

Trusted Partner Information Packet Mold In Graphic Systems® / Polyfuze Graphics® Corp.

LEAN / SIX SIGMA

Mold In Graphic Systems® (MIGS) / Polyfuze® Graphics Corporation (PGC) are Lean Manufacturing - Six Sigma companies, with a team of certified Lean Black Belt and Green Belt professionals.

STANDARDS INDUSTRY MEMBERSHIPS



MANAGEMENT

President / CEO:
Senior Vice President of Commercial Strategy:
VP of Innovative Partnerships – Reusables & Labeling Innovation
Vice President of Marketing:
Operations Manager:
CFO:
Quality Assurance:

Matthew P. Stevenson
Marty Mares
Helen Barker
Mick Fagle
Zach Sangiovanni
Jaci Ulmer
Wyatt Stevenson

COMPANY LOCATION INFORMATION

Location:

MIGS/PGC is located at the geographical center of the State of Arizona within the Verde Valley.

Physical Address:

999 W. State Route 89A Clarkdale, AZ. 86324

Distribution Locations:

Various distribution partnerships throughout the world.

COMPANY ABOUT & BIO

Established in 1983, MIGS / PGC are industry leaders in Polymer Fusion Labeling Technology for Polyolefin Durable Goods. We offer a range of enhancement products for polyolefin plastics, including paints, polymers, cleaners, and adhesives. Our team includes expert engineers and brand specialists who provide technical support for labeling, decorating, and enhancement needs. Our commitment is to provide permanently polymer-fused labels for your product's lifespan, living up to our tagline: 'Solving problems one label at a time!'

Official Organization Names:

Joram Corporation, dba Mold in Graphic Systems ("C" Corporation) and Polyfuze Graphics Corporation ("S" Corporation)

Privately Held:

50 - 100 Team Members

FINANCIALS

Federal ID#:

77-0043837 NAICS/SIC-323113/2396

Business Class:

Veteran Owned Small Business



MIGS / PGC
999 W. State Route 89A
Clarkdale, AZ. 86324
Tel: 928.634.8888

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MANUFACTURING

Business Hours:	Monday - Thursday; 6:30am - 5pm MST Friday; CLOSED
Trade Secrets:	Due to the proprietary nature of our products, MIGS/PGC does not disclose details about our facility, manufacturing processes, equipment, or materials
Experience:	Since 1983, MIGS/PGC has manufactured millions of Polymer Fusion Labels for various industries that manufacture durable polyolefin products including Commercial, Automotive, Outdoor Power Equipment, Transportation, Powersports, Toys, Waste, Agriculture, Heavy Equipment, Medical, and more. Our experienced manufacturing and operations team, drawn from diverse industries, has further strengthened our ability to serve our partners.
Established Policy:	We have a well-established quality policy that can be downloaded at https://moldinggraphics.com/documents/ . This policy encompasses the management of internal documents, first article inspection, manufacturing process control, root cause analysis, and prompt corrective action. All necessary document records are retained for three years and can be made available for review upon request
Purchasing Gateway:	MIGS offers online ordering to help serve you better. Please visit https://purchasing.moldinggraphics.com/login.php
Training Program:	Well-established training program supported by documented Standard Operation Procedures and Work Instructions.
Safety Policy:	Standard Operation Safety Procedure provides a structure for management of Emergencies in accordance with the OSHA Emergency Planning & Operations.
Banking:	Information provided upon request. Please note however that MIGS does not provide internal financial information or allow external auditing.
Payment Terms:	CIA or, following business credit approval, your company will be granted NET 30 day terms. MIGS accepts only USD currency.
Shipping:	MIGS / PGC is pleased to extend a significant shipping discount to our customers through our preferred shipping partner, Federal Express. All shipments, whether domestic or international, are FOB from our facility in Clarkdale, AZ.
Statistics:	PPM - 250ppm OTTR: 99%, RTY: 96% SIGMA: 4
EDI Compliance:	Not Currently EDI Compliant

MIGS / PGC GENERAL TERMS & CONDITIONS / LIMITED WARRANTY

MIGS T&C's, Warranty, Other:	www.moldinggraphics.com/documents/
PGC T&C's:	https://polyfuze.com/general-terms-conditions/
PGC Warranty:	https://polyfuze.com/warranty/



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Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification ▶ Go to www.irs.gov/FormW9 for instructions and the latest information.	Give Form to the requester. Do not send to the IRS.																																													
1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Joram Corporation																																															
2 Business name/disregarded entity name, if different from above Mold In Graphic Systems																																															
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. 999 W. State Route 89A																																															
6 City, state, and ZIP code Clarkdale, AZ 86324																																															
7 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 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 <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td colspan="9" style="text-align: center;">or</td> </tr> <tr> <td colspan="9" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 30px; height: 20px;">7</td> <td style="width: 30px; height: 20px;">7</td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;">0</td> <td style="width: 30px; height: 20px;">0</td> <td style="width: 30px; height: 20px;">4</td> <td style="width: 30px; height: 20px;">3</td> <td style="width: 30px; height: 20px;">8</td> <td style="width: 30px; height: 20px;">3</td> </tr> </table>			Social security number																		or									Employer identification number									7	7		0	0	4	3	8	3
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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); and 4. 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.																																															
<table style="width: 100%;"> <tr> <td style="width: 15%;">Sign Here</td> <td style="width: 55%;"> Signature of U.S. person <i>Leticia Aschel</i> </td> <td style="width: 30%;"> Date ▶ <i>1-14-2023</i> </td> </tr> </table>			Sign Here	Signature of U.S. person <i>Leticia Aschel</i>	Date ▶ <i>1-14-2023</i>																																										
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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-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 1099 (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.																																															

Cat. No. 10231X

Form W-9 (Rev. 10-2018)

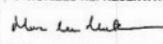


Solving Problems One Label At A Time

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	CERTIFICATE OF LIABILITY INSURANCE	MOLDING-01	WFOSTER																																			
		DATE (MM/DD/YYYY) 12/26/2024																																				
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).																																						
PRODUCER The Mahoney Group - Mesa 1835 South Extension Road Mesa, AZ 85210	CONTACT Wende Foster PHONE (A/C, No, Ext): (480) 214-2755 FAX (A/C, No): (480) 730-4929 E-MAIL: wfoster@mahoneygroup.com Address:																																					
INSURED Joram Corporation dba Mold In Graphic Systems 999 W State Route 89A Clarkdale, AZ 86324		INSURER(S) AFFORDING COVERAGE																																				
		INSURER A: Federal Insurance Company																																				
		INSURER B: CopperPoint Premier Insurance Co																																				
		INSURER C:																																				
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>INSUR LTR</th> <th>TYPE OF INSURANCE</th> <th>ADDL SUBR/INSO WVD</th> <th>POLICY NUMBER</th> <th>POLICY EFF (MM/DD/YYYY)</th> <th>POLICY EXP (MM/DD/YYYY)</th> <th>LIMITS</th> </tr> </thead> <tbody> <tr> <td>A</td> <td> ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER: </td> <td></td> <td>36027224WUC</td> <td>12/31/2024</td> <td>12/31/2025</td> <td> EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PO/ AGG \$ 2,000,000 </td> </tr> <tr> <td>A</td> <td> AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED ☐ AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY </td> <td></td> <td>73604293</td> <td>12/31/2024</td> <td>12/31/2025</td> <td> COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ </td> </tr> <tr> <td>A</td> <td> ☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED \$ RETENTION \$ </td> <td></td> <td>79897566</td> <td>12/31/2024</td> <td>12/31/2025</td> <td> EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ </td> </tr> <tr> <td>B</td> <td> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below </td> <td>Y/N N/A</td> <td>1022803</td> <td>9/1/2024</td> <td>9/1/2025</td> <td> PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 </td> </tr> </tbody> </table> DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)				INSUR LTR	TYPE OF INSURANCE	ADDL SUBR/INSO WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:		36027224WUC	12/31/2024	12/31/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PO/ AGG \$ 2,000,000	A	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED ☐ AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY		73604293	12/31/2024	12/31/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	A	☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED \$ RETENTION \$		79897566	12/31/2024	12/31/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$	B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	1022803	9/1/2024	9/1/2025	PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
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CERTIFICATE HOLDER		CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 																																				

ACORD 25 (2016/03)

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