



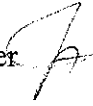
JOE MANCHIN III
GOVERNOR

STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON STREET EAST
P O. BOX 50130
CHARLESTON WEST VIRGINIA 25305-0130

ROBERT W FERGUSON JR
CABINET SECRETARY

DAVID TINCHER
DIRECTOR

TO: Vendors

FROM: Jo Ann Adkins, Senior Buyer 
Purchasing Division

RE: DEBT07

DATE: March, 15, 2007

The "Request for Quotation" for Debt Collection Services, will not be scanned on the Internet due to the volume. Vendors may view the "Request for Quotation" at the office of the WV State Purchasing Division, 2019 Washington Street, East, Charleston, WV 25311. You may call me for an appointment at (304) 558-8802, fax: (304) 558-4115 or e-mail joadkins@wvadmin.gov.

Request for Quotations received for the following:

Affiliated Group
Alliance One
CBCS
Continental Services Group
Creditors Interchange
CCA
General Revenue Corp
Healthcare Financial – CAMC
Municipal Services
United Collection
Value Recovery Holding
Joseph Mann & Creed
Penncro Associates
Windham Professionals
OSI Collection Service
NCO Group Inc
NRA Group

JA/rw

Cc: File

DEBT07 PRICING PAGE

VENDOR MUST COMPLETE THIS SCHEDULE

**THE FEE STRUCTURE SUBMITTED TO THE STATE OF WEST VIRGINIA IS
AS FOLLOWS:**

AGENCY	TYPE OF ACCOUNT	% OF AMOUNT COLLECTED
1. Colleges & Universities	Per Debt	18%
2. Workers' Compensation:	Delinquent Account	20%
	Default Account	25%
3. WV Department of Tax and Revenue:	New accounts	16%
	Levy Account – where our employee is instrumental in the preparation of the levies.	16%
4. Division of Environmental Protection:	Per Debt	20%
5. Other Spending Units:	Per Debt	16%
6. Rate of Second Placement	Per Debt	22%
	Colleges	25%

BIDDER CONTACT INFORMATION

VENDOR: CBCS, INC

BIDDER NAME(PRINT) Jennifer Allen

CONTACT NAME(PRINT) Jennifer Allen

PHONE NUMBER: (304) 984-0901

FAX NUMBER: (304) 984-0905

E-MAIL: jennifer.allen@cbcsnational.com

BIDDER SIGNATURE: 

Certification

DEBT07

By submitting a signed bid for DEBT07 – providing debt collection service- vendor hereby certifies under penalty of fraud that all mandatory specifications contained in the Request for Quotation are met.

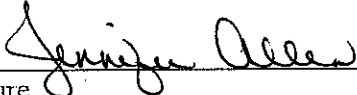
CBCS, INC

Vendor (Type Name of Company)

1550 Western Av Po Box 2080 Chillicothe, OH 45601-2080
Address

Jennifer Allen
Name (Type Name)

Regional Account Executive
Title


Signature

2-22-07
Date

Note: No contract shall be awarded prior to receipt of this certification.