CERTIFICATION AND AUTHORIZATION

I hereby certify that all information provided in this form or any other documentation that I have given is true and accurate to the best of my knowledge. I understand that any misrepresentation, falsification or omission of information may disqualify my employment, and may result in my dismissal.

I authorize Argus Screening and its partners and affiliate to conduct a background check / verification relative to this form. I hereby grant authority for the bearer of this letter to access or be provided with full details of my previous records.

Mitzi Norden C. Osorio Full Name Signature Date

February 15, 2023