



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

**Solicitation**

NUMBER  
**GSD136427**

PAGE  
**1**

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
**KRISTA FERRELL  
 304-558-2596**

RFQ COPY  
 TYPE NAME/ADDRESS HERE

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4300 FIRST AVENUE, 2ND FLOOR  
 POST OFFICE BOX 879  
 NITRO, WV 25143-1001

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DEPARTMENT OF ADMINISTRATION  
 GENERAL SERVICES DIVISION  
 BUILDING 11 CHILLER PLANT  
 218 CALIFORNIA AVENUE  
 CHARLESTON, WV  
 25305 304-558-2317

DATE PRINTED  
**01/23/2013**

BID OPENING DATE: **02/21/2013** BID OPENING TIME **01:30PM**

| LINE  | QUANTITY | UOP | CAT. NO. | ITEM NUMBER | UNIT PRICE | AMOUNT  |
|---|----------|-----|----------|-------------|------------|---|
| 0001  | 1        | LS  |          | 031-13      |            |   |
| ANNUAL CLEANING AND MAINTENANCE OF TOWERS IN BLD 11   |          |     |          |             |            |   |
| REQUEST FOR QUOTATION (RFQ)   |          |     |          |             |            |   |
| THE WEST VIRGINIA STATE PURCHASING DIVISION FOR THE AGENCY, THE WEST VIRGINIA DIVISION OF GENERAL SERVICES, IS SOLICITING BIDS TO PROVIDE THE AGENCY WITH ALL LABOR, MATERIALS, EQUIPMENT, AND SUPPLIES TO PERFORM ANNUAL CLEANING AND MAINTENANCE ON THE CHILLERS AND TOWERS LOCATED IN BUILDING 11 ON THE WEST VIRGINIA STATE CAPITOL COMPLEX IN CHARLESTON, WEST VIRGINIA PER THE ATTACHED SPECIFICATIONS. |          |     |          |             |            |   |
| ***** THIS IS THE END OF RFQ GSD136427 ***** TOTAL:   |          |     |          |             |            | \$26,250.00   |
|   |          |     |          |             |            | 02/21/13 01:13:00 PM<br>West Virginia Purchasing Division |

SIGNATURE TELEPHONE 304-204-1500 DATE 2/21/2013  
 TITLE HVAC MANAGER FEIN 208844160 ADDRESS CHANGES TO BE NOTED ABOVE

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

State of West Virginia  
Department of Administration

General Services Division  
GSD136427 Bldg 11 HVAC  
Maintenance Service

**GSD136427 Attachment C: Bid Form**

**Bidder's Company Name:** NITRO ELECTRIC COMPANY INC,

**Bidder's Address:** 4300 1st. AVENUE

NITRO, WV 25143

**Remittance Address:** PO BOX 879  
**(if different)**

NITRO, WV 25143

**Phone Number:** 304-204-1500

**Fax Number:** 304-204-1350

**Email Address:** jpriddy@nitro-mechanical.com

**WV Contractor's License Number:** WV042601

We, the undersigned, having examined the site and being familiar with the local conditions affecting the cost of the work and also being familiar with the general conditions to bidders, drawings, and specifications, hereby propose to furnish all materials, equipment, and labor to complete all work in a workmanlike manner, as described in the Bidding Documents.

**TOTAL CONTRACT BID** (Total to be written in words and numbers)

TWENTY SIX THOUSAND TWO HUNDRED FIFTY AND NO/CENTS

(\$ 26,250.00 )

State of West Virginia  
Department of Administration

General Services Division  
GSD136427 Bldg 11 HVAC  
Maintenance Service

### References

Reference Name: Bill Porter  
Position: Maintenance Coordinator  
Address: PO Box 1005, Institute WV 25112  
Telephone Number: 304-747-1649  
Project Name: Dow Maintenance  
Project Description: Chiller Controls

Reference Name: Gib Swisher  
Position: Gate Keeper  
Address: PO Box 1005, Institute, WV 25112  
Telephone Number: 304-741-7544  
Project Name: Bayer CropScience  
Project Description: Chiller Controls


Reference Name: Randy Adams  
Position: Facility Team Leader  
Address: 1 Sugar Maple Lane, Buffalo, WV 25033  
Telephone Number: 304-937-7000  
Project Name: TMMWV  
Project Description: Chiller Controls

CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

NITRO ELECTRIC COMPANY INC.

(Company)

  
\_\_\_\_\_  
(Authorized Signature)

HVAC MANAGER

(Representative Name, Title)

304-204-1522                      304-204-1350

(Phone Number)

(Fax Number)

2/21/2013

(Date)

**ADDENDUM ACKNOWLEDGEMENT FORM**

**SOLICITATION NO.:** GSD136427

**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 type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input 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.

NITRO ELECTRIC COMPANY INC.

Company



Authorized Signature

2/21/2013

Date

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

RFQ No. GSD136427

STATE OF WEST VIRGINIA  
Purchasing Division

**PURCHASING AFFIDAVIT**

**MANDATE:** 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 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: NITRO ELECTRIC COMPANY INC.

Authorized Signature: [Signature] Date: 2/21/2013

State of WEST VIRGINIA

County of PUTNAM, to-wit:

Taken, subscribed, and sworn to before me this 21 day of FEBRUARY, 2013.

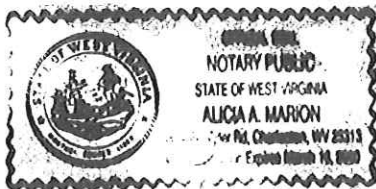
My Commission expires MARCH 16, 2020.

AFFIX SEAL HERE

NOTARY PUBLIC

[Signature: Alicia A. Marion]

Purchasing Affidavit (Revised 07/01/2012)





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

STATE OF WEST VIRGINIA

COUNTY OF PUTNAM, TO-WIT:

I, CINDI LESTER, after being first duly sworn, depose and state as follows:

- 1. I am an employee of NITRO ELECTRIC COMPANY INC.; and,  
(Company Name)
- 2. I do hereby attest that NITRO ELECTRIC COMPANY 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.

NITRO ELECTRIC COMPANY INC.  
(Company Name)

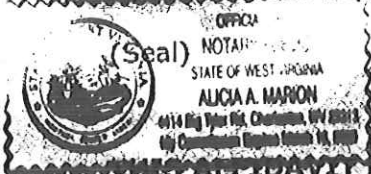
By: *Cindi Lester*

Title: SAFETY DIRECTOR

Date: 2/21/2013

Taken, subscribed and sworn to before me this 21 day of FEBRUARY.

By Commission expires MARCH 16, 2020



*Alicia A. Marion*  
(Notary Public)

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

Cashier's Check

Agency \_\_\_\_\_  
REQ.P.O# \_\_\_\_\_

**BID BOND**

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, \_\_\_\_\_  
of \_\_\_\_\_, \_\_\_\_\_, as Principal, and \_\_\_\_\_  
of \_\_\_\_\_, \_\_\_\_\_, a corporation organized and existing under the laws of the State of \_\_\_\_\_  
with its principal office in the City of \_\_\_\_\_, as Surety, are held and firmly bound unto the State  
of West Virginia, as Oblgee, in the penal sum of \_\_\_\_\_ (\$ \_\_\_\_\_) 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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 Oblgee may accept such bid, and said Surety does hereby waive notice of any such extension.

IN WITNESS WHEREOF, Principal and Surety have hereunto set their hands and seals, and such of them as are corporations have caused their corporate seals to be affixed hereunto and these presents to be signed by their proper officers, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Principal Corporate Seal

\_\_\_\_\_  
(Name of Principal)

By \_\_\_\_\_  
(Must be President or Vice President)

\_\_\_\_\_  
(Title)

Surety Corporate Seal

\_\_\_\_\_  
(Name of Surety)

\_\_\_\_\_  
Attorney-in-Fact

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



**ADDITIONAL TERMS AND CONDITIONS (Construction Contracts Only)**

1. **CONTRACTOR'S LICENSE:** West Virginia Code § 21-11-2 requires that all persons desiring to perform contracting work in this state be licensed. The West Virginia Contractors Licensing Board is empowered to issue the contractor's license. Applications for a contractor's license may be made by contacting the West Virginia Division of Labor.

West Virginia Code § 21-11-11 requires any prospective Vendor to include the contractor's license number on its bid. Failure to include a contractor's license number on the bid shall result in Vendor's bid being disqualified. Vendors should include a contractor's license number in the space provided below.

Contractor's Name:

Contractor's License No.

The apparent successful Vendor must furnish a copy of its contractor's license prior to the issuance of a purchase order/contract.

2. **DRUG-FREE WORKPLACE:** W. Va. Code § 21-1D-5 provides that any solicitation for a public improvement contract requires each Vendor that submits a bid for the work to submit at the same time an affidavit that the Vendor has a written plan for a drug-free workplace policy. To comply with this law, Vendor must either complete the enclosed drug-free workplace affidavit and submit the same with its bid or complete a similar affidavit that fulfills all of the requirements of the applicable code. Failure to submit the signed and notarized drug-free workplace affidavit, or a similar affidavit that fully complies with the requirements of the applicable code, with the bid shall result in disqualification of Vendor's bid.
3. **AIA DOCUMENTS:** All construction contracts that will be completed in conjunction with architectural services procured under Chapter 5G of the West Virginia Code will be governed by the AIA A101-2007 and A201-2007 or the A107-2007 documents, as amended by the Supplementary Conditions for the State of West Virginia, in addition to the terms and conditions contained herein.
4. **SUBCONTRACTOR LIST SUBMISSION:** In accordance with W. Va. Code § 5-22-1, The apparent low bidder on a contract for the construction, alteration, decoration, painting or improvement of a new or existing building or structure valued at more than \$500,000.00 shall submit a list of all subcontractors who will perform more than \$25,000.00 of work on the project including labor and materials. This provision shall not apply to any other construction projects, such as highway, mine reclamation, water or sewer projects.

c. **Required Information.** The subcontractor list shall contain the following information:



ENERSER-02

SHETTYR4

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/2/2013

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 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><br>Willis of Pennsylvania, Inc.<br>c/o 26 Century Blvd.<br>P.O. Box 305191<br>Nashville, TN 37230-5191 | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): <b>(877) 945-7378</b> |  | <b>FAX (A/C, No): (888) 467-2378</b> |
|  | <b>E-MAIL ADDRESS:</b><br><br>                                      |  |                                      |
|  |   | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A: Arch Insurance Company</b> | <b>NAIC #</b><br><b>11150</b>        |
| <b>INSURED</b><br><br><b>Nitro Electric Company, Inc.</b><br><b>100 Industrial Lane</b><br><b>Huntington, WV 25702</b> | <b>INSURER B:</b>   |  |                                      |
|  | <b>INSURER C:</b>   |  |                                      |
|  | <b>INSURER D:</b>   |  |                                      |
|  | <b>INSURER E:</b>   |  |                                      |
|  | <b>INSURER F:</b>   |  |                                      |
|  |   |  |                                      |

### COVERAGES CERTIFICATE NUMBER: 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| A        | <b>GENERAL LIABILITY</b>   |           |          | ZAGLB9161200  | 1/1/2013                | 1/1/2014                | EACH OCCURRENCE \$ 1,000,000   |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000                                 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                       |           |          |               |                         |                         | MED EXP (Any one person) \$ 5,000  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000   |
|          | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000   |
|          |  |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000  |
|          |  |           |          |               |                         |                         | \$   |
| A        | <b>AUTOMOBILE LIABILITY</b>  |           |          | ZACAT9143000  | 1/1/2013                | 1/1/2014                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                                       |
|          | <input checked="" type="checkbox"/> ANY AUTO   |           |          |               |                         |                         | BODILY INJURY (Per person) \$  |
|          | <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS                                    |           |          |               |                         |                         | BODILY INJURY (Per accident) \$  |
|          | <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS                             |           |          |               |                         |                         | PROPERTY DAMAGE (PER ACCIDENT) \$  |
|          |  |           |          |               |                         |                         | \$   |
|          | <b>UMBRELLA LIAB</b>   |           |          |               |                         |                         | EACH OCCURRENCE \$   |
|          | <b>EXCESS LIAB</b>   |           |          |               |                         |                         | AGGREGATE \$   |
|          | DED  |           |          |               |                         |                         | \$   |
|          | RETENTION \$   |           |          |               |                         |                         | \$   |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |           |          | ZAWCI9281800  | 1/1/2013                | 1/1/2014                | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | Y/N       | N/A      |               |                         |                         | E.L. EACH ACCIDENT \$ 1,000,000  |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  |
|          |  |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 1,000,000   |

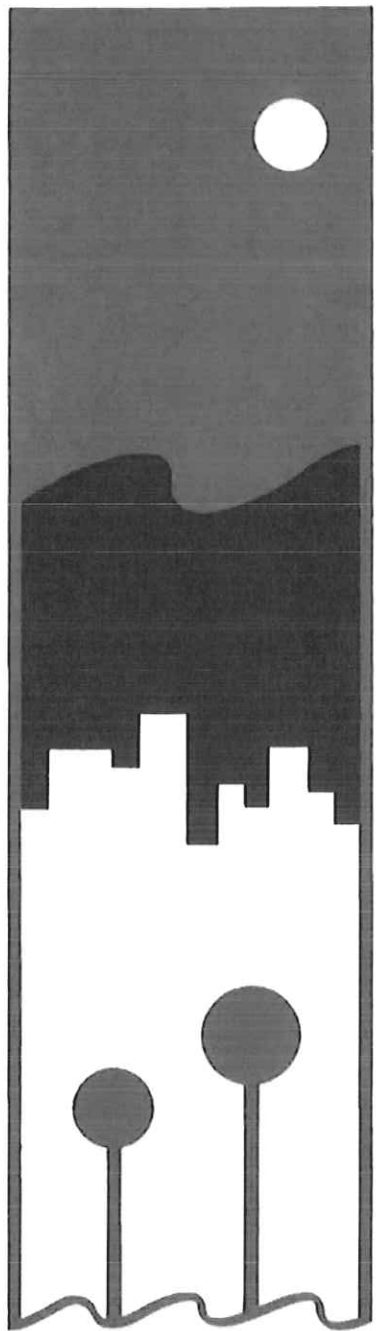
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

West Virginia Police is included as an Additional Insured as respects to General Liability and Auto Liability where required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| State of West Virginia<br>Purchasing Division<br>Building 15<br>2019 Washington Street East<br>Charleston, WV 25305 | 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<br>   |

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**WEST VIRGINIA  
CONTRACTOR  
LICENSING  
BOARD**

# CONTRACTOR LICENSE

Authorized by the  
**West Virginia Contractor Licensing Board**

**Number:** WV042601

**Classification:**

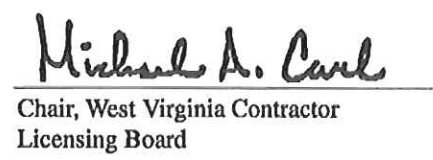
ELECTRICAL  
HEATING, VENTILATING & COOLING  
PIPING

NITRO ELECTRIC COMPANY INC  
DBA NITRO MECHANICAL SERVICES  
4300 1ST AVE #2  
NITRO, WV 25143-1001

**Date Issued**  
JUNE 13, 2012

**Expiration Date**  
JUNE 13, 2013

  
Authorized Company Signature

  
Chair, 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.



THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK PRINTED ON THE BACK. THE FRONT OF THE DOCUMENT HAS A MICRO-PRINT SIGNATURE LINE. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

Energy Service of America Cor

REMITTER 2100-35

BANK ASSOCIATE Huntington

BRANCH NAME (304) 781-2362



@ your service

909288 69-39 519

February 20, 2013

BRANCH TELEPHONE #

PARKERSBURG, WV 26101

Member FDIC

DATE

PAY TO THE ORDER OF \*State of W.V. Dept. of Purchasing Div.\* \$ \*\*\*\*\*1,341.25

Purchaser Notification: In the event this check is lost, stolen, or destroyed, a notarized affidavit and 90-day waiting period will be required prior to replacement or refund.

ONE THOUSAND THREE HUNDRED FORTY ONE DOLLARS AND TWENTY FIVE CENTS

VOID OVER \*\*\*\*\*1,341.25

OFFICIAL BANK CHECK

AUTHORIZED SIGNATURE



ORIGINAL DOCUMENT

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE RESERVED FOR FINANCIAL INSTITUTION USE.

ENDORSE HERE