

DATE: 7/25/2018

Page: 5

BID NO.: 50-00123658

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 X

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF _____

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

within 12 hours of request

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

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: United Site Services of Louisiana, Inc.

ADDRESS: 9856 Steelman Street

CITY, STATE: Houston, TX ZIP: 77017

TELEPHONE: (508) 250-4919 FAX: () N/A

EMAIL ADDRESS: Rollin.Kay@unitedsiteservices.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

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ \$47,100.00

AUTHORIZED
SIGNATURE: 

Adam W. Jacobs

Printed Name

TITLE: Vice President

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.: 50-00123658

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	5.00	DAY	THREE (3) YEAR PRE-PLACED EMERGENCY CONTRACT FOR THE RENTAL OF SHOWER UNITS, AIR MATTRESSES AND LINEN SETS AND THE PURCHASE OF DISPOSABLE WORK KITS DURING EMERGENCY EVENTS FOR JEFFERSON PARISH 0010 - SHOWER UNITS, 50 PERSON MINIMUM SITE, DAILY RENTAL OF FIFTY (50) SHOWER UNITS. INDIVIDUAL SHOWER STALLS FOR PUBLIC PRIVACY. A MULTI-SHOWER UNIT WITH PRIVACY SHOWER AREAS FOR EACH SHOWER HEAD TO BE USED AT ONE OF OUR SHELTER SITES POST STORM. WATER, POWER AND SEWERAGE WILL BE MADE AVAILABLE IF PUBLIC UTILITIES ARE OPERATIONAL.	\$785.00 per shower head per day 2 shower heads = \$1,570.00	\$7,850.00
2	5.00	DAY	0020 - SHOWER UNITS, 250 PERSON MINIMUM SITE, DAILY RENTAL OF TWO HUNDRED FIFTY (250) SHOWER UNITS. INDIVIDUAL SHOWER STALLS FOR PUBLIC PRIVACY. A MULTI-SHOWER UNIT WITH PRIVACY SHOWER AREAS FOR EACH SHOWER HEAD TO BE USED AT ONE OF OUR SHELTER SITES POST STORM. WATER, POWER AND SEWERAGE WILL BE MADE AVAILABLE IF PUBLIC UTILITIES ARE OPERATIONAL.	\$785.00 per shower head per day 10 shower heads = \$7,850.00	\$39,250.00
3	5.00	DAY	0030 - AIR MATTRESSES, 50 PERSON MINIMUM SITE, DAILY RENTAL OF FIFTY (50) MATTRESSES	No bid on mattresses	No bid on mattresses
4	5.00	DAY	0040 - AIR MATTRESSES, 250 PERSON MINIMUM SITE, DAILY RENTAL OF TWO HUNDRED FIFTY (250) AIR MATTRESSES	No bid on mattresses	No bid on mattresses
5	5.00	DAY	0050 - LINEN SET, 50 PERSON MINIMUM SITE DAILY RENTAL OF FIFTY (50) LINEN SETS. LINEN SETS TO INCLUDE: A FITTED SHEET, A NON-FITTED SHEET AND A PILLOW CASE FOR A SINGLE MATTRESS	No bid on linens	No bid on linens
6	5.00	DAY	0060 - LINEN SET, 250 PERSON MINIMUM SITE, DAILY RENTAL OF TWO HUNDRED FIFTY (250) LINEN SETS. LINEN SETS TO INCLUDE: A FITTED SHEET, A NON-FITTED SHEET AND A PILLOW CASE FOR A SINGLE SIZE MATTRESS	No bid on linens	No bid on linens
7	5.00	EA	0070 - DISPOSABLE WORK KITS, DISPOSABLE WORK KITS SHALL INCLUDE THE FOLLOWING:	No bid on disposable kits	No bid on disposable kits

DATE: 7/25/2018

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page 7

BID NO.: 50-00123658

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			<p>LEATHER WORK GLOVES, HARD HAT, FIRST AID KIT, SUNSCREEN, SAFETY GLASSES AND DUST MASK. THESE ITEMS ARE TO BE PACKAGED IN A CONTAINER WITH A LID.</p> <p>*PRICE IS FOR PURCHASE OF EACH KIT AND NOT FOR RENTAL BECAUSE THESE ITEMS ARE DISPOSABLE.</p>	no bid on work gloves, etc.	no bid on work gloves, etc.



Louisiana
**SECRETARY
OF STATE**
R. KYLE ARDOIN

(<https://www.sos.la.gov/Pages/default.aspx>)

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Name	Type	City	Status
UNITED SITE SERVICES OF LOUISIANA, INC.	Business Corporation	BATON ROUGE	Active

Previous Names

Business: UNITED SITE SERVICES OF LOUISIANA, INC.

Charter Number: 36341296D

Registration Date: 12/21/2006

Domicile Address

3867 PLAZA TOWER DRIVE
BATON ROUGE, LA 70816

Mailing Address

C/O PLATINUM EQUITY ADVISORS, LLC
360 NORTH CRESCENT DRIVE, SOUTH BUILDING
BEVERLY HILLS, CA 90210

Principal Office Address

C/O UNITED SITE SERVICES, INC.
118 FLANDERS ROAD
WESTBOROUGH, MA 01581

Status

Status: Active

Annual Report Status: In Good Standing

File Date: 12/21/2006

Last Report Filed: 12/16/2017

Type: Business Corporation

Registered Agent(s)

Agent:	C T CORPORATION SYSTEM
Address 1:	3867 PLAZA TOWER DR.
City, State, Zip:	BATON ROUGE, LA 70816
Appointment Date:	10/17/2017

Officer(s)

Additional Officers: No

Officer:	RONALD CARAPEZZI
Title:	Officer, President
Address 1:	C/O UNITED SITE SERVICES, INC.
Address 2:	118 FLANDERS ROAD
City, State, Zip:	WESTBOROUGH, MA 01581

GET HELP

Officer:	EDWARD SIMONEAU
Title:	Officer
Address 1:	C/O UNITED SITE SERVICES, INC.
Address 2:	118 FLANDERS ROAD
City, State, Zip:	WESTBOROUGH, MA 01581
Officer:	ADAM JACOBS
Title:	Vice-President
Address 1:	C/O UNITED SITE SERVICES, INC.
Address 2:	118 FLANDERS ROAD
City, State, Zip:	WESTBOROUGH, MA 01581
Officer:	JIM CASHMAN
Title:	Vice-President
Address 1:	118 FLANDERS ROAD
City, State, Zip:	WESTBOROUGH, MA 01581
Officer:	EVA M. KALAWSKI
Title:	Vice-President, Secretary, Director
Address 1:	360 NORTH CRESCENT DRIVE
Address 2:	SOUTH BUILDING
City, State, Zip:	BEVERLY HILLS, CA 90210
Officer:	MARY ANN SIGLER
Title:	Vice-President, Treasurer
Address 1:	360 NORTH CRESCENT DRIVE
Address 2:	SOUTH BUILDING
City, State, Zip:	BEVERLY HILLS, CA 90210
Officer:	STEPHEN ZOLLO
Title:	Vice-President
Address 1:	360 NORTH CRESCENT DRIVE
Address 2:	SOUTH BUILDING
City, State, Zip:	BEVERLY HILLS, CA 90210
Officer:	BARBARA VELASCO
Title:	Officer
Address 1:	360 NORTH CRESCENT DRIVE
Address 2:	SOUTH BUILDING
City, State, Zip:	BEVERLY HILLS, CA 90210
Officer:	SHAHRAM HAGHIGHI
Title:	Officer
Address 1:	360 NORTH CRESCENT DRIVE
Address 2:	SOUTH BUILDING
City, State, Zip:	BEVERLY HILLS, CA 90210
Officer:	DAWN WALLOCH
Title:	Officer
Address 1:	360 NORTH CRESCENT DRIVE
Address 2:	SOUTH BUILDING
City, State, Zip:	BEVERLY HILLS, CA 90210

Mergers (1)

Filed Date	Effective Date:	Type	Charter#	Charter Name	Role
12/21/2006	12/21/2006	MERGE	36341296D	UNITED SITE SERVICES OF LOUISIANA, INC.	SURVIVOR
			36015500K	UNITED SITE SERVICES OF LOUISIANA, LLC	NON-SURVIVOR

Amendments on File (5)

Description	Date
Merger	12/21/2006
Domicile, Agent Change or Resign of Agent	1/29/2008
Domicile, Agent Change or Resign of Agent	10/18/2015
Domicile, Agent Change or Resign of Agent	7/19/2016
Restated Articles	10/17/2017

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GET HELP

Non-Public Works Bid

AFFIDAVIT

STATE OF MassachusettsPARISH/COUNTY OF Worcester

BEFORE ME, the undersigned authority, personally came and appeared: Adam W. Jacobs
_____, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Vice President of United Site Services of Louisiana, Inc. (Entity),
the party who submitted a bid in response to Bid Number 50-00123658, to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required
attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including
the date and amount of each contribution, made to current or
former elected officials of the Parish of Jefferson by Entity,
Affiant, and/or officers, directors and owners, including
employees, owning 25% or more of the Entity during the two-year
period immediately preceding the date of this affidavit or the
current term of the elected official, whichever is greater. Further,
Entity, Affiant, and/or Entity Owners have not made any
contributions to or in support of current or former members of the
Jefferson Parish Council or the Jefferson Parish President through
or in the name of another person or legal entity, either directly or
indirectly.

Choice B X there are NO campaign contributions made which would require
disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.


Choice B X There are NO debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.



Signature of Affiant

Adam W. Jacobs

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 23rd DAY OF August, 2019.



Notary Public

Sean McDowell

Printed Name of Notary

N/A MASS.

Notary/Bar Roll Number

My commission expires Oct 8th 2021



SEAN M. MCDOWELL
Notary Public
Commonwealth of Massachusetts
My Commission Expires
October 8, 2021

APPENDIX A: The ensuing contract for this bid solicitation may be eligible for FEMA reimbursement. As such Appendix A will be applicable accordingly and shall be considered a part of the bid documents. All applicable certifications must be duly completed, signed and included in bid submission. Failure to do so will result in bid rejection. Bid number 50-00123658, THREE (3) YEAR PRE-PLACED EMERGENCY CONTRACT FOR THE RENTAL OF SHOWER UNITS, AIR MATTRESSES AND LINEN SETS AND THE PURCHASE OF DISPOSABLE WORK KITS DURING EMERGENCY EVENTS FOR THE JEFFERSON PARISH DEPARTMENT OF EMERGENCY MANAGEMENT

Anti-Lobbying Form

CERTIFICATION OF RESTRICTIONS ON LOBBYING

I, Adam W. Jacobs - Vice President, hereby certify on
(name and title of bidder's official)

behalf of United Site Services of Louisiana, Inc. that:
(name of bidder)

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this 23rd day of August, 2018.

By [Signature]
(signature of authorized official)

Vice President
(title of authorized official)

APPENDIX A: The ensuing contract for this bid solicitation may be eligible for FEMA reimbursement. As such Appendix A will be applicable accordingly and shall be considered a part of the bid documents. All applicable certifications must be duly completed, signed and included in bid submission. Failure to do so will result in bid rejection. Bid number 50-00123658, THREE (3) YEAR PRE-PLACED EMERGENCY CONTRACT FOR THE RENTAL OF SHOWER UNITS, AIR MATTRESSES AND LINEN SETS AND THE PURCHASE OF DISPOSABLE WORK KITS DURING EMERGENCY EVENTS FOR THE JEFFERSON PARISH DEPARTMENT OF EMERGENCY MANAGEMENT

Debarment/Suspension Form

DEBARMENT/SUSPENSION CERTIFICATION

Debarment:

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: www.sam.gov and <https://acquisition.gov/far/index.html> see section 52.209-6.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.


Adam W. Jacobs - Vice President
(Name and Title of bidder's official)

United Site Services of Louisiana, Inc.
(Name of bidder/company)

9856 Steelman Street, Houston, TX 77017
(Address)
(Address)

PHONE 508-250-4919 FAX N/A

EMAIL Rollin.Kay@unitedsiteservices.com

 Signature 8/23/18 Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/03/2017

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 Marsh USA Inc. One Towne Square, Suite 1100 Southfield, MI 48076 Attn: detroit.certrequest@marsh.com 5212-GAWU-17-18	CONTACT NAME:	FAX (A/C, No):	
	PHONE (A/C, No, Ext):	ADDRESS:	
INSURED United Site Services of Louisiana, Inc. 3507 Common St. Lake Charles, LA 70607	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Safety National Casualty Corp.		15105
	INSURER B : XL Specialty Insurance Company		37885
	INSURER C : AIG Specialty Insurance Company		26883
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

CHI-008792373-03

REVISION NUMBER: 0

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			GL4057787	11/03/2017	11/03/2018	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 1,000,000	
			MED EXP (Any one person)				\$ 5,000	
			PERSONAL & ADV INJURY				\$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000
<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000
OTHER:								\$
A	AUTOMOBILE LIABILITY			CAS4047369	11/03/2017	11/03/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per accident)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		PROPERTY DAMAGE (Per accident)				\$	
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		US00076933LI17A	11/03/2017	11/03/2018	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	AGGREGATE				\$ 1,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			LDS4047370	11/03/2017	11/03/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> 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
C	Pollution			PLC 16214946	08/19/2015	08/19/2018	Each Pollution Incident	\$ 1,000,000
			Aggregate				\$ 1,000,000	

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

CERTIFICATE HOLDER

CANCELLATION

United Site Services of Louisiana, Inc.
3507 Common St.
Lake Charles, LA 70607

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
of Marsh USA Inc.

John C Hurley

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Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

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. United Site Services of Louisiana, Inc.	
2 Business name/disregarded entity name, if different from above	
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 checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input 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) ► 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) <u>5</u> Exemption from FATCA reporting code (if any) <u>N/A</u> <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 118 Flanders Road, Suite 1000	Requester's name and address (optional)
6 City, state, and ZIP code Westborough, MA 01581	
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	6		-	2	6	6	0	9 6 0

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 ► **December 6, 2017**

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-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.