

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 – Durable Labeling / Reusables
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:
Distribution Locations:

999 W. State Route 89A Clarkdale, AZ. 86324
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#:
Business Class:

77-0043837 NAICS/SIC-323113/2396
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: PGC Warranty:	https://polyfuze.com/general-terms-conditions/ https://polyfuze.com/warranty/



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Form W-9 (Rev. March 2024) 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.
Before you begin. For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.		
1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) JORAM CORPORATION		
2 Business name/disregarded entity name, if different from above. MOLD IN GRAPHIC SYSTEMS		
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>		
5 Address (number, street, and apt. or suite no.). See instructions. 999 W STATE ROUTE 89A	Requester's name and address (optional)	
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 *How to get a TIN*, later.

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

Social security number																				
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Employer identification number																				
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7	7	-	0	0	4	3	8	3	7											

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 <i>Patricia Roehl</i>	Date <i>1-1-2020</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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



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CERTIFICATE OF LIABILITY INSURANCE

WOLDING-01

WFOSTER

DATE (MM/DD/YYYY)
12/31/2025

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 M&O Agencies, Incorporated 2826 W Gerontimo Place, Suite 360 Chandler, AZ 85224	CONTACT Wende Foster PHONE (A/C, No, Ext): (480) 214-2755 FAX (A/C, No): (480) 730-4929 E-MAIL: wfoster@mahoneygroup.com												
INSURED Mold In Graphics System 990 W State Route 89A Clarkdale, AZ 86324	INSURER(S) AFFORDING COVERAGE: <table border="1"> <tr> <td>INSURER A: Federal Insurance Company</td> <td>NAIC # 20281</td> </tr> <tr> <td>INSURER B: CopperPoint Premier Insurance Co</td> <td>12741</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: Federal Insurance Company	NAIC # 20281	INSURER B: CopperPoint Premier Insurance Co	12741	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER B: CopperPoint Premier Insurance Co	12741												
INSURER C:													
INSURER D:													
INSURER E:													
INSURER F:													

CLASS	TYPE OF INSURANCE	ADDL SUBR (INS, RVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER <input type="checkbox"/> LOC OTHER:		36027224WUC	12/31/2025	12/31/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		2573604293	12/31/2025	12/31/2025	COMBINED SINGLE LIMIT (Per occurrence) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED: RETENTION \$		79697566	12/31/2025	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? (Indicate by Y/N) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC1022603	9/1/2025	9/1/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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 _____
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ACORD 25 (2016/03)

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