

Please upload an exhibit that explains how does the TCB verify the new agent information:

- 1- Is the address of the agent a valid physical US mailing address (not a US post office box, not a virtual mailbox, not P.O. Boxes, not a vacant lot, not a public building, etc.)
- o We have checked if the address exists in a real and potential building (Google maps) + official US register, after this verification and the evidence as below:

 not a US post office box

 not a virtual mailbox

 not P.O. Boxes

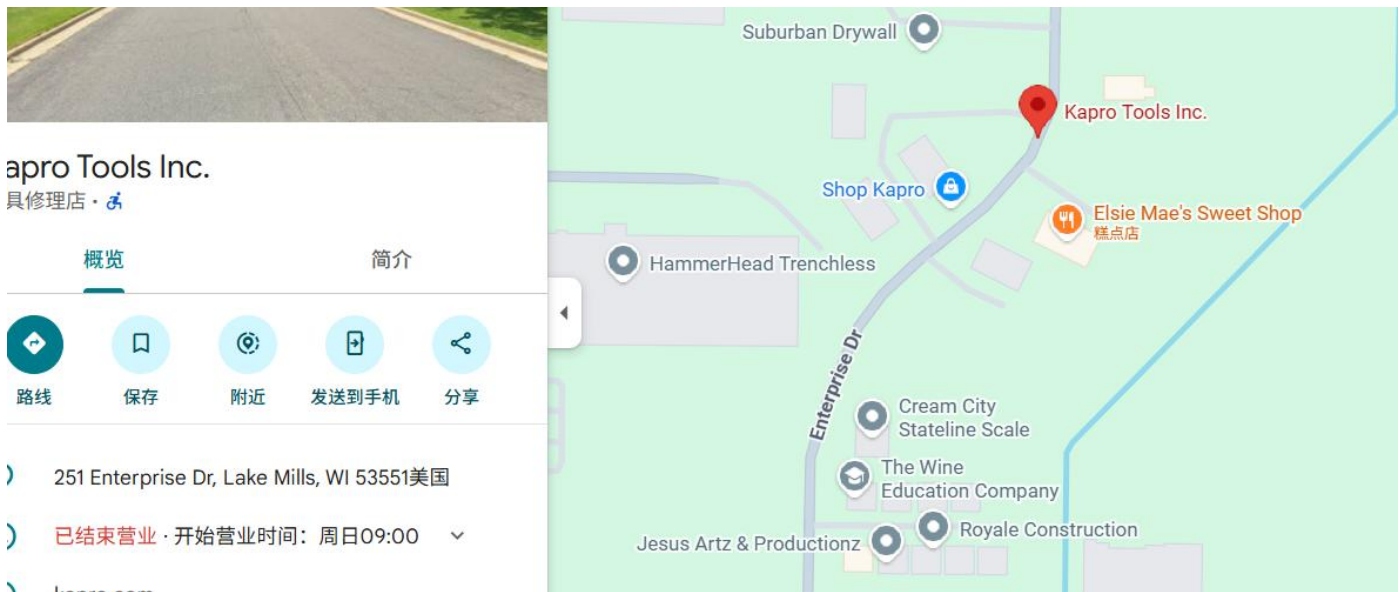
 not a vacant lot

 not a public building(note)

FRN

Registration Detail	
FRN:	0038446217
Registration Date:	05/21/2026 02:00:34 AM
Last Updated:	
Entity Name:	Kapro Tools Inc.
Entity Type:	Federal Agency , Commission
Contact Organization:	Kapro Tools Inc.
Contact Position:	Business Manager
Contact Name:	Stacy King
Contact Address:	251 Enterprise Dr Lake Mills, WI 53551 United States
Contact Email:	Stacy@Kapro.com
ContactPhone:	(920) 297-4697
ContactFax:	(920) 648-2900

Google map



Web

CONTACT US

[HOME](#) ▾ [CONTACT US](#)

As a global company, we care about our customers. Our offices and sales reps are spread worldwide and would be happy to assist with any question.



[://kapro.com/contact/#](http://kapro.com/contact/#)



ACCOUNT NUMBER: 2486010

COMMON POLICY DECLARATIONS

Sentry Insurance Company (A Participating Stock Company) A member of the Sentry Insurance Group 1800 North Point Drive Stevens Point, WI 54481	Producer Joseph Wood 10064281 262-391-1978
--	---

THIS POLICY IS NON-ASSESSABLE.

GENERAL INFORMATION

First Named Insured: Kapro Tools Inc
Address: 251 Enterprise Dr
Lake Mills, WI 53551-1768
Business Type: Corporation

Unless stated elsewhere, the coverage provided under the policies included in this Contract are effective 07/28/2025 to 07/28/2026 at 12:01 A.M. Standard Time at your mailing address shown above.

In return for the payment of the premium, and subject to the terms of this Contract, we agree to provide the insurance as stated in the policies which are included in this Contract.

NAMED INSURED

The **FIRST NAMED INSURED** shown in the **GENERAL INFORMATION** above, and the person(s) or organization(s) shown as **NAMED INSUREDS** below are named insureds for all policies included in this contract, unless a specific exception is included in the Declarations for an individual policy.

Not Applicable

COVERED LOCATIONS/SCHEDULE OF PREMISES

Prem.#	Bldg.#	Address	Construction	Occupancy
1	1	251 Enterprise Dr Lake Mills, WI 53551-1768	Frame	Warehouses - Public - Mini-warehousing of personal property

COVERAGES

This Contract consists of the following Coverages:

COMMERCIAL PROPERTY COVERAGE	2486010005
COMMERCIAL GENERAL LIABILITY COVERAGE	2486010006
COMMERCIAL AUTO COVERAGE	2486010004
COMMERCIAL EXCESS/UMBRELLA COVERAGE	2486010008

PREMIUM SUMMARY

The Premium for this policy:	\$	8,145.00
Terrorism:	\$	0.00
Total Cost:	\$	8,145.00



IL 89 00 10 14
2486010
Sentry Insurance Company

49 00071 0000004 25194 N A 0

B0E1832F-B563-4C4E-B520-B71D5D12EC28

0027020044382428252353551176851

Page 1 of 2
07/11/2025

00463

Bill Date	Account Number	Next Meter Read Date	Amount Due	Payment Transfer Date
03/18/2026	0704891689-00001	04/17/2026	\$173.37	04/10/2026

Customer Name KAPRO TOOLS INC
Service Address 251 ENTERPRISE DR
LAKE MILLS WI 53551

Activity Since Last Bill

02/17/2026	Previous Balance	\$327.66
03/11/2026	Payment	-\$327.66
	Balance	\$0.00
	Total Current Charges	\$173.37
	Total Current Balance	\$173.37

Gas Service

Firm Comm/Ind Sales Class 1 (WEGO) Fg-1

Meter 01412549	Actual Reading 03/17/2026	1008
	Actual Reading 02/17/2026	-861
		147
	Meter Constant x 1.119	
	Total Gas Use	164.49 CCF
	164.5 CCF x 1.051 BTU = 172.9 Therms	

Local Distribution Service

Customer Charge	28 Days at \$0.33000	\$9.24
Distribution	172.9 Therms at \$0.36780	\$63.59

Gas Supply Service

Base Gas	172.9 Therms at \$0.48120	\$83.20
PGA	172.9 Therms at -\$0.13790 (16/28 Days)	-\$13.62
PGA	172.9 Therms at \$0.29580 (12/28 Days)	\$21.92

Taxes

WI State Tax	5% of \$164.33	\$8.22
WI County Sales Tax Jefferson	0.5% of \$164.33	\$0.82

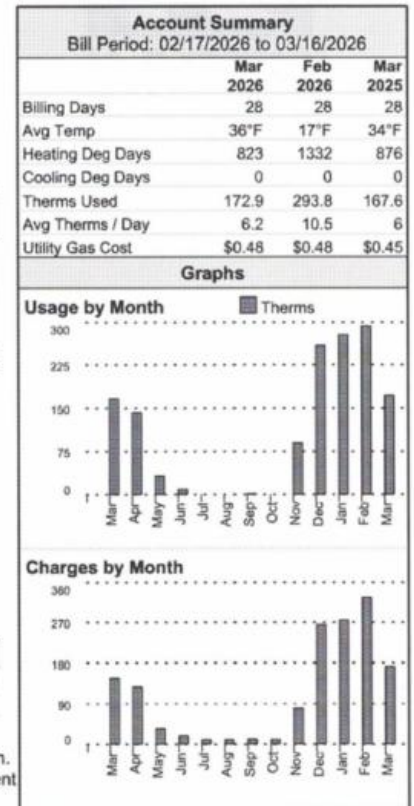
Subtotal: \$173.37
Gas Service Total: \$173.37

Messages

If any portion of your energy use is for residential or small farm purposes, and is not subject to Wisconsin sales tax, please let us know.

View your bill online anytime in My Account. Visit our website to sign up.

Even out your energy bills! Enroll in Budget Billing by paying exactly \$110.00, rather than the amount due shown. This will then be your monthly Budget amount. Every six months, your account will be reviewed and your payment may be adjusted to better reflect your actual use.



ACCOUNT NUMBER: 0704891689-00001 INVOICE: 5857323102 Page 1 of 1 WEC_PDF_Out_Archive 29261 (2)

Please return this stub with your payment.



ACCOUNT NUMBER: 0704891689-00001

KAPRO TOOLS INC
251 ENTERPRISE DR
LAKE MILLS WI 53551

We Energies
PO Box 1125
Glenview IL 60025-8125

Amount Due of \$173.37 will be withdrawn from your bank account on 04/10/2026
Thank You!

0300704891689000011 7000017337

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.) Kapro Tools 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) _____ <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 _____ ☐		
	5 Address (number, street, and apt. or suite no.). See instructions. 251 Enterprise Drive	Requester's name and address (optional)	
6 City, state, and ZIP code Lake Mills WI 53551-1768			
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									
9	4	-	3	4	0	9	5	6	0

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 *Stacy King*

Date **9/2/2025**

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

► **CONCLUSION by TCB:** The ASOP defined and provided by grantee is VALID and confirmed. Therefore the exhibit "美代信" included in the file is ok.

2- Is the agent physically located at that valid US address such that the agent can be legally served at that address?

☒ Yes, check above 3- Has the listed agent clearly agreed in writing to serve as the agent for the grantee at that address?

3- Has the listed agent clearly agreed in writing to serve as the agent for the grantee at that address?

Yes, it is included in the exhibit "美代信G".

K

TO: Federal Communications Commission
7435 Oakland Mills Road
Columbia, MD 21046

ATTN.: Reviewing Engineer

FCC ID: 2BVRIMAESTRO
FRN of applicant: 0038325742

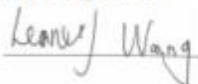
Per section 2.911(d)(7) of the FCC rules, KAPRO TOOLS LIMITED ("the applicant") certifies that the equipment for which authorization is sought is designated to the **following U.S. agent* for service of process:**

Company Name: Kapro Tools Inc.
FCC Registration Number (FRN): 0038446217
Physical U.S. Company Address: 251 Enterprise Dr Lake Mills Wisconsin, USA
Contact Person: Stacy King
Contact Phone: +1 920-297-4697
Agent Email Address: Stacy@Kapro.com

The above contact person accepts the obligation for service of process.

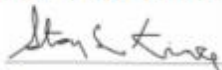
The applicant accepts to maintain an agent for no less than one year after the grantee has terminated all marketing and importation or the conclusion of any Commission-related proceeding involving the equipment.

Applicant Signed:


Signed:
Printed name: Lenney Wang
Title: R&D Business Manager

Company Name: KAPRO TOOLS LIMITED
Date: 5/21/2026

Agent Signed (if different from Applicant):


Signed:
Printed name: Stacy King
Title: Business Manager

Company Name: Kapro Tools Inc.
Date: 5/21/2026