## **Company Name**

(Provide the full name of the company as certificated or registered with the Missouri Public Service Commission, including any Commission approved d/b/a, if applicable. Please do not abbreviate.)

# TELECOMMUNICATIONS/IVoIP ANNUAL REPORT TO THE

# MISSOURI PUBLIC SERVICE COMMISSION

For the Calendar Year of January 1 - December 31, \_\_\_\_\_2024

| This filing is require            | ed pursuant to Commission Rule 20 CSR 424               | 0-28.012 and Section 392.210 RSMo.                |
|-----------------------------------|---|---|
| Please select horall that apply): | w the company is certificated and/or r                  | egistered with the Commission (check              |
| Incumbe                           | ent Local Telecommunications Company (ILEC              |   |
| X Compet                          | titive Local Exchange Telecommunications Con            | npany (CLEC)                                      |
| X Interexc                        | change or Local Non-Switched Telecommunicat             | ions Company (IXC)                                |
| X Intercon                        | nnected Voice over Internet Protocol Service Pr         | ovider (IVoIP)                                    |
| If unsure of the comp             | pany's authorization, see list of companies at:         | https://psc.mo.gov/Forms/Telecommunications Forms |
| X Public                          | ential (See instructions for how to file an annual repo |   |
| Evcel Issue Date: 02-04           | 1.25  | For use when filing under seal.                   |

| Frovide the following company information:  330 South 21st Street   | £a.  |   |  |  |
|---|--|---|--|--|
| Telephone Name: Greyson Kirby Street Address: Greyson Kirby Greyson Kirby Street Address: Greyson Kirby Greyson Greyson Kirby G | 101  | r the calendar year of January 1 -  | December 31, 2024  |  |
| Company Mailing Address Company Mailing Address (If different from street address)  Lincoln, NE 68510  City State Zip  The company's contact information in EFIS has been reviewed and updated as applicable.    Yes  | Provide the following  | company information:  |  |  |
| https://www.allocommunications.com  | 330 South  | 21st Street   |  |  |
| Company Meisling Address (if no website insert "not (if different from street address)  Lincoln, NE 68510  City State Zip  The company's contact information in EFIS has been reviewed and updated as applicable.  Yes No  Provide the following information for the person completing this annual report:  Name: Greyson Kirby Street Address:  Email Address: greyson.kirby@allofiber.com 330 South 21st Street  Telephone: Lincoln, NE 68510  I am (check as appropriate): An employee of the company A third-party preparer I am listed in EFIS as the company's annual report contact: Yes No  Identify the company's top three principal officers at the end of the year.  Title Name  President Brad Moline  Chief Experience Officer Allison O'Neil  Chief Financial Officer  ILECs, CLECs and IVoIP companies are required to provide the following Relay Missouri assessment information:  Relay Missouri Surcharge applied per line in December 2024 \$0.00  Revenue Collected From Relay Missouri Surcharge \$0.00  Revenue Collected From Relay Missouri Surcharge \$0.00  Relay Missouri Revenue Remitted to Relay Missouri Fund \$0.00  All companies are required to provide the following Missouri Information:  | Company Street   |   | Teleph   | one Number   |
| City   State   Zip  |  |   |  |  |
| The company's contact information in EFIS has been reviewed and updated as applicable.    Yes   |  |   | Company Website Add  | ress (if no website insert "non  |
| The company's contact information in EFIS has been reviewed and updated as applicable.    Yes   | Lincoln,   | NE 68510  |  |  |
| Provide the following information for the person completing this annual report:    Name:   Greyson Kirby   Street Address:     Email Address:   greyson.kirby@allofiber.com   330 South 21st Street     Lincoln, NE 68510   | City   | State Zip   |  |  |
| Provide the following information for the person completing this annual report:    Name:   Greyson Kirby   Street Address:     Email Address:   greyson.kirby@allofiber.com   330 South 21st Street     Telephone:   Lincoln, NE 68510     I am (check as appropriate):   An employee of the company   A third-party preparer     I am listed in EFIS as the company's annual report contact:   Yes   No     Identify the company's top three principal officers at the end of the year.   Title   Name   | The company's contact  | information in EFIS has been re   | viewed and updated as appli  | cable.   |
| Name:   Greyson Kirby   Street Address:   greyson.kirby@allofiber.com   330 South 21st Street   | ✓ Yes  | ☐ No  |  |  |
| Name:   Greyson Kirby   Street Address:   greyson.kirby@allofiber.com   330 South 21st Street   | Provide the following in   | nformation for the person comple  | eting this annual report:  |  |
| Email Address: greyson.kirby@allofiber.com 330 South 21st Street  Telephone: Lincoln, NE 68510  I am (check as appropriate): An employee of the company Athird-party preparer I am listed in EFIS as the company's annual report contact: Yes No  Identify the company's top three principal officers at the end of the year.  Title Name  President Brad Moline  Chief Experience Officer Allison O'Neil  Chief Financial Officer Nate Buhrman  ILECs, CLECs and IVoIP companies are required to provide the following Relay Missouri assessment information:  Relay Missouri Surcharge applied per line in December 2024  Revenue Collected From Relay Missouri Surcharge \$0.00  Revenue Remitted to Relay Missouri Fund \$0.00  Relay Missouri Revenue Remitted to Relay Missouri Fund \$0.00  All companies are required to provide the following Missouri USF assessment information:   |  |   |  |  |
| Telephone: Lincoln, NE 68510  I am (check as appropriate): An employee of the company A third-party preparer I am listed in EFIS as the company's annual report contact: Yes No  Identify the company's top three principal officers at the end of the year.  Title Name  President Brad Moline  Chief Experience Officer Allison O'Neil  Chief Financial Officer Nate Buhrman  ILECs, CLECs and IVoIP companies are required to provide the following Relay Missouri assessment information:  Relay Missouri Surcharge applied per line in December 2024 \$0.00  Revenue Collected From Relay Missouri Surcharge \$0.00  Amount Retained for Billing and Collecting the Surcharge \$0.00  Relay Missouri Revenue Remitted to Relay Missouri Fund \$0.00  All companies are required to provide the following Missouri USF assessment information:  | <del>-</del>   |   |  |  |
| I am (check as appropriate):  | -  |   |  |  |
| Identify the company's top three principal officers at the end of the year.  Title  President  Chief Experience Officer  Chief Financial Officer  Chief Financial Officer  ILECs, CLECs and IVoIP companies are required to provide the following Relay Missouri assessment information:  Relay Missouri: 2024 calendar year¹  Relay Missouri Surcharge applied per line in December 2024  Revenue Collected From Relay Missouri Surcharge  Amount Retained for Billing and Collecting the Surcharge  Relay Missouri Revenue Remitted to Relay Missouri Fund  All companies are required to provide the following Missouri USF assessment information:  | Telephone: _   |   |  | Lincoin, NE 68510  |
| Identify the company's top three principal officers at the end of the year.  Title  President  Chief Experience Officer  Chief Financial Officer  Chief Financial Officer  Nate Buhrman  ILECs, CLECs and IVoIP companies are required to provide the following Relay Missouri assessment information:  Relay Missouri: 2024 calendar year <sup>1</sup> Relay Missouri Surcharge applied per line in December 2024  Revenue Collected From Relay Missouri Surcharge  Amount Retained for Billing and Collecting the Surcharge  Relay Missouri Revenue Remitted to Relay Missouri Fund  All companies are required to provide the following Missouri USF assessment information:   | I am (check as appropria   | te):  | A third-party preparer   |  |
| Identify the company's top three principal officers at the end of the year.  Title  President  Chief Experience Officer  Chief Financial Officer  Chief Financial Officer  Nate Buhrman  ILECs, CLECs and IVoIP companies are required to provide the following Relay Missouri assessment information:  Relay Missouri: 2024 calendar year <sup>1</sup> Relay Missouri Surcharge applied per line in December 2024  Revenue Collected From Relay Missouri Surcharge  Amount Retained for Billing and Collecting the Surcharge  Relay Missouri Revenue Remitted to Relay Missouri Fund  All companies are required to provide the following Missouri USF assessment information:   | I am listed in FEIS as the co  | omnany's annual report contact:   | ☑ Yes ☐ No   |  |
| Chief Experience Officer  Chief Financial Officer  Nate Buhrman  ILECs, CLECs and IVoIP companies are required to provide the following Relay Missouri assessment information:  Relay Missouri: 2024 calendar year¹  Relay Missouri Surcharge applied per line in December 2024  Revenue Collected From Relay Missouri Surcharge  Amount Retained for Billing and Collecting the Surcharge  Relay Missouri Revenue Remitted to Relay Missouri Fund  All companies are required to provide the following Missouri USF assessment information:  |  |   |  |  |
| Chief Financial Officer  Nate Buhrman  ILECs, CLECs and IVoIP companies are required to provide the following Relay Missouri assessment information:  Relay Missouri: 2024 calendar year¹  Relay Missouri Surcharge applied per line in December 2024 \$0.00  Revenue Collected From Relay Missouri Surcharge \$0.00  Amount Retained for Billing and Collecting the Surcharge \$0.00  Relay Missouri Revenue Remitted to Relay Missouri Fund \$0.00  All companies are required to provide the following Missouri USF assessment information:  | Ť  | itle  | Nam  | and the second s |
| ILECs, CLECs and IVoIP companies are required to provide the following Relay Missouri assessment information:  Relay Missouri: 2024 calendar year¹  Relay Missouri Surcharge applied per line in December 2024 \$0.00  Revenue Collected From Relay Missouri Surcharge \$0.00  Amount Retained for Billing and Collecting the Surcharge \$0.00  Relay Missouri Revenue Remitted to Relay Missouri Fund \$0.00  All companies are required to provide the following Missouri USF assessment information:   | T<br>Pre   | ritle<br>sident   | Name<br>B  | rad Moline   |
| Relay Missouri Surcharge applied per line in December 2024 \$0.00  Revenue Collected From Relay Missouri Surcharge \$0.00  Amount Retained for Billing and Collecting the Surcharge \$0.00  Relay Missouri Revenue Remitted to Relay Missouri Fund \$0.00  All companies are required to provide the following Missouri USF assessment information:   | Pre:<br>Chief Expe   | sident<br>rience Officer  | Name<br>E<br>Al  | rad Moline<br>lison O'Neil   |
| Revenue Collected From Relay Missouri Surcharge \$0.00  Amount Retained for Billing and Collecting the Surcharge \$0.00  Relay Missouri Revenue Remitted to Relay Missouri Fund \$0.00  All companies are required to provide the following Missouri USF assessment information:  | Pres<br>Chief Exper<br>Chief Fina  | ritle sident rience Officer ancial Officer  | Name<br>E<br>Al<br>Na  | rad Moline<br>lison O'Neil<br>ate Buhrman  |
| Amount Retained for Billing and Collecting the Surcharge \$0.00  Relay Missouri Revenue Remitted to Relay Missouri Fund \$0.00  All companies are required to provide the following Missouri USF assessment information:  | Pres<br>Chief Exper<br>Chief Fina  | sident rience Officer ancial Officer IP companies are required to provid  | Name<br>E<br>Al<br>Na<br>e the following Relay Missouri                                  | rad Moline<br>lison O'Neil<br>ate Buhrman  |
| Relay Missouri Revenue Remitted to Relay Missouri Fund \$0.00  All companies are required to provide the following Missouri USF assessment information:   | Pres Chief Exper Chief Fina ILECs, CLECs and IVol  | sident rience Officer ancial Officer IP companies are required to provid Relay Missouri: 20   | Name<br>E<br>Al<br>Na<br>e the following Relay Missouri<br>24 calendar year <sup>1</sup> | rad Moline lison O'Neil ate Buhrman assessment information:  |
| All companies are required to provide the following Missouri USF assessment information:  | Pres Chief Exper Chief Fina ILECs, CLECs and IVol  | sident rience Officer ancial Officer  IP companies are required to provid  Relay Missouri: 202 e applied per line in December 202   | Name<br>E<br>Al<br>Na<br>e the following Relay Missouri<br>24 calendar year <sup>1</sup> | irad Moline lison O'Neil ate Buhrman assessment information:   |
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|   | Pres Chief Exper Chief Fina ILECs, CLECs and IVol Relay Missouri Surcharge Revenue Collected From Amount Retained for Billi  | sident rience Officer ancial Officer IP companies are required to provid Relay Missouri: 202 e applied per line in December 202 n Relay Missouri Surcharge ing and Collecting the Surcharge                                 | Name<br>E<br>Al<br>Na<br>e the following Relay Missouri<br>24 calendar year <sup>1</sup> | strad Moline lison O'Neil ate Buhrman assessment information:  \$0.00 \$0.00 \$0.00  |
| Amount remitted to the Missouri USF fund for 2024 calendar year 2 \$0.00  | Pres Chief Experiments Chief Experiments Chief Fina ILECs, CLECs and IVol Relay Missouri Surcharge Revenue Collected From Amount Retained for Billi Relay Missouri Revenue | sident rience Officer ancial Officer IP companies are required to provid Relay Missouri: 202 e applied per line in December 202 n Relay Missouri Surcharge ing and Collecting the Surcharge Remitted to Relay Missouri Fund | e the following Relay Missouri   | strad Moline lison O'Neil ate Buhrman assessment information:  \$0.00 \$0.00 \$0.00  |
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<sup>&</sup>lt;sup>1</sup> For information about the Relay Missouri assessment see <a href="https://psc.mo.gov/Telecommunications/Assessments">https://psc.mo.gov/Telecommunications/Assessments</a> and Filing Requirements

<sup>&</sup>lt;sup>2</sup> For information about the Missouri USF assessment see <u>www.missouriusf.com.</u>

| Annual Report of |  |
|------------------|--|
|                  | for the calendar year of January 1 - December 31, 2024 |

7. Please provide the following revenue information: If we revenue was callected for any boy insort \$0

|     | If no revenue was collected for any box insert \$0.   | Taisasi |                                      | 48998 | 200 |  | and leading |    |   |
|-----|---|---------|--------------------------------------|-------|-----|--|-------------|----|---|
| Row | RETAIL END USER REVENUES  | **      | Missouri<br>Intrastate<br>(Column A) | **    | **  | Missouri Interstate<br>& International<br>(Column B) | **          | ** | Missouri<br>Total Company <sup>3</sup><br>(Column C) ** |
| 1.  | Voice Local Service (Basic local telecommunications service, IVoIP service <sup>4</sup> including revenue with other features associated with these services. Includes any bundled service whereby these services are bundled with other non-regulated services. <sup>5</sup> )     |         | \$0.00                               |       |     | \$0.00   |             |    | \$0.00  |
| 2.  | Interexchange Service (Message toll services, 800 services, interexchange operator services).   |         | \$0.00                               |       |     | \$0.00   |             |    | \$0.00  |
| 3.  | Non-Switched Services <sup>6</sup> (Dedicated non-switched private line services typically used by business customers. <i>Do not include special access or private line services provided to other telecommunications or IVoIP service providers which are reported in Row 6</i> ). |         | \$0.00                               |       |     | \$0.00   |             |    | \$0.00  |
| 4.  | Retail Uncollectibles. (Amount is typically a negative number.)   |         | \$0.00                               |       |     | \$0.00   |             |    | \$0.00  |
| 5.  | RETAIL END-USER TOTAL (Row 1+2+3+4) Revenue in Column A will be provided to Missouri USF Administrator for assessment purposes.)  |         | \$0.00                               |       |     | \$0.00   |             |    | \$0.00  |
|     | WHOLESALE AND UNIVERSAL SERVICE FUND REVENUES   |         |                                      |       |     |  |             |    |   |
| 6.  | Wholesale Revenue <sup>7</sup>  |         | \$0.00                               |       |     | \$0.00   |             |    | \$0.00  |
| 7.  | Wholesale Uncollectibles. (Amount is typically a negative number.)  |         | \$0.00                               |       |     | \$0.00   |             |    | \$0.00  |
| 8.  | Federal USF Revenue (This revenue will be usually listed in Column B; however, list in column A any Connect America Fund Intercarrier Compensation funding used to replace revenue caused by mandatory intrastate switched access rate reductions.)                                 |         | \$0.00                               | )     |     | \$0.00   |             |    | \$0.00  |
| 9.  | State USF Revenue   |         | \$0.00                               | )     |     |  |             |    | \$0.00  |
| 10. | TOTAL REVENUES (Row 5+6+7+8+9) The Total Revenue in Column A should match the Total Gross Intrastate Operating Revenue reported on the Missouri PSC's Statement of Revenue form.  |         | \$0.00                               | )     |     | \$0.00   |             |    | \$0.00  |

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For use when filing under seal.

<sup>&</sup>lt;sup>3</sup> Total Company Revenue (Column C) = Column A revenue + Column B revenue.

<sup>4</sup> IVoIP Revenue: If unable to distinguish Missouri Jurisdictional revenue in Column A then a safe harbor percentage can be applied to total revenue that corresponds to the FCC's safe harbor

percentage of 35.1% intrastate and 64.9% interstate or as otherwise adjusted by the FCC.

Sundled Service Revenue: If telecommunications or IVoIP service is bundled with non-regulated services then a company may apply either of two methods in reporting bundled revenue in Column A. Method 1: Report bundled revenue in Column A based on the unbundled rate for telecommunications or IVoIP service; or Method 2: Report all bundled revenue in Column A.

<sup>&</sup>lt;sup>6</sup> Retail Non-Switched Private Line Service Revenue: If 10% of more of the customer's private line network traffic is considered interstate traffic then 100% of the customer's non-switched private line service revenue can be classified as interstate traffic.

<sup>&</sup>lt;sup>7</sup> Wholesale Revenue: Revenue from telecommunications or IVoIP services sold to other service providers including revenue associated with switched access service, special access service, billing and collection and any remaining carrier's carrier revenue provided in FCC Form 499-A, Block 3. NECA settlements should be reported in Column B.

for the calendar year of January 1 - December 31, 2024

#### 8. Line Quantities for Basic Local Telecommunications &/or IVoIP Services

|          | - 10.0<br>L. L. San | Line Quantities | s (as of | Decer | nber 31, 2024)* |    |
|----------|---------------------|-----------------|----------|-------|-----------------|----|
| Exchange | **                  | Residential     | **       | **    | Business        | ** |
| 0        |                     | 0               |          |       | 0               |    |
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|          |                     |                 |          |       |                 |    |
| Totals:  |                     | 0               |          |       | 0               |    |

<sup>\*</sup> Line quantities can be provided for a date other than December 31, 2024 if the date is within the month of December.

#### Clarifications about reporting line quantities:

- 1. Report line quantities for basic local telecommunications service and/or IVoIP service as those terms are defined in Section 386.020(4) and (23), RSMo.
- 2. Lines include analog and digital. For DS-1 or higher band-width facilities a voice grade equivalency must be used. For channelized service report the number of channels subscribed to by the customer. For non-channelized facilities, filers are instructed to use a good-faith estimate of the number of voice grade equivalent lines used for voice service.
- 3. Exchange refers to areas as listed in ILEC tariffs.
- 4. IVoIP line quantities must be filed on a confidential basis per Section 392.550(7)(c) RSMo. See instructions for how to file on a confidential basis.

For use when filing under seal.

## **VERIFICATION**

Company Name:

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

ALLO Missouri, LLC

| Name  Nate Buhrman  Title  Chief Financial Officer  Lincoln, NE  County  Lancaster   Der penalty of perjury, I declare the information contained in this annual report is treet to the best of my knowledge and belief.  Affiant is not the President, Treasurer, General Manager or Receiver of the company the ant's ability to verify the accuracy of the information presented:  3/31/2025  Date  Signature of Affiant (If electronic signatures are used, you must use "/s/" before the new this  3/5 day of March 1, 2026  My Commission expires  Lincoln, NE  Signature of Affiant (If electronic signatures are used, you must use "/s/" before the new this  My Commission expires  Lincoln, NE  Signature of Affiant (If electronic signatures are used, you must use "/s/" before the new this  My Commission expires  Lincoln, NE  Signature of Affiant (If electronic signatures are used, you must use "/s/" before the new this  My Commission expires  Lincoln, NE  Signature of Affiant (If electronic signatures are used, you must use "/s/" before the new this  My Commission expires  Lincoln, NE  Signature of Affiant (If electronic signatures are used, you must use "/s/" before the new this  Affigurature of Netary Public  Signature of Netary Public  |            | ffiant Information  |   |
|--|------------|---|---|
| City, State  County  Lancaster  Der penalty of perjury, I declare the information contained in this annual report is the rect to the best of my knowledge and belief.  Affiant is not the President, Treasurer, General Manager or Receiver of the company the ant's ability to verify the accuracy of the information presented:  3/31/2025  Date  Signature of Affiant (If electronic signatures are used, you must use "/s/" before the new subscribed and sworn to before me, a Notary Public, in and for the State and County above named this  3/5+  My Commission expires  Application  Ap |            | Nate Buhrman  | nme   |
| Lancaster  Ser penalty of perjury, I declare the information contained in this annual report is to rect to the best of my knowledge and belief.  Affiant is not the President, Treasurer, General Manager or Receiver of the company the ant's ability to verify the accuracy of the information presented:  3/31/2025  Date  Signature of Affiant (If electronic signatures are used, you must use "/s/" before the notate this   |            | Chief Financial Officer   | ile   |
| Affiant is not the President, Treasurer, General Manager or Receiver of the company the ant's ability to verify the accuracy of the information presented:  3/31/2025  Date  Signature of Affiant (If electronic signatures are used, you must use "/s/" before the new this   |            | Lincoln, NE   | ty, State                                       |
| Affiant is not the President, Treasurer, General Manager or Receiver of the company the ant's ability to verify the accuracy of the information presented:    3/31/2025  |            | Lancaster   | ounty   |
| Date  Signature of Affiant  (If electronic signatures are used, you must use "/s/" before the not  Subscribed and sworn to before me, a Notary Public, in and for the State and County above name  this  My Commission expires  Signature of Affiant  (If electronic signatures are used, you must use "/s/" before the not  day of March  Date  Signature of Affiant  (If electronic signatures are used, you must use "/s/" before the not  appearance  this  Appearance  Fundle A  August   | шып өлріаі | · · · · · · · · · · · · · · · · · · ·   |   |
| Subscribed and sworn to before me, a Notary Public, in and for the State and County above name this  |            |   |   |
| this 31st day of March. 2025  My Commission expires Leptember 11, 2026  Parulle A Limany   |            | Nath Se_  | 3/31/2025                                       |
| My Commission expires September 11, 2026  Paralle J. J. Languer  Figure 11, 2026   | ne name.)  |   |   |
| Panelly J Linary Rublic  | ·          | (If electronic signatures are used, you must use "/s/" before to<br>a Notary Public, in and for the State and County above na | Date bscribed and sworn to before me,           |
| NERAL NOTARY-State of Nebraska  PAMELA J SIMANEK  My Comm. Exp. Sept. 11, 2026  Signature of Notary Public  (If electronic signatures are used, you must use "/s/" before the  | ·          | (If electronic signatures are used, you must use "/s/" before to<br>a Notary Public, in and for the State and County above na | Date bscribed and sworn to before me, this 31st |

Missouri Revised Statutes §392.210, §393.140 and §509.030