

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	<u>3.1.18</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>7 days</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>60 days</u>

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: <u>[Signature]</u> (Must be signed here)	TITLE: <u>Manager</u>
PRINT OR TYPE NAME: <u>John Hymes</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

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 & MATERIALS NEEDED TO PRESSURE WASH A WATER TANK FOR THE JEFFERSON PARISH EB WATER PLANT</p> <p>0010 LABOR & MATERIALS NECESSARY TO PRESSURE WASH A 500,000 GALLON ELEVATED TANK. LOCATION: 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



bl/wc

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).

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

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 \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input checked="" type="checkbox"/> Blanket AI WOS by contract						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Blanket 30DNOC by contract						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> OTHER: Project agg \$5Mil by contr						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
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	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y					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 regard to General Liability Policy.

CERTIFICATE HOLDER Proof of Coverage	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 

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:

	Limits
BODILY INJURY AND PROPERTY DAMAGE LIABILITY	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

Auto



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.

IMPORTANT - IDENTIFICATION CARDS
STATE FARM

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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 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 Cuzan Services, LLC	
	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"/> C Corporation <input type="checkbox"/> S Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <u>P</u> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions. P.O. Box 481	Requester's name and address (optional)
	6 City, state, and ZIP code Belle Chasse LA 70037	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)	Social security number																																				
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 <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="4" style="text-align: center;">-</td> <td colspan="4"></td> </tr> </table> OR Employer identification number <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px; text-align: center;">2</td> <td style="width: 25px; height: 25px; text-align: center;">0</td> <td style="width: 25px; height: 25px; text-align: center;">-</td> <td style="width: 25px; height: 25px; text-align: center;">3</td> <td style="width: 25px; height: 25px; text-align: center;">8</td> <td style="width: 25px; height: 25px; text-align: center;">7</td> <td style="width: 25px; height: 25px; text-align: center;">6</td> <td style="width: 25px; height: 25px; text-align: center;">5</td> <td style="width: 25px; height: 25px; text-align: center;">7</td> <td style="width: 25px; height: 25px; text-align: center;">1</td> </tr> </table>															-				-								2	0	-	3	8	7	6	5	7	1
-				-																																	
2	0	-	3	8	7	6	5	7	1																												

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.	

Sign Here	Signature of U.S. person ▶	Date ▶ <u>2-23-18</u>
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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.

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-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

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:

[Signature]
John L. Hymes, manager

On this 17th day of October, 2005, before me, personally appeared _____

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

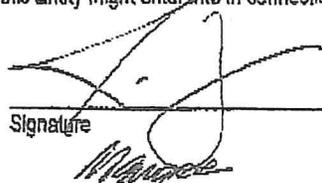
executed the foregoing instrument, and acknowledged that he/she executed it as his/her free act and deed.

NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #

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

CERTIFIED RESOLUTION

On this 19th day of April, 2017, John Hymes, the manager of Cayan 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

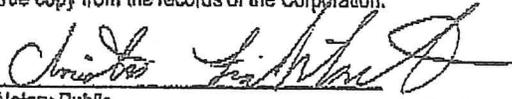


Signature
Manager

Title

State of Louisiana
Parish/County of Orleans

Personally appeared before me this 19 day of April, 2017 John Hymes
the Manager of Cayan 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

