VERIFICATION

Note: Prefer Affiant to be President, Treasurer, General Manager or Receiver of Company*

ompany Name: nexVortex, Inc.			
nnual Repor	t for calendar year	2024	
	Affi	iant Information	
Name		Eileen Cohan	
Title	Gene	eral Counsel, Assistant Secretary	
City, State		Herndon, VA 20170	
County			
	the President, Treasurer, overify the accuracy of the	General Manager or Receiver of the company then explair e information presented:	ı
4/1	1/2025	/s/Eileen Cohan	
	1/2025 Date	/s/Eileen Cohan Signature of Affiant (If electronic signatures are used, you must use "/s/" before the nam	ə. <i>)</i>
]	Date	Signature of Affiant	ə. <i>)</i>
Subscribed ar	Date nd sworn to before me, a Not 11 My Commission expires	Signature of Affiant (If electronic signatures are used, you must use "/s/" before the name tary Public, in and for the State and County above named, day of April , 2025	э.)

Missouri Revised Statutes §392.210, §393.140 and §509.030