



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

February 21, 2025

Renewal No. 1

EasTex Tower LLC
7345 Templeton Gap Road
Colorado Springs, CO 80923

APPROVED
5/6/2025

BY THE CITY COUNCIL
Amy K. Simpson CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. COKC00022 for Microwave Radio Equipment and Services for the term 5/7/2025 through 5/6/2026 under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by April 11, 2025. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL. Should the Contracting Entity decide not to renew the above contract, you will be notified in writing or electronically. This form may be mailed, faxed, emailed, scanned, or otherwise electronically submitted for contract/pricing agreement renewal.

If you have any questions, please contact me at (405) 297-2453, Fax (405) 297-2142 or Email: carla.jack@okc.gov.

Thank you,

Carla Jack (handwritten signature)

Carla Jack, Senior Buyer
Procurement Services

X Yes, I would like to renew
per the above mentioned.
No, I do not wish to renew.

[INTERNAL USE ONLY]

The Contracting Entity
chooses not to renew the
above contract/pricing
agreement.

Mark Spain
PRINTED NAME
President, EasTex Division
TITLE
AUTHORIZED SIGNATURE
EasTex Tower LLC
COMPANY NAME
3705 NE 104th St, Ste 100
STREET ADDRESS
Oklahoma City, OK 73131
CITY, STATE AND ZIP CODE
405-453-6100
BUSINESS TELEPHONE
Heath@ettower.com
CONTACT E-MAIL



TACENER-01

RBECKMAN

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/3/2025

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).

<b>PRODUCER</b> <b>Alliant Insurance Services, Inc.</b> <b>1421 Hanz Dr</b> <b>New Braunfels, TX 78130</b>	<b>CONTACT NAME:</b> Robin Beckman <b>PHONE (A/C, No, Ext):</b> (830) 387-2001 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> robin.beckman@alliant.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b>  <b>Eastex Tower, LLC</b> <b>7345 Templeton Gap Rd.</b> <b>Colorado Springs, CO 80923</b>	<b>INSURER A :</b> ACE Property & Casualty Insurance Company <b>20699</b>
	<b>INSURER B :</b> Federal Insurance Company <b>20281</b>
	<b>INSURER C :</b> North River Insurance Company <b>21105</b>
	<b>INSURER D :</b> Argonaut Insurance Company <b>19801</b>
	<b>INSURER E :</b> Lloyd's Syndicate 2488 Chubb Underwriting Agencies Limited <b>00000</b>
	<b>INSURER F :</b> Lloyd's Syndicate 2121 (Argenta Syndicate Management Limited) <b>00000</b>

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			<b>G46608288 009</b>	<b>2/28/2025</b>	<b>2/28/2026</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
<b>B</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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			<b>99511044</b>	<b>2/28/2025</b>	<b>2/28/2026</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>C</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			<b>582-126607-8</b>	<b>2/28/2025</b>	<b>2/28/2026</b>	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
<b>D</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>	<b>92-919-845142-4</b>	<b>2/28/2025</b>	<b>2/28/2026</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
<b>E</b>	<b>Pollution Liability</b>			<b>B0621PENR008025</b>	<b>2/28/2025</b>	<b>2/28/2026</b>	<b>Poll Each Occ/Agg</b> <b>2,000,000</b>
<b>F</b>	<b>Pollution Liability</b>			<b>B0621PENR009825</b>	<b>2/28/2025</b>	<b>2/28/2026</b>	<b>Poll Each Occ/Agg</b> <b>3,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
-Umbrella and Excess Liability: Umbrella Policy #582-126607-8 (2/28/2025-2/28/2026) is with North River Insurance Company and has a \$1,000,000 limit per occurrence and \$1,000,000 aggregate that sits over the GL & WC only. Umbrella Policy # USXTL0881425 (2/28/2025-2/28/2026) is with Upland Specialty Insurance Company and has a \$1,000,000 limit per occurrence and \$1,000,000 aggregate that sits over the Auto only. The Excess Liability Policy # 1000586864251 (2/28/2025-2/28/2026) is with Starr Indemnity & Liability Company and has an excess limit of \$4,000,000 per occurrence and \$4,000,000 aggregate that sits over the North River & Upland policies. The Excess Liability Policy # NHA605235 (2/28/2025-2/28/2026) is with RSUI Indemnity Company and has an excess limit of \$5,000,000 per occurrence and \$5,000,000 aggregate over the Starr policy. These policies together provide \$10,000,000 in coverage. Both the Umbrella and Excess Liability policies are follow form over the underlying policies.  
SEE ATTACHED ACORD 101

<b>CERTIFICATE HOLDER</b>  <b>City of Oklahoma</b> <b>100 North Walker</b> <b>Oklahoma City, OK 73102</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Alliant Insurance Services, Inc.</b>		NAMED INSURED <b>Eastex Tower, LLC</b> 7345 Templeton Gap Rd. Colorado Springs, CO 80923	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

- Architects & Engineers Professional Liability; Error & Omissions & Pollution: Lloyds of London (2/28/2025-2/28/2026) Policy #B0621PENR008025: Limits of Liability \$2,000,000 each claim; \$2,000,000 Aggregate with \$25,000 deductible AND The Excess Professional & Pollution policy is with Lloyds of London Policy #B0621PENR009825 (2/28/2025-2/28/2026) and has an excess limit/aggregate of \$3,000,000 over the \$2M Lloyd's policy. These policies together provide \$5,000,000 in coverage. They are Claims made and reported coverage form.
- Other States Workers Compensation Coverage: Argonaut Midwest Insurance Company (2/28/2025-2/28/2026) Policy #92-919-845142-4: Limits of Employers Liability \$1,000,000 Each accident, policy limit and each employee. Argonaut policy covers AZ, NM, AL, MS, OK, CA, CO, AR, GA, LA, MT, PA, ID, FL, IA, NE, IL, KS, KY, TN, MO, IN, UT, OR, NV, MN, NC, WI, VA, WV & NY. Other States coverage covers all states including those listed previously except ND, OH, TX, WA, and WY. Coverage for TX is under Policy #0001302345 with Texas Mutual (2/28/2025-2/28/2026): Limits of Employers Liability \$1,000,000 Each accident, policy limit and each employee.
- Drone Coverage - Designated Unmanned Aircraft Coverage included on the General Liability policy with ACE American Insurance Company Policy #G46608288 009 with a \$1,000,000 in Unmanned Aircraft Liability Aggregate. Limitation of Coverage for Unmanned Aircraft System included on the Umbrella policy with Upland Specialty Insurance Company# USXTL0881425 with limits of \$1,000,000 each/aggregate. Excess Liability policy #1000586864251 with Starr is Excess over Upland Specialty policy and provides \$4,000,000 in additional limits. Excess Liability policy # NHA605235 with RSUI is Excess over Upland Specialty policy and provides \$5,000,000 in additional limits Total Drone coverage is \$11,000,000.
- The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder when there is an agreement requiring the insured to require such status to the certificate holder per coverage forms CG 2010 1001 for Ongoing operations & CG 2037 1001 for Completed Operations.
- The Commercial Auto policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder when there is an agreement requiring the insured to require such status to the certificate holder.
- The Pollution policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder when there is an agreement requiring the insured to require such status to the certificate holder.
- The General Liability, Commercial Auto, Workers Compensation and Pollution policies include a blanket waiver of subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it.
- The General Liability, Commercial Auto, Excess/Umbrella and Pollution policies contain a special provision with "Primary and Noncontributory" wording.
- 30 Days' Notice of Cancellation applies to the General Liability, Auto, Umbrella/Excess, Professional/Pollution, Installation Floater and Workers Compensation policies.
- Inland Marine/Contractors Equipment/Installation Floater/Rigger's Liability: (2/28/2025-2/28/2026) Policy #06722523, written with Federal Insurance Co., Scheduled Contractors Equipment Limit \$13,753,157; Leased, Rented or Borrowed Equipment from Others is included in the Contractors Equipment Limit; \$25,000 deductible.  
Installation Floater: \$3,000,000 aggregate limit not to exceed \$1,000,000 per occurrence/job site. \$250,000 in transit; \$1,000,000 temporary locations. \$2,500 deductible.  
Rigger's Liability: \$1,000,000 limit
- Property policy #36041910, written with Federal Insurance Co., effective 2/28/2025 to 2/28/2026. Building, Personal Property and EDP coverage is provided per building. If you need breakdown of coverage, please ask.
- The General Liability policy contains Stop-Gap Employers Liability Coverage endorsement for Washington, Ohio, and Wyoming with \$1,000,000 limits.
- Cyber Liability: Beazley Excess and Surplus Insurance Inc. (2/28/2025-2/28/2026) Policy #D3920B250101; Limits of Liability \$5,000,000 Deductible \$50,000; Includes Liability, Cyber Crime and Media Liability. Travelers Excess and Surplus Lines Company (2/28/2025-2/28/2026) Policy #CXS10815811000; Limits of Liability \$5,000,000 Includes Liability, Cyber Crime and Media Liability.

Extended Named Insured Schedule: DAS Purchaser 1 Corp.; DAS Purchaser 2 Corp.; EasTex Tower, Inc.; EasTex Tower, LLC; Enertech Resources, LLC; JCET Holdings, LLC; Legacy Telecommunications, LLC.; Ontivity, LLC; RiggingCalc, LLC; TACTower LLC; CMS Wireless, LLC; Enertech Resources, LLC DBA ER Wireless, LLC; Mountain Wireless Construction, LLC and Ontivity, LLC DBA Integrated Wireless Solutions, LLC

The City of Oklahoma City and its Trust are included as additional insured when required by written contract.

**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Alliant Insurance Services, Inc.</b>		NAMED INSURED <b>Eastex Tower, LLC</b> 7345 Templeton Gap Rd. Colorado Springs, CO 80923	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Contract #: COKC00022**



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

February 21, 2025

H and H Tower Services
4122 E 213th St S
Warner, OK 74469

APPROVED

5/6/2025

BY THE CITY COUNCIL
Amy M. Simpson CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. COKC00040 for Microwave Radio Equipment and for the term 5/7/2025 through 5/6/2026 under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by April 11, 2025. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL. Should the Contracting Entity decide not to renew the above contract, you will be notified in writing or electronically. This form may be mailed, faxed, emailed, scanned, or otherwise electronically submitted for contract/pricing agreement renewal.

If you have any questions, please contact me at (405) 297-2453, Fax (405) 297-2142 or Email: carla.jack@okc.gov.

Thank you,

Carla Jack (handwritten signature)

Carla Jack, Senior Buyer
Procurement Services

X Yes, I would like to renew per the above mentioned.
No, I do not wish to renew.

[INTERNAL USE ONLY]

The Contracting Entity chooses not to renew the above contract/pricing agreement.

Virgil Hughey
PRINTED NAME
CEO
TITLE
AUTHORIZED SIGNATURE
H&H Tower Services
COMPANY NAME
4122 E 213th St S
STREET ADDRESS
Warner, OK 74469
CITY, STATE AND ZIP CODE
918-869-1219
BUSINESS TELEPHONE
allen@hhtowerservices.com
CONTACT E-MAIL



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/16/2025

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).

<b>Producer</b> HOWARD INSURANCE LLC 603 S ELM PL BROKEN ARROW, OK 74012-5328	<b>CONTACT NAME</b> HOWARD INSURANCE LLC	
	<b>PHONE (A/C, No, Ext):</b> (918) 251-2506	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Shelter Mutual Insurance Company		23388
<b>INSURER B:</b> Shelter General Insurance Company		23361
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

<b>Insured</b> VIRGIL HUGHEY DBA H & H TOWER SERVICES 4122 E 213TH ST S WARNER, OK 74469-2657	<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSD LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> _____	<b>X</b>		35-1-11120011-9	11/07/2024	11/07/2025	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER \$ E.L. EACH ACCIDENT \$ E.E. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
THE CITY OF OK AND ITS TRUSTS IS LISTED AS AN ADDITIONAL INSURED VIA ENDORSEMENT PA-402.0 SS (12-22).  
COKC00040

<b>CERTIFICATE HOLDER</b> THE CITY OF OK AND ITS TRUSTS BIDS5101 100 N WALKER AVE STE 200 OKLAHOMA CITY, OK 73102	<b>CANCELLATION</b> 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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The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

February 21, 2025

Renewal No. 1

ISP Supplies LLC
10770 State Highway 30
Suite 200
Bryan, TX 77845

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. COKC00041 for Microwave Radio Equipment and for the term 5/7/2025 through 5/6/2026 under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by April 11, 2025. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

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If you have any questions, please contact me at (405) 297-2453, Fax (405) 297-2142 or Email: carla.jack@okc.gov.

Thank you,

Carla Jack (handwritten signature)

Carla Jack, Senior Buyer
Procurement Services

Yes, I would like to renew per the above mentioned.
\* No, I do not wish to renew.

[INTERNAL USE ONLY]

The Contracting Entity chooses not to renew the above contract/pricing agreement.

Austin Parker
PRINTED NAME
Sales Engineer
TITLE
AUTHORIZED SIGNATURE
ISP Supplies
COMPANY NAME
10770 TX-30 STE 200
STREET ADDRESS
College Station, TX 77845
CITY, STATE AND ZIP CODE
855-947-7776
BUSINESS TELEPHONE
aparker@ispsupplies.com
CONTACT E-MAIL

# LETTER OF AUTHORIZATION

THIS LETTER OF AUTHORIZATION MUST BE COMPLETED IF THE ATTACHED LEGALLY BINDING DOCUMENT WAS NOT SIGNED BY THE STATUTORILY AUTHORIZED OFFICER ON BEHALF OF THE CONTRACTING ENTITY.

City of Oklahoma City or related Public Trust:

This letter authorizes AUSTIN PARKER to  
(PRINTED NAME OF AUTHORIZED AGENT)

sign the attached legally binding document on behalf of ISP SUPPLIES  
(CONTRACTING ENTITY)

Sincerely,

  
Signature of Authorizing Officer

CFO  
Printed Title

4-18-2025  
Date

MARY KUENPEL  
Printed Name of Authorizing Officer

MARY.K@WAVONLINE.COM  
Email Address of Authorizing Officer

**NOTE: If the Contracting Entity is a(n):**

<b>Corporation</b>	The authorizing officer <b>must</b> be: <b>President, Vice-President, Chairperson, or Vice-Chairperson</b>
<b>LLC</b>	The authorizing officer <b>must</b> be: <b>Manager, Managing Member, President, or Vice-President</b>
<b>Partnership</b>	The authorizing officer <b>must</b> be: <b>General Partner</b>
<b>Joint Venture</b>	The authorizing officer <b>must</b> be: <b>An Authorized Officer of Each of the Ventures</b>



The City of  
**OKLAHOMA CITY**  
 DEPARTMENT OF FINANCE

February 21, 2025

Renewal No. 1

JJT Networking Solutions LLC  
 713 Camelot Drive  
 Moore, OK 73160

**APPROVED**  
 5/6/2025

BY THE CITY COUNCIL  
*Arny M. Simpson* CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **COKC00074 for Microwave Radio Equipment and** for the term **5/7/2025 through 5/6/2026** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **April 11, 2025**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

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If you have any questions, please contact me at (405) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

Carla Jack, Senior Buyer  
 Procurement Services

**Yes, I would like to renew per the above mentioned.**  
 **No, I do not wish to renew.**

**[INTERNAL USE ONLY]**

**The Contracting Entity chooses not to renew the above contract/pricing agreement.**

\_\_\_\_\_  
**PRINTED NAME**  
 James Moore

\_\_\_\_\_  
**TITLE**  
 Owner

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**

\_\_\_\_\_  
**COMPANY NAME**  
 JJT Networking Solutions LLC

\_\_\_\_\_  
**STREET ADDRESS**  
 713 Camelot Drive

\_\_\_\_\_  
**CITY, STATE AND ZIP CODE**  
 Moore, OK 73160

\_\_\_\_\_  
**BUSINESS TELEPHONE**  
 405-464-0221

\_\_\_\_\_  
**CONTACT E-MAIL**  
 jjtnetworking@gmail.com





The City of  
**OKLAHOMA CITY**  
 DEPARTMENT OF FINANCE

February 21, 2025

Renewal No. 1

Pacific East Industries  
 1833 Crystal View Circle  
 Newbury Park, CA 91320

**APPROVED**

5/6/2025

BY THE CITY COUNCIL  
*Amy K. Simpson* CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **COKC00075 for Microwave Radio Equipment and** for the term **5/7/2025 through 5/6/2026** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **April 11, 2025**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

**YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL.** Should the Contracting Entity decide not to renew the above contract, you will be notified in writing or electronically. **This form may be mailed, faxed, emailed, scanned, or otherwise electronically submitted for contract/pricing agreement renewal.**

If you have any questions, please contact me at (405) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

*Carla Jack*

Carla Jack, Senior Buyer  
 Procurement Services

Yes, I would like to renew per the above mentioned.  
 No, I do not wish to renew.

[INTERNAL USE ONLY]

The Contracting Entity chooses not to renew the above contract/pricing agreement.

Lisa Showalter  
 PRINTED NAME  
OWNER  
 TITLE  
*[Signature]*  
 AUTHORIZED SIGNATURE  
Pacific East Industries  
 COMPANY NAME  
1833 Crystal View Circle  
 STREET ADDRESS  
Newbury Park, CA 91320  
 CITY, STATE AND ZIP CODE  
888-490-9549  
 BUSINESS TELEPHONE  
Lisa@paeast.net  
 CONTACT E-MAIL