

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 \_\_\_\_\_%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF AWARD

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

AS NEEDED

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

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: I. W. S. GAS AND SUPPLY

ADDRESS: 111 BORAS DR.

CITY, STATE: BELLE CHASSE, LA. ZIP: 70037

TELEPHONE: (504) 392-2400 FAX: (504) 392-1500

EMAIL ADDRESS: JIMMY.GIBBS@GASANDSUPPLY.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: \_\_\_\_\_  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_

**Gas And Supply**  
**Jimmy Gibbs**  
**Phone 504-392-2400**  
**Fax 504-392-1500**  
**jimmy.gibbs@gasandsupply.com**

TOTAL PRICE OF ALL BID ITEMS: \$ 42,750.00

AUTHORIZED SIGNATURE: Jimmy Gibbs

JIMMY GIBBS  
Printed Name

TITLE: SALES

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.: 50-00126383

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	90,000.00	LB	<p>TWO (2) YEAR CONTRACT FOR THE SUPPLY OF WIPING RAGS FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS</p> <p>0010 - Wiping Rags</p> <p>Rags (wiping) composed of material which is 100 percent cotton no. 2 white sweatshirt (fleece) material (no alternate materials allowed). Size of rags must be in range of 15 inch x 15 inch to 20 inch x 20 inch (sizes outside of this range will not be accepted). All rags are to be all white in color no zippers buttons, snaps, or any other foreign materials on the surface. Quantities are to be delivered in 10 lb. and 50 lb. box quantities (gross weight).</p>	<p>0.475</p>	<p>42,750.00</p>

**Gas And Supply**  
**Jimmy Gibbs**  
**Phone 504-392-2400**  
**Fax 504-392-1500**  
**jimmy.gibbs@gasandsupply.com**

**CORPORATE RESOLUTION**

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
INDUSTRIAL WELDING SUPPLY OF HARVEY, LA.  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF I.W.S. GAS AND SUPPLY  
INCORPORATED, DULY NOTICED AND HELD ON JUNE 4<sup>TH</sup> 2019,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT Jimmy Gibbs, BE AND IS HEREBY  
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-  
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON  
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS  
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,  
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE  
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,  
CONTRACTS AND ACTS AND TO RECEIVE ALL PURCHASE ORDERS AND NOTICES  
ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS  
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND ACCEPTING  
EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-  
FACT.

I HEREBY CERTIFY THE FOREGOING TO BE  
A TRUE AND CORRECT COPY OF AN  
EXCERPT OF THE MINUTES OF THE ABOVE  
DATED MEETING OF THE BOARD OF  
DIRECTORS OF SAID CORPORATION, AND  
THE SAME HAS NOT BEEN REVOKED OR  
RESCINDED.



\_\_\_\_\_  
SECRETARY-TREASURER

6/4/19

\_\_\_\_\_  
DATE

Non-Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared: \_\_\_\_\_

JIMMY GIBBS, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized AGENT of I.W.S. GAS AND SUPPLY (Entity), the party who submitted a bid in response to Bid Number 50-00126383 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  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  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.

Jimmy Gibbs  
Signature of Affiant

JIMMY GIBBS  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 3<sup>rd</sup> DAY OF June, 2019.

Dawn G Stafford  
Notary Public

Dawn G STAFFORD  
Printed Name of Notary

04686  
Notary/Bar Roll Number

My commission expires at death



DAWN G. STAFFORD  
NOTARY PUBLIC  
Parish of Orleans, State of Louisiana  
Notary No. 04686  
My Commission is for Life

Print

Notary Search - Detail

**Name:** MS. DAWN G. STAFFORD  
**Address:** 56 DUNLEITH DR.  
 DESTREHAN, LA 70047

**Phone:** (504) 586-3410  
**Phone 2:** (985) 307-1179

**Notary ID Number:** 84686

**Parish:** ORLEANS with authority in the following parishes:  
 JEFFERSON, PLAQUEMINES, ST. BERNARD

**Agency:** N/A  
**Notary Type:** Non Attorney  
**Status:** Active

**Commission Date:** 02/27/2007  
**Oath Date:** 02/07/2007  
**Surety Expiration Date:** 02/01/2022  
**Annual Report Current:** Yes

Notary Events

**Suspension** From: 02/03/2017 To: 02/21/2017

Deceased, Inactivated, Leave of Absence, Pre-Assessment Registration, Pre-Assessment Taken, Resigned, Retirement, and Revoked events are not available prior to February 11, 2012.

[Back to Search Results](#) [New Search](#)



RAYMO-1

OP ID: MA

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/23/2019

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 Howard Risk Advisors, LLC 201 West Vermilion, Ste. 200 Lafayette, LA 70501 Judi Louviere	337-769-6780	CONTACT NAME: Marie Angelle PHONE (A/C, No, Ext): 337-769-6780 E-MAIL ADDRESS: mangelles@howardrisk.com	FAX (A/C, No): 337-704-0417
INSURED Industrial Welding Supply Co. of Harvey, Inc. 111 & 107 Buras Dr. Belle Chasse, LA 70037-3175		INSURER(S) AFFORDING COVERAGE	
		INSURER A : The Gray Insurance Co., Inc.	NAIC # 36307
		INSURER B : Starr Indemnity & Liability Co	38318
		INSURER C : Allied World Surplus Lines	24319
		INSURER D : Travelers Lloyd's Insurance Co	41262
		INSURER E :	
		INSURER F :	

## COVERAGES

CERTIFICATE NUMBER: 11005

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	XSGI-074258	01/01/2017	01/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ Unlimited PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	XSAL-075253	01/01/2017	01/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	1000095303181	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	XSWC-070973	01/01/2017	01/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	AUTO PHYS DAM			03093648-18	01/01/2019	01/01/2020	COMP/COLL 5,000
D	EQUIPMENT FLOATER			QT660-1E919721TIL19	01/01/2019	01/01/2020	RENTED 200,000

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

The Cert Holder is an Add'l Insured on all policies except Work Comp & is provided a Waiver of Subrogation, all if required by written contract. All policies are primary & non-contributory if required by written contract. (SEE REVERSE SIDE OR ATTACHED FOR COVERAGE EXTENSIONS) (SEE ATTACHED NOTEPAD FOR SPECIFIC WORDING)

## CERTIFICATE HOLDER

The Parish of Jefferson, its Districts, Departments and Agencies under the direction of the Parish President and Parish Council  
Department of Engineering  
1221 Elmwood Park Blvd., Ste. 802  
Jefferson, LA 70123

## 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

ACORD 25 (2016/03)

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## CERTIFICATE OF INSURANCE - PAGE 2

## Excess Liability Policy Includes:

Coverage is excess of the Auto Liability, General Liability, Employers Liability, & Maritime Employers Liability policies.  
Blanket Waiver of Subrogation when required by written contract  
Blanket Additional Insured when required by written contract

## THE GRAY INSURANCE COMPANY

The below coverages apply if the corresponding policy number is indicated on the previous page.

A. Commercial General Liability  
General Liability Policy includes:

Blanket Waiver of Subrogation when required by written contract.  
Blanket Additional Insured (CGL Form# CG20101185) when required by written contract.

Primary Insurance Wording Included when required by written contract.  
Broad Form Property Damage Liability including Explosion, Collapse and Underground (XCU).  
Premises/Operations  
Products/Completed Operations  
Contractual Liability  
Sudden and Accidental Pollution Liability  
Occurrence Form  
Personal Injury  
"In Rem" Endorsement  
Cross Liability  
Severability of Interests Provision  
"Action Over" Claims  
Independent Contractors coverage for work sublet  
Vessel Liability - Watercraft exclusion has been modified by the vessels endorsement on scheduled equipment.  
General Aggregate applies per project or equivalent.

B. Automobile Liability Policy includes:

Blanket Waiver of Subrogation when required by written contract  
Blanket Additional Insured when required by written contract

C. Workers Compensation Policy includes:

Blanket Waiver of Subrogation when required by written contract,  
U.S. Longshoremen's and Harbor Workers Compensation Act Coverage,  
Outer Continental Shelf Land Act,  
Jones Act (including Transportation, Wages, Maintenance, and Cure),  
Death on the High Seas Act & General Maritime Law,  
Maritime Employers Liability Limit: \$1,000,000,  
Voluntary Compensation Endorsement,  
Other States Insurance,  
Alternate Employer/Borrowed Servant Endorsement,  
"In Rem" Endorsement  
Gulf of Mexico Territorial Extension

**NOTEPAD:**

HOLDER CODE **JEFFE02**  
INSURED'S NAME **Industrial Welding Supply Co.**

**RAYMO-1**  
**OP ID: MA**

PAGE **3**  
Date **05/23/2019**

ADDENDUM TO CERTIFICATE #11005:

Certificate Holder fully reads as follows:

The Parish of Jefferson, its Districts, Departments and Agencies under the direction of the Parish President and the Parish Council.

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Industrial Welding Supply Co. of Harvey, Inc.</b>		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; 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>C</b> <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) <b>125 Thruway Park</b>		Requester's name and address (optional)
	6 City, state, and ZIP code <b>Broussard, LA 70518</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 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
OR											
Employer identification number											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">7</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">9</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">6</td> <td style="width: 20px; height: 20px; text-align: center;">7</td> <td style="width: 20px; height: 20px; text-align: center;">7</td> </tr> </table>	7	2	-	0	9	1	3	6	7	7	
7	2	-	0	9	1	3	6	7	7		

**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 on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>3-22-17</b>
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**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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? on page 2.*
- By signing the filled-out form, you:
- 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, and
  - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

# Acadiana Textiles & Supply

1219 Eraste Landry Rd.

Lafayette, La. 70506

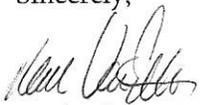
337-289-0062 Fax 337-289-0063

6-18-2019

To whom it may concern.

Acadiana Textiles and Supply is a Wholesale Distributor of Wiping Rags, Oil Absorbent products and Protective clothing. However we do not manufacture clothing here at our plant. We do however cut a substantial amount of raw product into wiping rags finished product. We employ Louisiana workers and distribute from our plant here in Lafayette La.

Sincerely,



Michael Van Etten  
Vice President