



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at *wvOASIS.gov*. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at *WVPurchasing.gov* with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header 5

List View

- General Information**
- Contact
- Default Values
- Discount
- Document Information
- Clarification Request

Procurement Folder: 1004415

Procurement Type: Central Master Agreement

Vendor ID: 000000178499

Legal Name: RR DONNELLEY & SONS COMPANY

Alias/DBA:

Total Bid: \$199,260.00

Response Date: 03/08/2022

Response Time: 13:03

Responded By User ID: Lookingforopps2

First Name: Jeff

Last Name: Lauer

Email: jeffrey.lauer@rrd.com

Phone: 614-477-6808

SO Doc Code: CRFQ

SO Dept: 0506

SO Doc ID: EHP2200000002

Published Date: 2/25/22

Close Date: 3/10/22

Close Time: 13:30

Status: Closed

Solicitation Description: SECURITY PAPER

Total of Header Attachments: 5

Total of All Attachments: 5



Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	60,000 sheets of security paper sent with single ship: Yr 1	60000.000	EA	0.151000	9060.00

Comm Code	Manufacturer	Specification	Model #
14111544			

**Commodity Line Comments:**

**Extended Description:**

60,000 sheets of security paper sent with single shipment

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	90,000 sheets of security paper sent with single ship Yr 1	90000.000	EA	0.126000	11340.00

Comm Code	Manufacturer	Specification	Model #
14111544			

**Commodity Line Comments:**

**Extended Description:**

90,000 sheets of security paper sent with single shipment.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	60,000 sheets of security paper sent with split ship Yr 1	60000.000	EA	0.165000	9900.00

Comm Code	Manufacturer	Specification	Model #
14111544			

**Commodity Line Comments:**

**Extended Description:**

60,000 sheets of security paper sent with split shipments.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	90,000 sheets of security paper sent with split ship Yr 1	90000.000	EA	0.141000	12690.00

Comm Code	Manufacturer	Specification	Model #
14111544			

**Commodity Line Comments:**

**Extended Description:**

90,000 sheets of security paper sent with split shipments.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Cost for Minor Copy Changes as described in 3.1.2 Yr 1	10.00000	EA	0.000000	0.00

Comm Code	Manufacturer	Specification	Model #
82121500			

**Commodity Line Comments:**

**Extended Description:**

Cost for Minor Copy Changes as described in 3.1.2

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	60,000 sheets of security paper sent with single ship: Yr 2	60000.000	EA	0.166000	9960.00

Comm Code	Manufacturer	Specification	Model #
14111544			

**Commodity Line Comments:**

**Extended Description:**

60,000 sheets of security paper sent with single shipment

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	90,000 sheets of security paper sent with single ship Yr 2	90000.000	EA	0.138000	12420.00

Comm Code	Manufacturer	Specification	Model #
14111544			

**Commodity Line Comments:**

**Extended Description:**

90,000 sheets of security paper sent with single shipment.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	60,000 sheets of security paper sent with split ship Yr 2	60000.000	EA	0.182000	10920.00

Comm Code	Manufacturer	Specification	Model #
14111544			

**Commodity Line Comments:**

**Extended Description:**

60,000 sheets of security paper sent with split shipments.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	90,000 sheets of security paper sent with split ship Yr 2	90000.000	EA	0.155000	13950.00

Comm Code	Manufacturer	Specification	Model #
14111544			

**Commodity Line Comments:**

**Extended Description:**

90,000 sheets of security paper sent with split shipments.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
10	Cost for Minor Copy Changes as described in 3.1.2 Yr 2	10.00000	EA	0.000000	0.00

Comm Code	Manufacturer	Specification	Model #
82121500			

**Commodity Line Comments:**

**Extended Description:**

Cost for Minor Copy Changes as described in 3.1.2

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
11	60,000 sheets of security paper sent with single ship: Yr 3	60000.000	EA	0.182000	10920.00

Comm Code	Manufacturer	Specification	Model #
14111544			

**Commodity Line Comments:**

**Extended Description:**

60,000 sheets of security paper sent with single shipme

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
12	90,000 sheets of security paper sent with single ship Yr 3	90000.000	EA	0.152000	13680.00

Comm Code	Manufacturer	Specification	Model #
14111544			

**Commodity Line Comments:**

**Extended Description:**

90,000 sheets of security paper sent with single shipment.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
13	60,000 sheets of security paper sent with split ship Yr 3	60000.000	EA	0.200000	12000.00

Comm Code	Manufacturer	Specification	Model #
14111544			

**Commodity Line Comments:**

**Extended Description:**

60,000 sheets of security paper sent with split shipments.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
14	90,000 sheets of security paper sent with split ship Yr 3	90000.000	EA	0.170000	15300.00

Comm Code	Manufacturer	Specification	Model #
14111544			

**Commodity Line Comments:**

**Extended Description:**

90,000 sheets of security paper sent with split shipments.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
15	Cost for Minor Copy Changes as described in 3.1.2 Yr 3	10.00000	EA	0.000000	0.00

Comm Code	Manufacturer	Specification	Model #
82121500			

**Commodity Line Comments:**

**Extended Description:**

Cost for Minor Copy Changes as described in 3.1.2

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
16	60,000 sheets of security paper sent with single ship: Yr 4	60000.000	EA	0.200000	12000.00

Comm Code	Manufacturer	Specification	Model #
14111544			

**Commodity Line Comments:**

**Extended Description:**

60,000 sheets of security paper sent with single shipment

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
17	90,000 sheets of security paper sent with single ship Yr 4	90000.000	EA	0.167000	15030.00

Comm Code	Manufacturer	Specification	Model #
14111544			

**Commodity Line Comments:**

**Extended Description:**

90,000 sheets of security paper sent with single shipment.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
18	60,000 sheets of security paper sent with split ship Yr 4	60000.000	EA	0.221000	13260.00

Comm Code	Manufacturer	Specification	Model #
14111544			

**Commodity Line Comments:**

**Extended Description:**

60,000 sheets of security paper sent with split shipments.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
19	90,000 sheets of security paper sent with split ship Yr 4	90000.000	EA	0.187000	16830.00

Comm Code	Manufacturer	Specification	Model #
14111544			

**Commodity Line Comments:**

**Extended Description:**

90,000 sheets of security paper sent with split shipments.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
20	Cost for Minor Copy Changes as described in 3.1.2 Yr 4	10.00000	EA	0.000000	0.00

Comm Code	Manufacturer	Specification	Model #
82121500			

**Commodity Line Comments:**

**Extended Description:**

Cost for Minor Copy Changes as described in 3.1.2

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: EHP220000002**

**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 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.

RR DONNELLEY

\_\_\_\_\_  
Company

*Jeff Laner*

\_\_\_\_\_  
Authorized Signature

3/1/2022

\_\_\_\_\_  
Date

**NOTE:** This addendum acknowledgement should be submitted with the bid to expedite document processing.  
Revised 6/8/2012



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/06/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. 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).

<b>PRODUCER</b> MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661	<b>CONTACT NAME:</b> Marsh   U.S. Operations	
	<b>PHONE (A/C, No, Ext):</b> 866-966-4664 <b>FAX (A/C, No):</b> 212-948-0770 <b>E-MAIL ADDRESS:</b> Chicago.CertRequest@marsh.com	
<b>INSURED</b> R.R. DONNELLEY & SONS COMPANY AND ITS SUBSIDIARIES 35 W WACKER DRIVE 36TH FLOOR (RISK MANAGEMENT) CHICAGO, IL 60601	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A : National Union Fire Insurance Company	19445
	INSURER B : N/A	N/A
	INSURER C : AllU Insurance Co	19399
	INSURER D :	
	INSURER E :	
INSURER F :		

**COVERAGES**      **CERTIFICATE NUMBER:** CHI-009942523-02      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GL 1728936	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		AL 4594348	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N    N/A		WC 45886664 (AOS)	07/01/2021	07/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	EXCESS WORKERS COMP (OH)		WC 6559387 (OH)	07/01/2021	07/01/2022	Limit \$ 1,000,000 SIR Value \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### CERTIFICATE HOLDER

West Virginia Department of Health and Human Services  
 350 Capitol Street  
 Charleston, WV 25301

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
 of Marsh USA Inc  
*Manashi Mukherjee*

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**ADDITIONAL REMARKS SCHEDULE**

AGENCY MARSH USA INC.		NAMED INSURED R.R. DONNELLEY & SONS COMPANY AND ITS SUBSIDIARIES 35 W WACKER DRIVE 36TH FLOOR (RISK MANAGEMENT) CHICAGO, IL 60601	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers' Compensation Continued:

Carrier: AIU Insurance Company  
 Policy #: WC 45886666 (CA)  
 Limits:  
 -Each Accident: \$1,000,000  
 -Disease-Policy: \$1,000,000  
 -Disease-Each: \$1,000,000  
 Effective Date: 07/01/2021  
 Expiration Date: 07/01/2022

Carrier: AIU Insurance Company  
 Policy #: WC 45886667 (WI)  
 Limits:  
 -Each Accident: \$1,000,000  
 -Disease-Policy: \$1,000,000  
 -Disease-Each: \$1,000,000  
 Effective Date: 07/01/2021  
 Expiration Date: 07/01/2022

Carrier: AIU Insurance Company  
 Policy #: WC 16393260 (NY)  
 Limits:  
 -Each Accident: \$1,000,000  
 -Disease-Policy: \$1,000,000  
 -Disease-Each: \$1,000,000  
 Effective Date: 07/01/2021  
 Expiration Date: 07/01/2022

## RRD REFERENCES

Inquiries for any of the following references should be directed to the corresponding RR Donnelley Sales Representative. They will coordinate any activity necessary to put ODH in touch with the proper company representative.

1. State of New Jersey – Vital Records  
Contact: Kevin Naughton  
Telephone #: 732-740-9789  
# of Years: 18 years

Producing Vital Record documents with the following features; Custom Cylinder Mould Watermark paper with embedded security thread, 5 Family Chemical Sensitivity, Toner Retention Treatment, and Fluorescent Fibers. Ink features include: High Resolution Security Border, Void Pantograph, Microprinting, Warning Bands, and Red Fluorescent Ink Consecutive Numbering.

2. State of Ohio – Vital Records  
Contact: Jeff Lauer  
Telephone #: 614-477-6808  
# of Years: 20 years

Producing Vital Record documents with the following features; Thermochromic ink, Alpha Lines, Pantograph, High Resolution Security Border, Toner Adhesion, 5 Family Chemical Sensitivity, Fluorescent Fibers, and Custom Fourdrinier Process Watermark Paper.

3. Commonwealth of Pennsylvania – Vital Records  
Contact: Archie McDade  
Telephone #: 484-841-1013  
# of Years: 44 years

Producing Birth Certificates for the past 40+ years, and Death Certificates for the past 20+ years. These documents include similar security features along with an embossed logo.

**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.

AKDL  
\_\_\_\_\_  
(Name, Title)  
JEFF LAUER, ACCOUNT MANAGER, REDONNELLY  
\_\_\_\_\_  
(Printed Name and Title)  
3801 GANTZ ROAD, GROVE CITY, OH 43123  
\_\_\_\_\_  
(Address)  
614-477-6908  
\_\_\_\_\_  
(Phone Number) / (Fax Number)  
JEFF.LAUER@REDONNELLY.COM  
\_\_\_\_\_  
(E-mail 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.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law.

REDONNELLY  
\_\_\_\_\_  
(Company)

AKDL  
\_\_\_\_\_  
(Authorized Signature) (Representative Name, Title)

JEFF LAUER, ACCOUNT MANAGER  
\_\_\_\_\_  
(Printed Name and Title of Authorized Representative)

10-7-21  
\_\_\_\_\_  
(Date)

614-477-6908  
\_\_\_\_\_  
(Phone Number) (Fax Number)

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 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: RR DONNELLEY

Authorized Signature: [Signature] Date: 9-29-21

State of Ohio

County of Delaware, to-wit:

Taken, subscribed, and sworn to before me this 29 day of September, 2021.

My Commission expires July 15, 2024.



TRACIE LYNN WHITT  
Notary Public, State of Ohio  
My Commission Expires  
July 15, 2024

NOTARY PUBLIC [Signature]