

Notice of Material Change to the Vendor Contract

Pursuant to the terms of your awarded vendor contract, all vendors must notify Region 4 Education Service Center ("Region 4") when any material change in operations, that may adversely affect members, (i.e. assignment, bankruptcy, change of ownership, merger, etc.) is made. No material change may be made to the contract without the prior written approval of Region 4. Region 4 reserves the right to accept or reject any new party.

School Specialty, LLC (vendor	company name) hereby provides notice of the following material change to
contract number: $\frac{R191815, R190503}{R201105}$ on this date $\frac{J}{R}$	une 11, 2021
,	provide supporting documentation. Place your initials next to each item to sign the signature page with all require signatures, prior to submitting you
Assignment	X Change in ownership (sale/purchase)
Indicate if you are assigning to your own subsidiary	Asset Purchase Agreement
Assumption Agreement	_ Other supporting documentation
Other supporting documentation	☐ Acquisition
☐ Bankruptcy	Asset Purchase Agreement
Official legal Notice of Bankruptcy Proceedings	Other supporting documentation
Other supporting documentation	Other
☐ Merger	Supporting documentation
Share Exchange Agreement	
Merger and Acquisition Agreement	
Asset Purchase Agreement	
_ Other supporting documentation	
Notes: Vendor may include any other notes regarding the	material change here: (attach another page if necessary).

Upon approval of this notice, the awarded contract holder and/or subsequent assignee agree to and understand the following principles:

i. <u>Contract holder reference</u>. If the contract holder undergoes a merger, acquisition, or partial assignment, in which case they still maintain the contract, then all transactions made under the existing contract number (including purchase orders) must reference the name of the awarded contract holder. The exception to this requirement is if the contract holder no longer holds the contract or if the company has been acquired by another company and undergone a name change. Notice of the authorized name change, to the existing contract, must be provided and approved by Region 4.



In instances where the contract holder has acquired a separate and distinct company, and it is necessary to designate those certain purchases facilitated by the non-contract holder, then this designation may be made if, and only if, the contract holder is also referenced on the transaction.

- ii. <u>Maintenance of records</u>. Both the awarded contract holder and subsequent assignee agree to remain responsible for maintaining all auditable records, including documents kept in the ordinary course of business and sales invoices, related to National IPA and/or contract number pursuant to the statutory requirements identified in the vendor contract.
- iii. <u>Payments</u>. Both the awarded contract holder and subsequent assignee agree that all payments made by participating entities <u>must</u> be made directly to the contract holder, unless otherwise approved by Region 4. Accordingly, both parties acknowledge that in instances where it is necessary to designate the purchases facilitated by assignee, that the contract holder <u>must</u> also be referenced on the purchase order.
- iv. Handling of Proprietary and/or Confidential Information. In accord with the terms of the contract, both awarded vendor and assignee agree that at all times it will hold in strict confidence and not disclose to any third party Confidential and/or Proprietary information of Region 4, except as approved in writing by Region 4, and will use the Confidential Information for no purpose other than providing services under contract number R201105. Both awarded vendor and assignee shall only permit access to Confidential Information to those of its employees or authorized representatives having a need to know and who have signed confidentiality agreements or are otherwise bound by confidentiality obligations at least as restrictive as those contained herein.

This document is to be construed in strict accordance with the terms and conditions outlined in the Region 4/vendor master agreement referenced herein. Both awarded vendor and assignee agree to uphold the vendor obligations set forth in the vendor agreement. This Agreement will become effective when signed by all parties.

AGREED AND ACCEPTED AS OF THE DATE FIRST SET FORTH ABOVE:

Company name of awarded vendor School Specialty, Inc.	Official name of assigned or added company School Specialty, LLC		
BY: Excels E-S	BY: amy Fuss		
NAME: Bradley E. Scher	NAME: Amy Fuss		
TITLE: Liquidator	TITLE: Assistant Secretary		
Region do Education Service Center Robert Eingelmann BY:	_		
NAME:	_		
TITLE: CFO	_		
DATE: 6/23/2021 9:49 AM CDT	_		



W6316 Design Drive Greenville, WI 54942 P.O. Box 1017 Appleton, WI 54912-1017

Dear School Specialty Supplier

Re: Legal Entity Change

We are writing to inform you that the business, assets and operations of School Specialty Inc, have been acquired by an entity formed by TCW Asset Management Company, LLC, Cerberus Capital Management, and Lantern Capital Partners. The transaction was completed on September 15, 2020.

The transaction has not had an impact on day-to-day operations, due to the structure of the transaction, our company now operates as a new legal entity. As such, we have transitioned <u>from School Specialty</u>, Inc. (FEIN# 39-0971239) <u>to SSI Parent LLC DBA School Specialty</u>, LLC. (FEIN# 85-2150354). All School Specialty proprietary brands are included in the ownership change.

Enclosed is the following document to start this transition:

Updated W9

All aspects of the **School Specialty** accounts payable department have remained the same. You will continue to invoice us at the same address you use today via the same delivery method you are currently using whether that be EDI, e-mail, fax or mail.

Please update your records to reflect the change in FEIN. If you require additional documentation and have questions, please email your request to: accountspayable@schoolspecialty.com and we will respond to your request as soon as possible.

Thank you in advance for your prompt attention to our request.

Sincerely,

School Specialty LLC
Accounts Payable Department







































Form W-9
(Rev. October 2018)
Department of the Treasury

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.					
	SSI Parent LLC						
	Business name/disregarded entity name, if different from above						
	School Specialty, LLC						
page 3.	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.			4 Exemptions (codes apply only to certain entitles, not individuals; see instructions on page 3):			
ė. Es	Individual/sole proprietor or C Corporation S Corporation single-member LLC	✓ Pertnership	Trusi/estate	Exempt payee code (if any)			
울을	☐ Urnited liability company. Enter the tax classification (C=C corporation, S=:	S corporation, P=Partnershi	ip) ►				
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from another LLC that is not disregarded from the owner for U.S. federal tax pur is disregarded from the owner should check the appropriate box for the tax	Exemption from FATCA reporting code (if any)					
Ş	☐ Other (see Instructions) ➤			(Applies to accounts maintained outside the U.S.)			
	5. Address (number, street, and apt. or suite no.) See instructions.	A	lequester's name a	nd address (optional)			
Sae	W6316 Design Drive 8 City, state, and ZIP code						
	Greenville, WI 54942						
	7 List account number(s) here (optional)	 					
Par	Taxpayer Identification Number (TIN)		***************************************				
Enter	your TIN in the appropriate box. The TIN provided must match the name	given on line 1 to avok	d Social sec	urity number			
backu	p withholding. For individuals, this is generally your social security number	ber (SSN). However, for	a				
	nt allen, sole proprietor, or disregarded entity, see the instructions for P s, it is your employer identification number (EIN). If you do not have a nu		.	-			
TIN, la		miner, see now to get a	or or				
Note:	If the account is in more than one name, see the instructions for line 1,	Also see What Name an		Identification number			
Numb	er To Give the Requester for guidelines on whose number to enter.						
			8 5	- 2 1 5 0 3 5 4			
Par	II Certification						
	Certification penalties of perjury, I certify that:						
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alien), to provide your correct TIN.

later.

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,

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)