

2-23-18

Bid # 50-001 22108

Bid for: Labor: materials needed to  
pressure wash a Water Tank  
for The Jefferson Parish EB  
Water plant

Bidder: Cuzan Services, LLC  
PO Box 481  
Belle Chasse La 70037  
(504) 723-9791  
LIC # 45475



**BID/RFP RECEIPT**

Receipt of Bid/RFP Proposal No. 50-122108

From: Cuzan Services

Company's Name

Person Received Bid: DA

Number of Envelopes/Boxes Received: 1

Jefferson Parish Purchasing Department  
200 Derbigny Street  
Suite 4400 – General Government Building  
Gretna, LA 70053

RECEIVED  
2010 FEB 23 AM 9:50  
JEFFERSON PARISH  
PURCHASING

DATE: 2/02/2018

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00122108

## JEFFERSON PARISH

PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETNA, LA. 70054-0009  
504-364-2678

VENDOR:

BUYER: SFOLSE

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

## DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

3.1.18

7 days

60 days

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: 0

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 45475

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>Cuzan Services, LLC</u>	
SIGNATURE: (Must be signed here)	TITLE: <u>Manager</u>
PRINT OR TYPE NAME: <u>John Hynes</u>	
ADDRESS: <u>P.O. Box 481</u>	
CITY, STATE: <u>Belle Chasse LA</u>	ZIP: <u>70037</u>
TELEPHONE: <u>504 723-9791</u>	FAX: <u>866 819-7053</u>
EMAIL ADDRESS: <u>Cuzanservices@gmail.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 75,000.00

CUZAN

DATE: 2/02/2018

Page: 5

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00122108

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	ONLY	<p>LABOR &amp; MATERIALS NEEDED TO PRESSURE WASH A WATER TANK FOR THE JEFFERSON PARISH EB WATER PLANT</p> <p>0010 LABOR &amp; MATERIALS NECESSARY TO PRESSURE WASH A 500,000 GALLON ELEVATED TANK.</p> <p>LOCATION:</p> <p>JEFFERSON PARISH EB WATER PLANT 3600 JEFFERSON HWY., BLDG. D JEFFERSON, LA 70123</p> <p>TO SET UP A SITE VISIT. PLEASE CONTACT MERVIN GRAVES @ 504-838-4398 MONDAY THRU FRIDAY.</p>	75,000.00	75,000.00

CUZAN





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/10/2017

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> Eagan Insurance Agency, LLC Attn: Wayne, Sherry or Angel D P. O. Box 8590 Metairie LA 70002		<b>CONTACT NAME:</b> Sherry Kellahan Laplace Office <b>PHONE (A/C, No, Ext):</b> (504)836-9600 <b>FAX (A/C, No):</b> (504)836-9621 <b>E-MAIL ADDRESS:</b> kellahans@eaganins.com	
<b>INSURED</b> Cuzan Services, LLC P.O. Box 481 Belle Chasse LA 70037		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Admiral Insurance Company <b>INSURER B:</b> LA Work Comp Corp <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 22350	

**COVERAGES** **CERTIFICATE NUMBER:** 17-18 gl wc **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CA00001336910	08/25/2017	08/25/2018	EACH OCCURRENCE	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$ 1,000,000	
	<input checked="" type="checkbox"/> Blanket AI WOS by contract						DAMAGE TO RENTED PREMISES (Ea occurrence)	
	<input checked="" type="checkbox"/> Blanket 30DNOC by contract						\$ 50,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$ 5,000	
	<input checked="" type="checkbox"/> OTHER: Project agg \$5Mil by contr						PERSONAL & ADV INJURY	
							\$ 1,000,000	
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE	
	<input type="checkbox"/> ANY AUTO						\$ 2,000,000	
	<input type="checkbox"/> OWNED AUTOS ONLY						PRODUCTS - COMP/OP AGG	
	<input type="checkbox"/> HIRED AUTOS ONLY						\$ 2,000,000	
	<input type="checkbox"/> SCHEDULED AUTOS							
	<input type="checkbox"/> NON-OWNED AUTOS ONLY							
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)	
	EXCESS LIAB						\$	
	<input type="checkbox"/> OCCUR						BODILY INJURY (Per person)	
	<input type="checkbox"/> CLAIMS-MADE						\$	
	DED						BODILY INJURY (Per accident)	
	RETENTION \$						\$	
							PROPERTY DAMAGE (Per accident)	
							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			158751	10/26/2017	10/26/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A				\$ 1,000,000	
							E.L. DISEASE - EA EMPLOYEE	
							\$ 1,000,000	
						E.L. DISEASE - POLICY LIMIT		
						\$ 1,000,000		

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

Blanket Additional Insured, Waiver of Subrogation, Primary and Noncontributory, 30 Day Notice of Cancellation when required by written contract with regards General Liability Policy.

## CERTIFICATE HOLDER

## CANCELLATION

Proof of Coverage

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

*Angel Arment*

**Binder for State Farm Automobile Insurance**

**Applicant**

CUZAN SERVICES  
PO BOX 244  
GRAND BAY, AL 36541-0244

**Agent**

LISA TURRENTINE INS AGCY  
P O BOX 645  
GRAND BAY, AL 36541-0645  
(251) 865-4517

**Vehicle**

Year: 2006  
Make: DODGE  
Model: RAM 3500  
Bodystyle: QUAD CAB 4WD TB  
VIN: 3D7MX48C86G123543  
Customized: No

The premium shown below must be in compliance with the Company's rules and rates and is subject to revision.

**Coverage Applied for:**

BODILY INJURY AND PROPERTY DAMAGE LIABILITY	Limits 1M/1M/1M
MEDICAL PAYMENTS COVERAGE	\$5000
COMPREHENSIVE \$1000 DEDUCTIBLE	
COLLISION \$1000 DEDUCTIBLE	
EMERGENCY ROAD SERVICE	
CAR RENTAL/TRAVEL EXPENSES	80%/DAY, \$1000 MAX
UNINSURED MOTOR VEHICLE	250/500 *

\* Denotes thousands

**Binder Effective Date:** November 22, 2017

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois, hereby binds coverage for the insurance applied for as of the requested effective date for a period of 60 days from such date, subject to all the terms and conditions of the applicable policy and endorsements in current use by such Company. Coverage under this binder will terminate (1) when the Declarations Page of a policy is issued to you or (2) when canceled in accordance with law.

By submission of this application, you agree that: (1) you have read this application, (2) your statements on this application are correct, (3) statements made on any other applications on this date for automobile insurance with this company are correct and are made part of this application, (4) you are the sole owner of the described vehicle except as otherwise stated, and (5) the limits and coverages were selected by you. **IT IS FURTHER UNDERSTOOD AND AGREED THAT NO INSURANCE IS EFFECTIVE UNDER THIS AGREEMENT (A) UNLESS THE BINDER IS COMPLETED DESIGNATING THE COMPANY ACCEPTING THIS APPLICATION OR (B) UNTIL THE DATE THE POLICY OR BINDER IS ISSUED BY THE COMPANY ACCEPTING THIS APPLICATION.**

Consumer reports, including credit and insurance loss history reports, may be ordered in conjunction with this application to help determine your eligibility for insurance and the price you are charged. In addition, consumer reports may be used to determine the price you are charged at renewal. We may also obtain and use a credit-based insurance score developed from information contained in these reports. We may use a third party in connection with the development of your insurance score. A brochure explaining how State Farm uses consumer reports is available upon your request. For additional information, please contact your State Farm agent.

ECHO App # 01 -2143-D17  
BINDERAL

App date and time: 11/22/2017 10:50 AM

State Farm®  
Providing Insurance and Financial Services

3 Ravinia Drive  
Atlanta, GA 30346-2117

Attached as requested are your replacement insurance identification cards. If the attached cards are not accepted by a law enforcement agency or your Department of Motor Vehicle office, please contact your agent to receive additional assistance.

Thank you for choosing State Farm for your insurance needs.

### IMPORTANT - IDENTIFICATION CARDS STATE FARM

**ALABAMA  
INSURANCE CARD**

INSURED CUZAN SERVICES LLC MUTL VOL

POLICY NUMBER 336 2076-E22-01 EFFECTIVE  
YR 2006 MAKE DODGE NOV 22 2017 TO MAY 22 2018  
MODEL RAM 3500 VIN 3D7MX48C86G123543  
AGENT LISA TURRENTINE INS AGCY INC  
PHONE (251)865-4517 NAIC 25178  
THE COVERAGE PROVIDED BY THE POLICY MEETS THE  
MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW.  
A C D1000 G1000 H R1 U  
COMMERCIAL

SEE REVERSE SIDE FOR ADDITIONAL COVERAGE INFORMATION

**THIS CARD MUST BE KEPT IN THE INSURED MOTOR  
VEHICLE FOR PRODUCTION UPON DEMAND**

**IF YOU HAVE AN ACCIDENT - NOTIFY THE POLICE IMMEDIATELY**

1. Get names, addresses, and phone numbers of persons involved and witnesses. Also get driver license numbers of persons involved and license plate numbers/states of vehicles.
2. Don't admit fault or discuss the accident with anyone but State Farm or police.
3. Promptly notify your agent, log on to statefarm.com®, or visit State Farm Pocket Agent® to file a claim.

For Emergency Road Service call 1-877-627-5757.  
**EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT  
CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.**

How to identify your coverage. See policy for full name and definition

A	Liability	H	Emergency Road Service	U	Uninsured Motor Vehicle
C	Medical Payments	L	Physical Damage	UNOC	Use of Nonowned Cars
D	Comprehensive	R1	Car Rental and Travel Expenses	Z	Loss of Earnings
G	Collision	S	Death, Dismemberment and Loss of Sight		

KEEP A CARD IN YOUR CAR.  
THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.  
**KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.**  
MANY STATES REQUIRE EVIDENCE OF INSURANCE ON DEMAND. ONE OF THESE CARDS SHOULD BE CARRIED IN THE VEHICLE AT ALL TIMES.  
A toll free number is available for Emergency Road Service and is located on your insurance card.

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# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above <b>Cuzan Services, LLC</b>		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>P</b> Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions. <b>P.O. Box 481</b>		Requester's name and address (optional)
	6 City, state, and ZIP code <b>Belle Chasse LA 70037</b>		
	7 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.

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


Social security number								
			-				-	
or								
Employer identification number								
2	0	-	3	8	7	6	5	7 1

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

Sign Here	Signature of U.S. person ► 	Date ► <b>2-23-18</b>
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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).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



Secretary of State



## ARTICLES OF ORGANIZATION

(R.S. 12:1301)

Domestic Limited Liability Company  
Enclose \$75.00 filing fee  
Make remittance payable to  
Secretary of State  
Do not send cash

Return to: Commercial Division  
P. O. Box 94125  
Baton Rouge, LA 70804-9125  
Phone (225) 925-4704  
Web Site: [www.sos.louisiana.gov](http://www.sos.louisiana.gov)

STATE OF Louisiana

Check one: ☒ Business ☐ Nonprofit

PARISH/COUNTY OF East Baton Rouge

1. The name of this limited liability company is: Cuzan Services, L.L.C.

2. This company is formed for the purpose of: (check one)

☒ Engaging in any lawful activity for which limited liability companies may be formed.

☐

(use for limiting activity)

3. The duration of this limited liability company is: (may be perpetual) perpetual

4. Other provisions:

Signatures:

John L. Hymes, manager

On this 17<sup>th</sup> day of October, 2005, before me, personally appeared \_\_\_\_\_

John L. Hymes, to me known to be the person described in and who

executed the foregoing instrument, and acknowledged that he/she executed it as his/her free act and deed.

NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #

Janice Reese  
Notary Signature, #9081  
Janice Reese Commission Expires at Death

## CERTIFIED RESOLUTION

On this 19<sup>th</sup> day of April, 2017, John Hymes, the manager of  
Cuzan Services, hereby certify that John Hymes, Manager of said Entity, is  
hereby authorized and empowered to execute on behalf of the said entity the proposal and/or the contract  
including amendments(s) which this Entity might enter into in connection

Signature

Title

State of Louisiana  
Parish/County of Orleans

Personally appeared before me this 19 day of April, 2017 John Hymes  
the Manager of Cuzan Services and made oath that the above is a  
true copy from the records of the Corporation.

Notary Public

My Commission expires on: Commissioned for Life

