

# FAX

TO:	Tara Lyle	FROM:	Aaron Dlugos
FAX:	304 558-3970	FAX:	304 241-5290
PHONE:		PHONE:	304 212-2930
SUBJECT:	Solicitation: ADJ2100000015	DATE:	9/3/20

COMMENTS: Additional information for the Solicitation: ADJ2100000015 Addendum No. 2 CDC Emergency Generator Purchase Installation. WV OASIS did not accept my additional attachments but accepted my quoted price thru the website.

Aaron Dlugos  
 Mon Valley Integration, LLC

RECEIVED  
 2020 SEP -3 PM 12:35  
 WV PURCHASING DIVISION

*13 total Pages  
 Includes Cover Sheet*

**Exhibit A  
Pricing Page  
CRFQ ADJ21\*15**

**ALL LABOR, MATERIALS, EQUIPMENT, AND SUPPLIES NECESSARY TO PROVIDE FOR THE PURCHASE & INSTALLATION OF A NEW 130KW GENERATOR AND AUTOMATIC TRANSFER SWITCH INCLUDING ALL ELECTRICAL & PLUMBING WORK AND START-UP SERVICES:**

**CHILD DEVELOPMENT CENTER (CDC)  
1742 COONSKIN DRIVE, CHARLESTON, WV 25311**

The undersigned, hereafter called the Vendor, being familiar with and understanding the bidding documents; and being familiar with the site and all local conditions affecting the Project, hereby proposes to furnish labor, material, equipment, supplies, and transportation to perform the work as described in the bidding documents

**VENDOR COMPANY NAME:** Mon Valley Integration, LLC

**VENDOR ADDRESS:** PO Box 247  
Dellslow, WV 26531

**TELEPHONE:** (304) 212-2930

**FAX NUMBER:** (304) 241-5290

**E-MAIL ADDRESS:** aaron.dlugos@monvalleyintegration.com

**CONTRACT TOTAL BID AMOUNT: COST: PURCHASE & INSTALLATION OF A NEW 130KW GENERATOR AND AUTOMATIC TRANSFER SWITCH INCLUDING ALL ELECTRICAL & PLUMBING WORK AND START-UP SERVICES: at the CDC, Charleston, WV.**

One Hundred Thirty-Nine Thousand Three Hundred Sixty-Eight Dollars

(\$ 139,368.00)

**(Contract bid to be written in words and numbers.)**

Failure to use this bid form may result in bid disqualification.

**SIGNATURE:**  **DATE:** 9/3/2020

**NAME:** Aaron Dlugos  
**(Please Print)**

**TITLE:** Sourcing Manager

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFO ADJ2100000015**

**Instructions:** Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

**Acknowledgment:** I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

**Addendum Numbers Received:**

(Check the box next to each addendum received)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal 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.

Mon Valley Integration LLC  
Company

[Signature]  
Authorized Signature

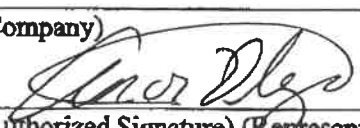
9/3/2020  
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Aaron Dlugos - Sourcing Manager  
 \_\_\_\_\_  
 (Name, Title)  
 Mon Valley Integration, LLC  
 \_\_\_\_\_  
 (Printed Name and Title)  
 PO Box 247 Dellslow, WV 26531  
 \_\_\_\_\_  
 (Address)  
 (304) 212-2930 / (304) 241-5290  
 \_\_\_\_\_  
 (Phone Number) / (Fax Number)  
 aaron.dlugos@monvalleyintegration.com  
 \_\_\_\_\_  
 (email address)

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Mon Valley Integration, LLC  
 \_\_\_\_\_  
 (Company)  
  
 \_\_\_\_\_  
 (Authorized Signature) (Representative Name, Title)  
 Aaron Dlugos - Sourcing Manager  
 \_\_\_\_\_  
 (Printed Name and Title of Authorized Representative)  
 9/3/2020  
 \_\_\_\_\_  
 (Date)  
 (304) 212-2930 / (304) 241-5290  
 \_\_\_\_\_  
 (Phone Number) (Fax Number)

*WV Army National Guard*

WV Purchasing Division  
Agency Engineering & Facilities  
REQ.P.O# CREQ 0603  
Solicitation No. ADJ2100000015

**BID BOND**

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Mon Valley Integration LLC  
of 206 Distributor Drive, Morgantown WV 26501, as Principal, and Travelers Casualty & Surety Co  
of America of Hartford, Connecticut, a corporation organized and existing under the laws of the State of Connecticut  
with its principal office in the City of Hartford, as Surety, are held and firmly bound unto the State  
of West Virginia, as Obligee, in the penal sum of 5% of attached bid (\$ 5%) for the payment of which,  
well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

The Condition of the above obligation is such that whereas the Principal has submitted to the Purchasing Section of the  
Department of Administration a certain bid or proposal, attached hereto and made a part hereof, to enter into a contract in writing for  
CDC Emergency Generator Purchase and Installation

**NOW THEREFORE,**

- (a) If said bid shall be rejected, or
- (b) If said bid shall be accepted and the Principal shall enter into a contract in accordance with the bid or proposal attached hereto and shall furnish any other bonds and insurance required by the bid or proposal, and shall in all other respects perform the agreement created by the acceptance of said bid, then this obligation shall be null and void, otherwise this obligation shall remain in full force and effect. It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no event, exceed the penal amount of this obligation as herein stated.

The Surety, for the value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no way impaired or affected by any extension of the time within which the Obligee may accept such bid, and said Surety does hereby waive notice of any such extension.

WITNESS, the following signatures and seals of Principal and Surety, executed and sealed by a proper officer of Principal and Surety, or by Principal individually if Principal is an individual, this 3rd day of September, 2020.

Principal Seal

Mon Valley Integration LLC  
(Name of Principal)

By [Signature]  
(Must be President, Vice President, or  
Duly Authorized Agent)

President, COO  
(Title)

Surety Seal

Travelers Casualty & Surety Co of America  
(Name of Surety)

[Signature]  
Charlene Adams Attorney-in-Fact

**IMPORTANT - Surety executing bonds must be licensed in West Virginia to transact surety insurance, must affix its seal, and must attach a power of attorney with its seal affixed.**



Travelers Casualty and Surety Company of America  
Travelers Casualty and Surety Company  
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Charlene Adams** of MARIETTA Ohio, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this Instrument to be signed, and their corporate seals to be hereto affixed, this 17th day of January, 2019.



State of Connecticut

City of Hartford ss.

By: *Robert L. Raney*  
Robert L. Raney, Senior Vice President

On this the 17th day of January, 2019, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2021



*Anna P. Nowik*  
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

**RESOLVED**, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

**FURTHER RESOLVED**, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

**FURTHER RESOLVED**, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

**FURTHER RESOLVED**, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 3rd day of September, 2020



*Kevin E. Hughes*  
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.  
Please refer to the above-named Attorney-in-Fact and the details of the bond to which this Power of Attorney is attached.

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONNECTICUT 06183

FINANCIAL STATEMENT AS OF DECEMBER 31, 2019

CAPITAL STOCK \$ 6,480,000

ASSETS		LIABILITIES & SURPLUS	
CASH AND INVESTED CASH	\$ 90,238,216	UNEARNED PREMIUMS	\$ 1,079,715,557
BONDS	3,590,884,327	LOSSES	772,047,572
STOCKS	297,933,044	LOSS ADJUSTMENT EXPENSES	174,714,866
INVESTMENT INCOME DUE AND ACCRUED	37,250,410	COMMISSIONS	46,870,467
OTHER INVESTED ASSETS	3,998,514	TAXES, LICENSES AND FEES	14,728,588
PREMIUM BALANCES	283,964,283	OTHER EXPENSES	43,134,846
NET DEFERRED TAX ASSET	52,134,928	CURRENT FEDERAL AND FOREIGN INCOME TAXES	12,674,197
REINSURANCE RECOVERABLE	31,203,528	REMITTANCES AND ITEMS NOT ALLOCATED	17,954,748
SECURITIES LENDING REINVESTED COLLATERAL ASSETS	3,732,802	AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS	26,585,278
RECEIVABLES FROM PARENT, SUBSIDIARIES AND AFFILIATES	11,831,828	RETROACTIVE REINSURANCE RESERVE ASSUMED	826,256
ASSUMED REINSURANCE RECEIVABLE AND PAYABLE	567,388	POLICYHOLDER DIVIDENDS	9,837,205
OTHER ASSETS	3,574,988	PROVISION FOR REINSURANCE	2,140,983
		ADVANCE PREMIUM	3,732,602
		PAYABLE FOR SECURITIES LENDING	46,059,812
		CEDED REINSURANCE NET PREMIUMS PAYABLE	421,537
		OTHER ACCRUED EXPENSES AND LIABILITIES	\$ 2,263,017,458
		TOTAL LIABILITIES	
		CAPITAL STOCK	\$ 6,480,000
		PAID IN SURPLUS	433,802,760
		OTHER SURPLUS	1,683,400,804
		TOTAL SURPLUS TO POLICYHOLDERS	\$ 2,123,884,564
		TOTAL LIABILITIES & SURPLUS	\$ 4,386,702,020
TOTAL ASSETS	\$ 4,386,702,020		

STATE OF CONNECTICUT )  
COUNTY OF HARTFORD ) SS.  
CITY OF HARTFORD )

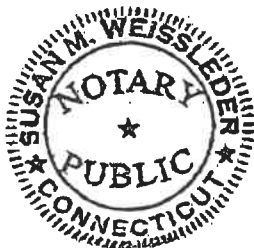
MICHAEL J. DOODY, BEING DULY SWORN, SAYS THAT HE IS VICE PRESIDENT - FINANCE, OF TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, AND THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF THE FINANCIAL CONDITION OF SAID COMPANY AS OF THE 31ST DAY OF DECEMBER, 2019.

*Michael J. Doody*  
VICE PRESIDENT - FINANCE

NOTARY PUBLIC

SUSAN M. WEISSLEDER  
Notary Public  
My Commission Expires November 30, 2022

SUBSCRIBED AND SWORN TO BEFORE ME THIS  
26TH DAY OF MARCH, 2020



# West Virginia Offices of the Insurance Commissioner



## Certificate of Authority

Whereas, TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, domiciled in the State of CONNECTICUT, has complied with all the requirements of the laws of this State so as to entitle it to transact its appropriate business in the State of West Virginia.

Therefore, I the undersigned, Insurance Commissioner of the State of West Virginia, pursuant to the authority vested in me by the laws of this State, do hereby authorize it to transact the business of insurance as defined in Chapter 33

ACCIDENT & SICKNESS - ARTICLE 1, SECTION 10(b)  
CASUALTY - ARTICLE 1, SECTION 10(e)  
CASUALTY - ARTICLE 1, SECTION 10(e)(14)  
FIRE - ARTICLE 1, SECTION 10(c)  
MARINE - ARTICLE 1, SECTION 10(d)  
SURETY - ARTICLE 1, SECTION 10(f) (1)  
SURETY - ARTICLE 1, SECTION 10(f) (2)  
SURETY - ARTICLE 1, SECTION 10(f) (3)

of the 1931 Code of West Virginia as amended, in the State of West Virginia in accordance with the laws thereof until midnight on the 31st day of May, 2019, unless this license be sooner revoked. Pursuant to W. Va. Code §33-3-2(c), the above authorization does not allow the insurer to transact a kind of insurance in this State unless duly authorized or qualified to transact such insurance in the state or country of its domicile.

In Testimony Whereof, I have hereunto set my hand and affixed my seal of office at the City of Charleston this 1st day of June, 2018.

Allan L. McVey  
Insurance Commissioner

NAIC # 31194  
Legacy State ID # 0069



STATE OF WEST VIRGINIA  
Purchasing Division

**PURCHASING AFFIDAVIT**

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL OTHER CONTRACTS:** Under W. Va. Code §5A-3-10a, 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: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter 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.

**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.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"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 exceeds five percent of the total contract amount.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: Mon Valley Integration

Authorized Signature: [Signature] Date: 3/16/2020

State of West Virginia

County of Monongalia to-wit:

Taken, subscribed, and sworn to before me this 16<sup>th</sup> day of March, 2020

My Commission expires April 3, 2024, 2020



NOTARY PUBLIC [Signature]  
Purchasing Affidavit (Revised 07/01/2017)

WV-72

Approved / Revised 08/01/15

## State of West Virginia

**CERTIFIED DRUG-FREE WORKPLACE REPORT COVERSHEET**

In accordance with *West Virginia Code* § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. That report must include each of the items identified below in the Required Report Content section.

**Instructions:** Vendor should complete this coversheet, attach it to the required report, and submit it to the appropriate location as follows:

the vendor should mail the report to the public authority issuing the contract.

**Contract Identification:**Contract Number: ADJ21\*15Contract Purpose: CDC -Purchase and Install 130KW Generator and ATSAgency Requesting Work: State of West Virginia - Dept. of Administration

**Required Report Content:** The attached report must include each of the items listed below. The vendor should check each box as an indication that the required information has been included in the attached report.

- Information indicating the education and training service to the requirements of *West Virginia Code* § 21-1D-5 was provided;
- Name of the laboratory certified by the United States Department of Health and Human Services or its successor that performs the drug tests;
- Average number of employees in connection with the construction on the public improvement;
- Drug test results for the following categories including the number of positive tests and the number of negative tests: (A) Pre-employment and new hires; (B) Reasonable suspicion; (C) Post-accident; and (D) Random.

**Vendor Contact Information:**Vendor Name: Mon Valley Integration, LLCVendor Telephone: (304) 212-2930Vendor Address: PO Box 247  
Dellslow, WV 26531Vendor Fax: (304) 241-5290Vendor E-Mail: ap@monvalleyintegration.com

WV-73  
Approved / July 7, 2017



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

STATE OF WEST VIRGINIA,  
COUNTY OF Monongalia, TO-WIT:

I, Ian Lunder, after being first duly sworn, depose and state as follows:

- I am an employee of Mon Valley Integration; and,  
(Company Name)
- I do hereby attest that Mon Valley Integration  
(Company Name)

maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with **West Virginia Code §21-1D**.

The above statements are sworn to under the penalty of perjury.

Printed Name: Ian Lunder

Signature: [Handwritten Signature]

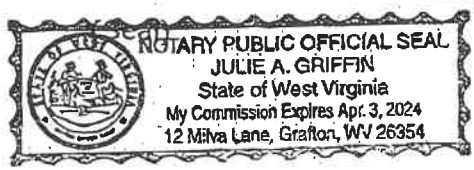
Title: Member-Manager

Company Name: Mon Valley Integration

Date: 03.16.20

Taken, subscribed and sworn to before me this 16<sup>th</sup> day of March, 2020.

By Commission expires April 3, 2024



[Handwritten Signature]  
(Notary Public)

**Lab:**

**Clinical Reference Lab**  
8433 Quivira Road, Lenexa, KS 66215

**Average # of Employees:**

32

**Drug Results:** (April 2019 - Current)

Pre-employment:	0 Positive	7 Negative
Resonable Suspicion:	0 Positive or Negative	
Post-Accident:	0 Postive	4 Negative
Random:	0 Positive	22 Negative

# CONTRACTOR LICENSE

Authorized by the

## West Virginia Contractor Licensing Board

**Number:**

WV034821

**Classification:**

ELECTRICAL

MON VALLEY INTEGRATION LLC  
DBA MON VALLEY INTEGRATION LLC  
PO BOX 247  
DELLSLOW, WV 26531

**Date Issued**

**Expiration Date**

DECEMBER 30, 2019	DECEMBER 30, 2020
-------------------	-------------------

*James Zunder*  
\_\_\_\_\_  
Authorized Company Signature

*John A. ...*  
\_\_\_\_\_  
Chair, West Virginia Contractor  
Licensing Board

**WEST VIRGINIA  
CONTRACTOR  
LICENSING  
BOARD**

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where work is being performed. This license number must appear in all advertisements, on all bid submissions and on all fully executed and binding contracts. This license cannot be assigned or transferred by licensee. Issued under provisions of West Virginia Code, Chapter 21, Article 11.