



# West Virginia Purchasing Division

2019 Washington Street, East  
Charleston, WV 25305  
Telephone: 304-558-2306  
General Fax: 304-558-6026  
Bid Fax: 304-558-3970

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](http://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](http://WVPurchasing.gov) with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header 1

List View

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

Procurement Folder: 1933001

Procurement Type: Central Purchase Order

Vendor ID: 000000163163

Legal Name: MERRITT & SONS LLC

Alias/DBA:

Total Bid: \$260,000.00

Response Date: 04/14/2026

Response Time: 10:12

Responded By User ID: Bmerritt

First Name: Brad

Last Name: Merritt

Email: jcantley@kitchensbywoody:

Phone: 7407446010

SO Doc Code: CRFQ

SO Dept: 1400

SO Doc ID: AGR2600000039

Published Date: 3/27/26

Close Date: 4/14/26

Close Time: 13:30

Status: Closed

Solicitation Description: Laboratory Casework and Work Surfaces

Total of Header Attachments: 1

Total of All Attachments: 1



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

**State of West Virginia  
 Solicitation Response**

**Proc Folder:** 1933001  
**Solicitation Description:** Laboratory Casework and Work Surfaces  
**Proc Type:** Central Purchase Order

Solicitation Closes	Solicitation Response	Version
2026-04-14 13:30	SR 1400 ESR04142600000007082	1

**VENDOR**  
 000000163163  
 MERRITT & SONS LLC

**Solicitation Number:** CRFQ 1400 AGR2600000039

**Total Bid:** 260000

**Response Date:** 2026-04-14

**Response Time:** 10:12:42

**Comments:**

**FOR INFORMATION CONTACT THE BUYER**

Larry D McDonnell  
 304-558-2063  
 larry.d.mcdonnell@wv.gov

Vendor Signature X	FEIN#	DATE
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All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Laboratory Casework and Work Surfaces				260000.00

Comm Code	Manufacturer	Specification	Model #
56122001			

**Commodity Line Comments:** Merritt and Sons LLC dba Kitchens by Woodys  
Bid Amount \$260,000.00

**Extended Description:**

Please see the attached documentation for further details.

REQUEST FOR QUOTATION  
Laboratory Casework and Work Surfaces  
CRFQ AGR26\*39

EXHIBIT A - Pricing Page

BID FORM

The undersigned, hereafter called the Bidder, 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.

BIDDERS COMPANY NAME: Merritt & Sons LLC dBA Kitchens by Woody's

VENDOR ADDRESS: 216 Davis Creek RD.  
Barboursville WV 25504

TELEPHONE: 304-736-2007

FAX NUMBER: 304-736-2183

E-MAIL ADDRESS: Jcantley@KitchensbyWoody's.com

WV CONTRACTOR'S LICENSE NO: WV 043913

CONTRACT OVERALL TOTAL COST:

Two Hundred & Sixty Thousand

(\$ 260,000.<sup>00</sup>) \*\*\* (Contract bid to be written in words and numbers.) Failure to use this bid form may result in bid disqualification.

SIGNATURE:  DATE: 4-14-26

NAME: Jack Cantley  
(Please Print)

TITLE: Sales Manager

**BID BOND**

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Merritt & Sons, LLC  
of Barboursville, WV, as Principal, and Erie Insurance  
of Erie, PA, a corporation organized and existing under the laws of the State of \_\_\_\_\_  
with its principal office in the City of Erie, as Surety, are held and firmly bound unto the State  
of West Virginia, as Obligee, in the penal sum of 5% of bid amount (\$ 5% of bid amount ) 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  
Purchase and installation of laboratory casework and work surfaces, for the WV Agriculture Department in Charleston, WV

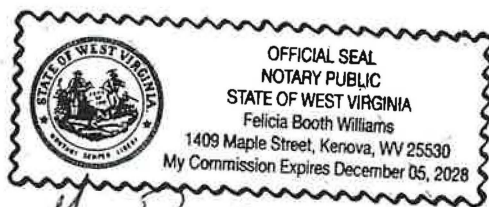
NOW THEREFORE,

- (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 14th day of April, 2026.

Principal Seal



Surety Seal

Merritt & Sons, LLC  
(Name of Principal)

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

(Title)

Erie Insurance Property & Casualty Company  
(Name of Surety)

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.**



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

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

----- Donna L. Bunn and Vance E. Bunn -----

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, -----  
----- each in a penalty not to exceed the sum of five hundred thousand dollars (\$500,000.00). -----

And to bind 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 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 Attorney is granted under and by authority of the following Resolutions adopted by the Board of Directors of ERIE INSURANCE PROPERTY & CASUALTY COMPANY on the 2nd day of September, 2016, and said Resolutions have not been amended or repealed:

“RESOLVED, that the Chief Executive Officer, 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) Remove any such Attorney-in-Fact at any time and revoke the power and authority given to him or her.

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, contracts of indemnity and other writings obligatory in the nature thereof.”

This Limited Power of Attorney is signed and sealed by facsimiles under and by virtue of the following Resolution adopted by the Board of Directors of ERIE INSURANCE PROPERTY & CASUALTY COMPANY on the 2nd day of September, 2016, and said Resolution has not been amended or repealed:

“RESOLVED, that the signature of Timothy G. NeCastro, as 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 Brian W. Bolash, as Secretary of the Company, the Seal of the Company, the signature of Sheila M. Hirsch, as Notary Public, and her notarial seal, may also be affixed by the following facsimiles to any certificate or acknowledgment 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, ERIE INSURANCE PROPERTY & CASUALTY COMPANY has caused these presents to be signed by its Chief Executive Officer, and its corporate seal to be hereto affixed this 18th day of October, 2016.



*Timothy G. NeCastro*  
\_\_\_\_\_  
Timothy G. NeCastro  
Chief Executive Officer

COMMONWEALTH OF PENNSYLVANIA } ss.  
COUNTY OF ERIE

On this 18th day of October, 2016, before me personally came Timothy G. NeCastro, to me known, who being by me duly sworn, did depose and say: that he is Chief Executive Officer of ERIE INSURANCE PROPERTY & CASUALTY COMPANY, the corporation described in and which executed the above instrument; that he knows the Seal of said corporation; that the 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.



*Sheila M. Hirsch*  
\_\_\_\_\_  
My commission expires June 27, 2020  
Notary Public

CERTIFICATE

I, Brian W. Bolash, Secretary of ERIE INSURANCE PROPERTY & CASUALTY COMPANY, do hereby certify that the original LIMITED 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.



*Brian W. Bolash*  
\_\_\_\_\_  
Brian W. Bolash, Secretary

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,

this 14th day of April 20 20

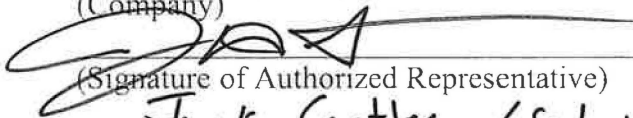
**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Printed Name and Title) Jack Cantley / Sales Manager  
(Address) 216 Davis Creek RD Barboursville WV 25504  
(Phone Number) / (Fax Number) 304-736-2007 / 304-736-2183  
(email address) Jcantley@KitchensbyWoodys.com

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract 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/Contract 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 this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; 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; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

Merritt + Sons LLC dba Kitchens by Woodys  
(Company)

  
(Signature of Authorized Representative)

Jack Cantley / Sales Manager  
(Printed Name and Title of Authorized Representative) (Date)

304-736-2007 / 304-736-2183  
(Phone Number) (Fax Number)

Jcantley@KitchensbyWoodys.com  
(Email Address)

Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: Merritt & Sons LLC DBA Kitchens by Woods

N/A

Check this box if no subcontractors will perform more than \$25,000.00 of work to complete the project.

Subcontractor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.
No subcontractors	
will be used	
All W-2 Employees of	
Merritt & Sons LLC	

Attach additional pages if necessary

REQUEST FOR QUOTATION  
**Laboratory Casework and Work Surfaces**  
**CRFQ AGR26\*39**

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work complies with requirements of Contract prior to final acceptance. Final acceptance does not waive or release Vendor from its obligation to ensure that work complies with the Contract requirements. Vendor shall submit any warranty documents to the Agency project manager at final inspection.

**11. FACILITIES ACCESS:** Performance of Contract Services may require access cards and/or keys to gain entrance to Agency's facilities. In the event that access cards and/or keys are required:

- 11.1. Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.
- 11.2. Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.
- 11.3. Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.
- 11.4. Anyone performing under this Contract will be subject to Agency's security protocol and procedures.
- 11.5. Vendor shall inform all staff of Agency's security protocol and procedures.

**12. MISCELLANEOUS:**

**12.1. Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager:	Jack Cantley / Sales Manager
Telephone Number:	304-736-2007
Fax Number:	304-736-2183
Email Address:	J.Cantley@K.FehensbyWoody's.com



Project Cost: \$110,000  
Status: Complete/Satisfactory  
Date:09/2025

5. Address: 1540 Spring Valley Drive                      Person to Contact: Tyler Blankenship  
Phone number: 304-654-5937  
City: Huntington WV 25701  
Project Name: The Fisher House  
Description: Veterans Hospital Housing Project  
Project Cost: \$150,000  
Status: Complete/Satisfactory  
Date:01/2023

6. Address: 1 John Marshall Drive                      Person to Contact: Mel Miller  
Phone number: 740-575-5977  
City: Huntington WV 25701  
Project Name: Marshall Pharmacy School  
Project Cost: \$800,000  
Status: Complete/Satisfactory  
Date: 05/2020

7. Address: Various Commercial Jobs                      Person to Contact: Jeremy Adams  
Phone number: 304-417-0618  
City: Huntington WV 25701  
Project Name: Med Spa/The Retreat Aesthetics  
Project Name: Sammons Adams Orthodontics  
Project Cost: 1,000,000 Plus  
Date: 01/2024

# CONTRACTOR LICENSE

AUTHORIZED BY THE  
West Virginia Contractor  
Licensing Board



NUMBER: WV043913

## CLASSIFICATION:

RESIDENTIAL  
SPECIALTY  
FINISHED CARPENTRY  
TILE INSTALLATION

MERRITT & SONS LLC  
DBA WOODYS KITCHENS  
216 DAVIS CREEK ROAD  
BARBOURSVILLE, WV 25504

DATE ISSUED

EXPIRATION DATE

APRIL 5, 2026

APRIL 5, 2027

Authorized Signature

Chair, West Virginia Contractor  
Licensing Board



A copy of this license must be readily available for inspection by the Board on every job site where contracting 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 is non-transferable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.

## Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
 requester. Do not  
 send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Merritt &amp; Sons LLC dba Kitchens By Woodys</b>		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>P</b> Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions)		<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>		(Applies to accounts maintained outside the United States.)
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions. <b>216 Davis Creek Road</b>	Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code <b>Barboursville, WV 25504</b>		
	<b>7</b>	List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
2	6	-	1	6	7	2	0	4	7

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person		Date	3/4/2026
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



100 Erie Ins Pl • Erie, PA 16530

# CERTIFICATE OF INSURANCE

-THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY-  
CERTIFICATE HOLDER COPY

<b>NAME AND NUMBER OF AGENCY</b> UNITED SECURITY AGENCY 103 8TH AVE HUNTINGTON, WV 25701-2622		EE1375 304-525-6600	<b>DATE ISSUED</b> 12/15/2025
<b>NAME AND ADDRESS OF NAMED INSURED</b>  KITCHENS BY WOODYS MERRITT & SONS LLC D/B/A * 216 DAVIS CREEK RD BARBOURSVILLE WV 25504-7842		<b>NAME AND ADDRESS OF CERTIFICATE HOLDER</b>  MERRITT LAND COMPANY 5841 DAVIS CREEK RD BARBOURSVILLE WV 25504-	

This is to certify that policies, as indicated by Policy Number below, are in force for the Named Insured at the time that the certificate is being issued.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS OF INSURANCE	
<b>GENERAL LIABILITY</b> COMMERCIAL GENERAL LIABILITY OCCURRENCE FORM GEN'L AGGREGATE LIMIT APPLIES PER: PROJECT  <b>ADDITIONAL INSURED</b>	Q610071967	01/19/2026	01/19/2027	EACH OCCURRENCE	\$1000000
				FIRE DAMAGE (Any one premises)	\$1000000
				MED EXP (Any one person)	\$5000
				PERSONAL & ADV INJURY	\$1000000
				GENERAL AGGREGATE	\$2000000
				PRODUCTS-COMP/OP AGG	\$2000000
<b>AUTOMOBILE LIABILITY</b> ANY AUTO (OWNED, HIRED, NON-OWNED)	Q016940017	01/19/2026	01/19/2027	BODILY INJURY (EACH PERSON) BODILY INJURY (EACH ACCIDENT)	\$
				PROPERTY DAMAGE	\$
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$1000000
<b>EXCESS LIABILITY</b> OCCURRENCE FORM	Q256970030	01/19/2026	01/19/2027	EACH OCCURRENCE	1000000
				AGGREGATE	1000000
<b>WORKERS COMPENSATION            AND            EMPLOYERS LIABILITY</b>	Q856900180	01/19/2026	01/19/2027	STATUTORY	
				BODILY INJURY BY ACCIDENT DISEASE DISEASE	\$1000000 \$1000000 \$1000000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

**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.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

THIS CERTIFICATE IS ISSUED FOR INFORMATION PURPOSES ONLY AND CONFERS NO RIGHTS ON THE CERTIFICATE HOLDER. IT DOES NOT AFFIRMATIVELY OR NEGATIVELY LIST, AMEND, EXTEND, OR OTHERWISE ALTER THE TERMS, EXCLUSIONS AND CONDITIONS OF INSURANCE COVERAGE CONTAINED IN THE POLICY(IES) INDICATED ABOVE. THE TERMS AND CONDITIONS OF THE POLICY(IES) GOVERN THE INSURANCE COVERAGE AS APPLIED TO ANY GIVEN SITUATION. LIMITS SHOWN MAY HAVE BEEN REDUCED BY CLAIMS PAID. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND CERTIFICATE HOLDER.

ERIE INSURANCE

SEE REVERSE SIDE

*Marc Cipriani*

AUTHORIZED REPRESENTATIVE



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

I, Jack D. Canthley, after being first duly sworn, depose and state as follows:

1. I am an employee of Merritt + Sons LLC DBA Kitchens by Woody's, and,  
(Company Name)
2. I do hereby attest that Merritt + Sons LLC DBA Kitchens by Woody's  
(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: Jack D. Canthley

Signature: [Handwritten Signature]

Title: Sales Manager

Company Name: Merritt + Sons LLC DBA Kitchens by Woody's

Date: 4-14-2026

STATE OF WEST VIRGINIA,

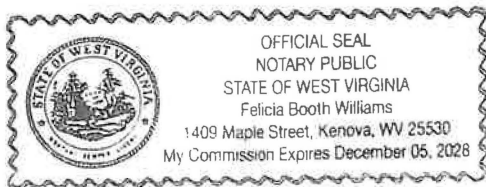
COUNTY OF Cabell County, TO-WIT:

Taken, subscribed and sworn to before me this 14<sup>th</sup> day of April 2026

By Commission expires 12/5/2028

(Seal)

[Handwritten Signature]  
(Notary Public)



**WEST VIRGINIA  
STATE TAX DEPARTMENT  
BUSINESS REGISTRATION  
CERTIFICATE**

ISSUED TO:  
**MERRITT & SONS LLC  
DBA WOODY'S KITCHEN  
5841 DAVIS CREEK RD  
BARBOURSVILLE, WV 25504-1087**

**BUSINESS REGISTRATION ACCOUNT NUMBER: 2187-6203**

This certificate is issued on: **07/14/2011**

*This certificate is issued by  
the West Virginia State Tax Commissioner  
in accordance with Chapter 11, Article 12, of the West Virginia Code*

*The person or organization identified on this certificate is registered  
to conduct business in the State of West Virginia at the location above.*

**This certificate is not transferrable and must be displayed at the location for which issued.**

This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them.  
CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of this certificate displayed at every job site within West Virginia.

**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.

(Printed Name and Title) Jack D. Cantley / Sales Manager  
(Address) 5841 Davis Creek RD. Barboursville WV 25504  
(Phone Number) / (Fax Number) 304-736-2007 / 304-736-2183  
(email address) J.Cantley@KitchensbyWoodys.com

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through WYOASIS, I certify that: I have reviewed this Solicitation/Contract 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/Contract 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 this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; 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; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

Merritt + Sons LLC DBA Kitchens by Woodys  
(Company)  
[Signature] (Jack D. Cantley)  
(Signature of Authorized Representative)  
Jack D. Cantley / Sales Manager  
(Printed Name and Title of Authorized Representative) (Date)  
304-736-2007 / 304-736-2183  
(Phone Number) (Fax Number)  
J.Cantley@KitchensbyWoodys.com  
(Email Address)