

HNDOR

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Request for Quotation

DEP14639

7	ijβ	AG	E :	1.09
_			1	

120	ADE	RESS COR	RESPOND	ENCE TO	ATTENTIO	N OF:	000
H	JCK	BOWMA	N				
2		0 315	7				

0H-p -0

ENVIRONMENTAL PROTECTION
DEPARTMENT OF
OFFICE OF AML&R
601 57TH STREET SE
CHARLESTON, WV
25304 304-926-9

304-926-0499

ADDRESS CHANGES TO BE NOTED ABOVE

Barnes Exc. Inc. P.O. Box 13384

Sissonville, WV 25360

TYPE NAME/ADDRESS HERE

RFQ COPY

DATE PRINTED TERMS OF SALE SHIP VIA F.O.B. FREIGHT TERMS. 08/27/2009 BID OPENING DATE: 10/15/2009 BID OPENING TIME 01:30PM CAT QUANTITY LINE UOP ITEM NUMBER UNIT PRICE AMOUNT 0001 JB 962-73 1 RECLAMATION: RESTORATION OF LAND & OTHER PROPERTIES THE WEST VIRGINIA PURCHASING DIVISION, FOR THE AGENCY, THE WEST VIRGINIA DEPT. OF ENVIRONMENTAL PROTECTION, IS SOLICITING BIDS FROM QUALIFIED CONTRACTORS FOR A CONTRACT TO PROVIDE ALL LABOR AND MATERIALS FOR THE RECLAMATION OF 5-ACRE ABANDONED MINE PROJECT KNOWN AS THE "MCALPIN (VINCENT) DRAINAGE" PROJECT LOCATED AT MCALPIN, WEST VIRGINIA, (HARRISON CO.). A MANDATORY ON SITE PREBID CONFERENCE SHALL BE HELD ON 09/15/09 a 10:00 AM. ALL INTERESTED PARTIES ARE REQUIRED TO ATTEND THIS MEETING. FAILURE TO ATTEND TH MANDATORY PRE-BID SHALL RESULT IN DISQUALIFICATION OF THE BID. NO ONE PERSON MAY REPRESENT MORE THAN ONE BIDDER. AN ATTENDANCE SHEET WILL BE MADE AVAILABLE FOR ALL BID-THIS WILL SERVE AS THE OFFICIAL DERS TO COMPLETE. DOCUMENT VERIFYING ATTENDANCE AT THE MANDATORY PRE-BID. FAILURE TO PROVIDE YOUR COMPANY AND REPRESENTATIVE NAME ON THE ATTENDANCE SHEET WILL RESULT IN THE DISQUALIFI-CATION OF THE BID. THE STATE WILL NOT ACCEPT ANY OTHER (3") DOCUMENTATION TO VERIFY ATTENDANCE. THE BIDDER IS RESPONIBLE FOR ENSURING THEY HAVE COMPLETED THE INFORM ATION REQUIRED ON THE ATTENDANCE SHEET. THE PURCHASING DIVISION AND THE STATE AGENCY WILL NOT ASSUME ANY RESPONSIBILITY FOR A BIDDER'S FAILURE TO COMPLETE THE PRE-BID ATTENDANCE SHEET. IN ADDITION, WE REQUEST THAT ALL POTENTIAL BIDDERS INCLUDE THEIR E-MAIL ADDRESS AND PHONE NUMBER. SEE REVERSE SIDE FOR TERMS AND CONDITIONS TELEPHONE 984-1725 304-/2 z

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

550736745



JOOZ M<

RFQ COPY

TYPE NAME/ADDRESS HERE

Barnes Exc. Inc.

P.O. Box 13384

Sissonville, WV 25360

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Request for Quotation

DEP14639

3	ı,	Ç	7	V	à	Ē		-	 3
						i	2		

ADDRESS	CORRESPOND	ENCE TO AT	TENTION OF:

CHUCK BOWMAN 304-558-2157

0H-n-F0

ENVIRONMENTAL PROTECTION DEPARTMENT OF OFFICE OF AML&R 601 57TH STREET SE CHARLESTON, WV

25304

304-926-0499

ADDRESS CHANGES TO BE NOTED ABOVE

DATE PRINTED TERMS OF SALE. SHIP VIA F.O.B. FREIGHT TERMS 08/27/2009 BID OPENING DATE: 10/15/2009 BID OPENING TIME 01:30PM CAT. QUANTITY LINE UOP ITEM NUMBER UNIT PRICE AMOUNT ALL BIDDERS ARE REQUESTED TO ARRIVE PRIOR TO THE START-ING TIME FOR THE PRE-BID. BIDDERS WHO ARRIVE LATE, BUT PRIOR TO THE DISMISSAL OF THE TECHNICAL PORTION OF THE OF THE PRE-BID WILL BE PERMITTED TO SIGN-IN. WHO ARRIVE AFTER THE CONCLUSION OF THE TECHNICAL POR-TION OF THE PRE-BID, BUT DURING ANY SUBSEQUENT PART OF THE PRE-BID, WILL NOT BE PERMITTED TO SIGN THE ATTEND-ANCE SHEET. PLANS & SPECIFICATIONS MAY BE OBTAINED FROM WVDEP, OF-FICE OF AML&R, 601 57TH STR., SE, CHARLESTON, WV 25304 PH. 304.926.0485 UPON PAYMENT OF \$10 NON-REFUNDABLE FEE. PAYMENT MUST BE MADE BY CHECK OR MONEY ORDER. CASH WILL BE EXCEPTED. EXHIBIT 5 WEST VIRGINIA CODE 21-10-5 PROVIDES THAT: ANY SOLICI-TATION FOR A PUBLIC IMPROVEMENT CONSTRUCTION CONTRACT REQUIRES EACH VENDOR THAT SUBMITS A BID FOR THE WORK TO SUBMIT AT THE SAME TIME AN AFFIDAVIT OF COMPLIANCE WITH THE BID. THE ENCLOSED PURCHASING AFFIDAVIT MUST BE SIGNED AND SUBMITTED WITH THE BID AS EVIDENCE OF THE VENDOR'S COMPLIANCE WITH THE PROVISIONS OF ARTICLE ID, CHAPTER 21 OF THE WEST VIRGINIA CODE. FAILURE TO SUBMIT THE SIGNED PURCHASING AFFIDAVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF SUCH BID. NOTICE TO PROCEED: THIS CONTRACT IS TO BE PERFORMED WITHIN 365 CALENDAR DAYS AFTER THE NOTICE TO PROCEED IS RECEIVED. UNLESS OTHERWISE SPECIFIED, THE FULLY EXECUTED PURCHASE ORDER WILL BE CONSIDERED NOTICE TO PROCEED. THE DIRECTOR OF PURCHASING RESERVES THE CANCELLATION: SEE REVERSE SIDE FOR TERMS AND CONDITIONS SIGNATURE TELEPHONE 304-984-1725

550736745



DOUZE

RFQ COPY

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130 Charleston, WV 25305-0130

Request for Quotation DEP1443

DEP14639

	PΑ	GE		
 			3	

I	ADDRESS CORRESPONDENCE TO ATTENTION OF:
-	CHUCK BOWMAN
į	<u>304-558-2157</u>

TYPE NAME/ADDRESS HERE Barnes Exc. Inc. **P.O.** Box 13384 Sissonville, WV 25360

ENVIRONMENTAL PROTECTION DEPARTMENT OF OFFICE OF AML&R 601 57TH STREET SE CHARLESTON, WV

DATE PRINTED	TERMS OF SALE	SHIP VIA F.O.B.	FREIGHT TERMS
08/27/2009			<u> </u>
BID OPENING DATE:	10/15/2009	BID OPENING TIME O	1:30PM
LINE QUAI	VTITY UOP CAT. ITI	EM NUMBER UNIT PRICE	TANOMA
NOTICE SUPPLI	TO THE VENDOR IF THE ED ARE OF AN INFERIOR HE SPECIFICATIONS OF T	CT IMMEDIATELY UPON WRITTEN MATERIALS OR WORKMANSHIP QUALITY OR DO NOT CONFORM THE BID AND CONTRACT	
THE HI RATES TO WES	GHER OF THE U.S. DEPAR		
INTERE REQUIR OR IN	ST FOR PAYMENTS DUE (E ED BY STATE LAW) CONTA	OF ARCHITECTS DOCUMENTS	
A CERT	IFICATE FROM WORKERS'	OR IS REQUIRED TO PROVIDE COMPENSATION IF SUCCESSFUL.	
OF COMI ISSUANO THE BII	MERCIAL GENERAL LIABIL SE OF CONTRACT. UNLES	ENDOR SHALL FURNISH PROOF ITY INSURANCE PRIOR TO S OTHERWISE SPECIFIED IN UM AMOUNT OF INSURANCE O.	
FURNIS	JILDERS RISK INSURANCE H PROOF OF BUILDERS RI JNT EQUAL TO 100% OF T	: SUCCESSFUL VENDOR SHALL SK - ALL RISK INSURANCE IN HE AMOUNT OF THE CONTRACT.	
(XX) BC		%) OF THE TOTAL AMOUNT OF	
IGNATURE / /	SEE REVERSE SIDE I	FOR TERMS AND CONDITIONS	
	Sam	TELEPHONE DATE	0/22/09
Presidet	FEIN 550736745		TO BE NOTED ABOVE



State of West Virginia Department of Administration Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

Request for REQNUMBER Quotation DEP1463

DEP14639

CHUCK BOWMAN 304-558-2157

ADDRESS CORRESPONDENCE TO ATTENTION OF

VENDOR

RFQ COPY TYPE NAME/ADDRESS HERE

> Barnes Exc. Inc. **P.O.** Box 13384 Sissonville, WV 25360

ENVIRONMENTAL PROTECTION DEPARTMENT OF OFFICE OF AML&R 601 57TH STREET SE CHARLESTON, WV 25304

DATE PR		SHIP.VIA	F.O.B.	FREIGHTTERMS
	/2009			
OPENING DAT	10/15/2009	BID (DPENING TIME 0	1:30PM
LINE	QUANTITY UOP CAT. NO.	ITEM NUMBER	UNITPRICE	AMOUNT
	THE BID PAYABLE TO THE	STATE OF WEST V	IRGINIA.SHALL BE	
	SUBMITTED WITH EACH BI		THE SUCCESSFUL	
	BIDDER SHALL ALSO FURN			
	MATERIAL BOND FOR 100%			
	BONDS MAY BE PROVIDED			,
	IRREVOCABLE LETTER OF			
,	SOLVENT SURETY COMPANY			
	STATE OF WEST VIRGINIA			
	IN LIEU OF A BOND WILL			
		VAL OR BUSINESS		
	ACCEPTABLE IN LIEU OF BOND, OR LABOR/MATERIAL	- 1	PERFURMANCE	
	BUND, OR LABORINATERIAL	BUND.		
	() MAINTENANCE BOND:	A THO (2) VEAD	MATHTENANCE	
	BOND COVERING THE ROOF			
	OF THE SUCCESSFUL VEND		DE A REGUIRERI	
		<i>-</i> 11. •		
	REV. 11/00			
	***********	·***********	·*************	€
	AML CONTRACTOR INFORMAT	FION FORM OMB #10	29-0119	
	(EXPIRATION DATE: 01/3)	L/2010) IS ATTAC	IED. YOU MUST	
	COMPLETE THIS ORIGINAL	FORM TO OBTAIN A	N AVS DATA	
	EVALUATION TO DETERMINE	YOUR ELIGIBILIT	Y AS AN AML	
		REQUIREMENT UNDE		,
	IF THE ORIGINAL OMB #10			
	BIDDING DOCUMENTS YOU		VS OFFICE AT	
	800-643-9748 OR WWW.AVS			
	*********	**********	·*************	E
	CUNTRACI	FORS LICENSE		
	WEST VIDCINIA STATE CON)F 31 11 0 DE0!!TE	THE THAT ALL	
	WEST VIRGINIA STATE COL PERSONS DESIRING TO PER			
	STATE MUST BE LICENSED.		NIA CONTRACTORS	1
	LICENSING BOARD IS EMP		HE CONTRACTORS	
	LIGHTO DOPING 15 CPITC	MEKED IN TOOPE	HE CUNTRACTURS	
	SEE REVI	ERSE SIDE FOR TERMS AND COND		
ATURE (A	then Barm	TELEPHONE 304-9	84-1725 DATE	10/22/09
	Let 5507367		ADDRESS CHANGES	



>HZDOR

RFQ COPY

TYPE NAME/ADDRESS HERE

Barnes Exc. Inc.

P.O. Box 13384

Sissonville, WV 25360

State of West Virginia Hequest 101
Department of Administration Quotation Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

Request for PRESIDENT PROPERTY OF THE PROPERTY

DEP14639

	PA	١G	E		
			r	ï	

ADDRESS CORRESPONDENCE TO ATTENTION OF:

CHUCK BOWMAN 304-558-2157

ENVIRONMENTAL PROTECTION DEPARTMENT OF OFFICE OF AML&R 601 57TH STREET SE CHARLESTON, WV

DATE PRIN	TED	TEA	MS OF SAL	E	SHIP	/IA	F.	O.B,	FREIGHTTERMS
08/27/									
BID OPENING DATE:	Total Control of Control	10/15/	2009	rano na compansi i	I (1777)	BID	OPENING	TIME	01:30PM
LINE	QUAN	TITY	UOP	CAT, NO.	ITEM.NUI	/BER	ÜNI	TPRICE	AMOUNT
<u> </u>	AND PROPERTY MEDICAL		<u>. 486, 486, 48, 48, 48, 48, 48</u>	transku stransku († 1946) Transku stransku († 1946)		(1000)	<u> </u>		
	TOENC	- AD	DITCA	TIONO	EOD 4 CO	NTDACTO	00 1100	JOE MAN	-
					FOR A CO WEST VIR				
					KANAWHA B				K ,
					WV 25305,				Translation of the state of the
		_, _,		,	23003,	1111	7 550 70	370.	
	WEST V	IRGINI	A STA	TE CO	DE 21-11-	11 REQU	IRES ANY	1	
	PROSPE	STIVE	BIDDE	R TO	INCLUDE T	HE CONT	RACTORS	LICENSE	
	NUMBER						-		
	BIDDER	то со	MPLET	E:			-		
	0011704				BAINE	S FXL	Tr.C.		
	CONTRA	JIURS	NAME:	• • • • •	//	,		• • • • • • • •	• •
	CONTRA	SAUL	LTCEN	SE #•	WV.Q.Z.	3257			
	GOITTIA	, rono	LIGER	JE 114			•••••	• • • • • • • •	• •
	THE SU	CESSF	UL BI	DDER	WILL BE R	EQUIRED	TO FURN	ATSH A	
					ORS LICEN				F
	A PURCI								
				-			•		
		ŀ		APP	LICABLE L	AW			
	77 1 FT 1.4 FT 6	T UTD	CTNTA	CTAT	E CODE D				
					E CODE, P INFORMAT				ES
					" ISSUED				
					UTHORITY			ING	
	PROCURE			JEE 7	OTHORETT	OGATIVITE	110 11113		
	,								
	ANY INF	ORMAT	ION P	ROVID	ED IN SPE	CIFICAT	ION MANU	JALS, OR	##
***************************************	ANY OTH	IER SO	URCE,	VERB	AL OR WRI	TTEN, W	HICH CON	TRADICT	s
					ION PROVI				s
			THE /	ABOVE	PARAGRAP	H IS VO	ID AND O	F NO	
	EFFECT.	. [***************************************					
	(1) NOT	TCE T	ם מם מ	·					and the second s
	CT) MOI	1			N WORK SP	ECTETEN	UEDETN	TC TO P	r.
	COMPLET				ALENDAR D				
					ECEIVED.	•	EVENT T		
SIGNATURE		7		SEE REV	ERSE SIDE FOR TE	TEL PELISION		J DAT	TE
lali	un la	mm				304-9	784-172	5	10/22/09
TITLE	سر ر	FEI	N 550	736	745		ADD	RESS CHANG	SES TO BE NOTED ABOVE



HZOOR

State of West Virginia Department of Administration Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

Request for Quotation

DEP14639

RFQ NUMBER

PAGE S

ADDRESS CORRESPONDENCE TO ATTENT	ION OF:
SHILON BOLLMAN	•
CHUCK BOWMAN	
<u>304-558-2157</u>	

ADDRESS CHANGES TO BE NOTED ABOVE

RFQ COPY TYPE NAME/ADDRESS HERE

> Barnes Exc. Inc. P.O. Box 13384 Sissonville, WV 25360

ENVIRONMENTAL PROTECTION
DEPARTMENT OF
OFFICE OF AML&R
601 57TH STREET SE
CHARLESTON, WV
25304 304-926-0499

DATE PRINTED TERMS OF SALE F.O.B. FREIGHT TERMS 08/27/2009 BID OPENING DATE: 10/15/2009 BID OPENING TIME 01:30PM LINE QUANTITY UOP ITEM NUMBER UNIT PRICE AMOUNT PRE-CONSTRUCTION CONFERENCE IS REQUIRED, THE NOTICE TO PROCEED SHALL BE THE SPECIFIC DATE ESTABLISHED IN THE PRE-CONSTRUCTION CONFERENCE. (2) GUARANTEE AND MAINTENANCE: (A) THE MATERIALS AND WORKMANSHIP AFFECTED BY THE CONTRACTOR ARE SUBJECT TO THE GUARANTEE ESTABLISHED BY CUSTOM OF THE RESPECTIVE TRADES. IN THE ABSENCE OF A TRADE GUARANTEE CUSTOM OR A SPECIAL GUARANTEE PROVISION, THE WORK, BOTH AS TO THE MATERIALS AND WORKMANSHIP, SHALL UPON ACCEPTANCE OF FINAL PAYMENT BY THE CONTRACTOR BE CONSIDERED GUARANTEED BY THE CONTRACTOR FOR ONE YEAR FROM THE DATE OF THE ACCEPTANCE NEITHER THE FINAL ACCEPTANCE NOR THE OF THE WORK. FINAL PAYMENT SHALL RELIEVE THE CONTRACTOR OF RESPONSIBILITY FOR NEGLIGENCE OR FAULTY MATERIALS, AND FOR DEFECTS APPEARING WITHIN THE GUARANTEE PERIOD SHALL BE REMEDIED AT THE EXPENSE OF THE CONTRACTOR UPON WRITTEN NOTICE. DURING THE ONE-YEAR GUARANTEE PERIOD, THE CONTRACTOR WILL MAINTAIN THE PROJECT TO THE CONDITIONS EXISTING AT THE DATE OF THE ACCEPTANCE OF THE WORK. ANY FAILURES DUE TO THE NEGLIGENCE OR WORKMANSHIP OF CONTRACTOR IN ANY OF THE WORK THAT DEVELOPS DURING THE GUARANTEE PERIOD SHALL BE CORRECTED BY THE CONTRACTOR AT ITS EXPENSE. THE ONE-YEAR GUARANTEE PERIOD SHALL NOT BE (C) CONSTRUED AS BEING AN EXTENSION OF THE PERFORMANCE TIME ALLOTTED FOR WORK UNDER THE CONTRACT. GUARANTEES CONCERNING REVEGETATION MAY BE FURTHER DEFINED IN THE TECHNICAL SPECIFICATIONS CONTAINED HEREIN. (3) TERMINATION: (1) THIS CONTRACT MAY BE CANCELLED IN WHOLE OR IN PART IN WRITING BY THE DIRECTOR OF PURCHASING, SEE REVERSE SIDE FOR TERMS AND CONDITIONS SIGNATURE -984-1725 TITLE

550736745



DOUZEN

RFQ COPY

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Pay 50100 Post Office Box 50130 Charleston, WV 25305-0130

DEP14639

ADDRESS CORRESPONDENCE TO ATTENTION OF

С	Н	U	C	K		В	0	W	M	ΑN	
3	n	4		5	5	8	_	2	7	57	

TYPE NAME/ADDRESS HERE Barnes Exc. Inc. P.O. Box 13384 Sissonville, WV 25360

ENVIRONMENTAL PROTECTION DEPARTMENT OF OFFICE OF AML&R 601 57TH STREET SE CHARLESTON, WV 25304 304-926-0499

09/27	<u>General and Control Services.</u>		IMS OF SAL		SHIP V	A	F.O.B	FREIGHT TERMS
08/27/ BID OPENING DATE:	***********	10 (15 (2000					
	19 5 5 5 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	10/15/	989411,000	CAT		BID	OPENING TIME ()1:30PM
LINE	QUAI	VTITY	UOP	No.	ITEM NUM	BER	UNIT PRICE	AMOUNT
						<u> Santaba Kabba atau Sina ata</u>		
	WITHOU	T PREJ	UDICE	TO A	NY OTHER I	STEHT O	R REMEDY IT MAY	72
	HAVE,	PROVID	ED TH	AT TH	E CONTRAC	TOR IS	GIVEN NOT LESS	
	THAN T	HIRTY	CALEN	DAR D	AYS WRITT	EN NOTI	CE, (DELIVERED E	· v
,	CERTIF	IED MA	IL, R	ETURN	RECEIPT (REQUEST	ED) OF INTENT	
	TO TER	MINATE	•			•		ŀ
	(4) I	T SHAL	L BE	THE R	ESPONSIBII	ITY OF	THE SUCCESSFUL	**************************************
	VENDOR							
		(A)	OBTA	IN AL	L NECESSAF	SA DIAI	SION OF HIGHWAYS	
	L F K W T I	SFOR	ALL T	RANSP	ORTATION (OF EQUI	PMENT AND	
	MAIERI.				THE JOB S			
	DEDMIT	(B)	UBIA	TN AN	Y AND ALL PERMITS.	REQUIR	ED CONSTRUCTION	,
	. EXLIT 1	S UK K	CLAIE	ם טעם	PERMITS.			
	(5) T	ECHNIC	AI SP	ECIET	CATIONS:			
						PACT S	HALL BE IN	177
	ACCORDA	ANCE W	ITH T	HE SP	ECIFICATIO	NS PRE	PARED FOR THE	
	RECLAM	ATION	OF TH	E "MC	ALPIN (VIN	ICENT)	DRAINAGE"	[
	PROJEC'	т.	1	1				
	PLANS 8	& SPEC	S ARE	INCO	RPORATED F	ERE IN	BY REFERENCE	**************************************
	AND ALI	L PROV	ISION	S, CL	USES AND	CONDIT	IONS THEREIN ARE	
	MADE PI	ROPERL	Y A P	4RT O∦	THIS CON	TRACT.	AND CONSISTS OF	
	7 DRAW:	INGS A	S PRE	PARED	BY ACKENH	EIL EN	GINEERS AND	orient control of the
	GEOLOG:							
	(6) P/				ETION:			
***************************************	ADDL TO	I ME I	JUNIKA	ACTUR	SHALL FUR	NISH TO	D DEP AN	
	AFFEICA Values	VC HE	TUK PA	AYMEN	. DEDUCCTO	TIEMIZ	ED SCHEDULE OF E FORM INCLUDED	***************************************
	TN THE	SPECT	T C V T	LUME	CHVII DE 11	D. IN	R APPLICATIONS	j
	DF PAYN	MENT.	TTTS	THE	DEPIS INT	SED FU	R APPLICATIONS AT THE PAYMENT T	
	THE CON	TRACTO	DR BE	MADE	WITHIN AN	DAYS	AFTER RECEIPT OF	<u> </u>
	APPLICA	TION F	OR PA	YMENT		DAIG	THE RECEIPT OF	
İ								
ļ	(7) AF	PLICA	TION F	OR PA	RTIAL PAY	MENT:		
İ		THE C	CONTRA	CTOR	MAY, ON A	PERIO	DIC BASIS, SUBMI	T
	OR PAR	RTIAL F	AYME	IT BAS	ED ON THE	AMOUN	T OF WORK	- Communication of the Communi
				SEEDEVA	RSE SIDE FOR TER	NAC AND ACC	BITTOUC	
GIGNATURE C	1 /	7		VLU DEVI		FPHONE	DATE	
TLE CAM	un 18	an FEII				304-	984-1725 PAIL	0/22/09
Dans		l.Eii.	-	77/7	4		ADDRESS CHANGE	S TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



> HZDOR

State of West Virginia

Department of Administration

Request for Quotation

DEP146 Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

DEP14639

PA	GE ::	
	8	

ADDRESS CORRESPONDENCE TO ATTENTION OF:

CHUCK BOWMAN 304-558-2157

RFQ COPY TYPE NAME/ADDRESS HERE Barnes Exc. Inc. P.O. Box 13384 Sissonville WW 2520

ENVIRONMENTAL PROTECTION DEPARTMENT OF OFFICE OF AML&R 601 57TH STREET SE CHARLESTON, WV 25304 304-926-0499

08/27/	-0404-64-4594-6591-65 T		MS OF SAL		SHIP VI	V	F.O.B.		FREIGHT TERMS
BID OPENING DATE:						BID	DPENING TI	ME 01	:30PM
LINE	QUAN	ITITY	UOP	CAT. NO.	ITEM NUME		UNITER		AMOUNT
	PAYMEN WORK C	T WILL OMPLET	BE D ED IF	ETERM BASE	INED FROM	THE AC	. THE AMO TUAL QUANT URES OR TH SUM.	TITY OF	
	FOR BA	NKRUPT TICALL	CY PR	OTECT	ION, THIS	CONTRA	ONTRACTOR CT IS RMINATED W		
	REV. 1		DR US	E OF	DOMESTIC S	TEEL P	RODUCTS		
	PU NO A PR	RCHASI CONTR STATE	NG DI ACTOR CONTR MADE	VISIO MAY ACT P IN T	N PURSUANT USE OR SUP ROJECT OTH	TO SU PLY ST ER THA	CTOR OF TH BSECTION 2 EEL PRODUC N THOSE ST . AS USED	BELOW, TS FOR EEL	
	Α.	CONS OF OF STRUC OR H OR CO EQUIF SUCH STATE	TRUCTI R OTHE CTURE, IGHWAY DOLING PMENT, PROJE COF W	ON O R IM INC S OR OR CTS, UEST	F, OR ANY PROVEMENT LUDING, BU R THE INST VENTILATIN THE SUPPLY PURSUANT	ADDITI TO ANY T NOT ALLATI G PLAN OF AN TO A C OR WHI	ANY ERECTON TO, ALT BUILDING LIMITED TO ON OF ANY TS OR OTHE D MATERIAL ONTRACT WI CH BIDS WE	ERATION OR , ROADS HEATING R S FOR TH THE	
	В.	SHAP FABR	ED, DR	PAWN, OR (BY A	EXTRUDED, OTHERWISE COMBINATI	FORGE SIMILA ON OF	RLY PROCES TWO OR MOR	SED, OR	
IGNATURE A	. /	<u> </u>		SEE REV	ERSE SIDE FOR TER	LEPHONE		 DATE	
TILE Cats	tron 1	Sarm				304-9	84-1725		9/22/09
Dresh	*		550	736	745		1		TO BE NOTED ABOVE
V WHE	EN RESPO	NDING T	O RFQ,	INSERT	NAME AND A	DDRESS I	N SPACE ABO	VE LABELE	D 'VENDOR'



MOCZMA

State of West Virginia
Department of Administration

Request for
Quotation Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

DEP14639

:	PAGE	32
_		
	O	

ADDRESS CORRESPONDENCE TO ATTENTION OF

CHUCK BOWMAN 304-558-2157

ENVIRONMENTAL PROTECTION DEPARTMENT OF OFFICE OF AML&R 601 57TH STREET SE CHARLESTON, WV

25304

304-926-0499

RFQ COPY TYPE NAME/ADDRESS HERE Barnes Exc.

P.O. Box 13384 Sissonville, WV 25360

DATE PRIN	TED		TEF	RMS OF SA	LE	SHI	P VIA		F.O.B	FREIGHT TERMS
08/27/		9								
BID OPENING DATE:	Freezistika	10	/15/	2009	Processor as an	***************************************	BID	OP	PENING TIME	01:30PM
LINE		QUANTIT	Y	UOP	CAT. NO.	ITEM N	UMBER		UNIT PRICE	AMOUNT
			HEAR BESS	TH, E EMER	ASIC OR OT	OXYGEN, THER STEE	ELECTRIC L MAKING	F	BY THE OPEN FURNACE, PROCESS.	
			AMER	ICA A	ND IN	CLUDES A	LL TERRI	TO	RY, CONTINENT DICTION OF TH	A E
	2.	WRIT	ING,			E PURCHA THE USE			TMENT MAY, IN SN STEEL	
			EXCE TOTA HUND GREA COST	ED ON L CON RED D TER. IS T	E TENTRACTOLLAR	TH OF ON COST OR S (\$2,50 HE PURPO	E PERCEN TWO THO 0.00), W SES OF T HE STEEL	T US HI HI	USED DOES NOT (.1%) OF THE AND FIVE CHEVER IS S SECTION, TH RODUCT AS	
			DETE NOT QUAN	RMINE PRODU TITY	S THA CED I OR OT		IED STEE ITED STA ARE NOT	L TE RE	MATERIALS ARE S IN SUFFICIE ASONABLY	
		OF T	HIS	SECTI	ON MA	SES STEE Y BE SUB CODE SE	JECT TO	CI	IN VIOLATION VIL PENALTIES	
ZZZZiverese	REV.	10/	01/0	1		Tanaa.				Topographic Control of the Control o
A CANADA	EXHI	BIT	7			Attenmentalistica				
]	DOME	STIC	ALU	MINUM	, GLA	SS & STE	EL IN PU	ВL	IC WORKS	The state of the s
					SEERE	I VERSE SIDE FOR				
IGNATURE CAT	fur	130	erm				TELEPHONE	94	94-1725 DAT	10/22/09
ITLE Dreviel			FE	- IN 554	0736	745				ES TO BE NOTED ABOVE



DOCE

State of West Virginia
Department of Administration

Request for
Quotation Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

DEP14639

AD	DRESS CORRE	SPONDENCE	TO ATTENTI	ON OF
	BOWMAN			
04-54	58-2157			

ENVIRONMENTAL PROTECTION DEPARTMENT OF OFFICE OF AML&R 601 57TH STREET SE CHARLESTON, WV 25304

304-926-0499

RFQ COPY TYPE NAME/ADDRESS HERE

> Barnes Exc. No. P.O. Box 13384 Sissonville, WV 25360

DATE PRIN	TED	TER	MS OF SALE		SHIP	VIA	l F	О.В,	4044	FREIGHTTERMS
08/27/									0.000.000.000	
BID OPENING DATE:		10/15/	2009	·		BID	OPENING	TIME	0 1	:30PM
LINE	QUA	ITITY	UOP	CAT. NO.	ITEM NU	IMBER	UNI	TPRICE		AMOUNT
<u>-2., 6.116.6., 11625., 251256255</u>	<u> 100060 8 190 20088</u>	356402107040204050					<u> </u>			
i,	PROJEC	TS								****
	IN ACC	ORDANC	E WITH	WES	T VIRGIN	IA CODE	5-19-1 E	ET.,SE	ο	
	EVERY	CONTRA	CT FOR	CON	STRUCTION	, RECON	STRUCTIO	ON,	, ,	
					PROVEMENT					
	PUBLIC	WORKS	WHER	E TH	E COST IS	MORE T	HAN \$50,	000 A	ND,	
	TN IHE	CASE	OF STE	EL O	NLY, WHE	RE THE C	OST OF S	STEEL	IS	
					HERE MORE E STATE V					
	GLASS.	OR ST	EEI BB Marken		TS PRODUC	VILL ACC	EPI UNLY	ALUM	TUUM	
	IN ADD	ITION.	ITEMS	OF	MACHINERY	OB EUII	TEMENT E	SIBCHV SIA	LED. CED	
	FOR US	E AT T	HE SIT	E OF	PUBLIC V	ORKS SH	ALL BE M	IADE O	SED F	
	DOMEST	IC ALU	MINUM,	GLA	SS OR STE	EL, UNL	ESS THE	COST	0F	
	THE PR	DDUCT	IS LES	S TH	AN \$50,00	O OR LE	SS THAN	10,00	0	
	POUNDS	OF ST	EEL AR	E US	ED IN PUE	BLIC WOR	KS PROJE	CTS.		
	CODETO	I MADE	A ! !!!!		C! 100 0F					
	VUUEDTI	TO ONL	ALUMIT ALUMIT	NUM,	GLASS OF DST OF DO	SIEEL	PRODUCTS	MAY	BE	
	TO BE I	INREAS	NARIE	TE C	UCH COST	TC HNDE	A CON A RIE) 15 F	UUN T TC	
	20% OR	MORE	HIGHER	THAI	N THE BIL	PRICE	FOR FORE	TGN M	VDE 1 12	
	PRODUC	rs. I	THE	DOME	STIC ALUM	INUM, G	LASS OR	STEEL	7 <i>0</i>	
	PRODUC'	rs to	BE SUP	PLIE	D OR PROD	UCED IN	A "SUBS	TANTI	A L	
	LABOR S	SURPLU	S AREA	17 A	S DEFINED	BY THE	UNITED	STATE	S	
	DEPARTI	1ENT OF	LABO	R, F	DREIGN PR	ODUCTS	MAY BE S	UPPLI	ED	
	DDICE . NNLY II	- DOMER	STIC P	RODU	CTS ARE 3	0% OR M	ORE HIGH	ER IN		
	LKICE	IHAN IF	TE FUR	EIGN	MADE PRO	ישנוג.				
	IF. PRI	COR TO	THE A	WARD	OF A CON	TRACT II	NDER THE	ለጀበህ	=	
	PROVISI	ONS,	THE SPI	ENDI	NG OFFICE	R OF TH	E SPENDI	NG IIN	- TT }	
j	DETERMI	NES TH	AT THE	ERE E	EXISTS A	BID FOR	LIKE FO	REIGN	4 1	
	ALUMINU	JM, GL∤	ASS OR	STE	EL THAT I	S REASO	NABLE AN	D LOW	ER	
İ	THAN TH	IE LOWE	EST BI	D FOF	R DOMESTI	C PRODU	CTS, THE	SPENI	DING	
	OFFICE	MAY RE	QUEST	, IN	WRITING,	A REEV	ALUATION	AND		
	KEDUCII	UN IN	HE L	UWEST	BID FOR	SUCH D	OMESTIC	PRODUC	CTS.	
					ATE IN TH INUM, GLA			ARE		
	~~+ + L J									
IGNATURE A	1			SEE REV	ERSE SIDE FOR T					
Cath	un /	Jam			w	304-9	184-1725	•	DATE	1/22/09

ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



DOCZE

RFQ COPY

State of West Virginia Request for Department of Administration Quotation Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

Request for SEFQ NUMBER

DEP14639

ADDRESS CORRESPONDENCE TO ATTENTION OF

CHUCK BOWMAN 304-558-2157

TYPE NAME/ADDRESS HERE Barnes Exc. P.O. Box 13384 Sissonville, WV 25360

ENVIRONMENTAL PROTECTION DEPARTMENT OF OFFICE OF AML&R 601 57TH STREET SE CHARLESTON, WV 25304

DATE PRIN	TED	TER	MS OF SAL	E W.	SHIPA	IA	F.	O.B.	FREIGHTTERMS
08/27/ BID OPENING DATE:	08/27/2009								
		10/15/	kata Makila di k	SOLANDESS.		BID	OPENING	TIME 0	1:30PM
LINE	QUAN	TITY	UOP	NO.	ITEM:NUI	MBER.	UNI	TPRICE	AMOUNT
LINE	REV. 3 EXHIBI NOTICE PROJEC THE ARE TO ABI CONSTRI (1) TI AND A I AND SPI LIST SI PURCHAS SEND A WHICH (2) TI INTERES OPENING	/88 T 9 FOR I T ADDE CHITEC DE BY UCTION HE ARC LIST O ECIFIC HALL B SING D COPY THE COI HE BUY STED P WITHIN	SSUAN NDA. T/ENG THE FO PROJE HITEC F ALL ATIONS F THE NTRACT ER SHA ARTIES ANN FOURT	CE & INEER DLLOW ECT A F PART F ARDE NARDE	ACKNOWLED AND/OR A ING SCHED DDENDA FO INEER SHA IES THAT THE PROJ D TO THE THE ARCHI ENDUM TO ISSUED. END THE A , IF NECE ENDUM SHO (14) DAYS	GEMENT GENCY S ULE IN R STATE LL PREP HAVE PR ECT. T BUYER I TECT/EN THE STA DDENDUM SSARY, ULD BE	OF CONST HALL BE ISSUING AGENCIE ARE THE OCURED I HE ADDEN N THE ST GINEER S TE AGENC TO ALL EXTEND T RECEIVED	TRUCTION REQUIRED ES: ADDENDUM DRAWINGS IDUM AND TATE SHALL ALS CY FOR	AMOUNT
	BIDDERS THE SAM ORIGINA ADDENDU ADDENDU	S AND S ME RULE AL BIDI JM DOCL JM THA	GUBMINES AND DING D JMENT.	TED REG OCUM TH SSUE	D BE FORM, TO THE ST, ULATIONS ENT SHALL E ONLY EXO D FOR THE TIME AND,	ATE PUR THAT AP ALSO A CEPTION SOLE P	CHASING PLY TO T PPLY TO MAY BE URPOSE O	DIVISION HE AN FOR AN	
NONIATION				SEE REV	ERSE SIDE FOR TE		IDITIONS		
GIGNATURE Cath	n /3	am_			ĺ	ELEPHONE 304-1	984-172	S DATE	10/22/09
TILE O a a a i a		FEI	V -C	777/	7416				S TO BE NOTED ABOVE



NODZEK

RFQ COPY

TYPE NAME/ADDRESS HERE

Sissonville, WV 25360

Barnes Exc. Inc.

P.O. Box 13384

State of West Virginia
Department of Administration
Purchasing Division
Quotation 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

DEP14639

RFQ NUMBER

ADDRESS CORRESPONDENCE TO ATTENTION OF:

CHUCK BOWMAN 304-558-2157

ENVIRONMENTAL PROTECTION DEPARTMENT OF OFFICE OF AML&R 601 57TH STREET SE CHARLESTON, WV

DATE PRIN	TED	TER	MS OF SAL	.	SHIP	VIA		O.B.	8884	FREIGHTTERMS
08/27/				2.122.3.3.3.3.123.			1.0000000000000000000000000000000000000			
BID OPENING DATE:	: 1:20034527787779	10/15/	2009	nickus versenses		BID	OPENING	TIME	0 1	:30PM
LINE	QUAI	ITITY	UOP	CAT. NO.	ITEM NU	MBER	UNI	TPRICE		AMOUNT
	REV. 1									
					REQUI	SITION	NO.: .DE	P14639	• •	
	ADDEND	UM ACK	NOWLE	DGEME	NT					
	ADDEND	UM(S)	AND H	AVE M	ECEIPT OF ADE THE N SPECIFIC	IECESSAR	Y REVISI	CHECKE CONS TO	D MY	
	ADDEND	UM NO.	'S:							
	NO. 1	V	• •							
	NO. 2	.V	* *							
	NO. 3	* * * * * *	• •							
	NO. 4		• •							
	NO. 5	• • • • • •	• •				•			
	I UNDEI ADDENDI	RSTAND JM(S)	THAT	FAIL E CAU	URE TO CO SE FOR RE	NFIRM T JECTION	HE RECEI OF BIDS	PT OF	ГНЕ	
	REPRESI	ENTATI	AM NC	DE OR	DERSTAND ASSUMED ETWEEN VE	TO BE M	ADE DURI	NG ANY		
	AND AN'	Y STATE	E PER	SONNE	IS NOT VRITING A	BINDING	. ONLY	THE	>	
					FICIAL A					
	2002140000000000000		31054052881103	SEEDEN	ERSE SIDE FOR TI	Sping and com	IDITIONS			
GIGNATURE CALL	un l'i	Jam/		on they			984-172.	5 DA	TE	0/22/09
TILE Dress	t -	FEI	550	736					GES	TO BE NOTED ABOVE
WHE	N RESPO	NDING T			NAME AND	ADDRESSI	N SPACE AF	20VE LAD		D VENDOD'



HZDOR

State of West Virginia Department of Administration Quotation Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

Request for

DEP14639

13

ADDRESS CORRES	PONDENCE TO ATTENTION OF:
CHUCK BOWMAN	
304-558-2157	

ADDRESS CHANGES TO BE NOTED ABOVE

RFQ COPY -TYPE NAME/ADDRESS HERE

> Barnes Exc. Inc. P.O. Box 13384 Sissonville, WV 25360

ENVIRONMENTAL PROTECTION DEPARTMENT OF OFFICE OF AML&R 601 57TH STREET SE CHARLESTON, WV 25304 304-926-0499

DATE PRINTED TERMS OF SALE SHIP VIA FREIGHT TERMS 08/27/2009 BID OPENING DATE: 10/15/2009 BID OPENING TIME 01:30PM LINE QUANTITY UOP ITEM NUMBER UNITPRICE AMOUNT REV. 11/96 NOTICE A SIGNED BID MUST BE SUBMITTED TO: DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130 THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED: SEALED BID BUYER: CB-23 RFQ. NO.: DEP14639 BID OPENING DATE: 10/15/2009 BID OPENING TIME: 1:30 PM SEE REVERSE SIDE FOR TERMS AND CONDITIONS SIGNATURE 84-1725

550736745



NODZEK

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

Request for Quotation

DEP14639

RFQ NUMBER

PA	G		 31	:
	1	4		

ADL	DRESS CORRES	PONDENCE TO ATTENTION OF
	BOWMAN	4
304-55	8-2157	

RFQ COPY TYPE NAME/ADDRESS HERE

Barnes Exc. Inc. P.O. Box 13384 Sissonville, WV 25360

ENVIRONMENTAL PROTECTION DEPARTMENT OF OFFICE OF AML&R 601 57TH STREET SE CHARLESTON, WV 25304

DATE PRIN	ITED	TEF	MS OF SAI	L	SHIR	VIA	F	O.B.	FREIGHT TERMS
08/27/	/2009						<u> </u>	<u> 2000) </u>	
BID OPENING DATE		10/15/	2009		·	BID	OPENING	TIME ()1:30PM
LINE	QUAN	TITY	UOP	CAT. NO	ITEM N	UMBER		TPRICE	AMOUNT
	PLEASE TO CON	PROVI TACT Y	OU RE	GARDI	UMBER IN NG YOUR	CASE IT BID:	IS NECE	SSARY	
	REMIT-	TO ADD	RESS 1338	TO BE	ITH THEI USED FO	R PAYMEN	E CURREN T PROCES	T SING:	
	PLEASE CONCERN	PRINT	OR T	JOTE:	AME OF PI	ERSON TO	CONTACT		
	****	THIS	IS T	IE EN	D OF RFQ	DEP 1 4	639 ****	** TOTAL	: <u>*72, 114.</u>
GNATURE		7		SEE REVI	RSE SIDE FOR T				
(all	m /6	as _				TELEPHONE 304-98	84-1725	DATE	10/22/09
TLE Dresit		FEIN	550	7367	UC			ESS CHANGES	S TO BE NOTED ABOVE
WHE	N DESDO	NDINO TO		NOCOT	NIBAC ONES	*		CHAINE	TO DE ROTED ADOVE

#DEP14639

Revised per Addendum #2

Vendors Name: BArnes	EXC.Inc.
----------------------	----------

The DEP reserves the right to request additional information and supporting documentation regarding unit prices when the unit price appears to be unreasonable.

ITEM	OUANTITY	DESCRIPTION	U	NIT PRICE		.AMOUNT
NO.	QUANTITI					
		Mobilization & Demobilization (Lump Sum)			<u> </u>	M 220
1.0	LS	(Cannot exceed 10% of the Total Amount Bid)	ļ	LS	\$	1,000.
	r 0	Construction Layout (Lump Sum) (Cannot exceed 5% of the Total Amount Bid)		LS	\$	7,000. 3,500.
2.0	LS		 		-	
3.0	LS	Quality Control (Lump Sum) (Cannot exceed 3% of the Total Amount Bid)		LS	8	2,100.
,		Clearing and Grubbing (Lump Sum)				orna
4.1	LS	(Cannot exceed 5% of the Total Amount Bid)	<u> </u>	LS	\$	3,500.
4.2	275 Tons	Road Restoration Stone	\$	16.00	\$	4,400.
5.1	1 EA	Wet Mine Seals (Per Each)	\$	17,260.	\$	17,260.
5.2	1 EA	Dry Mine Seals (Per Each)	\$_	15,000.	\$	15.000.
5.3	10 Bags	Soda Ash Briquettes (Per 50 lb. Bag)	\$	40.00	\$	400.
6.1	140 LF	Type I Ditch (Per Linear Foot)	\$	28.00	\$	3,920.
7.1	174 LF	Sediment Control (Per Linear Foot)	\$	3.00		522.
8.0	2 ACRE	Revegetation (Per Acre)	\$	1,800.	\$	3,600.
9.0	LS	Temporary and Permanent Fence	<u> </u>	LS	<u> </u>	5, 912.
10.0	100 LF	Mine Subsidence Holes	\$	50.00	\$	5,000.
			-			
			-			
*****	 ************************************					
			₩			
****		TOTAL	\otimes		8	72,/14.

OMB #1029-0119 Expiration Date: 01/31/2010

AML CONTRACTOR INFORMATION FORM

You must complete this form for your AML contracting officer to request an AML eligibility evaluation from the Office of Surface Mining to determine if you are eligible to receive an AML contract. This eligibility requirement applies to contractors and their sub-contractors and is found under OSM's regulations at 30 CFR 874.16.

Part of the information on the attached Entity OFT from AVS is missing or incorrect and the information in AVS for my company must be updated. If you select this option, you must attach an Entity OFT from AVS is missing or incorrect and the information in AVS for my company must be updated. If you select this option, you must attach an Entity OFT from AVS is missing or incorrect and the information in AVS for my company must be updated. If you select this option, you must attach an Entity OFT from AVS to this form. Use Part D to provide missing or corrected information. Sign and date below and complete Part D. Our company currently has no information in AVS. If you select this option, you must provide all information required in Part D. Sign and date below and complete Part D.	Contractor Name: BAcres &	XC. Inc. Tax Paye	r ID No.: 550736745
Accorporation () Sole Proprietorship () Partnership () LLC Other (please specify) Part C: Certifying and updating information in the Applicant/Violator System (AVS). Select only one of the following options, follow the instructions for that option, and sign below. Cathera Barres, have the express authority to certify that: (print name) Information on the attached Entity OFT from AVS is accurate, complete, and uptodate. If you select this option, you must attach an Entity OFT from AVS to this form. Sign and date below and do not complete Part D. Part of the information on the attached Entity OFT from AVS is missing or incorrect and the information in AVS for my company must be updated. If you select this option, you must attach an Entity OFT from AVS to this form. Use Part D to provide missing or corrected information. Sign and date below and complete Part D. Our company currently has no information in AVS. If you select this option, you must provide all information required in Part D. Sign and date below and complete Part D. Date 10/22/09 Signature Title Attachment	Address: 6.0. Box 13384		201177
Accorporation () Sole Proprietorship () Partnership () LLC Other (please specify) Part C: Certifying and updating information in the Applicant/Violator System (AVS). Select only one of the following options, follow the instructions for that option, and sign below. Cathera Barres, have the express authority to certify that: (print name) Information on the attached Entity OFT from AVS is accurate, complete, and uptodate. If you select this option, you must attach an Entity OFT from AVS to this form. Sign and date below and do not complete Part D. Part of the information on the attached Entity OFT from AVS is missing or incorrect and the information in AVS for my company must be updated. If you select this option, you must attach an Entity OFT from AVS to this form. Use Part D to provide missing or corrected information. Sign and date below and complete Part D. Our company currently has no information in AVS. If you select this option, you must provide all information required in Part D. Sign and date below and complete Part D. Date 10/22/09 Signature Title Attachment	City: <u>Sissanville</u> State	wv Zip Code: 25360	Phone: 304-784-1723
Accorporation () Sole Proprietorship () Partnership () LLC Other (please specify) Part C: Certifying and updating information in the Applicant/Violator System (AVS). Select only one of the following options, follow the instructions for that option, and sign below. Cathera Barres, have the express authority to certify that: (print name) Information on the attached Entity OFT from AVS is accurate, complete, and uptodate. If you select this option, you must attach an Entity OFT from AVS to this form. Sign and date below and do not complete Part D. Part of the information on the attached Entity OFT from AVS is missing or incorrect and the information in AVS for my company must be updated. If you select this option, you must attach an Entity OFT from AVS to this form. Use Part D to provide missing or corrected information. Sign and date below and complete Part D. Our company currently has no information in AVS. If you select this option, you must provide all information required in Part D. Sign and date below and complete Part D. Date 10/22/09 Signature Title Attachment	Fax No.: E	-mail address: BARNESEXC	. A AOL, COM
Other (please specify) Part C: Certifying and updating information in the Applicant/Violator System (AVS). Select only one of the following options, follow the instructions for that option, and sign below. CAther's Barnes, have the express authority to certify that: (print name) Information on the attached Entity OFT from AVS is accurate, complete, and uptodate. If you select this option, you must attach an Entity OFT from AVS to this form. Sign and date below and do not complete Part D. Part of the information on the attached Entity OFT from AVS is missing or incorrect and the information in AVS for my company must be updated. If you select this option, you must attach an Entity OFT from AVS to this form. Use Part D to provide missing or corrected information. Sign and date below and complete Part D. Our company currently has no information in AVS. If you select this option, you must provide all information required in Part D. Sign and date below and complete Part D. Date 10/22/09 Signature Title			
Other (please specify) Part C: Certifying and updating information in the Applicant/Violator System (AVS). Select only one of the following options, follow the instructions for that option, and sign below. **Cather's Barnes** (print name) Information on the attached Entity OFT from AVS is accurate, complete, and uptodate. If you select this option, you must attach an Entity OFT from AVS to this form. Sign and date below and do not complete Part D. Part of the information on the attached Entity OFT from AVS is missing or incorrect and the information in AVS for my company must be updated. If you select this option, you must attach an Entity OFT from AVS to this form. Use Part D to provide missing or corrected information. Sign and date below and complete Part D. Our company currently has no information in AVS. If you select this option, you must provide all information required in Part D. Sign and date below and complete Part D. Date 10/22/09 Signature Title Attached			
Information on the attached Entity OFT from AVS is accurate, complete, and uptodate. If you select this option, you must attach an Entity OFT from AVS is missing or incorrect and the information in AVS for my company must be updated. If you select this option, you must attach as Entity OFT from AVS is missing or incorrect and the information in AVS for my company must be updated. If you select this option, you must attach an Entity OFT from AVS to this form. Use Part D to provide missing or corrected information. Sign and date below and complete Part D. Our company currently has no information in AVS. If you select this option, you must provide all information required in Part D. Sign and date below and complete Part D.	(V Corporation () Sole Propr () Other (please specify)	ietorship () Partnershi	p ()LLC
Information on the attached Entity OFT from AVS is accurate, complete, and uptodate. If you select this option, you must attach an Entity OFT from AVS is missing or incorrect and the information in AVS for my company must be updated. If you select this option, you must attach as Entity OFT from AVS is missing or incorrect and the information in AVS for my company must be updated. If you select this option, you must attach an Entity OFT from AVS to this form. Use Part D to provide missing or corrected information. Sign and date below and complete Part D. Our company currently has no information in AVS. If you select this option, you must provide all information required in Part D. Sign and date below and complete Part D.	Day C. Cartifying and undating info	rmation in the Applicant/Viol	ator System (AVS). Select only
(print name) Information on the attached Entity OFT from AVS is accurate, complete, and uptodate. If you select this option, you must attach an Entity OFT from AVS to this form. Sign and date below and do not complete Part D. Part of the information on the attached Entity OFT from AVS is missing or incorrect and the information in AVS for my company must be updated. If you select this option, you must attach an Entity OFT from AVS to this form. Use Part D to provide missing or corrected information. Sign and date below and complete Part D. Our company currently has no information in AVS. If you select this option, you must provide all information required in Part D. Sign and date below and complete Part D.	one of the following ontions, follow	the instructions for that optio	n, and sign below.
Information on the attached Entity OFT from AVS is accurate, complete, and uptodate. If you select this option, you must attach an Entity OFT from AVS to this form. Sign and date below and do not complete Part D. Part of the information on the attached Entity OFT from AVS is missing or incorrect and the information in AVS for my company must be updated. If you select this option, you must attach an Entity OFT from AVS to this form. Use Part D to provide missing or corrected information. Sign and date below and complete Part D. Our company currently has no information in AVS. If you select this option, you must provide all information required in Part D. Sign and date below and complete Part D. Date 10/22/09 Signature Title		· ·	•
Information on the attached Entity OFT from AVS is accurate, complete, and uptodate. If you select this option, you must attach an Entity OFT from AVS to this form. Sign and date below and do not complete Part D. Part of the information on the attached Entity OFT from AVS is missing or incorrect and the information in AVS for my company must be updated. If you select this option, you must attach an Entity OFT from AVS to this form. Use Part D to provide missing or corrected information. Sign and date below and complete Part D. Our company currently has no information in AVS. If you select this option, you must provide all information required in Part D. Sign and date below and complete Part D. Date 10/22/09 Signature Title	I, CAtherin BAINES	, have the express au	ithority to certify that:
the information in AVS for my company must be updated. If you select this option, you must attach an Entity OFT from AVS to this form. Use Part D to provide missing or corrected information. Sign and date below and complete Part D. Our company currently has no information in AVS. If you select this option, you must provide all information required in Part D. Sign and date below and complete Part D. Date 10/22/09 Signature Title	Information on the attached date. If you select this optio	Entity OFT from AVS is accu n, you must attach an Entity C	irate, complete, and upto-
Date 10/22/09 Signature Signature Title	the information in AVS for	my company must be updated from AVS to this form. Use Pa	art D to provide missing or
	Our company currently has provide all information requ	no information in AVS. If you ired in Part D. Sign and date	select this option, you must below and complete Part D.
		Cathry	Bon
	Date 10/22/09	Signature	Title
YMADOD TANIT!	IMPORTANT!		•

In order to certify in Part C to the accuracy of existing information in AVS, you must obtain a copy of your business' Entity OFT. To obtain an Entity OFT, contact the AVS Office, toll-free, at 800-643-9748 or request it from www.avs.osmre.~ov on the Internet.

reportviewer

AVSOFT Report b	Entity	mail Report		12/12/2008 12:46:19 FM Liz Cox
*Entity is 154752	Barnes Exc	1114		Percentage BeginDate EngDate
Parent	Description	Ownership	SubEntity 139731 Catherine	01/16/2004
154752 Barnes Exc Inc	Owner	Is Owned By	Jaima Barnes	
154752 Barnes Exc Inc	President	President	139731 Catherine Jaima Barnes	01/16/2004
154752 Barnes	Controller	Controller	139733 Robert Barnes	01/16/2004
Exc Inc 154752 Barnes	Secretary	Secretary	152181 Cristie Nutter	01/16/2004
Exc Inc 154752 Barnes Exc Inc	Treasurer	Treasurer	152181 Cristie Nutter	01/16/7004

Part D.

Contractor Name:

If the current entity and Entity OFT information for your business is incomplete or incorrect in AVS, or if there is no information in AVS for your business, you must provide all of the following information as it applies to your business affiliations. Please make as many copies of this page as you require.

- Every officer (President, Vice President, Secretary, Treasurer, etc.);
- All Directors;
- All persons performing a function similar to a Director;
- Every person or business that owns 10% or more of the voting stock in your business;
- Every partner, if your business is a partnership;
- Every member and manager, if your business is a limited liability company; and
- Any other person(s) who has the ability to determine the manner in which the AML reclamation project is being conducted.

Name	Position/Title
Address	Telephone #
	% of Ownership Begin Date:
Ending Date:	
Name	Position/Title
Address	Telephone #
	% of Ownership Begin Date:
	Ending Date:
Name	Position/Title
Address	Telephone #
	% of Ownership
Begin Date:	Ending Date:
Name	Position/Title
Name	Telephone #
Address	% of Ownership Begin Date:
	Ending Date:

PAPERWORK REDUCTION STATEMENT

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501) requires us to inform you that: Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. This information is necessary for all successful bidders prior to the distribution of AML funds, and is required to obtain a benefit.

Public reporting burden for this form is estimated to average 45 minutes per response, including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Office of Surface Mining Reclamation and Enforcement, Room 210 S1B, Constitution Ave., NW, Washington, D.C. 20240.

AgencyREQ.P.O#					
	BID BOND				
KNOW ALL MEN BY THESE PRESENTS. That we	e, the undersigned,				
	, as Principal, and				
	, a corporation organized and existing under the laws of the State of				
	, as Surety, are held and firmly bound unto the State				
	(\$) for the payment of which,				
well and truly to be made, we jointly and severally bind ours	elves, our heirs, administrators, executors, successors and assigns.				
Department of Administration a certain bid or proposal, attac	whereas the Principal has submitted to the Purchasing Section of the ched hereto and made a part hereof, to enter into a contract in writing for				
NOW THEREFORE,					
hereto and shall furnish any other bonds and insurance requagreement created by the acceptance of said bid, then this force and effect. It is expressly understood and agreed that exceed the penal amount of this obligation as herein stated. The Surety, for the value received, hereby stipulat	shall enter into a contract in accordance with the bid or proposal attached uired by the bid or proposal, and shall in all other respects perform the obligation shall be null and void, otherwise this obligation shall remain in full it the liability of the Surety for any and all claims hereunder shall, in no event, i. Ites and agrees that the obligations of said Surety and its bond shall be in no in which the Obligee may accept such bid, and said Surety does hereby				
IN WITNESS WHEREOF, Principal and Surety ha	ave hereunto set their hands and seals, and such of them as are corporations				
have caused their corporate seals to be affixed hereunto a	nd these presents to be signed by their proper officers, this				
day of, 20					
Principal Corporate Seal	(Name of Principal)				
	(Must be President or Vice President)				
	(Title)				
Surety Corporate Seal	(Name of Surety)				
	Attorney-in-Fact				

IMPORTANT — Surety executing bonds must be licensed in West Virginia to transact surety insurance. Raised corporate seals must be affixed, a power of attorney must be attached.

AGENCY_ RFQ/RFP#_

BID BOND PREPARATION INSTRUCTIONS

					RFQ/RFP#_	(B)
	•		Bid Bor	- 4		
(A)	WV State Agency	KNOW ALL M	IEN BY THESE P	<u>iu</u> Decenito	That we the	
(3-7)	(Stated on Page 1 "Spending Unit")	(C)	of(D	VEORIATO		
	Request for Quotation Number (upper	as Principal, and	_ 0,	of	, <u>(E)</u> (G)	
	right corner of page #1)	(H)	a corneration o		nd evieting und-	. 41
(C)	Your Company Name	of the State of(, a corporation o	: ganizeu ai : princinal	office in the City	ine laws
(D)	City, Location of your Company	(D	, as Surety, are h	eld and fo	whice in the City	OI Cha Cana
(E)	State, Location of your Company	of West Virginia, as Obl	icee in the nenal c	iona ana m	(K)	ne State
(F)	Surety Corporate Name	(\$ (L)) for the paymen	t of which	well and truly to	ho mada
(G)	City, Location of Surety	we jointly and severally	hind ourselves ou	t beire adr	ninistrators aven	tors
(H)	State, Location of Surety	successors and assigns.	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	mons, um	ministrators, exect	nors,
(I)	State of Surety Incorporation		of the above obliga	tion is suc	h that whereas the	Princinal
(J)	City of Surety Incorporation	has submitted to the Pur	chasing Section of	the Depart	ment of Administ	ration
(K)	Minimum amount of acceptable bid	a certain bid or proposal	. attached hereto ar	nd made a	part hereof to ente	ration er into a
` '	bond is 5% of total bid. You may state	contract in writing for	,		harring to our	" IIICO II
	"5% of bid" or a specific amount on		(M)			
	this line in words.					
(L)	Amount of bond in figures					
(M)	Brief Description of scope of work	NOW THERE				
(N)	Day of the month	(a) If said bid	shall be rejected, o	r		
(O)	Month	(b) If said bid	shall be accepted a	nd the Prir	ncipal shall enter i	nto a
(P)	Year	contract in accordance v	with the bid or prop	osal attach	ed hereto and sha	ll furnish
(Q)	Name of Corporation	any other bonds and ins	urance required by	the bid or	proposal, and sha	ll in all
(R)	Raised Corporate Seal of Principal	other respects perform t	he agreement creat	ed by the a	ecceptance of said	bid then
(S)	Signature of President or Vice	this obligation shall be	null and void, other	wise this c	obligation shall rea	main in full
(nr)	President	force and effect. It is ex	cpressly understood	and agree	d that the liability	of the
(T)	Title of person signing	Surety for any and all c		ill, in no e	vent, exceed the p	enal
(U)	Raised Corporate Seal of Surety	amount of this obligation				_
(V)	Corporate Name of Surety	ine Surety to	r value received, he	reby stipu	lates and agrees th	iat the
(W)	Signature of Attorney in Fact of the	obligations of said Sure	ty and its bond sha	il be in no	way impaired or a	iffected by
NOTE:	Surety Dated, Power of Attorney with Raised	any extension of time w	ithin which the Ob	ngee may	accept such bid: a	nd said
NOTE:	Surety Seal must accompany this bid	Surety does hereby wait				
	bond.	CCIVITA VII	WHEREOF, Princi	pai and St	irety have hereuni	o set their
	bona.	hands and seals, and su	on or them as are co	orporations	s have caused thei	r corporate
		seals to be affixed herel this (N) day of	o and these present	s to be sig	nea by their prope	r officers,
		uns <u>(11)</u> uay (<i>"</i>	, 20	<u></u>	
		Principal Corporate Sea	ıl		(0)	
		bar corborate not	Φ.Φ.		(Q) (Name of Princi	noi)
		(R)	•	Ву	(Name of Pinici)	paij
		(72)		DJ	(Must be Preside	
					Vice President)	
					(T)	'
					Title	
		(U)			THE	
		Surety Corporate Seal			(V)	
					(Name of Sure	tv)
					fr.mma av mais	77
	•					
					(W)	
					Attorney-in-E	act

IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance. Raised Corporate Seals must be affixed and a Power of Attorney must be attached.

Agency	
REQ.P.O# DEP	14639

BID BOND

	KNOW ALL ME	N BY THESE	PRESENTS, That we	e, the undersigned, B a	arnes Exc., Inc.	<u> </u>
	of Sissonvill	е	, <u>WV</u>		, as Principal, and <u>Ur</u>	nited States Surety Company
	of Timonium	, М	D	, a corporation or	ganized and existing u	inder the laws of the State of
4	MD with it	s principal offic	ce in the City of <u>Time</u>	onium	_, as Surety, are held	and firmly bound unto the State
of Wes	it Virginia, as Obli	gee, in the pen	al sum ofFive Perce	ent of Amount Bid	_ (\$5%) for the payment of which,
well an	d truly to be made	, we jointly an	d severally bind ours	elves, our heirs, adm	inistrators, executors,	successors and assigns.
	The Condition	of the above ob	oligation is such that	whereas the Principal	has submitted to the	Purchasing Section of the
Depart	ment of Administr	ation a certain	bid or proposal, atta	ched hereto and mad	e a part hereof, to ente	er into a contract in writing for
DEP14	4639 - McAlpin	(Vincent) Dra	inage - According	to Plans & Specific	ations	
	NOW THERE	ORF				
agreen	and shall furnish ment created by the	shall be rejecte shall be accept any other bond he acceptance pressiv unders	ted and the Principal ds and insurance req	uired by the bid or pro obligation shall be nu t the liability of the Su	oposai, and shall in all Il and void otherwise	th the bid or proposal attached other respects perform the this obligation shall remain in full tims hereunder shall, in no event,
way im waive i	npaired or affected notice of any sucl	d by any extens n extension.	sion of the time within	n which the Obligee fi	nay accept such bio, a	urety and its bond shall be in no nd said Surety does hereby
	IN WITNESS V	VHEREOF, Pri	ncipal and Surety ha	ve hereunto set their	hands and seals, and	such of them as are corporations
have c	caused their corpo	rate seals to b	e affixed hereunto ar	nd these presents to t	e signed by their prop	er officers, this
	day of					
nici						
	oal Corporate Sea	.l			By Cather	ame of Principal) in Jam. ust be President or the president)

IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance. Corporate seals must be affixed, and a power of attorney must be attached.

POWER OF ATTORNEY

AMERICAN CONTRACTORS INDEMNITY COMPANY UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY

KNOW ALL MEN BY THESE PRESENTS: That American Contractors Indemnity Company, a California corporation, United States Surety Company, a Maryland corporation, and U.S. Specialty Insurance Company, a Texas corporation (collectively, the "Companies"), do by these presents make, constitute and appoint: Gregory T. Gordon, Larry D. Kerr, Allan L. McVey,

Patricia A. Moye, Kimberly J. Wilkinson

its true and lawful Attorney(s)-in-fact, each in their separate capacity if more than one is named above, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include riders, amendments, and consents of surety. This Power of Attorney is granted under and by authority of the following resolutions adopted by the Boards of Directors of the Companies:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 25th day of July, 2008.

AMERICAN CONTRACTORS INDEMNITY COMPANY UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY Corporate Seals







Вv

Peter W. Carman, Vice President

State of Maryland County of Baltimore

SS

On this 4th day of <u>December</u>, 2008, before me, <u>Jean Grzymala</u>, a notary public, personally appeared Peter W. Carman, Vice President of American Contractors Indemnity Company, United States Surety Company and U.S. Specialty Insurance Company who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Maryland that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature

My commission expires the 15th day of December, 2012

I, Carol T. Nevin, Assistant Secretary of American Contractors Indemnity Company, United States Surety Company and U.S. Specialty Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect, furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

n Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Baltimore, Maryland this 15

Carol T. Nevin, Assistant Secretary

Corporate Seals









State of West Virginia DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT West Virginia Code §21-1D-5

STATE OF WO COUNTY OF Kan, To-WIT:
I Cotherine Barnes, after being first duly sworn, depose and state as follows:
1. I am an employee of BarNES Eve TNC, ; and, (Company Name)
2. I do hereby attest that Barnes Exc INC. (Company Name)
maintains a valid written drug free workplace policy and that such policy is in compliance with West Virginia Code §21-1D-5.
The above statements are sworn to under the penalty of perjury.
BARNES EXC. INC (Company Name)
By: Carkein Danies
OFFICIAL SEAL TITLE: President
STATE OF WEST VIRGINIA ANGELA FISHER 2144 Fisher Ridge Date: Jule 29 9
Kenna, West Virginia 25248 My Commission Expires Aug. 11, 2009 Taken, subscribed and sworn to before me this 27 day of Tone.
Taken, subscribed and swort to before the day
By Commission expires 8-11-09
(Seal)
(Notary Public)

THIS AFFIDAVIT MUST BE SUBMITTED WITH THE BID IN ORDER TO COMPLY WITH WV CODE PROVISIONS. FAILURE TO INCLUDE THE AFFIDAVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF Rev March 2009 THE BID.

RFQ No. <u>Dep14639</u>

STATE OF WEST VIRGINIA **Purchasing Division**

PURCHASING AFFIDAVIT

VENDOR OWING A DEBT TO THE STATE:

West Virginia Code §5A-3-10a provides that: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate.

PUBLIC IMPROVEMENT CONTRACTS & DRUG-FREE WORKPLACE ACT:

If this is a solicitation for a public improvement construction contract, the vendor, by its signature below, affirms that it has a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the West Virginia Code. The vendor must make said affirmation with its bid submission. Further, public improvement construction contract may not be awarded to a vendor who does not have a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the West Virginia Code and who has not submitted that plan to the appropriate contracting authority in timely fashion. For a vendor who is a subcontractor, compliance with Section 5, Article 1D, Chapter 21 of the West Virginia Code may take place before their work on the public improvement is begun.

ANTITRUST:

In submitting a bid to any agency for the state of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the state of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the state of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the state of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership or person or entity submitting a bid for the same materials, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

LICENSING:

Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agencies or political subdivision. Furthermore, the vendor must provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.

CONFIDENTIALITY:

The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in http://www.state.wv.us/admin/purchase/privacy/ noticeConfidentiality.pdf.

Under penalty of law for false swearing (West Virginia Code §61-5-3), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

Vendor's Name:	BAINES	EXC. Inc.	
Authorized Signature:		. 1	Date: _/ <i>0/22/09</i>
Purchasing Affidavit (Revise	d 01/01/09)	•	