

CENTRALBIDDING

FROM CENTRAL AUCTION HOUSE

Central Bidding Time: Thu December 17, 2015 2:01:15 PM GMT-6

Welcome to Central Bidding, **MCAMARD** - You are Logged-in - Log Out

Place a Bid for 5000115024 - TWO (2) YEAR CONTRACT FOR GRASS CUTTING AND LANDSCAPE MAINTENANCE AT THE BELLE MEADE WALKING TRAIL AND CONNECTED VACANT LOT

Please enter your best bid proposal for this project

Louisiana Contractor ID#

29959

Enter all information required on the outside of the sealed envelope in the box below

<p>Bid From: Rotolo Consultants, Inc. 894 Robert Blvd. Slidell, LA 70458 Jefferson Parish Purchasing Vendor ID No. 197086 Louisiana Contractor's License No. 29959</p>		
<p>Bid For: Two (2) Year Contract For Grass Cutting and Landscape Maintenance At The Belle Meade Walking Trail and Connected Vacant Lot Bid No. 50-00115024</p>		

Bid Bond #

SLA15517299

Jefferson Parish Vendor #:

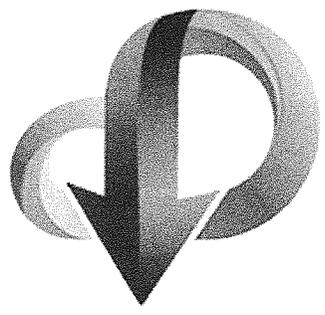
197086

Upload Attachment(s)

Upload a file

Click the Upload button in order to upload bid related documents





CENTRALBIDDING

FROM CENTRAL AUCTION HOUSE

Central Bidding Time: Thu December 17, 2015 2:01:00 PM GMT-6
Welcome to Central Bidding, **MCAMARD** - You are Logged-in - Log Out

Location:	Slidell > Louisiana > USA
Name:	Rod Rotolo
Email:	estimating@rotoloconsultants.com
Address:	894 Robert Blvd.
Zip code:	70458
Contact number:	+9856432427
Company name:	Rotolo Consultants, Inc.
Contact:	Rod Rotolo
Contact number:	985-643-2427
Official Company/Business Name:	
Are you registered with the State of Louisiana as a Disadvantaged Business Enterprise (DBE)?:	No
Is your company owned by a female?:	No
Is your company owned by a minority?:	No
Louisiana Contractor ID#:	29959
NIGP Codes: (Commodity code categories)	90656 - Landscape Architecture 91873 - Landscaping Consulting 96118 - Concrete Resurfacing Services (Swimming Pools, Driveways, Patios, etc.) 98183 - Washers, Pressure (All Types), Rental or Lease

Where To?

 [Main Menu](#)



BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO

MAXIMUM ESCALATION PERCENTAGE REQUESTED N/A %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF N/A

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

N/A

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

29959

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Rotolo Consultants Inc.

ADDRESS: 894 Robert Blvd.

CITY, STATE: Slidell, LA ZIP: 70458

TELEPHONE: (985) 643-2427 FAX: (985) 643-2691

EMAIL ADDRESS: kmrotolo@rotolconsultants.com

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: 1 12/3/15

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 26,512

AUTHORIZED SIGNATURE: [Signature]

TITLE: President

Keith Rotolo
Printed Name

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00115024

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	80.00	CUT	<p>TWO (2) YEAR CONTRACT FOR GRASS CUTTING AND LANDSCAPE MAINTENANCE AT THE BELLE MEADE WALKING TRAIL AND CONNECTED VACANT LOT</p> <p>0010 - PROVIDE A PRICE PER CUT FOR GRASS CUTTING AT THE BELLE MEADE WALKING TRAIL, 617 BELLE MEADE BLVD., GRETNA, LA</p>	\$155.00	\$12,400
2	24.00	MO	<p>WE EXTEND THIS BID TO PROVIDE A TWO (2) YEAR CONTRACT FOR GRASS CUTTING AND LANDSCAPE MAINTENANCE LOCATED AT THE BELLE MEADE WALKING TRAIL, 617 BELLE MEADE BLVD., GRETNA, LA, AS PER THE ATTACHED SPECS., FOR THE DEPARTMENT OF GENERAL SERVICES.</p> <p>0020 - PROVIDE A PRICE PER MONTH FOR LANDSCAPE MAINTENANCE AT THE BELLE MEADE WALKING TRAIL, 617 BELLE MEADE BLVD., GRETNA, LA.</p>	\$293.00	\$7,032
3	24.00	CUT	<p>0030 - ALTERNATE NO. 1 - PROVIDE A PRICE PER CUT FOR GRASS CUTTING ONLY FOR THE ADJACENT VACANT LOT.</p>	\$295.00	\$7,080

State of Louisiana



State Licensing Board for Contractors

This is to Certify that:

ROTOLO CONSULTANTS, INC.
894 Robert Blvd.
Slidell, LA 70458

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; MUNICIPAL AND PUBLIC WORKS CONSTRUCTION; SPECIALTY:
FENCING; SPECIALTY: LANDSCAPING, GRADING AND BEAUTIFICATION; SPECIALTY: RECREATION &
SPORTING FACILITIES & GOLF COURSES; SPECIALTY: SWIMMING POOLS, WATER FEATURES AND
FOUNTAINS



Witness our hand and seal of the Board dated,
Baton Rouge, LA 21st day of July 2015

Willis P. ... Director

Lee ... Chairman

Expiration Date: July 20, 2016

License No: 29959

Andy ... Secretary-Treasurer

This License Is Not Transferrable



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Agricultural & Environmental Sciences, P.O. Box 3596, Baton Rouge, LA 70821-3596, (225) 925-3787, FAX (225) 925-3760

License No. 00095508

Date: 01/15/2015

ROTOLO CONSULTANTS, INC.

Please verify information for correctness. If changes are necessary, make corrections and promptly return to issuing agency.

LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Agricultural & Environmental Sciences, P.O. Box 3596, Baton Rouge, LA 70821-3596, (225) 925-3787, FAX (225) 925-3760

Be it known that effective January 01, 2015 through December 31, 2015 having complied with all relevant requirements of the Louisiana Revised Statutes, the entity named below is hereby authorized to engage in the business of **GROUND APPLICATOR OWNER-OPERATOR**

ROTOLO CONSULTANTS, INC
894 ROBERT BEVD
SEIDELL, LA 70458



Mike Strain
Commissioner

DISPLAY IN A PROMINENT PLACE

License No. 00095508

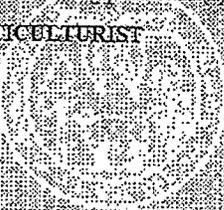
LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN, DVM, COMMISSIONER

Agricultural & Environmental Sciences, P.O. Box 3596, Baton Rouge, LA 70821-3596, (225) 952-8100, FAX (225) 925-3760

Be it known, that effective 02/01/2015 through 01/31/2016 having complied with all relevant requirements of the Louisiana Revised Statutes, the individual named below is hereby licensed in the following profession(s):

LICENSE(S): LANDSCAPE HORTICULTURIST 15-0606



JOSEPH ROTOLO
894 ROBERT BLVD
SLIDELL, LA 70458

Mike Strain
Commissioner

DISPLAY IN A PROMINENT PLACE

LDAF ID: 113087

LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

S2020

MIKE STRAIN, DVM, COMMISSIONER

Agricultural & Environmental Sciences, P.O. Box 3596, Baton Rouge, LA 70821-3596, (225) 952-8100, FAX (225) 925-3760



HORTICULTURE REGISTRATION: JOSEPH ROTOLO

Date: 01/27/2015

LDAF ID: 113087

LICENSE(S): LANDSCAPE HORTICULTURIST 15-0606

GENERAL RESOLUTION FOR
ROTOLO CONSULTANTS, INC

Resolved that, Keith Rotolo, President, or Joseph Rotolo, Jr., Individual, or Rod Rotolo, Senior Vice President, or Brian Rotolo, Vice President of Finance / Secretary, or Michael Rotolo, Vice President of Operations, are hereby authorized and empowered to sign for and in the name of the corporation any such legal documents that said officers in their sole discretion may deem best.

Resolved further that said officers are hereby authorized and empowered to sign and execute for and in the name of the corporation any acts, deeds, notes, mortgages, insurance documents, or other documents that may be necessary and proper to carry the foregoing into effect, to receive and receipt for the purchase price of any property sold by the corporation, and any set of mortgages which he may execute shall contain all of the usual and customary security clauses, including the pact de non alienando, confession of judgment, the provisions for attorney's fees, and the right to have the property seized and sold unto executory proceeds to the highest bidder for cash.

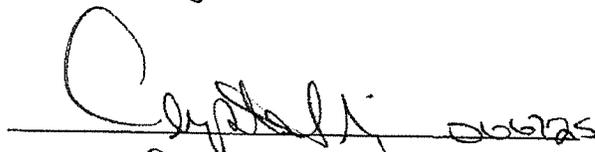
I, Brian Rotolo, Secretary of ROTOLO CONSULTANTS, INC., do hereby certify that the above and foregoing is a true and correct copy of resolutions which were adopted at a meeting of the Board of Directors of said corporation held at its offices in the city of Slidell, LA on the 24th day of August, 2015.

IN WITNESS THEREOF, I have affixed my official signature on this the 10 day of December, 2015.



Brian Rotolo, Secretary of
Rotolo Consultants, Inc.

Signed before me, the undersigned notary public, this 10 day of December, 2015.



Print: Crystal Gravois

My commission is for life.





Jefferson Parish - Brenda Campos

Bond Number: SLA15517299**Contractor Information****Principal:** Rotolo Consultants Inc. 985-643-2427**Address:** 894 Robert Blvd Slidell Louisiana 70458 United States**Contractor's State Vendor ID Number:** 197086**Owner/Obligee Information****Bond Form:** Bid Bond in accordance with Contract Specifications**Owner / Obligee:** Jefferson Parish Purchasing Department**Address:** 200 Derbigny Street Gretna Louisiana 70053 United States**Bond Information****Surety:** Argonaut Insurance Company**Amount of Bid Security:** 5% of Total Bid Amount**Contract ID Number:** 50-00115024**Description of Job:** Bid Number 50-00115024 Mowing and Landscape Maintenance at the Belle Meade Walking Trail and connected vacant lot. Jefferson Parish[View AMBest Information](#) [Treasury List](#)**Primary Agency:**

Willis of Illinois, Inc.

Power of Attorney Limited to: 39,000,000.00

Executed

Executed By:

Kimberly Bragg - 12/9/2015 2:17:55 PM ET

Phone: 312-288-7187

Email: kimberly.bragg@willis.com

Know all men by these presents that Argonaut Insurance Company, a Corporation duly organized under the laws of the State of Illinois, are held and firmly bound unto the above owner/obligee by this transmission. The surety agrees to waive the Statute of Fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.

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[Privacy Policy](#)

Live chat by LivePerson



Bond Number: SLA15517299

Contractor Information

Principal: Rotolo Consultants Inc.

Address: 894 Robert Blvd Slidell Louisiana 70458 United States

Owner/Obligee Information

Bond Form: Bid Bond in accordance with Contract Specifications

Owner/Obligee: Jefferson Parish Purchasing Department

Address: 200 Derbigny Street Gretna Louisiana 70053 United States

Bond Information

Surety: Argonaut Insurance Company

Bid Date: 12/17/2015

Estimated Contract Price: 20,000.00

Time For Completion:

Liquidated Damages:

Estimated Work On Hand:

Amount of Bid Security: 5% of Total Bid Amount

Contract # or IFB #: 50-00115024

Description of Job: Bid Number 50-00115024 Mowing and Landscape Maintenance at the Belle Meade Walking Trail and connected vacant lot. Jefferson Parish

Job Breakdown:

Electronic Bidding Information

Bid Security Percentage: 5

Bid Security Maximum:

Owner Assigned Contractor Number:197086

Primary Agency:

Willis of Illinois, Inc.

Power of Attorney Limited to: 39,000,000.00

Executed

Entered By: Kimberly Bragg - 12/9/2015 2:17:06 PM ET

Approved & Executed By:

Kimberly Bragg

Kimberly Bragg (Signed: 09-Dec-2015 02:17 PM EST (UTC-05:00))

Signature Information

Know all men by these presents that Argonaut Insurance Company, a Corporation duly organized under the laws of the State of Illinois, are held and firmly bound unto the

above owner/obligee by this transmission. The surety agrees to waive the Statute of Fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.

© S2000, Inc.

Document ID: S2000-1000840217

2525 Quail Drive, Baton Rouge, 70808 (225) 765-2301



Louisiana State Licensing Board for Contractors



Contractor Information

Business Name ROTOLO CONSULTANTS, INC. ✓
Mailing Address 894 Robert Blvd.
 Slidell, LA 70458
Phone Number (985) 643-2427
Fax Number (985) 643-2691
Email Address jsummers@rotoloconsultants.com

Active Licenses

License Number 29959 ✓
Type Commercial License
Status LICENSED
Effective 07/21/2015
Expiration 07/20/2016
First Issued 07/20/1995

Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Michael Joseph Rotolo	ALL
BUSINESS AND LAW	Kerry Rotolo	ALL
BUSINESS AND LAW	Michael Joseph Rotolo	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Michael Joseph Rotolo	ALL
SPECIALTY: FENCING	Kerry Rotolo	ALL
SPECIALTY: LANDSCAPING, GRADING AND BEAUTIFICATION ✓	Kerry Rotolo	ALL
SPECIALTY: RECREATION & SPORTING FACILITIES & GOLF COURSES	Michael Joseph Rotolo	ALL
SPECIALTY: SWIMMING POOLS, WATER FEATURES AND FOUNTAINS	Michael Joseph Rotolo	ALL

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/29/2015

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).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 235 Highlandia Drive, Suite 200 Baton Rouge LA 70810	CONTACT NAME: Mandy Nesom or Hailey Kilpatrick PHONE (A/C, No., Ext): 225-292-3515 FAX (A/C, No.): 225-292-3893 E-MAIL ADDRESS: Mandy_Nesom@ajg.com or Hailey_Kilpatrick@ajg.c
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: National Trust Insurance Company 20141 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

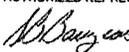
COVERAGES **CERTIFICATE NUMBER:** 288399232 **REVISION NUMBER:**

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	ADDITIONAL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y Y	CPP0016919	6/30/2015	6/30/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPOP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y Y	CA0024594	6/30/2015	6/30/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y Y	UMB00172361	6/30/2015	6/30/2016	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC00002222	6/30/2015	6/30/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E L EACH ACCIDENT \$1,000,000 E L DISEASE - EA EMPLOYEE \$1,000,000 E L DISEASE - POLICY LIMIT \$1,000,000
A	Equipment Floater		CPP0016919	6/30/2015	6/30/2016	Leased/Rented \$500,000
A	Workers Comp		010WC14A71066	6/30/2015	6/30/2016	Policy Limit \$1,000,000

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

See Attached...

CERTIFICATE HOLDER Jefferson Parish Purchasing Department P O Box 9 Gretna LA 70053 USA	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 
--	---

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AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED Rotolo Consultants Inc dba RCI Rotolo Land, Inc. 894 Robert Rd Slidell LA 70458	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Blanket Additional Insured provided if required by written contract as respect General Liability form #CGL084(10/13); Blanket Additional Insured-Primary Non-Contributory, if required by written contract CGL025(11/08); Auto Liability form #CAU0710113

Blanket Waiver of Subrogation provided if required by written contract as respect General Liability, Auto Liability and Workers' Compensation.

Excess/Umbrella follows form over the Workers' Compensation, General Liability and Auto Liability.

General Liability, Auto and Workers' Comp. - 30 Day Notice of Cancellation to Third Parties - IL011(07/09)

Rented/Leased Equipment \$500,000 Aggregate

Installation/Builders Risk Floater - 6/30/14 to 6/30/15 - \$1,000,000 Limit; Policy #CPP0016919 - National Trust Ins. Co.

Workers' Comp., Policy #010WC14A71066 - Tennessee/Alabama/Mississippi
Limits: \$1,000,000/\$1,000,000/\$1,000,000
Louisiana WC Limits: \$1,000,000/\$1,000,000/\$1,000,000

Professional Liability - 6/30/15-16; Policy #PKC303598; Carrier-Colony Ins. Co. - Each Claim \$1,000,000/\$2,000,000 Aggregate; Includes Pollution Liability - 5\$1,000,000 Per Claim/\$2,000,000 Aggregate

#197084

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)
ROTOLO CONSULTANTS, INC.

Business name, if different from above

Check appropriate box: Individual/sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
894 ROBERT BOULEVARD

City, state, and ZIP code
SLIDELL, LOUISIANA 70458

Requester's name and address (optional)

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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
OR
Employer identification number
72 : 1285520

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).

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 on page 4.

Sign Here Signature of U.S. person ▶ *Maria Nebor* Date ▶ 7/29/2010

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,