



DCI / SHIRES, Inc.

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STATE OF WV PURCHASING DIV.	DCI/SHIRES, INC.
COMPANY:	date: 11/03/2010
FAX NUMBERG	TOTAL NO. OF PAGES INCLUDING POVER:
304 558 3970	Twenty Five (25)
PHONE NUMBER:	SENDER'S REVIEW NUMBER:
RH:	YOUR REFERENCE NUMBER:
BHS 11050	
NOTES/	
We are faxing our bid for the above capt	tioned RFQ. The original will be sent
via U.S. Mail.	tioned RFQ. The original will be sent
via U.S. Mail.	

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Request for Quotation

ROBERTA WAGNER 304-558-0067

RFQ COPY TYPE NAME/ADDRESS HERE

> DCI / Shires, Inc. P. O. Box 1259 Bluefield, WV 24701

HEALTH AND HUMAN RESOURCES BBH/HF

VARIOUS LOCALES AS INDICATED BY ORDER

ID OPENING DATE: 2010 PENING TIME CAT NO UNITORICE AMOUNT LINE QUANTITY ITEM NUMBER MANDATORY PRE-BID MEETING 10/14/2010 AT 10:00 AM AT JACKIE WITHROW HOSPITAL, 105 S. EISENHOWER DRIVE, ONLY ONE PERSON MAY REPRESENT ONE VENDOR PLEASE NOTE *********************************** BID BOND AND DRUG-FREE WORKPLACE THE AFFIDAVIT MUST BE SUBMITTED WITH THE BID. copies of the specifications can be obtained through BLACKWOOD ASSOCIATES, INC., 611 EAST PART AVENUE, FAIRMONT, WV 26554 AND ARE AVAILABLE FOR \$150.00 (NON-PROJECT DESCRIPTION IS AVAILABLE AT REFUNDABLE). WEBSITE WWW.WVARCHITECTS.COM OR BY CALLING 304-366-1580 1968-20 001 JE 7 CONSTRUCTION OF RESIDENTIAL TREATMENT FACILITY CONTRACTOR SHALL PROVIDE ALL LABOR, MATERIAL, EQUIPMENT AND INCIDENTALS FOR CONSTRUCTION OF A DNE STORY BUILDING CONTAINING APPROXIMATELY 8,000 SQ.FT. IN BECKLEY, WEST VIRGINIA. THIS PROJECT DESIGN IS FOR A RESIDENTIAL (GROUP HOME) TREATMENT FACILITY WHICH WILL BE COMMONLY KNOWN AS THE CO-OCCURRING FACILITY AT Jackie withrow hospital. The project will consist of ALL SITE PREPARATIONS, CONSTRUCTION OF A RETAINING wall, asphalit paying and complete construction of an industrial slab on grade; one story frame & brick veneered building as per specifications prepared by BLACKWOOD ASSOCIATES, THE 611 EAST PART AVENUE 99 ADDRESS CHANGES TO BE NOTED ABOVE WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

GENERAL TERMS & CONDITIONS REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

- 1. Awards will be made in the best interest of the State of West Virginia.
- 2. The State may accept or reject in part, or in whole, any bid.
- 3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
- 4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
- 5. Payment may only be made after the delivery and acceptance of goods or services.
- 6. Interest may be paid for late payment in accordance with the West Virginia Code.
- 7. Vendor preference will be granted upon written request in accordance with the West Virginia Code.
- 8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
- 9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
- 10. The laws of the State of West Virginia and the Legislative Rules of the Purchasing Division shall govern the purchasing process.
- 11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
- 12. BANKRUPTCY: In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
- 13. HIPAA BUSINESS ASSOCIATE ADDENDUM: The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
- 14. 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.
- 15. 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, and the West Virginia Insurance Commission. 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.
- 16. 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 material, 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.

INSTRUCTIONS TO BIDDERS

- 1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
- 2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
- 3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
- 4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications. Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130

5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).

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

Request for Quotation

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www.completerander.completerander.completerander.com ROBERTA WAGNER 304-558-0067

HEALTH AND HUMAN RESOURCES BBH/HF VARIOUS LOCALES AS INDICATED BY ORDER

DCI / Shires, Inc. P.O. Box 1259 Bluefield, WV 24701

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10713593 DATE PRINTED FO.E. EMHETTEHMS ... ID OPENING DATE 2010 OPENING TIME 30 PM QUANTITY ITEM NUMBER UNIT PAICE AMOUNT LINE 26954, AND ARE AVAILABLE FOR \$150.00 PROJECT DESCRIPTION IS AVAILABLE AT (NON-REFUNDABLE). WEBSITE WWW WVARCHITECTS.COM OR BY CALLING (304)366-1580.MANDATORY PRE-BID A MANDATORY PRE-EID MEETING WILL BE HELD ON 10/14/2010 AT 10:00 AM AT JACKIE WITHROW HOSPITAL LOCATED AT 105 SOUTH RISENHOWER DRIVE, BECKLEY, WV 25801. INTERESTED PARTIES ARE REQUIRED TO ATTEND THIS MEETING. FAILURE TO ATTEND THE MANDATORY PRE-BID SHALL RESULT IN DISQUALIFICATION OF THEBID. NO ONE PERSON MAY REPRESENT MORE THAN ONE BIDDER. AN ATTENDANCE SHEET WILL BE MADE AVAILABLE FOR ALL POTENTIAL BUDDERS TO COMPLETE. THIS WILL SERVE AS THE OFFICIAL DOCUMENT VERIFYING ATTENDANCE AT THE MANDATORY FAILURE TO PROVIDE YOUR COMPANY AND PRE-BID. REPRESENTATIVE NAME ON THE ATTENDANCE SHEET WILL RESULT IN DISQUALIBICATION OF THE BID. THE STATE WILL NOT ACCEPT ANY OTHER DOCUMENTATION TO VERIFY ATTENDANCE. THE BIDDER IS RESPONSIBLE FOR ENSURING THEY HAVE COMPLETED THE INFORMATION REQUIRED ON THE ATTENDANCE THE PURCHASING DIVISION AND THE STATE AGENCY SHEET. will not assume any responsibility for a bidders FAILURE TO COMPLETE THE PRE-BID ATTENDANCE SHEET. ADDITION, WE REQUEST THAT ALL POTENTIAL BIDDERS INCLUDE THEIR E-MAIL ADDRESS AND FAX NUMBER. ALL POTENTIAL BIDDERS ARE REQUESTED TO ARRIVE PRIOR TO BIDDERS WHO ARRIVE THE STARTING TIMB FOR THE PRE-BID. LATE, BUT PRIOR TO THE DISMISSAL OF THE TECHNICAL PORTION OF THE PRE-BID WILL BE PERMITTED TO SIGN IN. BIDDERS WHO ARRIVE AFTER CONCLUSION OF THE TECHNICAL PORTION OF THE PRE-BID, BUT DURING ANY SUBSEQUENT PART WILL NOT BE PERMITTED TO SIGN THE THE PRE-BID 1-3-10

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> DCI / Shires, Inc. P. O. Box 1259 Bluefield, WV 24701

HEALTH AND HUMAN RESOURCES BBH/HF

VARIOUS LOCALES AS INDICATED BY ORDER

607135934 DATE PRINTED HO OPENING DATE! 2010 LINE QUANTITY mem number UNITPRICE AMOUNT ATTENDANCE SHEET INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF 1.10/18/2010. QUESTIONS MAY BE SENT VIA USES, FAX, COURIER OR E-MAIL. IN ORDER TO assure no vendor receives an unfair advantage, no SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF possible, e-mail questions are preferred. Address INQUIRIES TO: ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305 FAX: 304-556-4115 E-MAIL: ROBERTA A WAGNER@WV.GOV THE MODEL/BRAND/SPECIFICATIONS NAMED HEREIN ESTABLISH THE ACCEPTABLE LEVEL OF QUALITY ONLY AND ARE NOT INTENDED TO REFLECT A PREFERENCE OR FAVOR ANY PARTICULAR ERAND OR VENDOR. VENDORS WHO ARE BIDDING ALTERNATES SHOULD SO STATE AND INCLUDE PERTINENT LITERATURE AND SPECIFICATIONS. FAILURE TO PROVIDE INFORMATION FOR ANY ALTERNATES MAY BE GROUNDS FOR REJECTION OF THE BID. THE STATE RESERVES THE RIGHT TO WAIVE MINOR INREGULARITIES IN BIDS OR SPECIFICATIONS IN ACCORDANCE WITH SECTION 148-1-4(F) OF THE WEST VIRGINIA LEGISLATIVE HULES AND REGULATIONS. EXHIBIT 5 NOTICE TO PROCEED: THIS CONTRACT IS TO BE PERFORMED THE NOTICE TO PROCEED 1996 ADDRESS CHANGES TO BE NOTED ABOVE

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

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ROBERTA WAGNER

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DCI / Shires, Inc.

HEALTH AND HUMAN RESOURCES BBH/HF VARIOUS LOCALES AS INDICATED

BY ORDER.

P. O. Box 1259 Bluefield, WV 24701 TERMS OF SALE DATE PRINTED IID OPENING DATE: PENING TIME 11/03OAT NO UNIT PAIDE AMOUNT. QUANTITY THEM NUMBER イル技 SUBMITTED WITH EACH BID AS A BID BOND. THE SUCCESSFUL bidder shall also furnish a performance bond and labor/ MATERIAL BOND FOR 100% OF THE AMOUNT OF THE CONTRACT. BONDS MAY BE PROVIDED IN THE FORM OF A CERTIFIED CHECK, IRREVOCABLE LETTER OF CREDIT, OR BOND FURNISHED BY A SOLVENT SURETY COMPANY AUTHORIZED TO DO BUSINESS IN TH STATE OF WEST VIRGINIA. A LETTER OF CREDIT SUBMITTED IN LIEU OF A PERFORMANCE AND LABOR & MATERIAL BOND WILL ONLY BE ALLOWED NOR PROJECTS UNDER \$100,000. PERSONAL or business checks are not acceptable in lieu of the 5% BID BOND, PERFORMANCE BOND, OR LABOR AND MATERIAL BOND. A TWO (2) YEAR MAINTENANCE BOND (XX) MAINTENANCE BOND: COVERING THE ROOFING SYSTEM WILL BE A REQUIREMENT OF THE SUCCESSFUL VENDOR. REV. 11/00 EXHIBIT 7 domestic aluminum, glass & steel in public works PROJECTS IN ACCORDANCE WITH WEST VIRGINIA CODE 5-19-1 ET., SEQ., EVERY CONTRACT FOR CONSTRUCTION, RECONSTRUCTION, ALTERATION, REPAIR, IMPROVEMENT OR MAINTENANCE OF PUBLIC WORKS, WHERE THE COST IS MORE THAN \$50,000 AND, IN THE CASE OF STEEL ONLY, WHERE THE COST OF STEEL IS MORE THAN \$50,000 OR WHERE MORE THAN 10,000 POUNDS OF STEEL ARE REQUIRED, THE STATE WILL ACCEPT ONLY ALUMINUM GLASS, OR STEEL PRODUCITS PRODUCED IN THE UNITED STATES. IN ADDITION, ITEMS OF MACHINERY OR EQUIPMENT PURCHASED FOR USE AT THE SITE OF PUBLIC WORKS SHALL BE MADE OF GLASS OR STEEL UNLESS THE COST OF DOMESTIC>ALUMINUM

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

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304-558-	0067

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HEALTH AND HUMAN RESOURCES
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VARIOUS LOCALES AS INDICATED
BY ORDER

DCI / Shires, Inc. P. O. Box 1259 Bluefield, WV 24701

407135 SHIP VIA TERMS OF SALE DATE PHINTED IID OPENING DATE: 20-10 · ROPM 11/02, CAT NO AMOUNT UNIT PRICE QUANTITY ITEKN NUMBER UUP LÍNÉ THE PRODUCT IS LESS THAN \$50,000 OR LESS THAN 10,000 POUNDS OF STEEL ARE USED IN PUBLIC WORKS PROJECTS. FOREIGN MADE ALUMINUM, GLASS OR STEEL PRODUCTS MAY BE ACCEPTED ONLY IF THE COST OF DOMESTIC PRODUCTS IS FOUND SUCH COST IS UNREASONABLE IF IT I TO BE UNREASONABILE. 20% OR MORE HIGHER THAN THE BID PRICE FOR FOREIGN MADE IF THE DOMESTIC ALUMINUM, GLASS OR STEEL PRODUCTS TO BE SUPPLIED OR PRODUCED IN A "SUBSTANTIAL LABOR SURPLUS AREA", AS DEFINED BY THE UNITED STATES DEPARTMENT OF LABOR, FOREIGN PRODUCTS MAY BE SUPPLIED ONLY IF DOMESTIC PRODUCTS ARE 30% OR MORE HIGHER IN PRICE THAN THE FOREIGN MADE PRODUCTS. IF, PRIOR TO THE AWARD OF A CONTRACT UNDER THE ABOVE PROVISIONS, THE SPENDING OFFICER OF THE SPENDING UNIT DETERMINES THAT THERE EXISTS A BID FOR LIKE FOREIGN ALUMINUM, GUASS OR STEEL THAT IS REASONABLE AND LOWER THAN THE LOWEST BID DOMESTIC PRODUCTS, THE SPENDING OFFICE MAY REQUEST, IN WRITING, A REEVALUATION AND REDUCTION IN THE LOWEST BID FOR SUCH COMESTIC PRODUCTS. ALL VENDORS MUST INDICATE IN THEIR BID IF THEY ARE SUPPLYING FOREIGN ALUMINUM, GLASS OR STEEL. REV. 3/88 EXHIBIT 9 NOTICE FOR ISSUANCE & ACKNOWLEDGEMENT OF CONSTRUCTION PROJECT ADDENDA THE ARCHITECT/ENGINEER AND/OR AGENCY SHALL BE REQUIRED TO ABIDE BY THE HOLLOWING SCHEDULE IN ISSUING CONSTRUCTION PROJECT ADDENDA FOR STATE AGENCIES: see reverse side for terms and conditions

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ADDRESS CHANGES TO BE NOTED ABOVE



Request for Quotation

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ROBERTA WAGNER 304 558 0067

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> DCI / Shires, Inc. P. O. Box 1259 Bluefield, WV 24701

HEALTH AND HUMAN RESOURCES BBH/HF

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

Request for Quotation BHS11050

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ROBERTA WAGNER 304-558-0067

HEALTH AND HUMAN RESOURCES BBH/HF VARIOUS LOCALES AS INDICATED BY ORDER

DCI / Shires, Inc.

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P. O. Box 1259

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ROBERTA WAGNER

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HEALTH AND HUMAN RESOURCES BBH/HF

VARIOUS LOCALES AS INDICATED BY ORDER

60113593 ERMS OF SALE DATE PRINTED IID OPERING BATE: 2010 -3-0 PM OPENING TIME DUANTITY 03 Unitraice AMOUNT TENYNUMBER NE APPLICATIONS FOR A CONTRACTORS LICENSE MAY BE MADE BY CONTACTING THE WEST VIRGINIA DIVISION OF LABOR CAPITOL COMPLEX, BUILDING 3, ROOM 319, CHARLESTON, WV TELEPHONE: (304) 558-7890. WEST VIRGINIA STATE CODE 21-11-11 REQUIRES ANY PROSPECTIVE BIDDER TO INCLUDE THE CONTRACTORS LICENSE NUMBER ON THEIR BID. BIDDER TO COMPLETE: DCF Shites, I'm CONTRACTORS NAME: WV 030698 CONTRACTORS LICENSE NO.: THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FURNISH A Copy of their contractions license prior to issuance of A PURCHASE ORDER/CONTRACT APPLICABLE LAW THE WEST VIRGINIA STATE CODE, PURCHASING DIVISION RULES AND REGULATIONS, AND THE INFORMATION PROVIDED IN THE "REQUEST FOR QUOTATION" ISSUED BY THE PURCHASING DIVISION IS THE SOLE AUTHORITY GOVERNING THIS PROCUREMENT. ANY INFORMATION PROVIDED IN SPECIFICATION MANUALS, OR ANY OTHER SOURCE, VERBAL OR WRITTEN, WHICH CONTRADICTS OR ALTERS THE INFORMATION PROVIDED FROM THE SOURCES AS DESCRIBED IN THE ABOVE PARAGRAPH IS VOID AND OF NO EFFECT. IN THE EVENT THE VENDOR/CONTRACTOR FILES BANKRUPTCY: FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATI-AND IS TERMINATED WITHOUT FURTHER Y MULL AND VOID GNATURE ADDRESS CHANGES TO BE NOTED ABOVE resident

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HEALTH AND HUMAN RESOURCES BBH/HF

VARIOUS LOCALES AS INDICATED BY ORDER

60113593 DATE PRINTED 10 OPENING DATE: CLANT TY LINE THEM NUMBER UNITRAICE AMOUNT ORDER. NOTICE A SIGNED BID MUST BE SUBMITTED TO: DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130 PLEASE NOTE: A CONVENTENCE COPY WOULD BE APPRECIATED. THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED: SEALED BID BUYER: ---------RW/FILE 22-----------BHS11050-----REQ. NO.:---|BID OPENING |DATE:|----|---11/3/2010----BID OPENING TIME: ----1:30 PM-----PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: 3037 PLEASE PRINT OR TYPE NAME OF PERSON TO CONTACT CONCERNING THIS QUOTE: 3199 ファイイク コグ ADDRESS CHANGES TO BE NOTED ABOVE

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



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ROBERTA WAGNER
304-558-0067

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HEALTH AND HUMAN RESOURCES BBH/HF

VARIOUS LOCALES AS INDICATED BY ORDER

Bluefield, WV 24701 IID OPENING DATE: 2010 QUANTITY 03 010 CAT NO ITEM NUMBER UNE AMOUNT \$2,610,000. TOTAL: THIS IS THE END OF REQ BHS11050 ELEPHONE & ADDRESS CHANGES TO BE NOTED ABOVE WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

15

PAGE

DCI / Shires, Inc. P. O. Box 1259 Disefield, WV 24701

RFQ No. 184511050

Purchasing Affidevit (Revised 12/15/09)

STATE OF WEST VIRGINIA Purchasing Division

PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: 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.

DEFINITIONS;

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law, or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the metter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

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.

WITNESS THE FOLLOWING SIGNATURE Vendor's Name: Authorized Signature: Date: State of County of Taken, subscribed, and sworn to before me this and day of NOVEM My Commission expires AFFIX SEAL HERE NOTARY PUBLIC OFFICIAL SEAL **NOTARY PUBLIC** STATE OF WEST VIRGINIA JNDA G. MEREDITH 816 PARKWAY BLUEFIELD, WV 24701

My commission expires September 21, 2014

3043233037



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

STATE OF West Virginia
COUNTY OF Mercer, TO-WIT:
I, Shires, after being first duly sworn, depose and state as follows:
1. I am an employee of <u>DCI/Shires The</u> ; and, (Company Name)
2. I do hereby attest that DCI Shices 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.
(Company Name)
By: Spice Thurs
Title: <u>VP of Administration</u> Date: <u>11-03-2010</u>
Taken, subscribed and sworn to before me this Will day of Movember. 2010
By Commission expires 09-21-2014
(Seal) OFFICIAL SEAL NOTARY PUBLIC STATE OF WEST VIRGINIA LINDA G. MEREDITH SIG PARKWAY SIG PARKWAY
THIS AFFIDAVIT MUST BE SUBMITTED WITH THE BID IN CAPPER OF Omits don expires September 21, 2014
COMPLY WITH WY CODE PROVISIONS. FAILURE TO INCLUDE THE
AFFIDAVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF

Rev March 2009



Req	uest	fo	ľ
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OF-C FO

	4			B200000 21/16 120000
BHS11050 .	OCT	2	2	2010 1

ROBERTA WAGNER
304 558 0067

DCT/Shires Inc P O Box 1259 Bluefield WV 24701 HEALTH AND HUMAN RESOURCES
BBH/HF

VARIOUS LOCALES AS INDICATED BY ORDER

[mn] 135 9 3 V	
DATE PRINTED TERMS CHISALE SHIP WA	F.O.B. FABIOHI TËRMS
ID OPENING BATE 2010	
11/03/2010 CAT HOWER BID OPEN	ING IIMU Oqraopm
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ADDENDUM NO. 1	
1. QUESTIONS AND ANSWERS ARE ATTACHED. 2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. TO	UTC DOCUMENT
SHOULD BE SIGNED AND RETURNED WITH VOID BIT	א שאדיויוס פייס
SIGN AND RETURN MAY RESULT IN DISQUALIFICATION	IION OF YOUR
EXHIBIT 10	
REQUISITION NO.:	BHS11050
ADDENDUM ACKNOWLEDGEMENT	
	,
I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOW! ADDENDUM(S) AND HAVE MADE THE NECESSARY REV	ING CHECKED
PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.	TSIONS TO MY
ADDENDUM NO. 'S:	
NO. 1	
NO. 2	
NO. 3	
70. 4	
NO. 5	,
I UNDERSTAND THAT FAILURE TO CONFIRM THE READDENDUM(S) MAY BE CAUSE FOR REJECTION OF B	CEÍPT OF THE
The state of the s	
VENDOR MUST CLEARLY UNDERSTAND THAT ANY VER	BAL
SEE GEVERSE SIDE FOR TERMS AND CONDITIONS	
TEL SOMOTHE	DATE
President FEN SY 19 944-14	ADDRESS CHANGES TO BE NOTED ABOVE
WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE	SE ABOVE LABELED 'VENDOR'



Request for Quotation

300 P/	® Harmon
	_

address correspondence no a riention of ROBERTA WAGNER 304-558-0067

RFQ COPY TYPE NAME/ADDRESS HERE

> DCI / Shires, Inc. P. O. Box 1259 Bluefield, WV 24701

HEALTH AND HUMAN RESOURCES BBH/HF VARIOUS LOCALES AS INDICATED BY ORDER

ADDRESS CHANGES TO BE NOTED ABOVE.

DATE PRINTED TERMS OF SALE FREIGHT TEAMS 10/20/2010 OPENING DATE: CAT NO LIVE QUANTITY UOP ITEM NUMBER UNIT PRICE AMOUNT REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING. 11-3-+10 NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID REV. 09/21/2009 OF ADDENDUM NO. 1 END seemeverse side for herms and conditions

Bld Form
Co-Occurring Facility at Jackie Withrow Hospital
Bid Proposal of DCT Shires Fuc (hereafter called "Bidder") organized and existing under the laws of the State of Virginia and doing business as
* Corporation ("Insert "A Corporation", "A Partnership", or "An Individual")
("Insert "A Corporation", "A Partnership", or "An Individual")
To the West Virginia Department of Health and Human Resources (hereafter called "Owner"):
The Bidder, in compliance with your Notice to Contractors soliciting bonafide bids for the Co-Occurring Facility at Jackie Withrow Hospital, Beckley, Raleigh County, West Virginia, having examined the Bidding Documents and the site of the proposed work, and being familiar with all of the conditions surrounding the construction of the Project including the availability of materials and labor, hereby proposes to provide all labor, materials, tools and equipment necessary to complete the construction of the Project in accordance with the Bidding Documents (of which this Bid Form is a part), within the time set forth herein, and at the prices stated below.
The Contractor hereby agrees to commence work on the Project on or before a date to be specified in a written "Notice to Proceed" of the Owner. The Contractor agrees to fully complete the Co-Occurring Facility at Jackie Withrow Hospital in 365 calendar days. The Contractor also agrees, for each calendar day of delay in completion of the Project beyond the stated length construction period to be liable for and pay to the Owner liquidated damages in the amount of \$750.00 per day, subject to allowances for delays beyond the control of the Contractor, all reasons for delays properly documented and verified.
The Bidder acknowledges receipt of the following Addenda:
BASE BID PROPOSAL: The Bidder agrees to complete all Base Bid Proposal work on the Project, as required by the Bidding Documents for the following Sum:
Jus Millian six Lundred ten thousand dullars. (\$ 2,610,000) (Show amount in both words and figures)

In the event of a discrepancy between the wording of the Base Bid amount and the figure of the Base Bid amount, the wording shall govern.

Bid Form Page 1 of 3 Co-Occurring Facility at Jackie Withrow Hospital 3043233037

ALTERNATE PROPOSALS: The Bidder agrees to perform the individual Alternate work as required by the Bidding Documents for the following Sum(s):

A. ADD Alternate No. 1: ADD vinyl fence as indicated in Construction Documents.

Thirty seven thousand dollars - ADD(\$ 37,000 (Show amount in both words and figures)

B. ADD Alternate No. 2: SUBSTITUTE rigid copper tubing for run-outs to individual fixtures in lieu of PEX tubing.

Three thousand fine hundred dollars - ADD(\$ 3500)

(Show amount in both words and figures)

C. ADD Alternate No. 3: ADD access control system and electric strikes to interior doors as indicated in Contract Documents.

Thirty rine thousand dollars _____ ADD(\$ 39,000)

In the event of a discrepancy between the wording of the Alternate amount(s) and the figure of the Alternate amounts(s), the wording shall govern.

FAILURE TO PROVIDE COMPLETELY FILLED-IN DATA FOR ALL OF THE ALTERNATES INDICATED ABOVE WILL RESULT IN THE BID BEING CONSIDERED NON-RESPONSIVE.

The Bidder understands that it is the intent of the Owner to award a contract on the basis of lowest Grand Total plus all of the Alternate Proposal amounts. The Bidder further understands that, depending upon the availability of funds, the Owner reserves the right to accept or reject the alternate bids if the costs exceed the amount budgeted for the project. Alternates will be accepted in numerical order.

The Bidder has enclosed a Bid Bond for not less than 5% of the bid proposal price indicated above.

Upon receipt of written Notice of the acceptance of this bid, the Bidder agrees to promptly furnish, within 10 calendar days of Notice, satisfactory Performance and Labor and Material Payment Bonds in the amount of the Contract Price.

Bid Form
Page 2 of 3
Co-Occurring Facility at Jackle Withrow Hospital

Respectfully submitted for:		DCI / Shires, Inc. P. O. Box 1259
	(Firm Name)	Bluefield, WV 24701
Contractor's WV License Number:	WV 030698	3
(Pursuant to the WY Contractor Licens	sing Act 1991, 21-11-11)	
By: Latol ul		President
	(Signature & Title)	
WV Business Registration Number: _		
Business Address: POB× 12.5	59 2980 Big	Laurel Huy Ste 76
Blurfie	WV ZYTO	

AFFIDAVIT OF NON-COLLUSION

THIS AFFIDAVIT IS TO BE FILLED OUT AND EXECUTED BY THE BIDDER: IF THE BID IS MADE BY A CORPORATION, THEN BY ITS PROPERLY AUTHORIZED AGENT

Mercer
State of West Virginia, County of Raleigh:
(Kobert Deep
(Name of Authorized Individual Making Bid)
residing at 41 Chanticlear, Bluefield WV2-1701 being duly
sworn does depose and say that
Polox 1259 2980 Big Lauvel Hun Ste-B Blue Field (Business Address)
$n \mid \alpha$
(Give Names and Addresses of All Other Persons, Firms or Corporations Interested in the Bid.)
persons interested with sharing in the profits of the herein contained Bid; that the said Bid is made without any connection or interest in the profits thereof with any other persons making any bid or proposal for said work; that said bid is on our part, in all respects fair and without collusion or fraud; and also that no member of, head of any department or Bureau, or employee therein, or any employee of the State of West Virginia is directly or indirectly interested therein. Veside nt
Subscribed and sworn to this 3rd day of November_, 20_10_,
before Linda D Mucauto
(Notary-Public)

OFFICIAL SEAL
NOTARY PUBLIC
STATE OF WEST VIRGINIA
LINDA G. MEREDITH
618 PARKWAY
BLUEFIELD, WV 24701
My commission expires September 21, 2014

DCI/SHIRES, INC. P O BOX 1259 BLUEFIELD WV 24701 (304) 323 1996; FAX: (304) 323 3037

PRINICPAL BUSINESS ACTIVITY:

GENERAL CONSTRUCTION

TYPE OF BUSINESS:

CORPORATION

FEDERAL TAX IDENTIFICATION NUMBER: 54 1944474

NAMES AND TITLES OF OWNERS:

ROBERT DEEB, PRESIDENT TIMOTHY W. SHIRES, VICE-PRESIDENT CATHY J.S. DEEB, TREASURER JOYCE R. SHIRES, SECRETARY

BANK REFERENCES:

FIRST COMMUNITY BANK
ONE STAFFORD COMMONS
PRINCETON WV 24740
(304) 431 9000 CONTACT: CATHY HILLYER, 304 431 9005

MCDOWELL COUNTY NATIONAL BANK (MCNB)

8LUEFIELD BRANCH

3152 CUMBERLAND ROAD

8LUEFIELD WV 24701

(304) 325 6500 CONTACT: KEN COLLIS

	Agency REQ.P.O#
	BID BOND
	, That we, the undersigned, DCI Shires, Inc.
	West Virginia , as Principal, and Erie Insurance
	irginis, à corporation organized and existing under the laws of the State of
PA with its principal office in the City	of <u>Errie</u> , as Surety, are held and firmly bound unto the State
	5 % of bid amount(\$ 5 %) for the payment of which,
well and truly to be made, we jointly and severally be	oind ourselves, our heirs, administrators, executors, successors and assigns.
	ich that whereas the Principal has submitted to the Purchasing Section of the
	sal, attached hereto and made a part hereof, to enter into a contract in writing for ie Withrow Hospital. Raleigh County; West Virginia
NOW THEREFORE,	
hereto and shall furnish any other bonds and insura agreement created by the acceptance of said bid, the	rincipal shall enter into a contract in accordance with the bid or proposal attached noe required by the bid or proposal, and shall in all other respects perform the nen this obligation shall be null and void, otherwise this obligation shall remain in full eed that the liability of the Surety for any and all claims hereunder shall, in no event, a stated.
The Surety, for the value received, hereby way impaired or affected by any extension of the timwaive notice of any such extension.	stipulates and agrees that the obligations of said Surety and its bond shall be in no ne within which the Obligee may accept such bid, and said Surety does hereby
IN WITNESS WHEREOF, Principal and St	rety have hereunto set their hands and seals, and such of them as are corporations
	unto and these presents to be signed by their proper officers, this
O2nd_day of November , 2010	
•	
Principal Cojporate Seal	DCI Shares, Inc.
	(Name of Principal)
	By tolt Dut
	(Must be President or Vice President)
	President
	(Title)
Surety Corporate Soat	Erie Insurance Property and Casualty
	(Name of Surety)
	,
	yang ywou
	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.



ERIE INSURANCE PROPERTY & CASUALTY COMPANY ERIE, PA 16530 POWER OF ATTORNEY

KNOW ALL MEN BY TRESE PRESENTS: That the ERIE INSURANCE PROPERTY & CASUALTY COMPANY, a corporation duly organized under the laws of the Commonwealth of Pennsylvania, does hereby make, constitute and appoint...

individually, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver for and on its behalf, and as its act and deed; any and all bonds and undertakings of suretyship. In a penalty not to exceed the sum of Four Million One Hundred Thousand Dollars (\$4,100,000)

And to bind the ERIE INSURANCE PROPERTY & CASUALTY COMPANY thereby as fully and to the same extent as if such bonds and undertakings and other writings obligatory in the nature thereof were signed by the appropriate officer of the ERIE INSURANCE PROPERTY & CASUALTY COMPANY and sealed and attested by one other of such officers, and hereby ratifies and confirms all that its said Attorney(s)-in-Fact may do in pursuance hereof.

The Power of Altorney is granted under and by authority of the following Resolution adopted by unanimous consent of the Board of Directors of ERIE INSURANCE PROPERTY & CASUALTY COMPANY on the 8th day of May 2002 and said Resolution has not been aurended or repealed:

"Resolved, that the President, or any Senior Vice President or Vice President shall have power and authority to: (a) Appoint Attorney(s)-in-Fact and to authorize them to execute on behalf of the Company, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof, and, (b) To remove any such Attorney-in-Fact at any time and revoke the power and authority given to him; and

Resolved, that Attorney(s)-in-Fact shall have power and authority, subject to the terms and limitations of the Power of Attorney issued to them, to execute and deliver on behalf of the Company, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof. The corporate seal is not necessary for the validity of any bonds and undertakings, recognizances, contract of indemnity and other writings obligatory in the nature thereof."

This Power of Attorney is signed and sealed by facsimiles under and by virtue of the following Resolution adopted by the unanimous consent of the Board of Directors of ERIE INSURANCE PROPERTY & CASUALTY COMPANY and said Resolution has not been amended or repealed:

"Resolved, that the signature of Jeffrey A. Ludrof, as President and Chief Executive Officer of the Company, and the Seal of the Company may be affixed by the following facsimiles on any Limited Power of Attorney for the execution of bonds, undertakings, recognizances, contracts and other writings in the nature thereof, and the signature of J. R. Van Gorder, as Secretary of the Company, and the Seal of the Company may also be affixed by the following facsimiles to any certificate of any such Limited Power of Attorney and only under such circumstances, shall said facsimiles be valid and binding on the Company."

IN WITNESS WHEREOF, the ERIE INSURANCE PROPERTY & CASUALTY COMPANY has caused these presents to be signed by its President and Chief Executive Officer, and its corporate seal to be hereto affixed this 8th day of May, 2002.

STATE OF PENNSYLVANIA } ss. COUNTY OF ERIE

On this 8th day of May, A.D. 2002, before me personally came Jeffrey A. Ludrof, to me known, who being by me duly sworn, did depose and say: that he is President and Chief Executive Officer of ERIH INSURANCE PROPERTY & CASUALTY COMPANY, the corporation described in and which executed the above instrument; that he knows the Seal of said corporation; that he Seal affixed to the said instrument is such corporate Seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

CERTIFICATE

I. J. R. Van Gorder, as Secretary of the ERIE INSURANCE PROPERTY & CASUALTY COMPANY, do hereby certify that the original POWER OF ATTORNEY, of which the foregoing is a full, true and correct copy, is still in full force and effect as of the date below.

In witness whereof, I have hereunto subscribed my name and affixed corporate Seal of the Company by facsimiles pursuant to the action of the Board of Directors of the Company,

1993 Fig. ph. Jeffrey A. Ludrof
President and Chief Executive Office:



My commission expires June 27, 2008
Notary Public



J. R. Vin Gorder, Sucrelary

this Olno day of November 20/0

ACORD	
The same of the sa	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/02/2010

PF	ODUD	ER			THE	DTIFIA ATC 10 10 1		<u></u>	11/02/2010	
Walker Insurance Associates, LLC PO Bxox 1675 Bluefield, WV 24701						THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
304-325-3743 Fax 304-327-0631 walkerins@frontiernet.net					INSURER	S AFFORDING CO	TVERAGE		NAIC #	
INSUREO					INSURER A;		e Property and Casualty		26830	
DCI Shires, Inc.					INSURER 8:		m Fire Insurance Company		19445	
		c1259			INSURER C:		The Ket Harvardille Company		17440	
13	lucfic	ld, WV 24701			INSURER D:					
			i i		INSURER E:	· · · · · · · · · · · · · · · · · · ·			********	
c	OVE	RAGES			INDUNCKE:		——————————————————————————————————————			
	THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CHAIMS									
UTR	NOD'	TYPE OF INSURANCE	POLICY NUMBER		Y EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/OD/YY)	LIMI	TS.		
٨	T	GENERAL LIABILITY	042 0060021				EACH OCCURENCE	\$2,000,000		
Ą	ļU	COMMERICAL GENERAL LIABILITY	Q43-8050031	07/30	0/2010	07/30/2011	DAMAGE TO RENTED	-		
	İ	CLAIMS MADE OCCUR		İ		1	PREMISES (Ea occurrence)	\$2.	000,000	
							MED EXP (Any one person)	\$5,	000	
				J			PERSONAL & ADV INJURY	\$2,	000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,0	300,000	
		POLICY PROJECT LEC				}	PRODUCTS - COMP/OP AGG	\$2,1	000,000	
		Z POLIO E PROJECT E LOC						\$		
A		AUTOMOBILE LIABILITY ANY AUTO	Q07-5130436	07/01	/2010	07/01/2011	COMBINED SINGLE LIMIT (Each Occurrence)	1	000,000	
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		HIRED AUTOS NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$		
							PROPERTY DAMAGE (Per recident)	\$		
		GARAGE LIABILITY					AUTO ONLY - EA ACCIDENT	\$	······································	
		ANY AUTO				OTHER THAN EA ACC	S			
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ļ		ANY PROPRIETOR/PARTNER/EXECU- TIVE OFFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT	5500	000,0	
	1	if yes, describe under			ļ		E.L. DISEASE - EA EMPLOYEE	\$500	000.	
		SPECIAL PROVISIONS below	!	ļ	ĺ		E.L. DISEASE - POLICY LIMIT	\$500	······	
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		ng Facility at Jackie Withrow Hospital;								
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***									I	
CEF	RTIF	CATE HOLDER			CANCELLA	ATION				
West Virginia Department of Health and Human Resources SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE						RIBED POLICIES BE CANCELLED	0EFD	RETHE		
One Davis Square, Suite 190 Charleston, WV 25301-1745			EXPIRATION DATE THEREOF, THE INSURER APPORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO POLIGATION OR LIABILITY OF ANY KIND UPON THE							
			INSURER, IT'S AGENTS OR REPRESENTATIVES, AUTHORIZED REPRESENTATIVE							
					VINEED KE	A RESERVATIVE	1.11/1/1/1///			
ORD 26 (2001/08)						<u> </u>	© ACORD CO	000	DATION 4055	
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contact between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or after the covarage afforded by the policies listed thereon.