

All Public Work Projects are required to use the Louisiana Uniform Public 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 7/15/17

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

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) # 1814

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Crest Glass + Mirror Co

ADDRESS: 3308 Tulane Ave

CITY, STATE: New Orleans LA

TELEPHONE: (504) 584-2620

EMAIL ADDRESS: kemp@scawls.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: # 5/16/17

NUMBER:

NUMBER:

NUMBER:

TOTAL PRICE OF ALL BID ITEMS: \$ 177,848.00

AUTHORIZED SIGNATURE:

TITLE:

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

SEALED BID

BID NO.: 50-00119469

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIAL AND EQUIPMENT TO REMOVE EXISTING GLASS PANELS AND FURNISH AND INSTALL NEW NON-BALLISTIC GLASS PANELS AND BALLISTIC RATED PANELS AT THE JEFFERSON PARISH 2ND PARISH COURTHOUSE</p> <p>0010 - REPLACE VARIOUS GLASS WINDOW PANELS AT THE JEFFERSON PARISH 2ND PARISH COURTHOUSE.</p> <p>WE EXTEND THIS BID TO PROVIDE LABOR, MATERIAL, TRANSPORTATION, SHIPPING, LIFTS, SCAFFOLDING, LADDERS, AND ALL NECESSARY ESSENTIALS TO PERFORM THE REMOVAL OF EXISTING GLASS PANELS AND PROVIDE AND INSTALL NEW NON-BALLISTIC GLASS PANELS AND BALLISTIC RATED PANELS AT THE FOLLOWING LOCATION: 2ND PARISH COURTHOUSE 100 HUEY P. LONG AVE GRETN, LA, 70053S AS PER THE ATTACHED SPECIFICATIONS, FOR THE DEPARTMENT OF GENERAL SERVICES. MANDATORY PRE-BID CONFERENCE: DATE: MAY 12, 2017 TIME: 10:00 AM LOCATION: GENERAL GOVERNMENT BUILDING 200 DERBIGNY STREET, STE 4400 GRETN, LA 70053</p>		<p>117,048.00</p>

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF

Crasto Glass & Mirror Co., Inc.

INCORPORATED.

AT THE MEETING OF DIRECTORS OF **Crasto Glass & Mirror Co., Inc.**

May 31st, 2017

A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED, IT WAS:

RESOLVED THAT **Kemp Gordon**, 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

DATE

05/31/2017



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/27/2016

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.

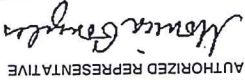
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	
Gillis, Ellis & Baker, Inc.	
1615 Poydras Street	
Suite 700	
New Orleans	
LA 70112-1298	
INSURED	
Crasto Glass and Mirror Company, Inc.	
P. O. Box 19904	
New Orleans	
LA 70179	
INSURER F:	
INSURER E:	
INSURER D:	
INSURER C: AIG Specialty Insurance Co.	
26883.	
INSURER B: Travelers Indemnity of Conn.	
25682	
INSURER A: Gemini Insurance Co	
10833	
INSURER(S) AFFORDING COVERAGE	
NAIC #	
E-MAIL ADDRESS: hazurda@gillis.com	
PHONE (A/C, No., Ext.): (504) 581-3334	
FAX (A/C, No.): (504) 587-0766	
CONTACT NAME: Holly Azurdia	

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 SUBR	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			VGB002304	10/1/2016	10/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (ea occurrence) \$ 50,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (ea accident) \$ 1,000,000
B	AUTOMOBILE LIABILITY			BA2371N54016SEL	10/1/2016	10/1/2017	BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
C	UMBRELLA LIAB			015444861	10/1/2016	10/1/2017	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E.L. EACH ACCIDENT \$ 10,000,000 E.L. DISEASE - EA EMPLOYEE \$ 10,000,000 E.L. DISEASE - POLICY LIMIT \$ 10,000,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						

CANCELLATION	
CERTIFICATE HOLDER	
Jefferson Parish Purchasing Department 200 Derbigny Street, 4th Floor Suite 4400 Gretna, LA 70053	
AUTHORIZED REPRESENTATIVE R Parke Ellis CPCU/HB 1988-2014 ACORD CORPORATION. All rights reserved.	

Jefferson Parish Purchasing Dept. See above for full Cert Holder 200 Derbigny St Suite 4400 Gretna, LA 70053		AUTHORIZED REPRESENTATIVE 
JEFF037		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

CANCELLATION

CERTIFICATE HOLDER

Project: Terrytown Library, Contract #55-00008154, Bid #50-80235.

Blanket Waiver of Subrogation applies when required by written contract.

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

A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Mandatory in NH) DESCRIPTION OF OPERATIONS below		E.L. DISEASE - POLICY LIMIT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. EACH ACCIDENT \$ 1,000,000	
UMBRELLA LIAB EXCESS LIAB CLAIMS-MADE OCCUR		08/31/2016 08/31/2017	
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED SCHEDULED AUTOS NON-OWNED AUTOS		BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ COMBINED SINGLE LIMIT (Per accident) \$	
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR		GENERAL AGGREGATE PERSONAL & ADV INJURY MED EXP (Any one person) DAMAGE TO RENTED PREMISES (Per occurrence) EACH OCCURRENCE	
TYPE OF INSURANCE ADDL SUBR INSD IWDV		POLICY NUMBER POLICY EFF POLICY EXP (MM/DD/YYYY)	

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.

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

PRODUCER Brown & Brown of Louisiana New Orleans Office 1515 Poydras Street, Ste 1150 New Orleans, LA 70112 Mark A. Pennabaker		INSURED Southern Walls & Windows, Inc. P. O. Box 19904 Crasto Glass & Mirror Co., Inc. New Orleans, LA 70179	
CONTACT NAME: Mark A. Pennabaker PHONE: 504-586-1000 FAX: 504-586-8600 ADDRESS:		INSURER A: Accident Fund General Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

certificate holder in lieu of such endorsement(s).

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

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CERTIFICATE OF LIABILITY INSURANCE



Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Orleans

BEFORE ME, the undersigned authority, personally came and appeared: **Kemp Gordon**

, (Affiant) who after being by me duly sworn, depose and said that

he/she is the fully authorized **Agent** of **Crasto Glass & Mirror Company**, (Entity),

the party who submitted a bid in response to Bid Number **50-00119469**, 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.

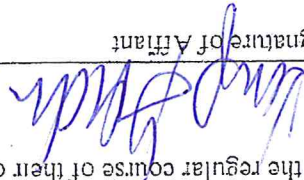
Affiant further said:

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.

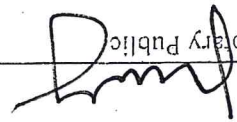
Signature of Affiant



Kemp Gordon
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 31st DAY OF May, 20 17.

Notary Public



J. Warren Gardner, Jr.
Printed Name of Notary

5928

Notary/Bar Roll Number

My commission expires At Death

Print

Notary Search - Detail

Name:	MR. J. WARREN GARDNER JR.		
Address:	601 POYDRAS ST., STE. 2300 NEW ORLEANS, LA 70130-6078		
Phone:	(504) 561-5700	Phone 2:	(504) 831-9498
Notary ID Number:	23683		
Parish:	JEFFERSON with STATEWIDE JURISDICTION		
Agency:	N/A		
Notary Type:	Attorney		
Status:	Active		
Commission Date:	04/23/2007	Oath Date:	04/16/2007
Surety Expiration Date:	Not Required		
Annual Report Current:	Not Applicable		

Notary Events

Parish Change	Previous Parish:	ORLEANS
	Previous Commission Date:	05/03/1982

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](#)

BID BOND
(Percentage)

KNOW ALL PERSONS BY THESE PRESENTS, That we Crasco Glass & Mirror Co., Inc. of New Orleans, Louisiana

Western Surety Company, hereinafter referred to as the Principal, and

as Surety, are held and firmly bound unto Jefferson Parish Government

of 200 Derbigny Street, Gretna, Louisiana 70053

One Hundred Seventy-Seven Thousand and Forty-Eight Dollars, in the amount of

(\$177,048.00), for the payment of which we bind ourselves, our legal representatives, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, Principal has submitted or is about to submit a proposal to Oblige on a contract for Glass and Glazing at Second Parish Court Building, 100 Huey P. Long Avenue, Gretna, Louisiana 70003

NOW, THEREFORE, if the said contract be awarded to Principal and Principal shall, within such time as may be specified, enter into the contract in writing and give such bond or bonds as may be specified in the bidding or contract documents with surety acceptable to Oblige; or if Principal shall fail to do so, pay to Oblige the damages which Oblige may suffer by reason of such failure not exceeding the penalty of this bond, then this obligation shall be void, otherwise to remain in full force and effect.

SIGNED, SEALED AND DATED this 31 day of May, 2017

Principal

Crasco Glass & Mirror Co., Inc.

BY: [Signature]

Surety

Western Surety Company

BY: [Signature]

David N. Watts, Attorney-in-Fact

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

David N Watts, Mark A Pennebaker, Michael Durham, Individually

of New Orleans, LA, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be here to affixed on this 10th day of June, 2016.

WESTERN SURETY COMPANY



Paul T. Brufla
Paul T. Brufla, Vice President

State of South Dakota
County of Minnehaha
} ss

On this 10th day of June, 2016, before me personally came Paul T. Brufla, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

June 23, 2021



J. Mohr
J. Mohr, Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 31 day of May, 2017.

WESTERN SURETY COMPANY



L. Nelson
L. Nelson, Assistant Secretary

Form W-9
(Rev. March 1994)

Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

#24925

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

Name (if joint return, list first and last names of all persons whose names appear on page 2 of your return and change):

Address (number, street, apt. or suite no.): **00000 Box 19143**

City, state, and ZIP code: **12000 New York 12079**

Business name (sole proprietors see instructions on page 2): **James & Mary - Corp**

Entity type: ☒ Individual/sole proprietor ☐ Partnership ☐ Other

Requester's name and address (optional):

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For sole proprietors, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How To Get a TIN** below.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Part III 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 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 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.

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 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.

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 of underreporting interest or dividends on your tax return. For sole proprietors, item 2 does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, use Form W-9 to give your correct TIN to the requestor (the person requesting your TIN) and, when applicable, (1) to certify the TIN you are giving is correct for you are waiting for a number to be issued, (2) to certify you are not subject to backup withholding, or (3) to claim exemption from backup withholding. Giving your correct TIN and making the appropriate certifications will prevent certain payments from being subject to backup withholding.

What Is Backup Withholding?—Persons making certain payments to you must withhold and pay to the IRS 31% of such payments if you do not furnish a TIN, or if you do not certify to the requestor that you are not subject to backup withholding under 3 above (for reportable dividends only), or if you do not furnish your tax return (for reportable interest and dividends only).

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

Purpose of Form.—A person who is required to file an information return with the IRS must get your correct TIN to report interest, mortgage interest you paid, annuities, dividends or other income, property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 to give your correct TIN to the requestor (the person requesting your TIN) and, when applicable, (1) to certify the TIN you are giving is correct for you are waiting for a number to be issued, (2) to certify you are not subject to backup withholding, or (3) to claim exemption from backup withholding. Giving your correct TIN and making the appropriate certifications will prevent certain payments from being subject to backup withholding.

What Is Backup Withholding?—Persons making certain payments to you must withhold and pay to the IRS 31% of such payments if you do not furnish a TIN, or if you do not certify to the requestor that you are not subject to backup withholding under 3 above (for reportable dividends only), or if you do not furnish your tax return (for reportable interest and dividends only).

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



Louisiana State Licensing Board for Contractors

Contractor Information

Business Name CRASTO GLASS & MIRROR CO., INC.

Mailing Address P.O. BOX 19143

New Orleans, LA 70179

Phone Number (504) 581-2620

Fax Number (504) 588-2989

Email Address susan@sowalls.com

Active Licenses

License Number 1014

Type Commercial License

Status LICENSED

Effective 12/04/2015

Expiration 12/03/2018

First Issued 12/03/1956

Classifications

Class

SPECIALTY: GLASS, GLAZING, STORE FRONTS, METAL PARTITIONS, PANELS AND SIDING

Qualifying Party Gardner, J. Warren

Parishes

ALL