FARMER'S AG MANAGEMENT, INC.

PMB 196
1625 Howard Rd
Madera, Ca 93637
Office: 559-416-6946
Cell: 559-716-8504
farmersagmgmt@gmail.com

License Packet

"Aspiring to be the partner you call for all your Personnel and Farm Management Services"

FARMERS AG

MANAGEMENT, INC.

"Your Trusted Partner in Agricultural Labor & Farm Management"

About Us

At Farmers Ag Management, Inc., we are committed to delivering dependable personnel and farm management services that meet the highest standards of professionalism, safety, and efficiency.

We take pride in our deep understanding of agricultural operations and compliance regulations—ensuring our partners stay productive, profitable, and protected.

Our mission is simple: To be the partner growers rely on for exceptional service, skilled labor, and long-term success.

Areas of Expertise

- **Grapes**
- **Almonds**
- **Cherries**
- **Garlic**
- **Onions**
- **Pomegranates**
- **Figs**
- **Blueberries**
- **Stone Fruit**
- **Row Crops**

Additional *Services*

- Packing House Labor
- Irrigation Service
- Fertilizer & Consulting
- Custom Orchard / Vineyard Spraying

Why Growers Choose Us

- ✓ Fully compliant with state and federal labor regulations
- ✓ Skilled, reliable, and safety-trained crews
- ✓ Flexible programs tailored to your crop and season
- ✓ Flexible programs tailored to your crop and season

FARMER'S AG MANAGEMENT, INC.

| Safety |

"Aspiring to be the partner you call for all your Personnel and Farm Management services"

We deliver on our commitments and are transparent in our reporting's we honor ourselves in providing the highest level of safety to our employees. We provide training to our supervisors and employees on a regular basis to be up to date on newly implemented regulations. We train in areas such as:

- *First Aide Training*
- *Heat Stress*
- *Sexual Harassment*
- *Food Safety Good Agricultural Practices*
- *CPR Training*
- *Heat Illness and Prevention*
- *Injury Illness Prevention*
- *Forklift Training*
- *Tractor Training*
- *Ladder Training*

State of California
Department of Industrial Relations
Division of Labor Standards Enforcement
Licensing & Registration Unit
1515 Clay Street, Ste. 1902
Oakland, CA 94612

Registration Number:
FLC000288926

Farm Labor Contractor
VERIFICATION

- **This document is your official verification.**
- **If asked, you must be able to provide a copy of this verification form.**
- **You are required to print and retain this form in your records.**

Effective Date	Expiration Date
10/27/2026	**10/25/2027**

Business Name:
Farmer's Ag Management, Inc.
DBA

Workers Compensation Insurance Expiration Date:
April 19, 2027

Main Office:
1018 w Yosemite Ave
Madera, CA 93637

Bond Issuer: Western Surety Company
Bond Effective Date: March 1, 2026

Bond Issuer: Western Surety Company
Bond Effective Date: March 1, 2027

ALTERATIONS WILL VOID THIS VERIFICATION

LABOR COMMISSIONER

FARMAGM-01 CSANTOS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/17/2026

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).

PRODUCER	CONTACT NAME: Carmen De Los Santos
Bridgepoint Risk & Insurance Services 695 W Cromwell Ave Ste 101 Fresno, CA 93711-5890	PHONE (A/C, No, Ext): (559) 375-7963 FAX (A/C, No): E-MAIL ADDRESS: cdelossantos@bridgepointrisk.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : StarStone Specialty Insurance Company	44776
INSURER B : California Automobile Ins Co.	38342
INSURER C : Nautilus Insurance Company	17370
INSURER D : Care West Insurance Company	10520
INSURER E : Western Surety Company	13188
INSURER F : Admiral Insurance Company	24856

INSURED

Farmer's Ag Management Inc.
1018 W Yosemite Ave
Madera, CA 93637-4557

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	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			CBP01620903P00	11/12/2026	11/12/2027	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY X SCHEDULED AUTOS			BA040000104969	11/6/2026	11/6/2027	BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
C	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 4,000,000
	X EXCESS LIAB CLAIMS-MADE			AN1406776	11/12/2026	11/12/2027	AGGREGATE	$ 4,000,000
	DED RETENTION $							$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N Y	N/A		W12604002360	4/19/2026	4/19/2027	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
E	Bonds			64544815	3/1/2026	3/1/2027	FLC Bond	75,000
F	Employment Practices			DEP2292927P2	7/9/2026	7/9/2027	Claim/Aggregate	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Information Purposes Only

CANCELLATION

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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U.S. Department of Labor	Wage and Hour Division National Farm Labor Certification Team 90 7th Street, Suite 18-300 San Francisco, CA 94103-6714 Phone & Fax: (415) 241-3505	

AUTHORITY TO OPERATE WHILE RENEWAL OR AMENDMENT APPLICATION IS PENDING

Farmers Ag Management, Inc.	**Date Letter Issued:** 9/11/2026
1625 Howard Rd PMB 196	**FLC-R-WE-CA-73200251-1026**
Madera, California 93637	**Date Received by WHD:** 9/4/2026

In response, refer to: **MSPA FLC/E Certification Unit, National Farm Labor Certification Team**
90 7th Street, Suite 11-100
San Francisco, CA 94103-6714

This letter is to acknowledge that you submitted a renewal or amendment application for a Farm Labor Contractor or a Farm Labor Contractor Employee Certificate of Registration. Your application will be reviewed in accordance with Federal guidelines. You may continue to operate under your previously approved certificate until such time as a determination is issued on your present application.(1)

Transportation Authorization

You may use or cause to be used vehicles to transport migrant and seasonal agricultural workers while your application is pending ***only if***:

- your previously approved certificate includes transportation authorization for the vehicle(s) you will use or cause to be used; ***and***
- authorization for the vehicle(s) you will use or cause to be used remained valid and unexpired at the time that your application was received; ***and***
- you continue to maintain proper insurance coverage and a current inspection report for the vehicle(s) that you will use or cause to be used.

You ***may not use*** any vehicle(s) for which you did not have authorization on your previously approved certificate, any vehicle(s) for which authorization expired prior to the receipt of your application, or any vehicle(s) for which valid insurance coverage and a current inspection report are not maintained.

Housing Authorization

You may house migrant and seasonal agricultural workers while your application is pending ***only if***:

- your previously approved certificate includes housing authorization for the facilities you will use; ***and***
- authorization for the facilities you will use remained valid and unexpired at the time that your application was received; ***and***
- you have obtained a valid and current certificate of occupancy for the facilities that you will use.

You ***may not use*** any facilities for which you did not have authorization on your previously approved certificate, any facilities for which authorization expired prior to the receipt of your application, or any facilities for which you have not obtained a valid and current certificate of occupancy.

Driving Authorization

You may drive migrant and seasonal agricultural workers while your application is pending ***only if***:

- your previously approved certificate includes driving authorization; ***and***
- your driving authorization remained valid and unexpired at the time that your application was received; ***and***
- you continue to possess a valid driver's license and current medical certificate, should such a certificate be required.

If you have any questions or if you need further assistance, please contact the National Farm Labor Certification Team at the address or telephone number listed above.

(1)Please ensure that you provide a copy of this letter and your previously approved Farm Labor Contractor/Farm Labor Contractor Employee (FLC/E) Certificate of Registration, as appropriate, when submitting any application(s) for temporary labor certification under the H-2A or H-2B visa programs to the Employment and Training Administration, Office of Foreign Labor Certification. See, e.g., 20 CFR 655.8(b), 655.132(b)(2), 655.133(b). This letter serves as evidence that your previously approved FLC/E Certificate of Registration has been temporarily extended until such time as a determination is issued on your present application for a renewal/amendment under 20 CFR part 500, subpart B, and provides evidence that you may continue to operate under your previously approved FLC/E Certificate of Registration.

Farm Labor Contractor Employee Certificate of Registration
FLCE-R-WE-CA-53186364-1026

Employee Name:
Eric Hernandez
The person named above is registered pursuant to the Migrant and Seasonal Agricultural Worker Protection [illegible] and is authorized to perform the following activities covered by the Act: Recruit, solicit, furnish, hire and employ.

FLC Certificate Holder:
Farmers Ag Management, Inc.
Number: FLC-R-WE-CA-73200251-1026

Authorizations
Driving: Not Authorized
Driving Authorization is valid only on the occasion for the person named this certificate of registration. Employee's current valid driver's license for the type of vehicle being driven.

WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

Valid Dates: 10/17/2024 - 10/4/2026
Amended: 10/17/2024

Address:
1534 Robertson Blvd
Chowchilla, California 93610 - 9011
This Certificate is issued on the Migrant and Seasonal Agricultural Worker Protection Act and regulation issued thereunder, and on my application for registration. It may be revoked or suspended, its renewal denied, for non-compliance with the Act or regulation, including applicable requirements for transporting and housing migrant workers. Such noncompliance may constitute a criminal offense.

[illegible]
(Signature of Holder)

Farm Labor Contractor Certificate of Registration
FLC-R-WE-CA-73200251-1026

EIN: 83-2432485
Representative Name:
Eric Hernandez
Certificate Holder:
Farmers Ag Management, Inc.
The person named above is registered pursuant to the Migrant and Seasonal Agricultural Worker Protection Act and is authorized to perform the following activities covered by the Act: Recruit, solicit, furnish, hire and employ.

Authorizations
Driving: Not Authorized
Transportation: Not Authorized | Housing: Not Authorized
Driving Authorization is valid only on the condition that the person issued this certificate of registration [illegible] a current valid driver's license for the type of vehicle being driven.

WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

Valid Dates: 10/5/2024 - 10/4/2026
Amended:

Address:
1625 Howard Rd PMB 196
Madera, California 93637 - 5128
This Certificate is based on the Migrant and Seasonal Agricultural Worker Protection Act and regulation issued thereunder, and on any application for registration, it may be revoked or suspended, its renewal denied, for noncompliance with the Act or regulation, including [illegible] for transporting and housing migrant workers. Such noncompliance may constitute a [illegible] without.

Signature of Holder

TRAINING INSTITUTE

STATE CENTER COMMUNITY COLLEGE DISTRICT

FRESNO • REEDLEY • CLOVIS • MADERA • OAKHURST • WEST FRESNO

THIS CERTIFIES THAT

Eric Hernandez

FLC: FLC000288926

has successfully completed nine (9) hours of coursework in

Farm Labor Contractor Continuing Education

in accordance with Labor Code §1684(c)

(Includes two (2) hours of ***Sexual Harassment Prevention Training*** in accordance with SB 1087 and SB 295)

(Includes one (1) hour of ***Heat Illness Prevention Training*** in accordance with CCR Title 8, §3395)

Date of Completion: October 22, 2026

Training Location: Online

Dr. Jodie Steeley, District Director

Dr. Robert A. Frost, Vice Chancellor



Certificate of Completion



This Certifies That

ERIC HERNANDEZ

has completed the requirements of

Fruits, Vegetables, And Food Safety: Health & Hygiene on the Farm

and is awarded this certificate.

Given at FRESNO, CA

This 30TH Day of MARCH Year of 2026.

INSTRUCTOR: PORFIRIO RIOS, JR.

Certificate of Completion

Awarded to

Eric Hernandez

Attended 2.0 Hrs.

Owners/Manager/Supervisor Responsibilities

Farmer's Ag Management, Inc.

Awarded this 17th day of December 2025

Emma Perez – Certified Trainer

Bridgepointrisk & Insurance Services

Bridgepoint
Risk and Insurance Services

Certificate of Completion

Awarded to

Eric Hernandez

Annual Heat Illness Prevention Certification with new

2015 Cal-Osha updates for Supervisors/Forman

Farmer's Ag Management, Inc.

Awarded this 17th day of December 2025

Emma Perez – Certified Trainer

Bridgepointrisk & Insurance Services

Bridgepoint
Risk and Insurance Services

HSI
1450 Westec Drive
Eugene, OR 97402
800-447-3177

1/12/2026
Eric Hernandez

Dear Eric

Congratulations on successfully completing your HSI Adult First Aid | CPR AED Adult (2020) -DC class. This HSI-Approved Training Center has chosen to issue your certification card digitally.

The digital certification card below is identical to a printed version of the card. It documents that you have demonstrated achievement of the required knowledge and hands-on skill objectives of the training program to the satisfaction of a currently authorized HSI Instructor. Your digital certification card may be printed for validation of certification. If further proof is required, scan the QR Code or go to www.hsi.com/validation and follow the instructions. The QR Code link in this letter will stay active. If you lose this letter, you may request a copy from the Training Center named below.

We strongly recommend that you download and save a copy of this letter for safekeeping.

To download the digital student book for this class or to complete a short evaluation of your class and instructor, please go to www.hsi.com/passport and register using the following number: 202662

Bridgepoint Insurance
Fresno, CA

Certification Validation QR Code

hsi | MEDIC First Aid | AMERICAN SAFETY & HEALTH INSTITUTE | EMS

Eric Hernandez

has demonstrated achievement of the required knowledge and hands-on skill evaluation(s) according to the certification requirements of the training program indicated below.

☑ ADULT ☐ ADULT/CHILD/INFANT ☐ ADULT/CHILD ☐ ADULT/INFANT

Card is void if more than one box is checked / Check boxes reflect CPR AED options

ADULT FIRST AID | CPR AED C57373608

Emma Perez
Authorized Instructor (Print Name)

3189701
Registry No.

12/17/2025	**12/2027**
Class Completion Date	Expiration Date
559-871-0099	**10346311**
Training Center Phone No.	Training Center I.D.

This Adult First Aid | CPR AED training program conforms with the 2020 American Heart Association (AHA) Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care and the 2020 AHA and American Red Cross Focused Update for First Aid. This training program was not designed to meet pediatric first aid training requirements and should not be used for that purpose.

Expiration date may not exceed two years from month of class completion.

FARM LABOR CONTRACTOR

REGISTRATION YEAR 2026

Madera County
Department of Agriculture
145 Tozer Street, Suite 101
Madera, CA 93638
559-675-7876

0002588926	12-31-26	$840
LICENSE NUMBER	REGISTRATION EXPIRATION DATE	REGISTRATION FEE RECEIVED

Farmer's Ag Management Inc	559-514-0690	farmersagmgmt@gmail.com
BUSINESS NAME/DOING BUSINESS AS (DBA)	TELEPHONE NUMBER	EMAIL/FAX NUMBER

1625 Howard Rd PMB #196	Madera	CA	93637
BUSINESS ADDRESS	CITY	STATE	ZIP CODE

Eric Hernandez	(559)514-0690	farmersagmgmt@gmail.com
CONTRACTOR'S NAME	TELEPHONE NUMBER	EMAIL/FAX NUMBER

1534 Robertson Blvd	Chowchilla	CA	93610
CONTRACTOR'S ADDRESS	CITY	STATE	ZIP CODE

Rusty Lantsberger by [signature]
AGRICULTURAL COMMISSIONER'S SIGNATURE

12-1-25
DATE

I certify the above information is correct and that I have received the conditions for registration as a Farm Labor Contractor from the County Agricultural Commissioner listed above, and that I have also received information regarding my responsibilities to my employees in the area of Worker Safety.

[signature]
FARM LABOR CONTRACTOR'S SIGNATURE

12-31-25
DATE

COUNTY AGRICULTURAL COMMISSIONER
COUNTY FARM LABOR
CONTRACTOR REGISTRATION

MERCED COUNTY

MERCED COUNTY
DEPARTMENT OF AGRICULTURE
2139 WARDROBE AVENUE
MERCED, CA 95341
Phone (209) 385-7431
Email: magpermit@countyofmerced.com

REGISTRATION EXPIRATION DATE: 12/31/24		
FLC LICENSE NUMBER: 0062888926	COUNTY REGISTRATION NUMBER: 26 - 108 - FLC	REGISTRATION FEE RECEIVED: $30
CONTRACTOR'S BUSINESS NAME: Farmer's Ag Management Inc		TELEPHONE NUMBER: (559) 814-0690
CONTRACTOR'S NAME: Eric Hernandez		EMAIL OR FAX NUMBER: Farmersagmgmt@gmail.com
MAILING ADDRESS: 1534 Robertson Blvd		
CITY: Chowchilla	STATE: CA	ZIP CODE: 93610
AGRICULTURAL COMMISSIONER'S SIGNATURE: Sean Runyon by D. Hayman	DATE: 1-5-24	REGISTRATION CONDITIONS AND WORKER SAFETY INFORMATION REVIEWED AND RECEIVED: ☐ YES ☐ NO

I certify the above information is correct and that I have received the conditions for registration as a Farm Labor Contractor from the County Agricultural Commissioner listed above, and that I have also received information regarding my responsibilities to my employees in the area of Worker Safety.

RM LABOR CONTRACTOR'S SIGNATURE:	DATE SIGNED/REGISTERED: 1-5-24
How many employees do you have?	

Total Paid $ 30 ☒ **CASH** ☐ **CREDIT CARD** ☐ **CHECK #** _____

RECEIPT # 71324

Farm Labor Contractor Registration Instructions

1. FLC must fill out Registration Form.
2. FLC must provide a copy of their valid current license. If the FLC license expires prior to the expiration of this registration, you shall immediately provide a renewed copy to the Merced Agricultural Commissioner's office.
3. FLC must sign "Farm Labor Contractor Registration", and make a copy for their reference.
4. FLC must sign "Application-Specific Information" notice, and make a copy for their reference.
5. There is a $30 fee (cash, check or credit card accepted).
6. Please bring or mail money and all forms to:

Merced County Department of Agriculture
2139 Wardrobe Ave.

PAID
CHECK NO. CSH
AMOUNT 25-
DATE 12/16/25

County of Fresno

DEPARTMENT OF AGRICULTURE
MELISSA CREGAN
AGRICULTURAL COMMISSIONER/
SEALER OF WEIGHTS & MEASURES

Farm Labor Contractor
Registration

For registration in the county of: **FRESNO**
Registration expiration date: **December 31, 20** 26

Registration Fee: $ 25

Business Information

Farmer's Ag Management Inc — Business Name/Doing Business As (DBA)
0002883926 — FLC License Number
1625 Howard Rd PMB #196 Madera CA 93637 — Physical Address, City, State, Zip Code
1625 Howard Rd PMB #196 Madera CA 93637 — Mailing Address, City, State, Zip Code
(559) 514-0690 — Business Phone Number
Farmersagmgmt@gmail.com — Business Email Address

Contractor Information

Eric Hernandez — Contractor's Name
(559) 514-0690 — Phone Number
(559) 514-0690 — Cell Phone Number
Farmersagmgmt@gmail.com — Email Address

Signatures

EH — Initials

If my Farm Labor Contractor's license expires prior to the expiration date of this registration, I shall immediately provide the Agricultural Commissioner with a copy of the renewed license. I acknowledge that renewed licenses may be submitted by mail, email, fax, or in person.

Farm Labor Contractor's Signature — Date 12-16-25

Agricultural Commissioner's Signature — Date 12/16/25

DEPARTMENT USE ONLY

☐ Copy of FLC license or letter from DIR
☐ Confirmed license information on DIR website
☐ Invoice
☐ Registration entered in CalAgPermits

OA initials: _____

Stanislaus County
Agricultural Commissioner's Office and Sealer of Weights & Measures
3800 Cornucopia Way, Suite B
Modesto, CA 95358

BUSINESS/LICENSE REGISTRATION

State of California
Department of Pesticide Regulation
Pest Management & Licensing Branch

For Registration in County of: **Stanislaus**

Type of Registration:	In	Out
Pest Control Adviser [1]	☐ $10.00	☐ $5.00
Pilot Apprentice [2,3]	☐ $10.00	☐ $5.00
Pilot Journeyman [2]	☐ $10.00	☐ $5.00
Pest Control Business [2]		☐ $50.00
Maintenance Gardener [2]		☐ $25.00
Farm Labor Contractor [2,4]		☒ $32.00
	Fee: $	

Registration Expiration Date: December 31, 2026 (Year)

Photocopy Valid Professional License Here

CONTACT INFORMATION

Name: Eric Hernandez
Address: 1520
1524 Robertson Blvd Chowchilla CA
Cell #: (559) 514-0690
Alternate #:
Fax #:
E-Mail: Farmersagmanagement@gmail.com

PEST CONTROL ADVISER [1]

Advisor's Employer:
Employer Address:
☐ If Written Rec's address is same as above check here
Written Recs are available (Street & City):

BUSINESS [2] / FARM LABOR CONTRACTOR [4]

Location: ☐ Main ☐ Branch ☐ Not Applicable
Name: Farmer's Ag Management Inc
License #: 00C288926
Phone #: (559) 514-0690
Address: 1524 Robertson Blvd Chowchilla CA 93610

Home County:

Extra Notes:

If Apprentice Pilot: Name(s) of Journeyman Pilot(s) Registered in County of Providing Supervision [3]

At the time of registration, the qualifying FLC license is current. The licensee must maintain a current FLC license to qualify as a valid FLC business registration.

Registration Conditions and worker safety information reviewed and received [4] ☐ Yes

Licensee Signature — Date: 1/5/2026

Agricultural Commissioner's Signature By — Date: 1/5/2026

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

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.)

Farmer's AG Management Inc

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.

☐ Individual/sole proprietor ☐ C corporation ☑ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____

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.

☐ 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 ☐

5 Address (number, street, and apt. or suite no.). See instructions.

1625 Howard RD PMB 196

Requester's name and address (optional)

6 City, state, and ZIP code

Madera CA 93637

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									
8	3	–	2	4	3	2	4	8	5

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 01-01-2026

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