



# JEFFERSON PARISH

## Department of Purchasing

**Michael S. Yenni**  
Parish President

**Brenda C. Patel**  
Director

August 4, 2017

Mr. Gibson, Director  
Department of Parks and Recreation

Re: Bid No. 50-00119877 to provide labor, materials and equipment necessary for gym floor removal and replacement at Lemon Playground gymnasium.

The above referenced bid opened on August 1, 2017. The deadline for award is September 15, 2017, which is the 45<sup>th</sup> day from bid opening. Please find attached copies of bids submitted and the bid tabulation for your review and recommendation. Once you have made a recommendation for award, please forward a copy of the blank resolution routed for placement on the Council agenda to sduffy@jeffparish.net or you may fax it 504-364-2693.

Pursuant to LA R.S. 38:2215 and more specifically, Jefferson Parish regulations:

**All bids must be awarded or rejected within 45 calendar days from the date of bid opening. Therefore, if award (or rejection) will be made outside of the 45<sup>th</sup> day, then both low bidder and Jefferson Parish may mutually consent in writing to extend the deadline for award.**

You must forward a copy of this written extension to Purchasing to the email address or fax number provided above. A sample of the extension letter has been posted on the Parish Intranet – Purchasing– Purchasing Bid Forms or you may also access it in the Purchasing Public Folder in Outlook.

Council approval is required; once the Council awards the bid by adopting the resolution,

- a) You will be responsible to route for a contract placing all necessary paperwork (e.g. bid documents submitted by awarded vendor(s), bid tabulation, blank resolution, contract, affidavits and if any: insurance, bonds in Hummingbird.



# JEFFERSON PARISH

Department of Purchasing

**Michael S. Yenni**  
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Director

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Please be advised that the successful bidder(s) should submit the below upon contract execution. Please ensure that this documentation along with other required documentation are routed for contract execution.

- Performance Bond 100% of contract amount due at contract signing
- Payment Bond 100% of contract amount due at contract signing
- Final Insurance Certificate with all required coverages

Sincerely,

*Sidney Duffy*

Sidney Duffy, Buyer II

**RESPONDING VENDOR LIST FOR BID #50-00119877  
TO PROVIDE LABOR, MATERIALS AND EQUIPMENT  
NECESSARY FOR GYM FLOOR REMOVAL AND  
REPLACEMENT AT THE LEMON PLAYGROUND FOR  
DEPARTMENT OF PARKS AND RECREATION**

CONTINENTAL FLOORING COMPANY  
ATTN: GERALD MC MAHON  
9319 N. 94<sup>TH</sup> WAY, SUITE 1000  
SCOTTSDALE, AZ 85258

HAMP'S CONSTRUCTION LLC  
ATTN: CHARLIE HAMPTON  
1319 NEWTON STREET  
NEW ORLEANS, LA 70114

JIM OWENS CARPET CORPORATION  
ATTN: RICHARD L MULLOR  
4400 AIRLINE DRIVE  
METAIRIE, LA 70001

Jefferson Parish FMS  
DATE 8/04/17  
TIME 11:14:31

FINANCIAL MANAGEMENT  
BID ANALYSIS LISTING

PAGE 1  
BQ0190  
SDUFFY

BID: 50-00119877 LEMON PLAYGROUND GYM FLOORING

(\*\* = ESCALATION APPLIED)


ITEM DESCRIPTION	QUANTITY	U/M	REQUEST BY	REQUESTOR	REFERENCE NUMBER		
=====							
0010 Labor, Materials and Equipment	1.0000	JOB	5/31/2017	DMCNALLY			
VENDOR	MODEL	BRAND/COMMENT		COMPARISON AMT	EXTENSION	SEL	REASON
ACADIAN CARPET CENTER INC	** NON-RESPONDING VENDOR **						
BLANK BID COPY VENDOR	** NON-RESPONDING VENDOR **						
JIM OWENS CARPET CORP	BID REJECTED	INCORRECT LICENSE		103.080.0000	103,080.0000	NO	BidReject
	LICENSE WAS NOT IN THE CORRECT CATEGORY AND VENDORDID NOT ACKNOWLEDGE ADDENDA #2 ON SIGNATURE PAGE						
PERQUE CARPET & DRAPERY	** NON-RESPONDING VENDOR **						
HAMP'S CONSTRUCTION LLC	BID REJECTED	NO PROOF OF INSURANCE		99.850.0000	99,850.0000	NO	BidReject
	VENDOR DID NOT SUPPLY PROOF OF INSURANCE						
CONTINENTAL FLOORING COMPANY				103.711.0000	103,711.0000	NO	
GIL'S CARPET & TILE CO	** NON-RESPONDING VENDOR **						
A-MAR INTERIORS INC	** NON-RESPONDING VENDOR **						
MOHAWK FACTORING LLC	** NON-RESPONDING VENDOR **						

HIGH BID . : 103,711.0000 LOW BID . : 99,850.0000 AVERAGE BID: 102,213.6667

VENDOR TOTALS FOR BID:

VENDOR	BID AMOUNT	
JIM OWENS CARPET CORP	103,080.0000	BidReject
HAMP'S CONSTRUCTION LLC	99,850.0000	BidReject
CONTINENTAL FLOORING COMPANY	103,711.0000	

TOTAL ITEMS ON BID . . . . : 1

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

## Louisiana State Licensing Board for Contractors

### Contractor Information

**Business Name** CONTINENTAL FLOORING COMPANY  
**Mailing Address** 9319 N 94th Way Ste. 1000  
Scottsdale, AZ 85258  
**Phone Number** (480) 949-8509  
**Fax Number** (480) 945-2603  
**Email Address** licenses@continentalflooring.com  
**Website** http://

### Active Licenses

**License Number** 34889  
**Type** Commercial License  
**Status** LICENSED  
**Effective** 03/19/2017  
**Expiration** 03/18/2018  
**First Issued** 03/18/1999

### Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Christopher L. Coleman	ALL
BUSINESS AND LAW	Christopher L. Coleman	ALL

## LOUISIANA UNIFORM PUBLIC WORK BID FORM

50-00119877

Page: 5

TO: JEFFERSON PARISH  
PURCHASING DEPT  
200 DERBIGNY ST. SUITE 4400  
GRETN, LA 70053  
(Owner to provide name and address of owner)

BI

PROVIDE LABOR, MATERIALS AND EQUIPMENT NECESSARY  
FOR GYM FLOOR REMOVAL AND REPLACEMENT AT LEMON  
PLAYGROUND, JEFFERSON PARISH DEPARTMENT OF PARKS  
AND RECREATION

The undersigned bidder hereby declares and represents that she/he; a) has carefully examined and understands the Bidding Documents, b) has not received, relied on, or based his bid on any verbal instructions contrary to the Bidding Documents or any addenda, c) has personally inspected and is familiar with the project site, and hereby proposes to provide all labor, materials, tools, appliances and facilities as required to perform, in a workmanlike manner, all work and services for the construction and completion of the referenced project, all in strict accordance with the Bidding Documents prepared by: Jefferson Parish Purchasing

(Owner to provide name of entity preparing bidding documents.) and dated: 6/28/17

Bidders must acknowledge all addenda. The Bidder acknowledges receipt of the following ADDENDA: (Enter the number the Designer has assigned to each of the addenda that the Bidder is acknowledging) 1 and 2

TOTAL BASE BID: For all work required by the Bidding Documents (including any and all unit prices designated "Base Bid" \* but not alternates) the sum of:

One Hundred Three Thousand Seven Hundred and Eleven Dollars (\$) \$103,711.00

ALTERNATES: For any and all work required by the Bidding Documents for Alternates including any and all unit prices designated as alternates in the unit price description.

Alternate No. 1 (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A Dollars (\$) \_\_\_\_\_

Alternate No. 2 (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A Dollars (\$) \_\_\_\_\_

Alternate No. 3 (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A Dollars (\$) \_\_\_\_\_

NAME OF BIDDER: Continental Flooring Company

ADDRESS OF BIDDER: 9319 N. 94th Way, Suite 1000, Scottsdale, Arizona 85258

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 34889

NAME OF AUTHORIZED SIGNATORY OF BIDDER: Gerald McMahon

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: Vice President

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*: 

DATE: 7/28/17

\* The Unit Price Form shall be used if the contract includes unit prices. Otherwise it is not required and need not be included with the form. The number of unit prices that may be included is not limited and additional sheets may be included if needed.

\*\* If someone other than a corporate officer signs for the Bidder/Contractor, a copy of a corporate resolution or other signature authorization shall be required for submission of bid. Failure to include a copy of the appropriate signature authorization, if required, may result in the rejection of the bid unless bidder has complied with La. R.S. 38:2212(B)5.

BID SECURITY in the form of a bid bond, certified check or cashier's check as prescribed by LSA-R.S. 38:2218.A is attached to and made a part of this bid.

**LOUISIANA UNIFORM PUBLIC WORK BID FORM**  
**UNIT PRICE FORM**

Bid# 50-00119877

TO: JEFFERSON PARISH  
PURCHASING DEPT  
200 DERBIGNY ST, STE 4400  
METairie, LA 70053  
(Owner to provide name and  
address of owner)

PROVIDE LABOR, MATERIALS AND EQUIPMENT NECESSARY  
FOR GYM FLOOR REMOVAL AND REPLACEMENT AT LEMON  
PLAYGROUND, JEFFERSON PARISH DEPARTMENT OF PARKS  
AND RECREATION

UNIT PRICES: This form shall be used for any and all work required by the Bidding Documents and described as unit prices.  
Amounts shall be stated in figures and only in figures.

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid      0010 Labor, Materials and Equipment necessary for gym floor removal and replacement as described in the attached specifications or equal located at:			
	<input type="checkbox"/> Alt. # _____			
REF NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
	1.00	JOB	\$103,711.00	\$103,711.00

DESCRIPTION:	<input type="checkbox"/> Base Bid			
	<input type="checkbox"/> Alt. # _____			
REF NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)

DESCRIPTION:	<input type="checkbox"/> Base Bid			
	<input type="checkbox"/> Alt. # _____			
REF NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)

DESCRIPTION:	<input type="checkbox"/> Base Bid			
	<input type="checkbox"/> Alt. # _____			
REF NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)

DESCRIPTION:	<input type="checkbox"/> Base Bid			
	<input type="checkbox"/> Alt. # _____			
REF NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)

DESCRIPTION:	<input type="checkbox"/> Base Bid			
	<input type="checkbox"/> Alt. # _____			
REF NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)

DESCRIPTION:	<input type="checkbox"/> Base Bid			
	<input type="checkbox"/> Alt. # _____			
REF NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)

DESCRIPTION:	<input type="checkbox"/> Base Bid			
	<input type="checkbox"/> Alt. # _____			
REF NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)

Wording for "DESCRIPTION" is to be provided by the Owner.  
All quantities are estimated. The contractor will be paid based upon actual quantities as verified by the Owner.

Continental Flooring Company  
9319 N. 94th Way, Suite 1000  
Scottsdale, AZ 85258  
1-800-825-1221

# THE AMERICAN INSTITUTE OF ARCHITECTS



AIA Document A310

## Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we

**Continental Flooring Company**

**9319 N. 94<sup>th</sup> Way, Suite 1000, Scottsdale, AZ 85258**

(Here insert full name and address or legal title of Contractor)

as Principal, hereinafter called the Principal, and

**Employers Mutual Casualty Company**

**16150 N Arrowhead Ftn Ctr Dr #250, Peoria, AZ 85382**

(Here insert full name and address or legal title of Surety)

a corporation duly organized under the laws of the State of **Iowa**

as Surety, hereinafter called the Surety, are held and firmly bound unto

**Jefferson County**

**200 Derbigny Street**

**Gretna, LA 70053**

(Here insert full name and address or legal title of Owner)

as Obligee, hereinafter called the Obligee, in the sum of **Five Percent of Amount Bid (5%)**

for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid for

**Lemon Playground, Bid No. 50-00119877**

(Here insert full name, address and description of project)

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this 1<sup>st</sup> day of August 2017

(Witness)

(Witness)

**Continental Flooring Company**

(Principal)

(Seal)

By:

**GERALD McMAHON VICE PRESIDENT**

**Employers Mutual Casualty Company**

(Surety)

(Seal)

By:

**Melanie Ankeney**

(Title)

Melanie Ankeney / Attorney-in-Fact



**CERTIFICATE OF AUTHORITY INDIVIDUAL ATTORNEY-IN-FACT****KNOW ALL MEN BY THESE PRESENTS, that:**

1. Employers Mutual Casualty Company, an Iowa Corporation
2. EMCASCO Insurance Company, an Iowa Corporation
3. Union Insurance Company of Providence, an Iowa Corporation
4. Illinois EMCASCO Insurance Company, an Iowa Corporation
5. Dakota Fire Insurance Company, a North Dakota Corporation
6. EMC Property & Casualty Company, an Iowa Corporation
7. Hamilton Mutual Insurance Company, an Iowa Corporation

hereinafter referred to severally as "Company" and collectively as "Companies", each does, by these presents, make, constitute and appoint:  
DAVID J. MCKEE, JOSEPH A. CLARKEN, III, PATRICK R. HEDGES, JENNIFER CASTILLO, MELANIE ANKENY

its true and lawful attorney-in-fact, with full power and authority conferred to sign, seal, and execute its lawful bonds, undertakings, and other obligatory instruments of a similar nature as follows:

**ANY AND ALL BONDS**

and to bind each Company thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of each such Company, and all of the acts of said attorney pursuant to the authority hereby given are hereby ratified and confirmed.

**AUTHORITY FOR POWER OF ATTORNEY**

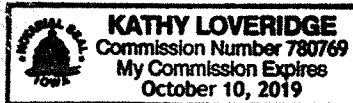
This Power-of-Attorney is made and executed pursuant to and by the authority of the following resolution of the Boards of Directors of each of the Companies at a regularly scheduled meeting of each company duly called and held in 1999:

**RESOLVED:** The President and Chief Executive Officer, any Vice President, the Treasurer and the Secretary of Employers Mutual Casualty Company shall have power and authority to (1) appoint attorneys-in-fact and authorize them to execute on behalf of each Company and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof; and (2) to remove any such attorney-in-fact at any time and revoke the power and authority given to him or her. Attorneys-in-fact shall have power and authority, subject to the terms and limitations of the power-of-attorney issued to them, to execute and deliver on behalf of the Company, and to attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof, and any such instrument executed by any such attorney-in-fact shall be fully and in all respects binding upon the Company. Certification as to the validity of any power-of-attorney authorized herein made by an officer of Employers Mutual Casualty Company shall be fully and in all respects binding upon this Company. The facsimile or mechanically reproduced signature of such officer, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power-of-attorney of the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

**IN WITNESS THEREOF**, the Companies have caused these presents to be signed for each by their officers as shown, and the Corporate seals to be hereto affixed this

22nd day of FEBRUARY, 2017.

Seals



*Bruce G. Kelley*  
Bruce G. Kelley, Chairman  
of Companies 2, 3, 4, 5 & 6; President  
of Company 1; Vice Chairman and  
CEO of Company 7

*Todd Strother*  
Todd Strother  
Vice President

On this 22nd day of FEBRUARY, AD 2017 before me a Notary Public in and for the State of Iowa, personally appeared Bruce G. Kelley and Todd Strother, who, being by me duly sworn, did say that they are, and are known to me to be the Chairman, President, Vice Chairman and CEO, and/or Vice President, respectively, of each of the Companies above; that the seals affixed to this instrument are the seals of said corporations; that said instrument was signed and sealed on behalf of each of the Companies by authority of their respective Boards of Directors; and that the said Bruce G. Kelley and Todd Strother, as such officers, acknowledged the execution of said instrument to be the voluntary act and deed of each of the Companies.

My Commission Expires October 10, 2019.

*Kathy Loveridge*  
Notary Public in and for the State of Iowa

**CERTIFICATE**

I, James D. Clough, Vice President of the Companies, do hereby certify that the foregoing resolution of the Boards of Directors by each of the Companies, and this Power of Attorney issued pursuant thereto on FEBRUARY 22, 2017 on behalf of:  
DAVID J. MCKEE, JOSEPH A. CLARKEN, III, PATRICK R. HEDGES, JENNIFER CASTILLO, MELANIE ANKENY

are true and correct and are still in full force and effect.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 1st day of August, 2017.

*[Signature]*  
Vice President

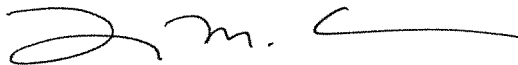
## CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
Continental Flooring Company  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Continental Flooring Company  
INCORPORATED, DULY NOTICED AND HELD ON June 2010,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT Gerald McMahon, 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**

Lisa M. Coleman, Secretary

7/28/17

**DATE**

Public Works Bid

AFFIDAVIT

STATE OF Arizona

PARISH/COUNTY OF Maricopa

BEFORE ME, the undersigned authority, personally came and appeared: Gerald McMahon  
\_\_\_\_\_, (Affiant) who after being by me duly sworn, deposed and said that  
Continental Flooring  
he/she is the fully authorized Vice President of Company (Entity),  
the party who submitted a bid in response to Bid Number 50-00119877 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.

Affiant further said:

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

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.

Affiant further said:

Affiant personally has not been convicted of, nor has he/she entered into a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. No individual partner, incorporator, director, manager, officer, organizer, or member, who has a minimum of a ten percent ownership in the Bidding Entity, has been convicted of, or has entered a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall permanently bar any person or the bidding entity from bidding on public projects:

- (a) Public bribery (R.S. 14:118)
- (b) Corrupt influencing (R.S. 14:120)
- (c) Extortion (R.S. 14:66)
- (d) Money laundering (R.S. 14:230)

A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall bar any person or the bidding entity from bidding on public projects for a period of five years from the date of conviction or from the date of the entrance of the plea of guilty or nolo contendere:

- (a) Theft (R.S. 14:67)
- (b) Identity Theft (R.S. 14:67, 16)
- (c) Theft of a business record (R.S. 14:67.20)
- (d) False accounting (R.S. 14:70)
- (e) Issuing worthless checks (R.S. 14:71)
- (f) Bank fraud (R.S. 14:71.1)
- (g) Forgery (R.S. 14:72)
- (h) Contractors; misapplication of payments (R.S. 14:202)
- (i) Malfeasance in office (R.S. 14:134)

The five-year prohibition provided for in this section shall apply only if the crime was committed during the solicitation or execution of a contract or bid awarded pursuant to these provisions. If evidence is submitted substantiating that a false attestation has been made and the project must be readvertised or the contract cancelled, the awarded entity making the false attestation shall be responsible to the public entity for the costs of rebidding, additional costs due to increased costs of bids and any and all delay costs due to the rebid or cancellation of this project.

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

Affiant further said:


- (1) Entity is registered and participates in a status verification system to verify that all employees in the State of Louisiana are legal citizens of the United States or are legal aliens.
- (2) Entity shall continue, during the term of the contract, to utilize a status verification system to verify the legal status of all new employees in the State of Louisiana.
- (3) Entity shall require all subcontractors to submit to the Entity a sworn affidavit verifying compliance with statements (1) and (2).

  
\_\_\_\_\_  
Signature of Affiant

Gerald McMahon, Vice President  
\_\_\_\_\_  
Printed Name of Affiant

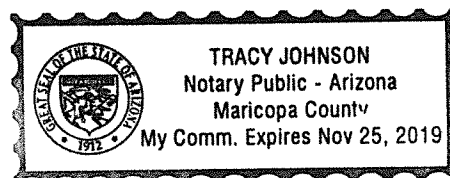
SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 28 DAY OF July, 2017.

  
\_\_\_\_\_  
Notary Public

Tracy Johnson  
\_\_\_\_\_  
Printed Name of Notary

N/A  
\_\_\_\_\_  
Notary/Bar Roll Number



My commission expires 11/25/2019.

Continental Flooring Company							
Flooring References							
Customer Name	Location	Materials Installed	Comp Date	Contract Amount	Contact Name	Contact	Contact Email
Travis Air Force Base	Travis AFB, CA	Various flooring proj.	Various	\$300,000.00	Joel Ambien	707-424-2706	joel.ambien.1@us.af.mil
Cheyenne Mountain AFB	Colorado Springs, CO	Flooring instalation	Jul-17	\$118,330.00	Timothy Ebbens	719-474-2007	
Minneapolis Veterans Home	Minneapolis, MN	Install carpet and base	Jan-17	\$283,830.00	Jesse Kiankowski	612-331-7178	
San Diego GSA	San Diego, CA	Shaw Carpet Tiles	Nov-16	\$319,837.30	David Dilks	619-696-2816	
Tampa International Airport	Tampa, Florida	Carpet replacement	May-16	\$697,000.00	Adam Smith	813-676-4337	
Department of Veterans Affairs	Jamaica, NY	Install Flexco LVT	Apr-16	\$170,478.34	Dorinik Gammon	714-526-1000	
US Air Force	Peterson AFB, CO	Install VCT & Base	Jun-15	\$118,485.80	Sean Dooley	719-556-4024	
AFPC/SVCHL	Kadena, Japan	Flooring	Apr-15	\$119,376.55	Noel Huihganga	210-395-7872	
Lew-McChord AFB	Lew-McChord AFB, WA	Floor Tile	Apr-15	\$668,040.85	Steve Dawson	253-477-2988	
Tinker AFB	Tinker AFB, OK	Flooring	Mar-15	\$98,604.50	John Seabury	405-734-5563	
Maxwell AFB	Maxwell AFB, AL	LVT flooring	Feb-15	\$71,442.00	Sabrina Johnson	334-953-5999	
Air National Guard	Portland, OR	Install Carpet	Jan-15	\$67,501.80	Steven Dong	503-335-4470	
Lowell Housing Authority	Lowell, MA	LVT with border	Apr-14	\$96,299.00	B. Chateaufneuf	978-364-5333	bchateaufneuf@lhna.org
Maxwell AFB	Montgomery, AL	Install carpet, rubber flooring and base	Apr-14	\$112,651.59	Susan Thomas	210-395-7869	susan.thomas.8@us.af.mil
Shreveport Federal Courthouse	Shreveport, LA	Broadloom carpet	Jan-14	\$42,544.34	Jerry Rash	318-676-3015	jerry.rash@gssa.gov
Department of Veterans Affairs	Philadelphia, PA	Johnsonite sheet vinyl and heat weld	Sep-13	\$96,614.00	Christine Eatherly	215-823-5000	
Cheyenne Mountain AFB	Colorado Springs, CO	Lee's carpet tile and Flexco cove base	Aug-13	\$82,104.40	Julie Baker	719-474-3951	
Murkland Elementary School	Lowell, MA	Cove base, carpet and vct	Aug-13	\$63,735.00	Jay Lang	978-694-2020	
Lowell High School	Lowell, MA	Cove base, carpet and vct	Aug-13	\$110,315.78	Jay Lang	978-694-2020	
Town of West Hartford	West Hartford, CT	VCT and base	Aug-13	\$405,929.56	Michael Longo	860-561-7927	
Nevada Bureau of Reclamation	Boulder City, NV	Carpet Tiles	Jul-13	\$89,122.70	Rob Croteau	702-293-8251	rcroteau@usbr.gov
Hannover Public Schools	Hannover, PA	Congoleum & Johnsonite cove base	Jul-13	\$96,516.00	Tim Kress	717-637-9000	
Travis AFB	Travis AFB, CA	Various Flooring Projects	Dec-12	\$300,000.00	Joel Ambien	707-424-2706	joel.ambien.1@us.af.mil
Eastern Carolina Reg. HA	Roseboro, NC	Installation of VCT	Sep-12	\$84,622.00	Robin Lancaster	919-735-0435	rlancaster@armstrong.com
Army National Guard	Gulfport, MS	Carpet, VCT and Base	Aug-12	\$398,300.00	Dennis Shadwell	228-323-0207	dennis.shadwell@ang.af.mil
Town of Maynard	Maynard, MA	VCT and Cove Base	Jul-12	\$160,635.85	Gregg Lefter	978-897-1308	glefter@townofmaynard.net
City of Lowell	Lowell, MA	Install VCT	Jul-12	\$266,484.00	Jay Lang	978-479-8794	
SSA Administration	Philadelphia, PA	Shaw Carpet Tiles	Dec-11	\$265,380.00	Barry Ellis	215-597-8204	barry.c.ellis@ssa.gov
California State University	Hayward, CA	Carpet and sheet vinyl	Sep-11	\$587,888.00	Keat Saw	510-885-3968	
County of San Joaquin	Stockton, CA	Carpet and VCT	Apr-11	\$894,396.30	Gabrial Karam	209-468-3357	
Hampton Redevelopment and HA	Hampton, VA	Sheet Vinyl, Vinyl Base	Nov-10	\$207,600.00	Karen Gelhaar	757-727-1521	kgelhaar@htha.org
Springdale Housing Authority	Springdale, AR	Armstrong VCT	Nov-10	\$333,830.00	Randy Hoeschen	901-848-5675	
SSA	Philadelphia, PA	Shaw Carpet Tile	Aug-10	\$238,083.00	Jan Carter	215-597-8205	

Continental Flooring Company									
Flooring References									
Customer Name	Location	Materials Installed	Comp Date	Contract Amount	Contact Name	Contact	Contact Email		
Hillsborough Cty Aviation Auth.	Tampa, Florida	Carpet and Ceramic	Aug-10	\$1,159,710.66	Rey Buñes	813-870-7846			
State of Rhode Island	Providence RI	Flooring	Jun-10	\$833,336.00	Artie Jochmann	401-222-1285			





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/28/2016

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).

<b>PRODUCER</b> Willis Insurance Services of California, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> 1-877-945-7378	<b>FAX (A/C, No):</b> 1-888-467-2378
	<b>E-MAIL ADDRESS:</b> certificates@willis.com	
<b>INSURED</b> Continental Flooring Company 9319 N 94th Way, #1000 Scottsdale, AZ 85258	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Ohio Security Insurance Company	
	<b>INSURER B:</b> Ohio Casualty Insurance Company	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: W1687506

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			BKS (17) 56264714	11/01/2016	11/01/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Property Damage Ded: \$1,000						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	<b>AUTOMOBILE LIABILITY</b>			BAS (17) 56264714	11/01/2016	11/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		ESO (17) 56264714	11/01/2016	11/01/2017	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 4,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ \$10,000						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION**

For Evidence Only	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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/12/2016

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).

<b>PRODUCER</b> AZCAL Insurance Serv Agy Inc 7689 E Paradise Lane Unit 4  Scottsdale AZ 85260		<b>CONTACT</b> NAME: Gracie Milligan PHONE (A/C, No, Ext): (480) 948-8008 E-MAIL ADDRESS: graciem@azcalinsurance.com FAX (A/C, No):  <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Twin City Fire INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		<b>NAIC #</b> 00914
<b>INSURED</b> Continental Flooring Company 9319 N 94th Way Ste  Scottsdale AZ 85258				

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A	N/A	59WEIY8111	09/21/2016	09/21/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000

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

Waiver of Subrogation is included in this policy (form Number WC990301B) attached.

**CERTIFICATE HOLDER**

Continental Flooring Company  9319 North 94th Way, Suite 1000  Scottsdale AZ 85258	<b>CANCELLATION</b>  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 Gracie Milligan
--	---

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**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)  
**CONTINENTAL FLOORING COMPANY**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)  
**9319 N 94TH WAY, SUITE 1000**

City, state, and ZIP code  
**SCOTTSDALE, AZ 85258**

List account number(s) here (optional)

Requester's name and address (optional)

**Part 1 Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line 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 1 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								
				-				

Employer identification number								
8	6		0	3	6	9	0	2

**Part 2 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 ▶ *T. J. K...* Date ▶ *5/17/13*

**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.



#112226

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## Interactive TIN Session:Interactive Results

This screen provides you with the results of your TIN Match request. The 'Match Indicator' displays a code next to the TIN and name combination. Use the codes below to interpret your results:

- 0 = TIN and Name combination matches IRS records.
- 1 = TIN was missing or TIN not 9-digit numeric.
- 2 = TIN entered is not currently issued.
- 3 = TIN and Name combination does not match IRS records.
- 4 = Invalid TIN Matching request.
- 5 = Duplicate TIN Matching request.
- 6 = TIN and Name combination matches IRS SSN records.
- 7 = TIN and Name combination matches IRS EIN records.
- 8 = TIN and Name combination matches IRS SSN and EIN records.

**Important:** Before leaving this screen, you may want to do a Print Screen of the results. Once you exit this screen, the interactive results will no longer be available for viewing.

Using the TIN Matching system allows you to verify the accuracy of taxpayer TIN and name information prior to submitting information to IRS. Internal Revenue Code 6724 provides any penalties under Section 6721 may be waived if the filer shows the failure to file a correct TIN on an information return was due to reasonable cause and not willful neglect. Filers may prove due diligence and receive a waiver from proposed penalties if they prove the TIN and name combination they submitted matched IRS records. Providing a copy of the Print Screen of your Interactive Results will be considered proof of due diligence.

ID	TIN Type	TIN	Name	Result Code
1	Unknown	860369902	continental flooring company	7

You may do either of the following:

- Select *Another Tin Matching Request* to check more TIN and Name combinations.
- Select *Done* to return to the TIN Matching home page.

[ANOTHER TIN MATCHING REQUEST](#)[DONE](#)

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version 16.6.1