

From: [SLDCaseAttachments](#)
To: [SLD E-Rate](#)
Subject: FW: SLD Inquiry #: 22-782575 Received
Date: Thursday, June 11, 2015 12:17:51 PM
Attachments: [image001.gif](#)
[KA12-APP-USAC-Petition to Reconsider Invoice deadline extension.pdf](#)
[KA15-LOA-Expires 5-31-2016.pdf](#)

From: Verlyne Jolley
Sent: Thursday, June 11, 2015 12:15:23 PM (UTC-05:00) Eastern Time (US & Canada)
To: SLDCaseAttachments
Cc: Bryan Doyle; Funds For Learning (erate@fundsforlearning.com)
Subject: RE: SLD Inquiry #: 22-782575 Received

Please find attached the referenced LOA between the District and Funds For Learning in addition to the Petition for Reconsideration. The certified BEARs associated with the FRNs under appeal are attached to the Reconsideration Petition.



VERLYNE JOLLEY
Vice President
Funds For Learning
vjolley@fundsforlearning.com



From: sldcaseattachments@sl.universalservice.org
[mailto:sldcaseattachments@sl.universalservice.org]
Sent: Thursday, June 11, 2015 11:13 AM
To: Verlyne Jolley
Subject: SLD Inquiry #: 22-782575 Received

Thank you for using Submit a Question. This message serves as a receipt confirmation of your submission.

The case number for your submission is 22-782575.

Please refer to this case number in subsequent contacts regarding this issue. Note that we may need to ask you for additional information to completely answer your question or fulfill your request.

You indicated in your submission that you wish to send us an attachment. To submit an attachment, please reply to this message and attach your attachment to the reply. Any additional information you wish to provide should be included in the attachment, not added to the text of this email.

If you still have questions about this issue after you review our response, please call us at 1-888-203-8100. Please do not reply to this message or to our response, as replies go to an unattended mailbox.

If you have a new question or issue, please submit another question and we will create a new

case number to address it.

If you need program information, you can visit the SLD web site at www.usac.org/sl.

Thank you.

Here is the information you submitted:

*[FirstName]=Verlyne [LastName]=Jolley [JobTitle]=Consultant
[EmailAddress]=vjolley@fundsforlearning.com [WorkPhone]=4054710950
[FaxPhone]=8665528110 [PreviousCaseNumber]=0 [FormType]=Appeal
[Owner]=APPEALS [DateSubmitted]=6/11/2015 12:10:04 PM
[AttachmentFlag]=Y[FRN]=2366785+ [FormType]=472-INV [ApplicationNumber]=868353
[Question2]=Please find attached the LOA, BEARs and a Petition for Reconsideration of the
denial of the District's invoice extension request*

Confidentiality Notice: *The information in this e-mail and any attachments thereto is intended for the named recipient(s) only. This e-mail, including any attachments, may contain information that is privileged and confidential and subject to legal restrictions and penalties regarding its unauthorized disclosure or other use. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action or inaction in reliance on the contents of this e-mail and any of its attachments is **STRICTLY PROHIBITED**. If you have received this e-mail in error, please immediately notify the sender via return e-mail; delete this e-mail and all attachments from your e-mail system and your computer system and network; and destroy any paper copies you may have in your possession. Thank you for your cooperation.*

[via e-mail: appeals@sl.universalservice.org](mailto:appeals@sl.universalservice.org)

Letter of Appeal
Schools and Libraries Division – Correspondence Unit
30 Lanidex Plaza West
PO Box 685
Parsippany, NJ 07054-0685

Petition for Reconsideration
Invoice Deadline Dismissal

Applicant: KIPP Austin
Billed Entity Number: 227759
Forms 471 Application No.: 868353
Funding Year: 2012
FRN Numbers: 2366785; 2366789

KIPP Austin by its undersigned representative, hereby asks for USAC to reconsider the invoice extension denial for the above referenced funding requests. On April 29, 2015, USAC denied the district's appeal asking for an invoice extension.

BACKGROUND

On October 24, 2014, four days prior to the SLD invoice deadline, the reimbursement request Forms 472 (listed below) were completed and ready for submission to the SLD, minus the certifications.

Form Identifier	Date Prepared	FRN	BEAR Amount
KA12-47209-TWC-IA-20-Nov	10/24/2014	2366785	\$3,291.08
KA12-47211-TWC-30-A-S-N	10/24/2014	2366789	\$5,347.08

On October 27, 2014, KIPP Austin recognized that it was not likely that the vendor (Time Warner) signatures, required for submission, would be received by the deadline of October 28, 2014. Therefore, KIPP Austin submitted a request for an invoice deadline extension in order to provide the time needed for the signatures to be received and the completed/certified Forms 472 could be submitted. On January 16, 2015, KIPP Austin received a notification that the request to extend had been dismissed, with the following explanation: "Current deadline extension rules and procedures do not allow approval for the reason submitted." On March 17, 2015, KIPP Austin appealed the invoice extension denial; which was denied by USAC on April 29, 2015.

DISCUSSION

The invoice extension was originally requested so KIPP Austin could get the appropriate service provider signatures on the BEARs. The service provider did review, approve and sign both BEARs in anticipation of the SLD extending the invoicing deadline. Copies of both BEARs are attached. Extending the deadline in this case is solely for the purpose of processing the BEARs. The district and service provider completed their review of the invoices and services back in November 2014. Now the district needs an open invoicing period in order to get the BEARs processed.

SUMMARY

KIPP Austin timely requested an invoice deadline extension, for the aforementioned FRNs, and now has fully executed BEARs that can be processed. Therefore, KIPP Austin hereby requests that the USAC reconsider this dismissal and extend the invoice deadline, for the aforementioned FRNs.

Respectfully,

Bryan Doyle
Director of Technology, KIPP Austin
8509 FM 969
AUSTIN, TX 78724
bdoyle@kippaustin.org

Exhibit 1 – Signed and Certified BEARs

FCC Form 472
DO NOT STAPLE THIS FORM

Do not write in this space

Universal Service for Schools and Libraries

Please read instructions before completing. (To be completed by schools, libraries, or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.
 Only one Service Provider Identification Number (SPIN) per form.
 Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Applicant Form Identifier (Create an identifier for your own reference)
KA12-47209-TWC-IA-20-NOV FCC Form 472 Invoice #
 (To be inserted by administrator)

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	KIPP Austin Public Schools
2. Billed Entity Number	227759
3. Service Provider Identification Number (SPIN)	143028428
4. Contact Name	Bryan Doyle
5. Contact Telephone Number	(512) 501-3643
6. Total Reimbursement Amount (total from Block 2, Column 14)	\$3,291.08

Billed Entity Applicant Reimbursement Form
 For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name KIPP Austin Public Schools Billed Entity Number 227759
 Contact Name Bryan Doyle Contact Telephone Number (512) 501-3643

Applicant Form Identifier KA12-47209-TWC-IA-20-Nov

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER													
(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)						
FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)						
1	868353	2366785	11/2012	DO NOT WRITE IN THIS COLUMN.	\$5,066.21	90	\$3,291.08						
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)								\$3,291.08					

BILLED ENTITY APPLICANT Reimbursement Form	
Billed Entity Name <u> KIPP Austin Public Schools </u>	
Billed Entity Number <u> 227759 </u>	
Contact Name <u> Bryan Doyle </u>	
Applicant Form Identifier <u> KA12-47209-TWC-IA-20-Nov </u>	
Block 3: Billed Entity Certification	
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:	
A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.	
B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.	
C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.	
D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any and all records that I rely upon to fill in this form.	
E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.	
15. Signature of authorized person 	16. Date <u> 10/29/14 </u>
17. Printed name of authorized person Bryan Doyle	
18. Title or position of authorized person Director of Technology	
19. Telephone number of authorized person (512) 501-3643	
20. Address of authorized person 8509 FM 969 Bldg 513 Austin, TX 78724	

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name KIPP Austin Public Schools

Billed Entity Number 227759

Contact Name Bryan Doyle

Applicant Form Identifier KA12-47209-TWC-IA-20-Nov

Block 4: Service Provider Acknowledgment

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

21. Signature of authorized person (fax, copy or original signature)



22. Date

11/4/14

23. Printed name of authorized person

Melissa Joo

24. Title or position of authorized person

Sr Analyst, AR IEPATE

25. Telephone number of authorized person

703-713-9684

26. Address of authorized person

2551 Dulles View Dr
Herndon, VA 20141

27. Applicant Remittance Information

Name Bryan Doyle

Title Director of Technology

Street Address 8509 FM 969 Bldg 513, Austin, TX 78724

A paper copy of this Form (pages 1-4) should be mailed to:
SLD BEAR FCC Form 472
P. O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms
ATTN: SLD BEAR FCC Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100

FCC Form 472
DO NOT STAPLE THIS FORM

Do not write in this space

Universal Service for Schools and Libraries

Please read instructions before completing. (To be completed by schools, libraries, or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM
 For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.
 Only one Service Provider Identification Number (SPIN) per form.
Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.
FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Applicant Form Identifier (Create an identifier for your own reference)
KA12-47211-TWC-30-A-S-N

BLOCK 1: HEADER INFORMATION

- | | | |
|--|-----------------------------------|--|
| 1. Billed Entity Name | KIPP Austin Public Schools | FCC Form 472 Invoice #
(To be inserted by administrator) |
| 2. Billed Entity Number | 227759 | |
| 3. Service Provider Identification Number (SPIN) | 143028428 | |
| 4. Contact Name | Bryan Doyle | |
| 5. Contact Telephone Number | (512) 501-3643 | |
| 6. Total Reimbursement Amount (total from Block 2, Column 14) | | \$5,347.08 |

Billed Entity Applicant Reimbursement Form
 For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name KIPP Austin Public Schools Billed Entity Number 227759
 Contact Name Bryan Doyle Contact Telephone Number (512) 501-3643

Applicant Form Identifier KA12-47211-TWC-30-A-S-N

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER								
(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)	
		DO NOT WRITE IN THIS COLUMN. For each FRN, complete either Column (10) or Column (11), but not both Columns						
1	868353		08/2012		\$1,980.40	90	\$1,782.36	
2	868353		09/2012		\$1,980.40	90	\$1,782.36	
3	868353		11/2012		\$1,980.40	90	\$1,782.36	
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)							\$5,347.08	

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name KIPP Austin Public Schools

Billed Entity Number 227759

Contact Name Bryan Doyle

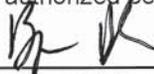
Applicant Form Identifier KA12-47211-TWC-30-A-S-N

Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any and all records that I rely upon to fill in this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person



16. Date

10/29/14

17. Printed name of authorized person

Bryan Doyle

18. Title or position of authorized person

Director of Technology

19. Telephone number of authorized person

(512) 501-3643

20. Address of authorized person

8509 FM 969 Bldg 513

Austin, TX 78724

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name KIPP Austin Public Schools

Billed Entity Number 227759

Contact Name Bryan Doyle

Applicant Form Identifier KA12-47211-TWC-30-A-S-N

Block 4: Service Provider Acknowledgment

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

21. Signature of authorized person (fax, copy or original signature)



22. Date

11/4/14

23. Printed name of authorized person

Melissa Joe

24. Title or position of authorized person

Sr Analyst, AR / EPATE

25. Telephone number of authorized person

703-713-9684

26. Address of authorized person

2551 Dulles View Dr
Herndon, VA 20171

27. Applicant Remittance Information

Name Bryan Doyle

Title Director of Technology

Street Address 8509 FM 969 Bldg 513, Austin, TX 78724

A paper copy of this Form (pages 1-4) should be mailed to:
SLD BEAR FCC Form 472
P. O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms
ATTN: SLD BEAR FCC Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100



DATE: 4/7/15

TO: Funds For Learning, LLC

FROM: KIPP Austin Public Schools
8509 FM 969
Austin, TX 78724
Billed Entity Number: 227759

RE: **Letter of Agency**
Scope of E-rate-related Authority

This is to confirm that Funds for Learning, LLC (FFL) is and will continue to be authorized to act as our agent and on our behalf on all E-rate matters related to the preparation and processing of our school district's E-rate applications and post-commitment E-rate-related forms as it relates to current and prior E-rate Funding Years.

This grant of agency will expire on May 31, 2016 unless terminated earlier or extended, in writing.

Pursuant to this grant of agency authority, FFL is authorized to communicate on our behalf with the Federal Communications Commission and the Universal Service Administrative Company in connection with *any* E-rate-related matter, prepare E-rate applications and other forms, and file appeals.

To whom it may concern: please note that this grant of agency authority does not extend to our procurement process. FFL may not consult with us concerning or make any recommendations to us regarding the selection of specific technologies, goods, or services or the selection of service providers. FFL may, however, under its compliance agreement consult with us about E-rate procurement rules, regulations, and policies. Any necessary E-rate forms, paperwork, or documentation, which FFL prepares on behalf of the school district, will be based solely upon information that we provide to FFL.

A handwritten signature in black ink, appearing to read "Bryan Doyle".

Bryan Doyle
Director of Technology