



| | | | | | | | | | | | | | | | |
|---|-------------|--|--|-------------------------|--|-----------------------------|----------------|----------------|-------------|----------|------|----------|------|-----------|-------------|
| Purchase Change Request | | |  | | Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100 | Order # MU21TVSVC | | | | | | | | | |
| FY 26 | Buyer LL | Date 06/26/2025 | Account VARIES | P.O. Date 08/01/2013 | Contract MU21TVSVC | | | | | | | | | | |
| Document <input type="checkbox"/> Requisition (Cancellation only) <input type="checkbox"/> Regular Purchase Order <input type="checkbox"/> Contract Purchase Order <input checked="" type="checkbox"/> Open End Contract Purchase <input 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. Boldyn Networks Higher Ed LLC 1905 A Kramer Lane Austin, TX 78758 | | | Vendor Code 742995593 | | BOG Unit Name & Address Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100 | | | | | | | | | | |
| Ph# 512-717-0934 | | Fax | FEIN# 742995593 | | | | | | | | | | | | |
| Item# | Quantity | Description of Change | | | | Unit Price | Extended Price | | | | | | | | |
| | | Change Order # 6 TELEVISION PROGRAMMING DISTRIBUTION SERVICES To extend contract MU21TVSVC all in accordance with the terms, conditions, and specifications contained in the original contract and all authorized change orders by issuing an emergency extension and increasing contract pricing. 1. To provide a thirty-one (31) day Emergency Extension per the approval of the CPO. See pages 2-3. 2. To provide an additional 31-days allows time to properly implement a more cost-effective option and associated changes while maintaining service during the transition period. 3. To include pricing for the thirty-one (31) day Emergency Extension period. See page 4. 4. To change the vendor's name from Apogee Telecom, Inc. to Boldyn Networks Higher Ed LLC per the W-9 and documentation from the vendor. See pages 8-10. Effective Date(s): July 1, 2025 - July 31, 2025 Renewals Remaining: 0 Vendor Contact: Jeff Oppenheimer - joppenheimer@apogee.us 215-478-5095 | | | | | | | | | | | | | |
| Reason for Change: <div style="font-size: small;"> 1. To provide a thirty-one (31) day Emergency Extension per the approval of the CPO. See pages 2-3. 2. To provide an additional 31-days allows time to properly implement a more cost-effective option and associated changes while maintaining service during the transition period. 3. To include pricing for the thirty-one (31) day Emergency Extension period. See page 4. 4. To change the vendor's name from Apogee Telecom, Inc. to Boldyn Networks Higher Ed LLC per the W-9 and documentation from the vendor. See pages 8-10. </div> | | | | | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Previous Total</td> <td style="width:50%; text-align: right;">\$ Open-end</td> </tr> <tr> <td>Increase</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td>Decrease</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td>New Total</td> <td style="text-align: right;">\$ Open-end</td> </tr> </table> | | | Previous Total | \$ Open-end | Increase | \$ - | Decrease | \$ - | New Total | \$ Open-end |
| Previous Total | \$ Open-end | | | | | | | | | | | | | | |
| Increase | \$ - | | | | | | | | | | | | | | |
| Decrease | \$ - | | | | | | | | | | | | | | |
| New Total | \$ Open-end | | | | | | | | | | | | | | |

Approved: 

 Authorized Signature

June 27, 2025

 Date

n/a

 Attorney General if required

 Date

Office of Purchasing

MEMORANDUM

TO: Leeann Lemon, Contract Specialist
Office of Purchasing

FROM: Michelle Wheeler, CPO, Director
Office of Purchasing

DATE: May 30, 2025

SUBJECT: Approval of Emergency Extension
MU21TVSVC/Apogee

As the Chief Procurement, emergency approval to extend this contract for 31 days is granted per the Office of Purchasing Handbook. You have my approval to proceed with processing the change order due to the following circumstances:

- 1) The university implemented a 4% budget cut.
- 2) Evaluation of the singular bid proposal pricing options were significantly higher than expected.
- 3) Evaluation of options due to cost concerns led to the exploration, identification, and the recommendation to discontinue cable services campus-wide.
- 4) Additional time is needed to prepare and implement a more cost-effective option.
- 5) Communication to the Cabinet and Five Families is needed so that key stakeholders are informed of this significant operational change.

Office of Purchasing

- 6) The organizational priority and implementation of Marshall Marketplace, the new e-procurement system.
- 7) The additional 31-days will allow time to properly implement the changes while maintaining service during the transition period.

As the Chief Procurement, emergency approval for the purchase is granted and approved per the Office of Purchasing Handbook.





June 9, 2025

Leeann Lemon
Contract Specialist | Office of Purchasing
Marshall University
Huntington, West Virginia

Hi Leeann,

Boldyn Networks for Higher Education is pleased to provide this proposal for Marshall University.

Technical Scope:

Boldyn will continue to provide programming service for a one month extension from July 1, 2025 - July 31, 2025 for \$16,230.57.

Prices are valid for 30 days. Prices do not include any applicable taxes.
This proposal is confidential between the University and Boldyn Networks.

If you have any questions regarding this proposal, please let me know. If you would like to proceed with this work, we will provide an Amendment to the Agreement.

Sincerely,

Jeff Oppenheimer
Client Services Manager
(215) 478-5095



Office of Purchasing

Emergency Extension/Renewal Letter

May 30, 2025

Carmela Laber, Vice Preside of Video Sales
 Jeff Oppenheimer, Client Services Manager
 Boldyn Networks Higher Ed LLC
 1400 Broadway, Fl. 17
 New York, NY 10018-0669
 Attn: Legal Department

Re: 31-day Emergency Extension for MU21TVSVC

Dear Carmela and Jeff,

Thank you for the call on May 28, 2025, and agreeing to a 31-day extension of the Services Agreement between Marshall University and Boldyn Networks Higher Ed LLC (f/k/a Apogee Telecom Inc.), dated June 4, 2020, Purchase Order #MU21TVSVC (the "Agreement") which expires on June 30, 2025. There is a provision for an extension/renewal upon written mutual agreement of the parties.

Please annotate at the bottom of this letter, with your signature and date, to memorialize your agreement to a 31-day extension of the Agreement, effective July 1, 2025, through July 31, 2025, under the same terms and conditions as the original contract including all approved change orders.

Please return the executed letter and supporting documents via email as soon as possible. I truly appreciate your partnership, if you have any additional questions, please feel free to contact me at lemonl@marshall.edu.

Sincerely,

Leeann Lemon
 Contract Specialist

Boldyn Networks Higher Ed LLC agrees to extend the Agreement referenced above for 30-day extension period under the same terms and conditions as the original Agreement and all approved change orders

☒ Yes ☐ No

☐ Yes, subject to the following changes indicated below or in the attached letter.

| | | | |
|----------------------|---------|------|-----------|
| Signed by: | | CFO | 6/18/2025 |
| | | | |
| Signature | Initial | Date | |
| | | | |
| Approved as to form: | | | |

Certificate Of Completion

Envelope Id: 35FDFAF8-DF67-499F-968A-C4DED9BAB791

Status: Completed

Subject: Complete with Docusign: Marshall University 1 month extension letter 6-17-25.pdf

Source Envelope:

Document Pages: 1

Signatures: 1

Envelope Originator:

Certificate Pages: 5

Initials: 1

Laura West

AutoNav: Enabled

Level 2, 2 Kingdom Street

Enveloped Stamping: Enabled

London, London W2 6BD

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

laura.west@boldyn.com

IP Address: 136.226.48.96

Record Tracking

Status: Original

Holder: Laura West

Location: DocuSign

6/17/2025 12:08:30 PM

laura.west@boldyn.com

Signer Events

Avery Jackson

avery.jackson@boldyn.com

Security Level: Email, Account Authentication
(None)

Signature

Signature Adoption: Pre-selected Style

Using IP Address: 170.85.72.128

Timestamp

Sent: 6/17/2025 12:11:35 PM

Viewed: 6/17/2025 12:22:33 PM

Signed: 6/17/2025 12:22:51 PM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Mark Holt

mark.holt@boldyn.com

CFO

Boldyn HE

Security Level: Email, Account Authentication
(None)

Signed by:

Signature Adoption: Pre-selected Style

Using IP Address: 165.225.208.121

Sent: 6/17/2025 12:22:52 PM

Viewed: 6/18/2025 5:47:24 AM

Signed: 6/18/2025 5:47:42 AM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

jeff Oppenheimer

jeff.oppenheimer@boldyn.com

Security Level: Email, Account Authentication
(None)

Sent: 6/18/2025 5:47:43 AM

Viewed: 6/18/2025 6:03:43 AM

Electronic Record and Signature Disclosure:

Accepted: 2/21/2025 11:14:18 AM

ID: d658b1c6-927b-4d61-b4a2-860404ae468e

Witness Events

Signature

Timestamp

| Notary Events | Signature | Timestamp |
|---------------|-----------|-----------|
|---------------|-----------|-----------|

MU21TVSVC co6 Page 7

| Envelope Summary Events | Status | Timestamps |
|-------------------------|--------|------------|
|-------------------------|--------|------------|

| | | |
|---------------------|------------------|-----------------------|
| Envelope Sent | Hashed/Encrypted | 6/17/2025 12:11:35 PM |
| Certified Delivered | Security Checked | 6/18/2025 5:47:24 AM |
| Signing Complete | Security Checked | 6/18/2025 5:47:42 AM |
| Completed | Security Checked | 6/18/2025 5:47:43 AM |

| Payment Events | Status | Timestamps |
|----------------|--------|------------|
|----------------|--------|------------|

| Electronic Record and Signature Disclosure |
|--|
|--|

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

MU21TVSVC bo6 Page 8

**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.) Boldyn Networks Higher Ed LLC | | |
| | 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. <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) _____ <i>(Applies to accounts maintained outside the United States.)</i> | |
| | 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. 1905 A Kramer Lane | | Requester's name and address (optional) | |
| 6 City, state, and ZIP code Austin, TX 78758 | | | |
| 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.

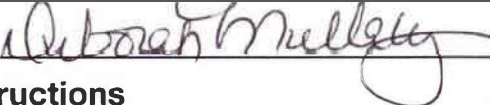
| | | | | | | | | |
|---------------------------------------|---|---|---|---|---|---|---|-----|
| Social security number | | | | | | | | |
| | | | - | | | | - | |
| or | | | | | | | | |
| Employer identification number | | | | | | | | |
| 7 | 4 | - | 2 | 9 | 9 | 5 | 5 | 9 3 |

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 6/26/24 |
| | | |

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

Delaware

The First State

Page 1

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "APOGEE TELECOM, LLC",
CHANGING ITS NAME FROM "APOGEE TELECOM, LLC" TO "BOLDYN
NETWORKS HIGHER ED LLC", FILED IN THIS OFFICE ON THE TWENTY-
FIRST DAY OF JUNE, A.D. 2024, AT 2:40 O`CLOCK P.M.*



Jeffrey W. Bullock, Secretary of State

3591610 8100
SR# 20242948741

Authentication: 203802190
Date: 06-26-24

You may verify this certificate online at corp.delaware.gov/authver.shtml

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF CERTIFICATE OF FORMATION**

The undersigned authorized person, desiring to amend the limited liability company formation pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Apogee Telecom, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

First: The name of the limited liability company is Boldyn Networks Higher Ed LLC

Fourth: The business address is 121 Innovation Dr., Ste. 200, Irvine, CA 92617-3094

DocuSigned by:
By: Kirstie Rickett
A3F46DEF2F7D4461 Authorized Person

Name: Kirstie Rickett
Print or Type

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: _____

Authorized Signature: _____ Date: 6-25-25

State of TEXAS California 88B

County of orange, to-wit:

Taken, subscribed, and sworn to before me this 25 day of June, 2025.

My Commission expires October 12, 2025.

AFFIX SEAL HERE



NOTARY PUBLIC

Sydney Jane Elliott-Brand

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

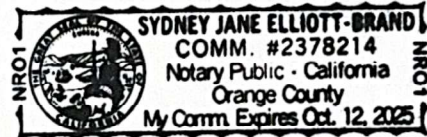
State of California
County of Orange

On June 25, 2025 before me, Sydney Jane Elliott-Brand, Notary Public
(insert name and title of the officer)

personally appeared Scott Drassos
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Sydney Jane Elliott-Brand