

4112 Screenshots

User Instructions

PSP Compliance Request Name	Q1 4112 Only Contractor	PSP Agreement Effective Date	7/6/2020
Organization	Sky Dimples	PSP2 Agreement Effective Date	5/14/2021
Status	In-Progress	Compliance Due Date	6/7/2021

Report Quarter	Q1 2021 (Jan 1-Mar 31)
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User Instructions

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Certification & Submission

User Instructions

Please complete each field providing supporting explanations and documentation (if required) prior to submission.

Recipients have the option to save within each section (e.g., Recipient Information, Headcount & Compensation, etc.) and complete the report at a later date.

Clicking the "submit" button will finalize Recipient input and not allow any further modifications after the reporting deadline. Any modifications made, after submission and prior to the reporting deadline date, require the recipient to recertify and resubmit reporting data.

Please review and update your contact information to include a secondary and alternate contact. Additional instructions can be found by hovering over the Help icons or in the [FAQs](#).

Definitions

User Instructions	Definitions Benefits Benefits means, without duplication of any amounts counted as Salary or Wages, pension expenses in respect of Employees, all expenses for accident, sickness, hospital, and death benefits to Employees, and the cost of insurance to provide such benefits; any Severance Pay or Other Benefits payable to Employees pursuant to a bona fide voluntary early retirement program or voluntary furlough; and any other similar expenses paid by the Recipient for the benefit of Employees, including any other fringe benefit expense described in lines 10 and 11 of Financial Reporting Schedule P-6, Form 41, as published by the Department of Transportation, but excluding any Federal, state, or local payroll taxes paid by the Recipient. (PSP Agreement "Definitions") Corporate Officers Corporate Officers means, with respect to the Recipient, its president; any vice president in charge of a principal business unit, division, or function (such as sales, administration or finance); any other officer who performs a policy-making function; or any other person who performs similar policy making functions for the Recipient. Executive officers of subsidiaries or parents of the Recipient may be deemed Corporate Officers of the Recipient if they perform such policy-making functions for the Recipient. (PSP Agreement "Definitions") Employee Employee means an individual who is employed by the Recipient and whose principal place of employment is in the United States (including its territories and possessions), including salaried, hourly, full-time, part-time, temporary, and leased employees, but excluding any individual who is a Corporate Officer or independent contractor. (PSP Agreement "Definitions") Involuntary Termination or Furlough Involuntary Termination or Furlough means the Recipient terminating the employment of one or more Employees or requiring one or more Employees to take a temporary suspension or unpaid leave for any reason, including a shut down or slow-down of business; provided, however, that an Involuntary Termination or Furlough does not include a Permitted Termination or Furlough. (PSP Agreement "Definitions") Permitted Termination or Furlough Permitted Termination or Furlough means, with respect to an Employee, (1) a voluntary furlough, voluntary leave of absence, voluntary resignation, or voluntary retirement, (2) termination of employment resulting from such Employee's death or disability, or (3) the Recipient terminating the employment of such Employee for cause or placing such Employee on a temporary suspension or unpaid leave of absence for disciplinary reasons, in either case, as reasonably determined by the Recipient acting in good faith. (PSP Agreement "Definitions") Returning Employee Returning Employee means an Employee of the Recipient who was subject to an Involuntary Termination or Furlough and who has elected to return to employment pursuant to a Recall. Salary Salary means, without duplication of any amounts counted as Benefits, a fixed regular payment, typically paid on a monthly or biweekly basis but often expressed as an annual sum, as well as cost-of-living differentials, vacation time, paid time off, sick leave, and overtime pay, paid by the Recipient to its Employees, but excluding any Federal, state, or local payroll taxes paid by the Recipient. (PSP Agreement "Definitions") Severance Pay or Other Benefits Severance Pay or Other Benefits means any severance payment or other similar benefits, including cash payments, health care benefits, perquisites, the enhancement or acceleration of the payment or vesting of any payment or benefit or any other in-kind benefit payable (whether in lump sum or over time, including after March 24, 2020) by the Recipient, or the Borrower and its Affiliates, as applicable, to a Corporate Officer or Employee in connection with any termination of such Corporate Officer's or Employee's employment (including, without limitation, resignation, severance, retirement, or constructive termination), which shall be determined and calculated in respect of any Employee or Corporate Officer of the Recipient or the Borrower, as applicable, in the manner prescribed in 17 C.F.R. 229.402(j) (without regard to its limitation to the five most highly compensated executives and using the actual date of termination of employment rather than the last business day of the Recipient's or Borrower's, as applicable, last completed fiscal year as the trigger event). Termination or Furlough A "Termination or Furlough" means either an Involuntary Termination or Furlough or a Permitted Termination or Furlough, as those terms are defined in the PSP Agreement. Total Compensation Total Compensation means compensation including salary, wages, bonuses, awards of stock, and any other financial benefits provided by the Recipient or an Affiliate, as applicable, which shall be determined and calculated for the 2019 calendar year or any applicable 12-month period in respect of any Employee or Corporate Officer of the Recipient in the manner prescribed under paragraph e.5 of the award term in 2 CFR part 170, App. A, but excluding any Severance Pay or Other Benefits in connection with a termination of employment (PSP Agreement "Definitions"). Wage Wage means, without duplication of any amounts counted as Benefits, a payment, typically paid on an hourly, daily, or piecework basis, including cost-of-living differentials, vacation, paid time off, sick leave, and overtime pay, paid by the Recipient to its Employees, but excluding any Federal, state, or local payroll taxes paid by the Recipient. (PSP Agreement "Definitions")
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Recipient Information

User Instructions	Recipient Information			
Definitions	Recipient Name in Agreement	Sky Dimples	Payroll Support Agreement	PSA-2007150166
<u>Recipient Information</u>	Recipient Taxpayer ID	45-098345	PSP 1 Agreement Effective Date	
Headcount & Compensation	Recipient DUNS	582845806	PSP 1 Prorated Awardable Amount	
Executive Compensation / Dividends	Fiscal Year End (Month)	--None--	PSP 1 Amount Paid to Date	
Additional Questions	Payroll Support 2 Agreement	PSAPA-2101210026	Borrower Name	
Catering	PSP 2 Agreement Effective Date		Loan Number	
Document Uploads	PSP 2 Prorated Awardable Amount		Type of Loan	Secured
Certification & Submission	PSP 2 Amount Paid to Date		Date of Loan Agreement	
			Total Loan Amount	\$0.00

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Headcount & Compensation – Employee Headcount

User Instructions

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Headcount & Compensation

Executive Compensation / Dividends

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Certification & Submission

Employee Headcount

Employee Wages, Salaries & Benefits

Additional Compensation

Employee Headcount

Total Number of Employees at START of the Report Quarter

12

Total Number of New Hires DURING the Report Quarter. If you are only a PSP2 Recipient, please only include new hires since your PSP 2 Agreement Effective Date.

12

Changes in Employee Headcount

9

Total Number of Permitted Terminations or Furloughs DURING the Report Quarter

2

Total Number of Involuntary Terminations or Furloughs DURING the Report Quarter. If you are only a PSP2 Recipient, please only include terminations or furloughs since your PSP 2 Agreement Effective Date.

1

For each employee involuntarily terminated or furloughed during the Report Quarter and after the PSP Agreement Effective Date, Treasury requires that you provide additional information, including:

- Reasons for terminating each employee; and
- Date each employee was terminated; and
- Identification of each employee hired back; and
- The total amount of forgone compensation (Salary, Wages and Benefits) each employee would have received from the termination or furlough date through the end of the Report Quarter had such employee remained employed; and
- Number of months and dollar amount of severance, if any.

*If the number of involuntary terminations or furloughs is not zero, please enter an explanation.

It is what it is.

Job Creation and Retention

Number of jobs created and/or retained during the Report Quarter.*

-2

1. Only compensated employment in the U.S. or outlying areas should be counted.

*Please be advised that Treasury and/or the Pandemic Response Accountability Committee (PRAC) may be required to publish the number of jobs that you report – in addition to the amount of payroll support received and expended – on one or more public sites including <https://www.pandemicoversight.gov/> pursuant to section 15011 of the CARES Act (Pub. L. No. 116-136), as amended by Title VIII, Section 801(b) of the Consolidated Appropriations Act, 2021 (Pub. L. No. 116-260) on December 27, 2020. In recognition of the diversity within the Payroll Support Program and the inherent difficulty in evaluating alternative financing options faced by employers in a variety of circumstances during the unprecedented pandemic, Treasury is allowing you to determine the basis for estimating the number of jobs created or retained and is not prescribing a single methodology. In one example utilized for the American Recovery and Reinvestment Act, the number of jobs retained is equal to the number of existing positions that were funded by your payroll support award during the quarter, expressed as the total number of hours worked and funded with payroll support within the reporting quarter divided by 40 or the number of hours in a full-time schedule. Recipients should otherwise use their discretion to estimate and where possible rely on payroll records. Please ensure the number reported does not exceed your total headcount reported and that where it does the difference is attributable to headcount versus full-time equivalent calculations or the inclusion of spillover effects for corporate officers or other positions.

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Headcount & Compensation – Employee Wages, Salaries, & Benefits

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✓

Employee Wages, Salaries & Benefits

Additional Compensation

Employee Wages and Salaries

Total Employee Wages and Salaries

Employee Benefits

Total Employee Benefits

Total Employee Wages, Salaries & Benefits Paid

\$0.00

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Compliance Supplemental Information

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Headcount & Compensation – Additional Compensation

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Certification & Submission

✓

✓

Additional Compensation

Payroll Support Program Use of Funds
Total Amount of Payroll Support Spent (PSP1) spent during the Report Quarter

Total Amount of Payroll Support Spent (PSP1) spent on expenses other than Salary, Wages, and Benefits during the Report Quarter

Total Amount of Payroll Support Spent (PSP1 Top-Off) spent during the Report Quarter

Total Amount of Payroll Support Spent (PSP1 Top-Off) spent on expenses other than Salary, Wages, and Benefits during the Report Quarter

Total Amount of Payroll Support Spent (PSP2) during the Report Quarter

Total Amount of Payroll Support Spent (PSP2) on expenses other than Salary, Wages and Benefits during the Report Quarter

If (a) Total Amount of PSP1, PSP2, or a combination of both, funds spent is greater than Total Employee Wages, Salaries, and Benefits or (b) Total Amount of PSP1, PSP2, or a combination of both, funds spent on expenses other than Salary, Wages, and Benefits is greater than zero, please upload an explanation which must include an Itemized list of expenses.

Upload Required Doc(s)

Additional Employee Compensation Information
Number of Employees whose Pay Rate was reduced, without their consent, DURING the Report Quarter. If you are only a PSP2 Recipient, please only include Employees whose Pay Rate was reduced without their consent since your PSP 2 Agreement Effective Date.

Number of Employees whose Benefits were reduced, without their consent, DURING the Report Quarter. If you are only a PSP2 Recipient, please only include Employees whose Benefits were reduced without their consent since your PSP 2 Agreement Effective Date.

If the response to any of the questions in the Additional Employee Compensation Information is not zero, please enter an explanation

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Executive Compensation/Dividends

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Executive Compensation / Dividends

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Certification & Submission

Total Compensation

Enter the number of such Employees and Corporate Officers who received Severance Pay or Other Benefits after March 24, 2020 that exceeded twice their 2019 Total Compensation.

Please enter the total number of Corporate Officers and Employees whose Total Compensation exceeded \$425,000 in 2020.

Enter the total number of such Corporate Officers or Employees whose total Compensation during any 12 consecutive months ending during the Report Quarter exceeded their 2019 Total Compensation.

Please enter the total number of Corporate Officers and Employees whose Total Compensation exceeded \$3,000,000 in 2020.

Enter the number of such Corporate Officers and Employees whose Total Compensation during any 12 consecutive months from the PSP Agreement Effective Date exceeds the sum of \$3,000,000 and 50% of the excess over \$3,000,000.

Dividends & Buybacks

Has the Recipient purchased an equity security of the Recipient/parent company listed on a national securities exchange DURING the Report Quarter? If you are only a PSP2 Recipient, please only include purchases since your PSP 2 Agreement Effective Date.

--None--

If yes, please upload an explanation that includes the number of shares, the dollar amount, and the date of the transaction.

Upload Required Doc(s)

Upload Files

Or drop files

Has the Recipient paid dividends, or made any other capital distributions, with respect to the Recipient's common stock (or equivalent equity interest) DURING the Report Quarter? If you are only a PSP2 Recipient, please include dividends or other capital distributions since your PSP 2 Agreement Effective Date.

--None--

If yes, please upload an explanation that includes the dollar amount and the date of the transaction.

Upload Required Doc(s)

Upload Files

Or drop files

If yes, was the entity that paid a dividend or made a capital distribution an S-Corp or pass-through entity?

--None--

Was the dividend or capital distribution to cover the owners' tax obligations in respect to the entity's earnings?

--None--

Save

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Additional Questions - PSP1 and PSP2 4112 Only Air Carrier (#1)

User Instructions	Your organization reported 0 number of Involuntary Terminations or Furloughs between October 1, 2020 and the PSP2 Agreement Effective Date ("Employees Involuntarily Terminated or Furloughed"). Can you confirm the accuracy of this figure?
Definitions	--None--
Recipient Information	Total Number of Recall Notices sent to Employees Involuntarily Terminated or Furloughed within 72 hours of signing the PSP2 Agreement.
Headcount & Compensation	
Executive Compensation / Dividends	Total Number of Recall Notices sent to Employees Involuntarily Terminated or Furloughed after 72 hours of signing the PSP2 Agreement.
Additional Questions	Involuntary Termination/Furlough to Recall Notice Difference 0.00
Document Uploads	How many of the Employees Involuntarily Terminated or Furloughed signified their desire to return within the required time period?
Certification & Submission	Were all Returning Employees* rehired within 30 days from confirming their desire to return?
	--None--
	Total Number of Returning Employees rehired within 30 days.
	Unhired Returning Employees 0.00
	Were all Returning Employees compensated for lost Salary, Wages, and Benefits within 30 days after returning to employment?
	--None--
	Were all Returning Employees compensated for all Salary, Wages, and Benefits that they would have earned between December 1, 2020 and the PSP2 Agreement Effective Date?
	--None--
	Total Amount of lost Salary, Wages, and Benefits compensation paid to Returning Employees.
	Did you properly restore all rights to the Returning Employees as if such Returning Employees had not been subject to an Involuntary Termination or Furlough?
	--None--
	If any of the above questions were answered in the negative you must provide an explanation below.
	Save

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Additional Questions - PSP1 and PSP2 4112 Contractor (#2)

User Instructions	Your organization reported 0 number of Involuntary Terminations or Furloughs between October 1, 2020 and the PSP2 Agreement Effective Date ("Employees Involuntarily Terminated or Furloughed"). Can you confirm the accuracy of this figure?
Definitions	--None--
Recipient Information	Total Number of Recall Notices sent to Employees Involuntarily Terminated or Furloughed within 72 hours of signing the PSP2 Agreement.
Headcount & Compensation	
Executive Compensation / Dividends	Total Number of Recall Notices sent to Employees Involuntarily Terminated or Furloughed after 72 hours of signing the PSP2 Agreement.
Additional Questions	
Catering	Involuntary Termination/Furlough to Recall Notice Difference
Document Uploads	0.00
Certification & Submission	How many of the Employees Involuntarily Terminated or Furloughed signified their desire to return within the required time period?
	Were all Returning Employees* rehired within 30 days from confirming their desire to return?
	--None--
	Total Number of Returning Employees rehired within 30 days.
	Unhired Returning Employees
	0.00
	Were all Returning Employees compensated for lost Salary, Wages, and Benefits within 30 days after returning to employment?
	--None--
	Were all Returning Employees compensated for all Salary, Wages, and Benefits that they would have earned between December 27, 2020 and the PSP2 Agreement Effective Date?
	--None--
	Total Amount of lost Salary, Wages, and Benefits compensation paid to Returning Employees.
	Did you properly restore all rights to the Returning Employees as if such Returning Employees had not been subject to an Involuntary Termination or Furlough?
	--None--
	If any of the above questions were answered in the negative you must provide an explanation below.
	Save

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Additional Questions - PSP2 4112 Only Air Carrier (#3)

User Instructions	Your organization reported 0 number of Involuntary Terminations or Furloughs between March 27, 2020 and the PSP2 Agreement Effective Date ("Employees Involuntarily Terminated or Furloughed"). Can you confirm the accuracy of this figure?
Definitions	--None--
Recipient Information	Total Number of Recall Notices sent to Employees Involuntarily Terminated or Furloughed within 72 hours of signing the PSP2 Agreement.
Headcount & Compensation	12
Executive Compensation / Dividends	Total Number of Recall Notices sent to Employees Involuntarily Terminated or Furloughed after 72 hours of signing the PSP2 Agreement.
	50
Additional Questions	Involuntary Termination/Furlough to Recall Notice Difference
	-62.00
Document Uploads	How many of the Employees Involuntarily Terminated or Furloughed signified their desire to return within the required time period?
	50
Certification & Submission	Were all Returning Employees* rehired within 30 days from confirming their desire to return?
	Yes
	Total Number of Returning Employees rehired within 30 days.
	20
	Unhired Returning Employees
	30.00
	Please upload an explanation if there is a discrepancy between the Total Number of Employees who signified their desire to return within 14 days and the Total Number of Returning Employees rehired within 30 days.
	Upload Required Doc(s)
	Upload Files Or drop files
	Were all Returning Employees compensated for lost Salary, Wages, and Benefits within 30 days after returning to employment?
	Yes
	Were all Returning Employees compensated for all Salary, Wages, and Benefits that they would have earned between December 1, 2020 and the PSP2 Agreement Effective Date?
	--None--
	Total Amount of lost Salary, Wages, and Benefits compensation paid to Returning Employees.
	50,000
	Did you properly restore all rights to the Returning Employees as if such Returning Employees had not been subject to an Involuntary Termination or Furlough?
	--None--
	If any of the above questions were answered in the negative you must provide an explanation below.
	Save

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Additional Questions - PSP2 4112 Contractor (#4)

User Instructions	Your organization reported 0 number of Involuntary Terminations or Furloughs between March 27, 2020 and the PSP2 Agreement Effective Date ("Employees Involuntarily Terminated or Furloughed"). Can you confirm the accuracy of this figure?
Definitions	--None--
Recipient Information	Total Number of Recall Notices sent to Employees Involuntarily Terminated or Furloughed within 72 hours of signing the PSP2 Agreement.
Headcount & Compensation	
Executive Compensation / Dividends	Total Number of Recall Notices sent to Employees Involuntarily Terminated or Furloughed after 72 hours of signing the PSP2 Agreement.
Additional Questions	Involuntary Termination/Furlough to Recall Notice Difference
	0.00
Catering	How many of the Employees Involuntarily Terminated or Furloughed signified their desire to return within the required time period?
Document Uploads	
Certification & Submission	Were all Returning Employees* rehired within 30 days from confirming their desire to return?
	--None--
	Total Number of Returning Employees rehired within 30 days.
	Unhired Returning Employees
	0.00
	Were all Returning Employees compensated for lost Salary, Wages, and Benefits within 30 days after returning to employment?
	--None--
	Were all Returning Employees compensated for all Salary, Wages, and Benefits that they would have earned between December 27, 2020 and the PSP2 Agreement Effective Date?
	--None--
	Total Amount of lost Salary, Wages, and Benefits compensation paid to Returning Employees.
	Did you properly restore all rights to the Returning Employees as if such Returning Employees had not been subject to an Involuntary Termination or Furlough?
	--None--
	If any of the above questions were answered in the negative you must provide an explanation below.
	Save

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Catering (yes for both scenarios)

User Instructions	Are you or any of your affiliates a catering contractor? Yes Did you or your affiliate(s) report PSP1 funds expended through March 31, 2021? Yes Of the total amount of funds that Sky Dimples received from Treasury in PSP 1, the amount that had not been expended was:
Definitions	
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Executive Compensation / Dividends	
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Catering	
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Certification & Submission	

Catering ("Yes" selected for catering contractor with "no" for PSP1 report)

User Instructions	Are you or any of your affiliates a catering contractor? Yes Did you or your affiliate(s) report PSP1 funds expended through March 31, 2021? No If No, please upload the following: 1. The name of each entity (Recipient and Affiliates) that performed catering functions. 2. For each entity, the total PSP1 funds expended through March 31, 2021. 3. The amount of PSP1 funds that not been expended as of April 30, 2021. Upload Required Doc(s) Upload Files Or drop files
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Catering (“No” selected as catering contractor)

User Instructions	Are you or any of your affiliates a catering contractor?
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Document Uploads

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***** ▼ *****

IRS Form 941 - Employer's Quarterly Federal Tax Return

Please submit the Form 941 (or IRS-acceptable equivalent) submitted to the Internal Revenue Service for the Report Quarter in a PDF format.

Upload Required Doc(s)

Upload Files

Or drop files

OR

Check box if NOT required to submit IRS Form 941

☐

Using information from the Form 941 (or IRS-acceptable equivalent), please complete the following:

Number of Employees (Line 1)

Business Closed (Line 17)

--None-- ▼

Wages, Tips and Other Compensation (Line 2)

Seasonal (Line 18)

--None-- ▼

Financial Statements & Information

Do you file through EDGAR with the SEC?

--None-- ▼

Financial information upload includes: 1) income statement; 2) balance sheet; 3) statement of cash flow; 4) notes to financial statement; and 5) name and address of auditor/reviewer of statements

Upload Required Doc(s)

Upload Files

Or drop files

If any of the five required documents are not available for upload, please provide an explanation.

Did you upload an Income Statement?

--None-- ▼

Did you upload a Balance Sheet?

--None-- ▼

Did you upload a Statement of Cash Flow?

--None-- ▼

Did you upload Notes to Financial Statements?

--None-- ▼

Did you upload a name and address of auditor/reviewer of statements?

--None-- ▼

If you would like to provide explanations or greater detail to any of your responses, please enter explanation here.

Save

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Certification & Submission (“Yes” selected for authorized representative, with “No” for each attestation)

User Instructions	Are you an authorized representative of the Signatory Entity with authority to make certifications on behalf of the Recipient? Yes This certification is delivered by Pegasus Wings to the Department of the Treasury (Treasury) in connection with the Payroll Support Program Agreement (PSP Agreement) between Pegasus Wings and Treasury under Subtitle A of Title IV of Division N of the Consolidated Appropriations Act, 2021 (PSP Extension Law). Capitalized terms used but not defined herein have the meanings set forth in the PSP Agreement. The undersigned is an authorized representative of the Signatory Entity with authority to make the following representations on behalf of the Recipient. I certify, in my capacity as an authorized representative of the Signatory Entity and on behalf of the Signatory Entity and each other Recipient, that the Recipient has been in continuous compliance with the terms and conditions of the PSP Agreements between the date of execution by both parties of the PSP Agreement (the Effective Date) and March 30, 2021. I attest to this certification. If no, I do not attest, please upload explanation below. No Upload Required Doc(s) Upload Files Or drop files I certify, in my capacity as an authorized representative of the Signatory Entity and on behalf of the Signatory Entity and each other Recipient, that the Recipient has continuously maintained effective internal controls to prevent, detect, and report violations of the terms and conditions of the PSP Agreements between the Effective Date and March 30, 2021. I attest to this certification. If no, I do not attest, please upload explanation below. No Upload Required Doc(s) Upload Files Or drop files I certify, in my capacity as an authorized representative of the Signatory Entity and on behalf of the Signatory Entity and each other Recipient, that the data, documents, and other information submitted with this certification are true and correct and do not contain any materially false, fictitious, or fraudulent statement, nor any concealment or omission of any material fact. I attest to this certification. If no, I do not attest, please upload explanation below. No Upload Required Doc(s) Upload Files Or drop files I make these certifications after reasonable inquiry of people, systems, and other information available to the Recipient. I acknowledge that a materially false, fictitious, or fraudulent statement (or concealment or omission of material fact) in this certification may be the subject of criminal prosecution and also may subject the Recipient to civil penalties and/or administrative remedies for false claims or otherwise. Authorized Representative Name: PAUL CHEAKALOS Authorized Representative Title: Submit
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Certification & Submission (“No” selected for authorized representative)

User Instructions	Are you an authorized representative of the Signatory Entity with authority to make certifications on behalf of the Recipient? No
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Please download the following certification, and have it signed by an authorized representative of the Signatory Entity:

[Certification Download](#)

Please upload the signed certification below in order to submit.

Upload Required Doc(s)

[Upload Files](#) Or drop files

Submit

PAYROLL SUPPORT PROGRAM

Quarterly Compliance Certification

Are you an authorized representative of the Signatory Entity with authority to make certifications on behalf of the Recipient?

_____Yes _____No

This certification is delivered by Pegasus Wings to the Department of the Treasury (Treasury) in connection with the Payroll Support Program Agreement (PSP Agreement) between Pegasus Wings and Treasury under Division A, Title IV, Subtitle B of the Coronavirus Aid, Relief and Economic Security Act. Capitalized terms used but not defined herein have the meanings set forth in the PSP Agreement.

The undersigned is an authorized representative of the Signatory Entity with authority to make the following representations on behalf of the Recipient.

I certify, in my capacity as an authorized representative of the Signatory Entity and on behalf of the Signatory Entity and each other Recipient, that the Recipient has been in continuous compliance with the terms and conditions of the PSP Agreement between the date of execution by both parties of the PSP Agreement (the Effective Date) and March 30, 2020.

I attest to this certification. If no, I do not attest, please upload explanation below.

_____Yes _____No

I certify, in my capacity as an authorized representative of the Signatory Entity and on behalf of the Signatory Entity and each other Recipient, that the Recipient has continuously maintained effective internal controls to prevent, detect, and report violations of the terms and conditions of the PSP Agreement between the Effective Date and March 30, 2020.

I attest to this certification. If no, I do not attest, please upload explanation below.

_____Yes _____No

Certification & Submission – Certification Download Document – Page 2 of 2

I certify, in my capacity as an authorized representative of the Signatory Entity and on behalf of the Signatory Entity and each other Recipient, that the data, documents, and other information submitted with this certification are true and correct and do not contain any materially false, fictitious, or fraudulent statement, nor any concealment or omission of any material fact.

I attest to this certification. If no, I do not attest, please upload explanation below.

_____ Yes _____ No

I make these certifications after reasonable inquiry of people, systems, and other information available to the Recipient. I acknowledge that a materially false, fictitious, or fraudulent statement (or concealment or omission of material fact) in this certification may be the subject of criminal prosecution and also may subject the Recipient to civil penalties and/or administrative remedies for false claims or otherwise.

Authorized Representative Name: _____

Authorized Representative Title: _____

Authorized Representative Signature: _____

Date: _____