

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-3537

Athlete Agent Registration Form

Please Type or Print Clearly in Ink

Make Payment Payable to **SECRETARY OF STATE**

FILE DATE	<u>04/08/2025</u>
RECEIPT NO	<u>002628403</u>
C# <u>124 \$50.00</u>	
RECEIVED	
APR 08 2025	

SD Secretary of State

Please check the applicable filing status.

- ☐ Initial Application **\$100** Fee
- ☒ Application based on certification in another state per §59-10-5(b): **\$50** Fee
- ☐ Application for Renewal **\$25** Fee

1. Name: Tara Lynn Sakraida

(303)-915-8357
Daytime Phone

tara@prime1sports.com
Email Address

2. The address for the applicant's principal place of business:

3033 Wilson Boulevard Suite #700
Street Address

Arlington
City

VA
State

22201
ZIP

Mailing Address (Optional)

City

State

ZIP

3. The name of the applicant's business or employer: Prime 1 Sports, LLC

4. List any business or occupation engaged in by the applicant for the five years next preceding the date of the application:

5. Provide a brief description of your training as an athlete agent:

6. Provide a brief description of your practical experience as an athlete agent:

7. Provide a brief description of your educational background related to being an athlete agent:

8. Provide names and addresses of three references not related to the applicant:

Name	Address	City	State	ZIP
Name	Address	City	State	ZIP
Name	Address	City	State	ZIP

9. For whom have you served as an athlete agent in the past 5 (five) years:

Name	Sport	Last Known Team
Name	Sport	Last Known Team
Name	Sport	Last Known Team
Name	Sport	Last Known Team

10. If the applicant's business is not a corporation, list the names and addresses of the partners, members, officers, managers, or profit-sharers of the business:

Name	Address	City	State	ZIP
Name	Address	City	State	ZIP

11. If the business employing the applicant is a corporation, list the names and addresses of the officers, directors, and any shareholder of the corporation having a five percent interest or greater.

Name	Address	City	State	ZIP
Name	Address	City	State	ZIP

12. Have you or anyone listed in questions 10 or 11 been convicted of a crime, that in South Dakota, would be considered a crime of moral turpitude or a felony? ☐ Yes ☒ No

If yes please identify the crime: _____

13. Have you or anyone listed in questions 10 or 11 been administratively or judicially determined to have made false, misleading, deceptive or fraudulent representations? ☐ Yes ☒ No

14. Has your conduct or that of anyone listed in questions 10 or 11 resulted in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete or educational institution? ☐ Yes ☒ No

15. Have you or anyone listed in questions 10 or 11 had any sanction, suspension or disciplinary action taken against you / them because of occupational or professional conduct? ☐ Yes ☒ No

16. Have you or anyone listed in questions 10 or 11 ever been denied an application for, suspension or revocation of, or refusal to renew the athlete agents registration of licensure? ☐ Yes ☒ No

Attach additional pages as needed when there is insufficient room to fully complete a question.

I declare under penalty of perjury, under the laws of the State of South Dakota, that all statements contained in this application and any accompanying documents are true and correct.

Dated 4/3/2025

(Signature of Applicant)

(Printed Name)



Secretary of State
Bldg. 1, Suite 157-K
1900 Kanawha Blvd. East
Charleston, WV 25305-0770

Mac Warner
Secretary Of State
State Of West Virginia

Phone: 304-558-6000
866-767-8683
Visit us online:
www.wvsos.com

Friday, September 6, 2024

Tara Lynn Sakraida
3033 Wilson Blvd.
Suite #700
ARLINGTON VA 22201

Congratulations on being registered as an Athlete Agent. We have enclosed your certificate. Please note the effective and expiration dates. For your convenience, our office will send you a renewal notice with instructions two months before your expiration date. At that time you may decide whether or not you wish to maintain your license.

Should you have any questions concerning your license, please contact our office and ask to speak with a member of our licensing staff.

Sincerely,

A handwritten signature in cursive script that reads "Mac Warner".

Mac Warner
Secretary Of State

F240906025393

State of West Virginia



CERTIFICATE OF ATHLETE AGENT

I, Mac Warner, Secretary of State of the
State of West Virginia, hereby certify that

Tara Lynn Sakraida

of

Prime 1 Sports, LLC
3033 Wilson Blvd.
Suite #700
ARLINGTON VA 22201

is hereby authorized to exercise the functions of an Athlete Agent, and shall be in effect and valid from 09/06/2024 and expire 09/06/2026 unless suspended or revoked prior thereto, in accordance with the provisions of the West Virginia Code.



Given under my hand and the Great
Seal of the State of West Virginia
on Friday, September 6, 2024

Mac Warner

Mac Warner
West Virginia Secretary Of State

F240906025393

Secretary of State
Bldg.1, Suite 157-K
1900 Kanawha Blvd. East
Charleston, WV 25305-0770

F240906025393

Phone: 304-558-6000
866-767-8683
Visit us online:
www.wvsos.com

West Virginia Secretary of State
Business and Licensing Division
ID: F240006025393
Filing Number: F240906025393
Effective Date/Time: 09/06/2024 10:10:47

**APPLICATION FOR REGISTRATION
AS AN ATHLETE AGENT**



West Virginia Secretary of State
Licensing Division
1900 Kanawha Blvd. East
Bldg. 1, Ste. 157-K
Charleston, WV 25305
Tel: (304)558-8000
Fax: (304)558-8381
Website: www.wvsos.gov
Email: licensing@wvsos.gov

SECTION I: APPLICANT INFORMATION

1. Name of Applicant: Tara Lynn Sakraida
2. Residence Address: 3033 Wilson Blvd. Suite #700, ARLINGTON, VA 22201, USA

3. Residence Phone: (303) 915-8537
4. E-Mail (required): liz@prime1sports.com
5. Birthdate: 02/12/1978

SECTION II: BUSINESS INFORMATION

6. Business Name: Prime 1 Sports, LLC
7. Business Address: 3033 Wilson Blvd. Suite #700, ARLINGTON, VA 22201, USA

8. Business Phone: _____

9. Business Officers:

If your business is not a corporation, please list the names & addresses of the partners, members, officers, managers, associates or profit-sharers of the business.

If your business is a corporation, please list the officers, directors or any shareholders having an interest of 5% and greater.

Name	Title/Company	Address
Tara Lynn Sakraida	Prime 1 Sports, LLC	2903 Q St. NW, Washington, DC 20007, USA
Todd Joseph Calabrese	Prime 1 Sports, LLC	14604 Crossway Road, Rockville, MD 20853, USA

10. Business/occupation engaged in within previous five (5) years:

Community Philanthropic Director/ Board Chairperson Major Gifts Officer Attorney

SECTION III: EDUCATION/TRAINING INFORMATION

11. Please list any formal training as an athlete agent:

Preparation Practicum for NFLPA Exam

12. Please list any practical experience as an athlete agent: _____

Registered athlete in the State(s) of Florida, Texas, Washington DC, Arkansas

13. Please list educational background: _____

Graduated summa cum laude with a B.A. from Regis University, a Jesuit college in Denver, Colorado, and received a J.D. from the University of Denver Sturm College of Law in 2003.

SECTION IV: ADMINISTRATIVE/COURT PROCEEDING INFORMATION

14. Have you ever been convicted of a crime involving moral turpitude or any felony in any state during the past ten (10) years? No If yes, please provide details.

15. Have you ever been sued by an athlete? No If yes, please provide details.

16. Have you ever filed bankruptcy? No If yes, please provide details.

17. Has any surety bond on which you were covered been required to pay any money on your behalf? No If yes, please provide details.

18. Have you ever been named in an administrative or judicial determination of false, misleading or deceptive fraudulent representation? No If yes, please provide details.

19. Have you ever had a professional license, certificate or registration denied, suspended or revoked by any other state? No If yes, please provide details.

20. Have you ever had any sanction, suspension or disciplinary action as a result of occupational or professional conduct or conduct resulting in sanction, suspension or declaration of ineligibility of a student-athlete or educational institution? No If yes, please provide details.

SECTION V: CLIENT INFORMATION

21. Please provide the name, sport and last known team for each individual for whom you have acted as an athlete agent during the previous five years.

Name	Sport	Team
Bekkem Kritza	Football	Miami Central High School

SECTION VI: PERSONAL REFERENCES

22. Please provide the names and addresses of three individuals who are not related to you as references.

Name	Address
Heidi Saravia	8301 Friesland Dr., Huntington Beach, CA 92647, USA
Alison Meisel	10966 Rochester Ave. Unit 4F, Los Angeles, CA 90024, USA
Stephanie Liu	1500 Tennessee Ave. #305, Los Angeles, CA 90064, USA

SECTION VII: AFFIRMATION

I, Tara Lynn Sakraida, do hereby certify under penalty of law, that the information contained

herein is true, correct and complete to the best of my knowledge. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my certification revoked by the Secretary of State.

Tara Lynn Sakraida

Date: 09/03/2024

Signature of Applicant



3033 WILSON BOULEVARD, SUITE #700
ARLINGTON, VA 22201
WWW.PRIME1SPORTS.COM

March 11, 2025

Delaware Division of Professional Regulation
Cannon Building, Suite 203
861 Silver Lake Blvd
Dover, DE 19904

RE: Application No: APP-000086492
Prime 1 Sports, LLC
Tara Sakraida Parker

I am General Counsel for Prime 1 Sports, LLC. This letter will confirm that, as of March 7, 2025, Todd Joseph Calabrese no longer is an owner or member of Prime 1 Sports, LLC, nor does Todd Joseph Calabrese have any affiliation with Prime 1 Sports, LLC in any way, as an owner, member, employee or contractor.

Please let me know if you need anything further. Thank you very much.

Regards,

Shari Ulery
General Counsel
Prime 1 Sports, LLC
shari@prime1sports.com
Cell: 720-383-0255



South Dakota Secretary of State
500 E. Capitol Ave
Pierre, SD 57501-5070

PRIME 1 SPORTS, LLC
3033 WILSON BLVD SUITE 700
TARA LYNN SAKRAIDA
ARLINGTON, VA 22201

RECEIPT INFORMATION

Receipt #: 002628403
Receipt Date: 04/08/2025

DO NOT PAY!
This is not a bill.

Description of Charges	Reference	Quantity	Unit Price	Total
Athlete Agent Application Out of State		1	\$50.00	\$50.00

TOTAL CHARGES PAID \$50.00

Description of Payment	Reference	Amount
Payment-Check/MO	124	\$50.00

TOTAL PAYMENT \$50.00

RECEIVED
APR 30 2025
SD Secretary of State

Please see the below email correspondence.

Tara Sakraida initially applied to become an athlete agent in South Dakota via reciprocity using her West Virginia registration. As that registration does not fit within the required 6 month window, she is re-applying with her Wisconsin registration that was approved on 3/17/2025.

From: "Scott, Jeannell" <Jeannell.Scott@state.sd.us>
Subject: FW: CORRECTION: Athlete Agent Registration Forms
Date: April 16, 2025 at 3:28:09 PM EDT
To: "tara@prime1sports.com" <tara@prime1sports.com>

Please be advised of the information below from South Dakota Department of Labor & Regulations.

Please advise if you want to do Initial Application which is \$100.00 total, but you have already paid \$50.00.

I will be out of office tomorrow afternoon, until Tuesday, April 22, 2025.

Thank you
Jeannell R Scott
Program Assistant
Secretary of State Office
500 East Capitol Avenue Suite 204
Pierre SD 57501
Phone 605.773.3537
Fax 605.773.6580
Email: Jeannell.Scott@state.sd.us
Website: <http://sdsos.gov>

-----Original Message-----

From: Doubledee, Jennifer <Jennifer.Doubledee@state.sd.us>
Sent: Tuesday, April 15, 2025 4:56 PM
To: Scott, Jeannell <Jeannell.Scott@state.sd.us>; Petrik, Sarah <Sarah.Petrik@state.sd.us>
Subject: CORRECTION: Athlete Agent Registration Forms

Correction: I can't deny apparently - only Marcia can. Please reach back out to this applicant and advise her of the deficiency and see if she wants to apply for registration under 59-10-5(a) instead because her certificate from West Virginia is older than six months ago.

JENNIFER DOUBLEDEE
LABOR + REGULATION
605.408.1727 | dlr.sd.gov

-----Original Message-----

From: Doubledee, Jennifer
Sent: Tuesday, April 15, 2025 4:48 PM
To: Scott, Jeannell <Jeannell.Scott@state.sd.us>; Petrik, Sarah <Sarah.Petrik@state.sd.us>
Subject: RE: Athlete Agent Registration Forms

This one will need to be denied. SDCL 59-10-5(b)(1) states the states that certificate from another state "was submitted in the other state within six months next preceding the submission of the application in this state." Her application in West Virginia took effect September 6, 2024 - so she had until March 6, 2025. We received her application April 8, 2025.

JENNIFER DOUBLEDEE
LABOR + REGULATION
605.408.1727 | dlr.sd.gov

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-3537

Athlete Agent Registration Form

Please **Type** or **Print Clearly** in Ink

Make Payment Payable to **SECRETARY OF STATE**

FILE DATE _____

RECEIPT NO _____

RECEIVED

APR 30 2025

SD Secretary of State

Please check the applicable filing status.

- ☐ Initial Application **\$100** Fee
- ☒ Application based on certification in another state per §59-10-5(b): **\$50** Fee
- ☐ Application for Renewal **\$25** Fee

1. Name: Tara Lynn Sakraida

(303)-915-8357

Daytime Phone

tara@prime1sports.com

Email Address

2. The address for the applicant's principal place of business:

3033 Wilson Boulevard Suite #700

Street Address

Arlington

City

VA

State

22201

ZIP

Mailing Address (Optional)

City

State

ZIP

3. The name of the applicant's business or employer: Prime 1 Sports, LLC

4. List any business or occupation engaged in by the applicant for the five years next preceding the date of the application:

5. Provide a brief description of your training as an athlete agent:

6. Provide a brief description of your practical experience as an athlete agent:

7. Provide a brief description of your educational background related to being an athlete agent:

8. Provide names and addresses of three references not related to the applicant:

Name	Address	City	State	ZIP
------	---------	------	-------	-----

Name	Address	City	State	ZIP
------	---------	------	-------	-----

Name	Address	City	State	ZIP
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9. For whom have you served as an athlete agent in the past 5 (five) years:

Name	Sport	Last Known Team
Name	Sport	Last Known Team
Name	Sport	Last Known Team
Name	Sport	Last Known Team

10. If the applicant's business is not a corporation, list the names and addresses of the partners, members, officers, managers, or profit-sharers of the business:

Name	Address	City	State	ZIP
Name	Address	City	State	ZIP

11. If the business employing the applicant is a corporation, list the names and addresses of the officers, directors, and any shareholder of the corporation having a five percent interest or greater.

Name	Address	City	State	ZIP
Name	Address	City	State	ZIP

12. Have you or anyone listed in questions 10 or 11 been convicted of a crime, that in South Dakota, would be considered a crime of moral turpitude or a felony? ☐ Yes ☒ No

If yes please identify the crime: _____

13. Have you or anyone listed in questions 10 or 11 been administratively or judicially determined to have made false, misleading, deceptive or fraudulent representations? ☐ Yes ☒ No

14. Has your conduct or that of anyone listed in questions 10 or 11 resulted in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete or educational institution? ☐ Yes ☒ No

15. Have you or anyone listed in questions 10 or 11 had any sanction, suspension or disciplinary action taken against you / them because of occupational or professional conduct? ☐ Yes ☒ No

16. Have you or anyone listed in questions 10 or 11 ever been denied an application for, suspension or revocation of, or refusal to renew the athlete agents registration of licensure? ☐ Yes ☒ No

Attach additional pages as needed when there is insufficient room to fully complete a question.

I declare under penalty of perjury, under the laws of the State of South Dakota, that all statements contained in this application and any accompanying documents are true and correct.

Dated 2025-04-23

Tara L Sakraida
(Signature of Applicant)

Tara Lynn Sakraida
(Printed Name)



3033 WILSON BOULEVARD, SUITE #700
ARLINGTON, VA 22201
WWW.PRIME1SPORTS.COM

April 22, 2025

South Dakota Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501

RE: South Dakota Athlete Agent Application
Tara Lynn Sakraida
Prime 1 Sports, LLC

I am General Counsel for Prime 1 Sports, LLC. This letter will confirm that, as of March 7, 2025, Todd Joseph Calabrese is no longer an owner or member of Prime 1 Sports, LLC, nor does Todd Joseph Calabrese have any affiliation with Prime 1 Sports, LLC in any way, as an owner, member, employee or contractor.

The attached Wisconsin Athlete Agent Application being used for reciprocity in South Dakota was submitted prior to March 7, the date marking Mr. Calabrese as no longer an owner or member of Prime 1 Sports, LLC. Therefore, the answer to Question 2 on Page 4 of the Wisconsin Application was answered, "Yes," relating to Mr. Calabrese on Page 5. However, now that Mr. Calabrese is longer affiliated with Prime 1 Sports, LLC, the answer would now be "No", which is accurately represented on Tara Sakraida's South Dakota Athlete Agent Application.

Please let me know if you need anything further. Thank you very much.

Regards,
Shari Ulery
General Counsel
Prime 1 Sports, LLC
shari@prime1sports.com
Cell: 720-383-0255

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INFORMATION FOR ATHLETE AGENT INITIAL OR RENEWAL APPLICATION

INITIAL APPLICANTS (original Wisconsin registration **not** based on reciprocity): Applicants not registered in another state at the time of application for original registration in Wisconsin should use this form (#2668) to obtain an initial credential and for credential renewal [Wis. Stat. § 440.9915(1) and Wis. Admin. Code § SPS 151.02].

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Athlete Agent Initial and Renewal Application (Form #2668)**
2. **Initial Credential Fee** Fee must accompany the completed application. Make check or money order payable to Department of Safety and Professional Services. To pay by credit card see Form #3071.
3. **Convictions and Pending Charges** (if applicable): Per Wis. Stat. § 440.9915(1)(h), if you or any of the persons you list on page 6 have ever been convicted of, or have charges pending for, a crime that, if committed in this state, would be a felony, attach a sheet providing a description of the crime, the law enforcement agency involved, and, if applicable, the date of the conviction and the fine or penalty imposed. (A crime punishable by imprisonment is a felony. See Wis. Stat. § 939.60.)

NOTE: The Wisconsin Department of Safety and Professional Services only licenses individuals for this profession. Each person acting as an athlete agent in Wisconsin must be registered in this state. Listing a business entity on the application and providing the officers, partners and/or members on page 5 does not license the business nor does it entitle any of the individuals listed on page 5 to act as an athlete agent. Only the person applying for licensure can act as an athlete agent in Wisconsin when licensed.

RECIPROCAL APPLICANTS: Applicants registered in another state at the time of application for original registration in Wisconsin and who wish to obtain a Wisconsin credential based on reciprocity do not use this form. Use Form #3668. [Wis. Stat. § 440.9915(2) and Wis. Admin. Code § SPS 151.04]. If a Wisconsin credential is obtained via reciprocity, Form #3668 should also be used for renewal.

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

ATHLETE AGENT REGISTRATION FOR INITIAL OR RENEWAL APPLICATION

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK

☐ Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address or PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name Sakraida		First Name Tara	MI	Former / Maiden Name(s)	
Address (street) 2903 Q Street NW		(city) Washington	(state) D C	(zip code) 20007	Daytime Telephone Number - - - - -
Mailing Address (if different) (street)		(city)	(state)	(zip code)	Fax Number - - - - -
Date of Birth 0 2 / 1 2 / 1 9 7 8		Place of Birth Medford, OR		Cell Phone Number 3 0 3 - 9 1 5 - 8 5 3 7	
Social Security Number 5 4 1 - 0 2 - 5 2 7 3		Your Social Security Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete <u>Form #1051</u> . The Department may not disclose the Social Security Number collected except as authorized by law.			
Ethnicity/gender status information is optional. Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F		ETHNICITY: <input checked="" type="checkbox"/> White, not Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other			
Have you ever been licensed in Wisconsin as an Athlete Agent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list your credential number: _____					
Select one: <input checked="" type="checkbox"/> Initial application <input type="checkbox"/> Renewal application					
• Applicants <u>not</u> registered in another state at the time of application for original registration in WI should use this form (#2668) (initial & renewal).					
• Applicants registered in another state at the time of application for original registration in WI and who wish to obtain or have obtained a Wisconsin credential based on reciprocity should use this form (#3668) (initial & renewal).					
E-mail Address tara@prime1sports.com					
APPLICANT'S BUSINESS OR EMPLOYER (If you work alone, list your own name and address.)					
Name of Principal Place of Business Prime 1 Sports			Business Telephone Number 7 0 3 - 3 0 4 - 0 2 9 8		
Address of Principal Place of Business (street, city, state, zip code) 3033 Wilson Boulevard Suite #700 Arlington, VA 22201			Business FEIN - - - - -		
<input checked="" type="checkbox"/> I am an employee. Title CEO					
Business Structure (Check one.) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual Proprietor <input checked="" type="checkbox"/> Other					
List Personal and Business/Employer Internet Sites https://prime1sports.com/					
List each social media account with which applicant or applicant's business/employer is affiliated					

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application. To pay by credit card see Form #3071.

☐ I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see page 2 for further information- not available for renewal applicants.)

☒ Initial Credential Fee
\$ 38.00 Total Fee Attached

☐ Renewal Fee (If credential is expired, add a \$25 late fee.)
\$ 38.00 Total Fee Attached

For Receipting Use Only (97)

#2668 (Rev. 3/21/2023)

Wis. Stat. ch. 440

Committed to Equal Opportunity in Employment and Licensing

Page 1 of 6

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☒ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number: _____

If you qualify, are you requesting equivalency of your military training and experience? ☐ Yes ☒ No

If Yes, complete and return the Veteran Request Application Addendum (Form #2996). This form must be included with this application. (You may contact the WDVA at 1-800-947-8387 or dva.wi.gov for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential? ☐ Yes ☒ No

If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses (Form #3982).

RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select "PROFESSIONS," then "Athlete Agent."

FOR EACH BUSINESS OR EMPLOYER, IF APPLICABLE, OF THE APPLICANT, PROVIDE THE FOLLOWING:

(Attach additional sheets if necessary.)

Business/Employer Name _____	Telephone Number ____-____-____	Organizational Form <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual Proprietor <input type="checkbox"/> Other _____
---------------------------------	------------------------------------	--

Mailing Address (street, city, state, zip code)

Description of the Nature of the Business/Employer

Business/Employer Name _____	Telephone Number ____-____-____	Organizational Form <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual Proprietor <input type="checkbox"/> Other _____
---------------------------------	------------------------------------	--

Mailing Address (street, city, state, zip code)

Description of the Nature of the Business/Employer

Business/Employer Name _____	Telephone Number ____-____-____	Organizational Form <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual Proprietor <input type="checkbox"/> Other _____
---------------------------------	------------------------------------	--

Mailing Address (street, city, state, zip code)

Description of the Nature of the Business/Employer

EMPLOYMENT HISTORY: Provide for the 5 years preceding the date of this application. (Attach additional sheets, if necessary.)

Business/Employer Prime 1 Sports	Location of Employment City <u>Arlington</u> State <u>V A</u>	Dates Employed (mo/yr - mo/yr) <u>7</u> - <u>23</u> to _____	Lic/Registration/Certif Held _____
-------------------------------------	--	---	---------------------------------------

Position Title and Description of Duties

CEO, ensuring that elite student-athletes have the tools and resources they need to navigate this era of Name, Image, and Likeness (NIL) as a business lawyer

Business/Employer Citizens Association of Georgetown	Location of Employment City <u>Washingto</u> State <u>D C</u>	Dates Employed (mo/yr - mo/yr) <u>6</u> - <u>20</u> to _____	Lic/Registration/Certif Held _____
---	--	---	---------------------------------------

Position Title and Description of Duties

President Of The Board Of Directors, driving strategic initiatives and fostering community engagement to enhance quality of life in the neighborhood

Business/Employer _____	Location of Employment City _____ State _____	Dates Employed (mo/yr - mo/yr) _____ to _____	Lic/Registration/Certif Held _____
----------------------------	--	--	---------------------------------------

Position Title and Description of Duties

Wisconsin Department of Safety and Professional Services

EMPLOYMENT HISTORY: Provide for the 5 years preceding the date of this application. (Continued from page 2.)

Business/Employer	Location of Employment City _____ State _____	Dates Employed (mo/yr - mo/yr) _____ to _____	Lic/Registration/Certif Held
-------------------	--	--	------------------------------

Position Title and Description of Duties

Business/Employer	Location of Employment City _____ State _____	Dates Employed (mo/yr - mo/yr) _____ to _____	Lic/Registration/Certif Held
-------------------	--	--	------------------------------

Position Title and Description of Duties

PRACTICAL EXPERIENCE: Do you have practical experience as an athlete agent? ☐ Yes ☐ No If yes, complete the following information:

Name of business where practical experience was obtained

Location

From:

To:

Provide a description of the practical experience:

Has over 20 years of experience in cultivating client and donor relationships across diverse sectors including higher education, philanthropy, finance, real estate, and governmental relations. Drafted and executed complex contracts worth millions of dollars as a business attorney.

EDUCATION: Do you have education related to activities as an athlete agent? ☒ Yes ☐ No If yes, complete the following information:

Name of educational facility

Location

University of Denver - Sturm College of Law

Denver, CO

From:

To:

Provide a description of the educational background:

Received a J.D. from the University of Denver - Sturm College of Law in 2003

FORMAL TRAINING: Do you have formal training as an athlete agent? ☐ Yes ☒ No If yes, complete the following information:

Name of training facility

Location

From:

To:

Provide a description of the training:

LIST EACH STATE IN WHICH THE APPLICANT APPLIED TO BE REGISTERED AS AN ATHLETE AGENT.

For each credential listed above, completed Form #2669 must be submitted by each state, including any territory or insular possession subject to the jurisdiction of the United States, in which you have been issued an Athlete Agent registration. Form letters from other jurisdictions are acceptable. Verifications must be returned directly to DSPS.

LIST EACH STATE IN WHICH THE APPLICANT CURRENTLY IS REGISTERED AS AN ATHLETE AGENT.

W V

Wisconsin Department of Safety and Professional Services

IS THE APPLICANT CERTIFIED OR REGISTERED BY A PROFESSIONAL LEAGUE OR PLAYERS ASSOCIATION?

If yes, provide all of the following. (Attach additional sheets, if necessary.)

Name of the League or Association

Date of Cert/Reg

Expiration Date (if applicable)

Provide the date of any denial of an application for, suspension or revocation of, refusal to renew, withdrawal of, or termination of, the certification or registration or any reprimand or censure related to the certification or registration.

DATE: ____/____/____

OR ☒ The statement immediately above is not applicable.

ANSWER THE FOLLOWING QUESTIONS (Attach additional sheets if necessary.)

1.	Have you or any of the persons listed on page 5 submitted an application for a state or federal business, professional, or occupational license, <i>other than as an athlete agent</i> ? If yes, attach a sheet providing a description of the status of any application from the state or federal agency(ies), including any denial, refusal to renew, suspension, withdrawal, or termination of the license and any reprimand or censure related to the license.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	Have you or any of the persons listed on page 5 ever been convicted of, or have charges pending for, a crime that, if committed in Wisconsin, would be a felony? (A crime punishable by imprisonment is a felony. See Wis. Stat. § 939.60.) If yes, attach a sheet providing a description of the crime, the law enforcement agency involved, and, if applicable, the date of the conviction and the fine or penalty imposed.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you or any of the persons listed on page 5 been a defendant or respondent in a civil proceeding, including a proceeding seeking an adjudication of incompetence within 15 years before the date of the application? If yes, attach a sheet with date and full explanation for <u>each</u> proceeding.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	Do you or any of the persons listed on page 5 have an unsatisfied judgment or a judgment of continuing effect, including for child or family support, maintenance, or spousal support that is not current at the date of the application? If yes, provide details on an attached sheet.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	Within 10 years before the date of the application, have you or any of the persons listed on page 5 been adjudicated bankrupt or an owner of a business that was adjudicated bankrupt? If yes, provide details on an attached sheet.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Has there been any administrative or judicial determination that you or any of the persons listed on page 5 made a false, misleading, deceptive, or fraudulent representation? If yes, provide details on an attached sheet.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Has your conduct or the conduct of any of the persons listed on page 5 resulted in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic, intercollegiate, or professional sports event on a student athlete or a sanction on an educational institution? If yes, provide details for each instance on an attached sheet.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	Has your occupational or professional conduct or the occupational or professional conduct of any of the persons listed on page 5 given rise to a sanction, suspension, or disciplinary action? If yes, provide details for each instance on an attached sheet.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Has there been any denial of an application for, suspension or revocation of, refusal to renew, or abandonment of, your registration or the registration of any of the persons listed on page 5 as an athlete agent in any state? If yes, provide details for each instance on an attached sheet.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

DISCLOSURE OF COMPANY OWNERS, PARTNERS, OFFICERS

An applicant for registration must provide the following information: (Attach additional sheets if necessary.)

- **Individual Proprietor:** Name and address of the owner
- **Partnership:** Names and addresses of the partners, members, officers, managers, associates, or profit sharers of the business and of all persons directly or indirectly holding an equity interest of 5 percent or more of the business.
- **Corporation:** Names and addresses of the officers and directors of the corporation and any shareholder of the corporation having an interest of 5 percent or more.

If any owner or partner is also a business entity, you must complete this form to disclose the owners/partners/ officers/shareholders of the business entity as well.

Name of Company

Prime 1 Sports, LLC

Name of Owner, Partner, Officer, Shareholder

Tara Sakraida

Address (street, city, state, zip code)

2903 Q Street NW Washington, D.C. 20007

Title (Check all that apply.)

☐ 100% Owner ☐ Director

☐ Elected Officer - Title: _____

☐ General Partner ☐ LLC Governor/Member

☒ Shareholder - Percentage of Ownership: 90 %

☐ Limited Partner ☐ Manager/Associate/Employee with controlling authority

Name of Owner, Partner, Officer, Shareholder

Todd J. Calabrese

Address (street, city, state, zip code)

14604 Crossway Road Rockville, MD 20853

Title (check all that apply)

☐ 100% Owner ☐ Director

☐ Elected Officer - Title: _____

☐ General Partner ☐ LLC Governor/Member

☒ Shareholder - Percentage of Ownership: 10 %

☐ Limited Partner ☐ Manager/Associate/Employee with controlling authority

Name of Owner, Partner, Officer, Shareholder

Address (street, city, state, zip code)

Title (check all that apply)


☐ 100% Owner ☐ Director

☐ Elected Officer - Title: _____

☐ General Partner ☐ LLC Governor/Member

☐ Shareholder - Percentage of Ownership: _____ %

☐ Limited Partner ☐ Manager/Associate/Employee with controlling authority

Signature of Applicant: 

Date: 0 / 2 / 2 | 5 / 2 | 0 | 2 | 5

(If unable to provide a digital signature, print and sign form.)

#2668 (Rev. 3/21/2023)

Wis. Stat. ch. 440

Committed to Equal Opportunity in Employment and Licensing

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Wisconsin Department of Safety and Professional Services

CREDENTIALS: Have you acted as an athlete agent during the 5 years prior to this application?

☒ Yes ☐ No

If yes, provide the name, sport, and last known team for each individual for whom you acted as an athlete agent during the 5 years prior to submitting this application. (If the student athlete is a minor, list the name of the parent or guardian of the minor.) (Attach additional sheets if necessary.)

[illegible]

CERTIFICATION OF LEGAL STATUS

I declare under penalty of law that I am (check one):

- ☒ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I declare under penalty of perjury that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

Signature: _____

Jan 2020

Date:

0	2	/	2	5	/	2	0	2	5
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(If unable to provide a digital signature, print and sign form.)

THE STATE OF WISCONSIN

DSPS

Hereby certifies that

TARA SAKRAIDA-PARKER

was granted a license to practice as a

ATHLETE AGENT

*in the State of Wisconsin in accordance with Wisconsin Law
on the 17th day of March in the year 2025.*

The authority granted herein must be renewed each biennium by the granting authority.

In witness thereof, the State of Wisconsin

DSPS

*has caused this certificate to be issued under
the seal of the Department of Safety and Professional Services*



Dan Herath, Secretary



Tony Evers, Governor





SOUTH DAKOTA
DEPT. OF **LABOR**
& **REGULATION**

May 15, 2025

Tara Lynn Sakraida
Prime 1 Sports, LLC
3033 Wilson Boulevard Suite #700
Arlington VA 22201

RECEIVED

MAY 16 2025

SD Secretary of State
Filed this 16th day of

May 2025

Monae L. Johnson

SECRETARY OF STATE

Attached is your South Dakota Athlete Agent certificate.

This certificate may not be transferred or used by any other person or business entity other than the person or business entity to whom the certificate was issued.

Services are subject to sales tax in South Dakota. If you are providing your service in South Dakota, you need to apply for a SD Sales Tax license. Please visit the South Dakota Department of Revenue website at dor.sd.gov.

State of South Dakota
Department of Labor and Regulation

Tara Sakraida
Prime 1 Sports, LLC
3033 Wilson Boulevard Suite #700
Arlington VA 22201

Has been registered by the SD Department of Labor and Regulation as an

ATHLETE AGENT

Effective: 05/15/2025

EXPIRATION: 05/14/2027

M. Hultman

Marcia Hultman,
Secretary of Labor & Regulation

This certificate is non-transferable to any other person or entity other than to whom the certificate was issued.