

2024-2025 PRO-AG Contribution Certification Form (C-5600)

Contribution Type:	Applicant Contribution
Name of Person/Entity Providing the Matching Funds (i.e. Contributor):	Vistabeam
Contributor Contact Person: (Last Name, First Name)	Larsen, Matt
Contributor Address: (Street Address, City, State, ZIP)	1225 Sage Street, Gering, NE 69341
Contributor E-mail Address:	MLARSEN@VISTABEAM.COM
Contributor Phone Number:	3086359434
Applicant Name (if different from Contributor):	
Proposed Project Name:	Cheyenne
Describe any conditions attached to the contribution:	None
Total Contribution Amount:	\$ \$19,132.92

Narrative: Include a narrative below describing the relationship between the contributor and applicant, and the contributor's role in the proposed project:

Certification Statement: I hereby certify that the contribution detailed above, either from the contributing partner or by the applicant, has been made or will be made within forty-five (45) days of the Nebraska Public Service Commission's approval of the PRO-AG application. All contributions will be allocated solely for allowable project expenses.

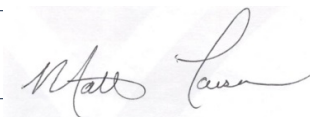
Matt Larsen

Authorized Individual Name (*Print Name*)

CEO

Authorized Individual Title

Signature



3/3/2025

Date

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