BENNY G. COURTNEY

INVOICE

Benny Courtney
bcourtney@austin.rr.com
1-512-913-8650

Attention: Danny R. Rothe
Title: Waller County Director of Facilities
Waller County Courthouse
836 Austin Street
Hempstead, Texas 77445
Date: 7/29/25

Project Title: Tower and Bell Option #3 APPROVED IN COURT
Invoice for 75% of accepted proposal as specified
Invoice Number: 250701

Description	Quantity	Unit Price	Cost
Deposit 75% of $38,204.00	1	$28,653.00	$28,653.00
		Subtotal	$28,653.00
		Total	$28,653.00

CAN COME OUT OF SOFT COST LINE ITEM #30 $50,000 THAT WILL NOT BE USED.

Payment is to be by, check or EFT.

EFT, Broadway Bank Routing Number: 114021933

Account Number: 410013604

Check payment: Benny Courtney

1801 Bebee Rd . Kyle, Texas 78640

APPROVED DANNY ROTHE WC/DF/CM 8/10/2025

Sincerely yours,

Benny G. Courtney

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 *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.

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.)

Benny G. Courtney

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

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.

☑ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ 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 ☐

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

1801 Bebee Rd

Requester's name and address (optional)

6 City, state, and ZIP code

Kyle, Texas 78640

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: 3 1 1 - 5 2 - 8 3 3 2

or

Employer identification number: -

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.

Sign Here Signature of U.S. person Benny G Courtney Date 10/28/24

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

BOP1054168
Renewal of Number

RLI Insurance Company
9025 North Lindbergh Drive Peoria, IL 61615

HOME BUSINESS INSURANCE POLICY DECLARATIONS

Form Applicable ☐ Standard ☒ Special

Policy No. BOP1054168

Named Insured and Mailing Address:
Ben Courtney
DBA Ben Courtney Clock Service
1801 Bebee Rd.
Kyle, TX 78640

Administrator Name and Mailing Address:
Kraft Lake Insurance Agy Inc
5600 Beech Tree Lane
Caledonia, MI 49316

Policy Period:
From 07/31/25 to 07/31/26 at 12:01 A.M.*
Standard Time at your mailing address shown above

Insured's Brokering Agent
35352P George Torres

Exceptions:
12:00 noon in Michigan, North Carolina, and Puerto R

In return for the payment of the premium, and subject to all the terms of this policy we agree with you to provide the insurance as stated in this policy

BUSINESS DESCRIPTION

Form of Business ☒ Individual ☐ Joint Venture/Partnership ☐ LLC ☐ Organization (Any Other

Business description Clock or Watch Repair

DESCRIBED PREMISES	ADDITIONAL INTEREST
1801 Bebee Rd. Kyle, TX 78640	

PROPERTY

	PREM. NO. 1	BLDG. NO.	PREM. NO. 2	BLDG. NO.	PREM. NO. 3	BLDG. NO.
Limits of Insurance for						
Buildings	$ N/A		$ N/A		$ N/A	
*Actual Cash Value - Buildings Option (Y/N)						
*Automatic Increase - Business Personal Property Limit (%)	4 %		%		%	
Business Personal Property	$ 5,200		$		$	

Deductible $ 250 Minimum Earned Premium $ 76

Additional/Optional Coverages – Applicable only if an "X" is shown in the boxes below:

	Limits of Insurance	
1. ☐ Money and Securities (Special Form only)	$	Inside the Premises
☐	$	Outside the Premises
2. ☐ Jewelry and Watch Increased Theft Coverage		
3. ☒ Other (specify) Additional Insured, Waiver of Rights		

LIABILITY AND MEDICAL PAYMENTS

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period
Please refer to **Section II – Liability** in the Businessowners Coverage Form and any attached endorsements.

	Limits of Insurance	
Liability and Medical Expenses	$ 1,000,000	per occurrence
Medical Expenses	$5,000	per person
Damage to Premises Rented to You	$ 50,000	any one premises
Other Than Products/Completed Operations Aggregate	$ 2,000,000	
Products/Completed Operations Aggregate	$ 2,000,000	

FORMS AND ENDORSEMENTS Forms and Endorsements made part of this policy at time of issue

Please see reverse side.

PREMIUM

Policy Premium	Florida HCF Surcharge	Florida CPIC Surcharge	Total
$ 305.00	$ 0.00	$ 0.00	**Annual Premium $305.00**

Countersigned By Christina G. Dean
Authorized Representative

THESE DECLARATIONS, TOGETHER WITH THE COVERAGE FORM(S), COMMON POLICY CONDITIONS AND FORMS, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THERE OF, COMPLETE THE ABOVE NUMBERED POLICY.