


Purchase Change Request			 Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100			Order # 7036-980019		
FY 2025	Buyer LL	Date 06/09/2025	Account Varies	P.O. Date 01/01/1998	Contract 7036-980019			
Document <input type="checkbox"/> Requisition (Cancellation only) <input type="checkbox"/> Regular Purchase Order <input type="checkbox"/> Contract Purchase Order <input type="checkbox"/> Open End Contract Purchase <input checked="" type="checkbox"/> Agreement				Document Action <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Cancellation <input type="checkbox"/> Increase/Decrease <input type="checkbox"/> Unused Balance <input type="checkbox"/> Freight <input type="checkbox"/> Renewal <input type="checkbox"/> Extension Error </div> <div> <input type="checkbox"/> Error in Total Amount <input type="checkbox"/> Change of Account <input type="checkbox"/> Change of Vendor Name/Address <input checked="" type="checkbox"/> Other </div> </div>				
Vendor Name, Address, Phone #, etc.			Vendor Code 933102789		BOG Unit Name & Address Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100			
Learfield Sub, LLC dba Learfield College LLC 5400 LBJ Freeway, Suite 100 Dallas, TX 75240								
Ph# 336-831-0737		Fax		FEIN# 933102789				
Item#	Quantity	Description of Change			Unit Price	Extended Price		
		<p style="text-align: center;">Change Order # 14</p> <p>To make the following change in accordance with the original contract according to all terms, conditions, prices and specification contained in the original contract including all authorized change orders.</p> <p>1. To change the vendor TIN and address according to the attached memorandum and W-9 provided by the vendor.</p> <p>No other changes.</p>						
Reason for Change: 1. To change the vendor TIN and address according to the attached memorandum and W-9 provided by the vendor.				Previous Total		\$ Open-End		
				Increase		\$		
				Decrease		\$		
				New Total		\$ Open-End		

Approved: Michelle M. Keeler
Authorized Signature
June 13, 2025
Date

N/A
Attorney General **if** required
Date



October 2, 2023

LEARFIELD recently announced that it has closed on a comprehensive recapitalization transaction with its lenders and equity partners, resulting in a new ownership structure.

As part of this transaction, the company's income tax filing entity has changed effective September 13, 2023. The previous tax filing entity A-L Tier II, LLC is now Learfield Sub, LLC, located in Field 1, Name, of the W9. The Business name/disregarded entity name located in Field 2 of the W9, **(insert sports prop name)** remains the same.

Attached is a new W-9 reflecting our new income tax filing entity and Employer Identify Number (EIN). Please update your accounts payable system and save for future use.

This transition applies only to tax filing entity name, EIN number and company investors; you will still partner with the same talented team. All active contracts currently written and signed under A-L Tier II, LLC were acquired by Learfield Sub, LLC. All contracts are still legal and binding documents. The contracted assets will remain the same along with the billing and payment terms set forth in the agreement. All invoices will continue to be sent electronically from @learfieldinvoicing.com.

For more specific information visit our [website](#).

Should you have any questions or concerns, please contact our Accounts Receivable Team at ar@learfield.com or Tax Department at TaxDept@Learfield.com.

Sincerely,

Elizabeth Grammer
VP, Tax

Note: Internal Revenue Service ("IRS") rules require a single member LLC that is disregarded as an entity separate from its owner to provide a W-9 in the name of its owner. Thus, we have listed Learfield Sub, LLC on line 1 in the "Name" section as directed in the "Disregarded Entity" section of the instructions on the reverse of the W-9, and in accordance with those same instructions, we have listed our operating entity on line 2 in the "Business Name" section. This IRS rule does not restrict a single member LLC from operating as a separate legal entity nor does it restrict the entity from entering into contracts with third parties.

**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.) Learfield Sub, LLC	
	2 Business name/disregarded entity name, if different from above. Learfield College, LLC	
	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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) C 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. <input type="checkbox"/> 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 <input type="checkbox"/>	
5 Address (number, street, and apt. or suite no.). See instructions. 5400 LBJ Freeway, Suite 100		
6 City, state, and ZIP code Dallas, TX 75240		
7 List account number(s) here (optional)		
REMIT PAYMENT TO: P.O. Box 843038 Kansas City MO 64184-3038		

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								
			-					
or								
Employer identification number								
9	3	-	3	1	0	2	7	8 9

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

Date **03/14/2025**

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

Vendor/Customer









[Menu](#)

Vendor/Customer	Legal Name	Alias/DBA	Vendor Active Status	Customer Active Status	Previous Name
✓ VC0000134796	LEARFIELD SUB LLC		Active	Inactive	
VC0000134905	IMG COLLEGE LLC		Active	Inactive	
VC0000135194	SIDEARM SPORTS LLC		Active	Inactive	
VC0000147037	COLLEGIATE LICENSING COMPANY LLC		Active	Inactive	
VC0000150738	PAGIOLAN LLC		Active	Inactive	
VC0000152070	LEARFIELD AMPLIFY TICKETING LLC		Active	Inactive	
VC0000152074	LEARFIELD COMMUNICATIONS LLC		Active	Inactive	
VC0000152075	LEARFIELD		Active	Inactive	
VC0000155002	LEARFIELD COLLEGE LLC		Active	Inactive	

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▼ General Info

Vendor/Customer :	VC0000134796	Restrict Use by Department :	<input type="checkbox"/>
Legal Name :	LEARFIELD SUB LLC	Miscellaneous Account :	<input type="checkbox"/>
Alias/DBA :		Internal Account :	<input type="checkbox"/>
Vendor Active Status :	Active	Third Party Only :	<input type="checkbox"/>
Vendor Approval Status :	Complete	Third Party Vendor :	<input type="checkbox"/>
Customer Active Status :	Inactive	Third Party Customer :	<input type="checkbox"/>
Customer Approval Status :	Incomplete	Inventory Customer :	<input type="checkbox"/>
Location Name :		Healthcare Provider :	<input type="checkbox"/>
First Name :		Never Archive :	<input type="checkbox"/>
Middle Name :		Restrict VSS Access :	No
Last Name :		Discontinue - No New Business :	<input type="checkbox"/>
Company Name :	LEARFIELD SUB LLC	Prevent MA Reference :	<input type="checkbox"/>
Previous Name :		PunchOut Enabled :	<input type="checkbox"/>
Previous Street :		Re-PunchOut Enabled :	<input type="checkbox"/>
Previous City :		Electronic Order Enabled :	<input type="checkbox"/>
Previous State/Province :		W-9 Received :	<input checked="" type="checkbox"/>
Previous Country :		W-9 Received Date :	05/12/2025 
		W-8 Received :	<input type="checkbox"/>
		W-8 Received Date :	
		Accepts Credit Cards :	<input type="checkbox"/>
		Active From :	10/19/2023 
		Active To :	
		Last Usage Date :	05/12/2025
		Department :	
		Unit :	

► Headquarters

► Organization

► Disbursement Options

► Prenote/EFT

► Remittance Advice

► Vendor Terms

► Accounts Receivable

► eMALL

► Location Information

► Fee and Vendor Compliance Holds

Fee Exempt :	<input type="checkbox"/>	Tax Clearance :	<input type="checkbox"/>
Registration Application Date :		Unemployment Insurance :	<input type="checkbox"/>
Registration Effective Date :		Worker's Compensation :	<input type="checkbox"/>
Registration Expiration Date :		Secretary of State Registration :	<input type="checkbox"/>
Pre-Registration Code :		Federal Debarred :	<input type="checkbox"/>

► Executive Compensation

► Additional Information

► Travel

► Change Management