle Parks

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☒ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
3925 Sarah Ct.

6 City, state, and ZIP code
Reno, NV 89509

7 List account number(s) here (optional)

8 Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or

Employer identification number

8	4	-	4	3	0	0	8	7	5
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here Signature of U.S. person ► N. Parks Date ► 2-18-20

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

BARBARA K. CEGAVSKE

Secretary of State

KIMBERLEY PERONDI

*Deputy Secretary for
Commercial Recordings*

STATE OF NEVADA



**OFFICE OF THE
SECRETARY OF STATE**

Commercial Recordings Division

202 N. Carson Street

Carson City, NV 89701

Telephone (775) 684-5708

Fax (775) 684-7138

North Las Vegas City Hall

2250 Las Vegas Blvd North, Suite 400

North Las Vegas, NV 89030

Telephone (702) 486-2880

Fax (702) 486-2888

CERTIFICATION OF EXEMPTION
NEVADA STATE BUSINESS LICENSE

You have filed a notice citing a statutory exemption pursuant to Nevada Revised Statutes and therefore are not required to maintain a Nevada State Business License.

If your exemption changes or your business is no longer exempt, you must file an amendment reflecting your current business status.

Nevada Business Identification Number: NV20201687389

Entity Name: Noelle Angela Parks

Associated Business Name: Socially Intact

Entity Type: NT7 Business License Sole Proprietor

Exemption Code: 003 - A home-based business

Issued this 01/09/2020

Please post in a Conspicuous Location