

DATE: 10/13/2015

BID NO.: 50-00114651

Page: 5

**BID FORM**  
Non Public Works

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

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

Are you requesting an escalation provision?

YES \_\_\_\_\_ NO  X

MAXIMUM ESCALATION PERCENTAGE REQUESTED  0  %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF  12/31/2015

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

24 hours ARO

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

N/A

**THIS SECTION MUST BE COMPLETED BY BIDDER:**

FIRM NAME:  United Site Services of Mississippi, LLC.

ADDRESS:  9486 Belle Chasse Highway

CITY, STATE:  Belle Chasse, LA

ZIP:  70037

TELEPHONE: ( 504 )  394-8986 x71241

FAX: ( 504 )  394-8719

EMAIL ADDRESS:  Gustave.Flair@unitedsiteservices.com

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER:  #1 - 11/05/2015

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$  52,250.00

AUTHORIZED

SIGNATURE: \_\_\_\_\_

Adam W. Jacobs

Printed Name

TITLE:  Manager

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.**

DATE: 10/13/2016

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page 6

BID NO.: 50-00114651

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			TWO(2)YEAR CONTRACT FOR LABOR, MATERIALS AND EQUIPMENT NECESSARY FOR THE RENTAL, INSTALLATION AND REMOVAL OF PORTABLE FENCING FOR THE JEFFERSON PARISH DEPARTMENT OF CITIZENS' AFFAIRS:		
1	1,300.00	FT	0010-Fencing for East Jefferson Parades in assembly area in the Sears shopping center parking lot.	2.75	3,575.00
2	3,400.00	FT	0020-Fencing for the East Jefferson parades-east corner of Martin Behrman to the west corner of Nursery Ave	2.75	9,350.00
3	8,000.00	FT	0030-Fencing for East Jefferson Carnival parades -Veterans Memorial Blvd from westbound u-turn at Houma Blvd to Clearview Parkway (neutral ground north and south sides of the canal)	2.75	22,000.00
4	1,300.00	FT	0040-Fencing for Irish Italian Parade -Sears parking lot.	2.75	3,575.00
6	5,000.00	FT	0050-Fencing for Family Gras-Neutral ground area Severn at Purple Heart Loop	2.75	13,750.00

## **Fencing for 2016 and 2017 Parade season**

**Two (2) year contract for labor, materials, and equipment necessary for the rental, installation, and removal of portable fencing for the Jefferson Parish Department of Citizens' Affairs.**

**Vendor to install 6 feet high by 10 feet long galvanized chain link fence sections at various locations in East Jefferson for use during the parade season.**

**The estimated amount of fencing is shown in this request. The actual amount may be more or less. Please quote per linear foot of fencing to include cost of all labor, materials, and equipment necessary for the rental, installation, and removal of the portable fencing for the 2016 and 2017 parade season.**

**Successful vendor must contact Carnival office at (504) 736-6101 for a meeting before delivery for locations, placement and quantities. Successful vendor must be able to provide 9,500 linear feet of fencing for the 2016 and 2017 parade seasons respectively**

**Successful vendor to supply on demand with 24 hour emergency communication.**

**Note: For every 100 feet of fencing, leave a six (6) feet gap for walkway**

**Line item 0010-Fencing for East Jefferson parades in assembly area in the Sears shopping center parking lot,**

**For 2016 parade season:**

**Install by: Thursday January 21, 2016**

**In use dates: Sunday January 24, 2016 – Tuesday February 9, 2016**

**Vendor to install fencing in 10 feet sections. No gaps for Walkways. Map is available for Sears parking lot. 1300 linear feet of Fencing.**

**\*2017 parade season install and in use dates will be given at a later date.**

**Line item 0020-Fencing for East Jefferson parades-east corner of Martin Behrman to the west corner of Nursery Ave.**

**For 2016 Parade season:**

**Install by: Thursday January 21, 2016**

**In use dates: Sunday January 24, 2016 – Tuesday February 9, 2016**

**Vendor to install fencing in 10 feet sections on the neutral ground on Veterans Memorial Blvd from the east corner of Martin Behrman to the west corner of Nursery Ave. 3,400 Linear Feet of Fencing.**

**\*2017 parade season install and in use dates will be given at a later date.**

**Line Item 0030-Fencing for East Jefferson parades-Veterans Memorial Blvd from westbound U-turn at Houma Blvd to Clearview Parkway (neutral ground, north & south sides of canal)**

**For 2016 Parade season:**

**Install by: Wednesday January 27, 2016**

**In use dates: Friday January 29, 2016 – Tuesday February 9, 2016**

**Vendor to install fencing on Veterans Memorial Blvd from westbound U-turn at Houma Blvd. to Clearview Parkway. (neutral ground, north and south sides of canal) Vendor to install fencing in 10 feet sections. No gaps for Walkways. 8,000 Linear feet of fencing.**

**\*2017 parade season install and in use dates will be given at a later date.**

**Line Item 0040-Fencing for Irish Italian Parade-Sears Parking lot**

**Install by: Thursday March 17, 2016**

**In use date: Sunday March 20, 2016**

**1,300 linear feet of portable fencing for Irish Italian Parade in Sears Parking lot.**

**Vendor to install fencing in 10 feet sections. No gaps for walkways. Map available for Sears Parking lot.**

**\*2017 parade season install and in use dates will be given at a later date.**

**Line Item 0050-Fencing for Family Gras-Veterans Memorial Blvd from eastbound U-turn at Severn Ave to eastbound U-turn at Purple Heart Loop. (Neutral ground area of Family Gras Pavilion)**

**For 2016 Parade season:**

**Install by: Thursday January 28, 2016**

**In use dates: Friday January 29, 2016 – Sunday January 31, 2016**

**Vendor to install fencing on Veterans Memorial Blvd from eastbound U-turn at Severn Ave to eastbound U-turn at Purple Heart Loop (Neutral ground area of the Family Gras Pavilion). Vendor to install fencing in 10 feet sections. No gaps for walkways. 5,000 Linear feet of fencing.**

**\*2017 parade season install and in use dates will be given at a later date.**

**Non-Public Works Bid**

**AFFIDAVIT**

STATE OF Massachusetts

PARISH/COUNTY OF Worcester

BEFORE ME, the undersigned authority, personally came and appeared: \_\_\_\_\_  
Adam W. Jacobs, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized Manager of United Site Services of Mississippi, LLC. (Entity),  
the party who submitted a bid in response to Bid Number 50-114651, 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.

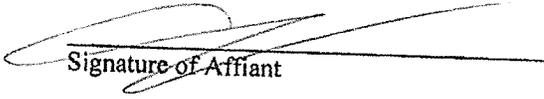
Choice B  There are **NO** debts which would require disclosure under Choice A of this section.

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

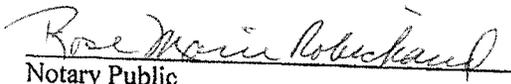
*[The remainder of this page is intentionally left blank.]*

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.

  
Signature of Affiant

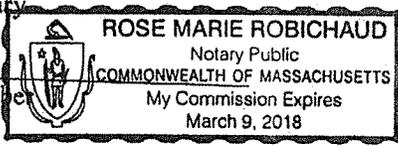
Adam W. Jacobs, Manager  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 10<sup>th</sup> DAY OF November, 2015.

  
Notary Public

Printed Name of Notary

Notary/Bar Roll Number



My commission expires \_\_\_\_\_.

**WRITTEN CONSENT  
OF  
THE SOLE MEMBER OF  
UNITED SITE SERVICES OF MISSISSIPPI, LLC**

**April 30, 2015**

The undersigned, being the sole member (the "Sole Member") of United Site Services of Mississippi, LLC, a Mississippi limited liability company (the "Company"), in accordance with the Company's Operating Agreement and the Mississippi Limited Liability Company Act, consents to, adopts, and approves the following resolutions and each and every action effected thereby:

WHEREAS, Gaetano D'Anna has resigned his position as manager of the Company,

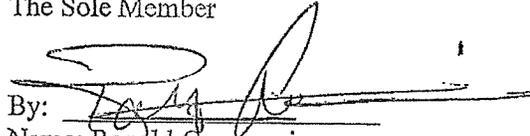
WHEREAS, the undersigned desires that it is in the best interest of the Company to appoint a new manager;

NOW THEREFORE, BE IT RESOLVED, that Adam W. Jacobs is hereby appointed as Manager, to serve in accordance with the Operating Agreement of the Limited Liability Company and at the discretion of the Managers.

\* \* \* \*

IN WITNESS WHEREOF, the undersigned, being the sole Member of the Company, has executed this Written Consent as of the date first set forth above.

UNITED SITE SERVICES, INC.  
The Sole Member

By:   
Name: Ronald Carapezzi  
President & CEO

213545

2006 2008

Form **W-9**  
(Rev. November 2005)  
Department of the Treasury  
Internal Revenue Service

### Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)  
**UNITED SITE SERVICES OF MS, LLC**

Business name, if different from above

Check appropriate box:  Individual Sole proprietor  Corporation  Partnership  Other  Exempt from backup withholding

Address (number, street, and apt. or R.F.D. no.)  
**2803 33RD STREET P O BOX 10169**

City, state, and ZIP code  
**GULFPORT, MS 39505**

List account number(s) here (optional)

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

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Social security number								
OR								
Employer identification number								
2	0	3	4	9	7	1	3	1

**Part IV** 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. person (including a U.S. resident alien).

**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 *M. BOO* Date *2/14/07*

**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.

**U.S. person.** 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.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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

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

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

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

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

Are you requesting an escalation provision?

YES \_\_\_\_\_ NO X

MAXIMUM ESCALATION PERCENTAGE REQUESTED \_\_\_\_\_%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF December 10, 2015

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 REQUESTED

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

20784

**THIS SECTION MUST BE COMPLETED BY BIDDER:**

FIRM NAME: PETRON LLC

ADDRESS: P.O. Box 8718

CITY, STATE: Alexandria, LA ZIP: 71301

TELEPHONE: (318) 445 5685 FAX: (318) 448 1727

EMAIL ADDRESS: Ray.Morrow@Petron-us.com

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: #1  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$285,635.00

AUTHORIZED SIGNATURE: [Signature]

Steve Ayres  
Printed Name

TITLE: Managing Member

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.: 50-00114651

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1,300.00	FT	<p>TWO(2)YEAR CONTRACT FOR LABOR, MATERIALS AND EQUIPMENT NECESSARY FOR THE RENTAL, INSTALLATION AND REMOVAL OF PORTABLE FENCING FOR THE JEFFERSON PARISH DEPARTMENT OF CITIZENS' AFFAIRS:</p> <p>0010-Fencing for East Jefferson Parades in assembly area in the Sears shopping center parking lot.</p>	15 <sup>55</sup> per ft	20,215 <sup>00</sup>
2	3,400.00	FT	<p>0020-Fencing for the East Jefferson parades-east corner of Martin Behrman to the west corner of Nursery Ave</p>	15 <sup>55</sup> per ft.	52,870 <sup>00</sup>
3	8,000.00	FT	<p>0030-Fencing for East Jefferson Carnival parades -Veterans Memorial Blvd from westbound u-turn at Houma Blvd to Clearview Parkway (neutral ground north and south sides of the canal)</p>	15 <sup>55</sup> per ft	124,400 <sup>00</sup>
4	1,300.00	FT	<p>0040-Fencing for Irish Italian Parade -Sears parking lot.</p>	16 <sup>00</sup> per ft.	10,400 <sup>00</sup>
5	5,000.00	FT	<p>0050-Fencing for Family Gras-Neutral ground area Severn at Purple Heart Loop</p>	15 <sup>55</sup> per ft.	77,750 <sup>00</sup>

**CORPORATE RESOLUTION**

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
Petron, L.L.C  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Petron, L.L.C  
INCORPORATED, DULY NOTICED AND HELD ON Sept 05, 2015,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT Steve Ayres, 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.

J.R. Gunn

SECRETARY-TREASURER

11-09-2015

DATE

**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)** Petron LLC

**Business name, if different from above**

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

**Address (number, street, and apt. or suite no.)** 1600 Harris Street **Requester's name and address (optional)**  
**City, state, and ZIP code** Alexandria LA 71301  
**List account number(s) here (optional)**

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

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Social security number**  
:  
:  
:  
or  
**Employer identification number**  
72-0590032

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

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here** **Signature of U.S. person** ▶ Melinda Jacobs **Date** ▶ 11-12-15

**General Instructions**

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

**Purpose of Form**

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

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

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

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

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

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

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

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

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

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

Are you requesting an escalation provision?

YES \_\_\_\_\_ NO X

MAXIMUM ESCALATION PERCENTAGE REQUESTED 0 %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 12/31/2017.

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

10 days from NTP

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

57489

**THIS SECTION MUST BE COMPLETED BY BIDDER:**

FIRM NAME: Can't Be Beat Fence + Construction, LLC

ADDRESS: 2204 Hwy 53

CITY, STATE: Perkinston, MS ZIP: 39573

TELEPHONE: (228) 255-9040 FAX: (228) 255-5828

EMAIL ADDRESS: meredith@cbbfc.com

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: 1 dated 11-5-2015

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$ 190,020.00

AUTHORIZED SIGNATURE: Meredith Anderson Meredith Anderson

Printed Name

TITLE: Managing Member

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.: 50-00114651

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			TWO(2)YEAR CONTRACT FOR LABOR, MATERIALS AND EQUIPMENT NECESSARY FOR THE RENTAL, INSTALLATION AND REMOVAL OF PORTABLE FENCING FOR THE JEFFERSON PARISH DEPARTMENT OF CITIZENS' AFFAIRS:		
1	1,300.00	FT	0010-Fencing for East Jefferson Parades in assembly area in the Sears shopping center parking lot.	10.35	13,455. <sup>00</sup>
2	3,400.00	FT	0020-Fencing for the East Jefferson parades-east corner of Martin Behrman to the west corner of Nursery Ave	10.35	35,190. <sup>00</sup>
3	8,000.00	FT	0030-Fencing for East Jefferson Carnival parades -Veterans Memorial Blvd from westbound u-turn at Houma Blvd to Clearview Parkway (neutral ground north and south sides of the canal)	10.35	82,800. <sup>00</sup>
4	1,300.00	FT	0040-Fencing for Irish Italian Parade -Sears parking lot.	5.25	6,825. <sup>00</sup>
5	5,000.00	FT	0050-Fencing for Family Gras-Neutral ground area Severn at Purple Heart Loop	10.35	51,750. <sup>00</sup>

## CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
Can't Be Beat Fence & Construction, LLC

~~INCORPORATED:~~ SOLE-OWNED limited liability Company

AT THE MEETING OF DIRECTORS OF Can't Be Beat Fence & Construction, LLC  
INCORPORATED, DULY NOTICED AND HELD ON 7/2000,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT Meredith Anderson, 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~~

Meredith Anderson  
Managing Member

11-9-15

DATE

\* SEE A Hacked

Secretary of State  
2015 LLC Annual Report

**F0108**

**2015276491**

**Fee: \$**



Business ID: 689359  
Filed: 04/06/2015 02:02 PM  
C. Delbert Hosemann, Jr.  
Secretary of State

DELBERT HOSEMAN  
Secretary of State

P.O. BOX 136  
JACKSON, MS 39205-0136

TELEPHONE: (601) 359-1633

**2015 LLC Annual Report**

**Business Information**

**Business ID:** 689359

**Business Name:** Can't Be Beat Fence and  
Construction, LLC

**State of Incorporation:** MS

**Business Email:** meredith@cbbfc.com

**Phone:** (\*\*\*)\*\*\*\_\*\*\*\*

**FEIN:** \*\*\_\*\*\*\*\*

**Principal Address:** 12079 HWY 603  
KILN, MS 39556

**Registered Agent**

**Name:** MEREDITH ANDERSON

**Address:** 12079 Hwy 603  
Bay Saint Louis, MS 39520

**Managers and Members**

**Managers**

**Name:**  
Meredith Anderson  
*Manager*

**Address:**  
2204 HWY 53  
PERKINSTON, MS 39573

**Members**

**Name:**  
Meredith Anderson  
*Member*

**Address:**  
2204 HWY 53  
PERKINSTON, MS 39573

**Officers**

*Title/Name:*

*Address:*

*Director:*

**President:**

**Vice President:**

**Secretary:**

**Treasurer:**

This LLC has a written Operating Agreement.

**NAICS Code/Nature of Business**

238990 - All Other Specialty Trade Contractors

236220 - Commercial and Institutional Building Construction

237310 - Highway, Street, and Bridge Construction

**Signature**

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **04/06/2015**.

***Name:***

***Address:***

Meredith Anderson

2204 Hwy 53

*Member*

Perkinston, MS 39573

**Officers List**

***Name:***

Meredith Anderson  
*Manager*

Meredith Anderson  
*Member*

***Address:***

2204 HWY 53  
PERKINSTON, MS 39573

2204 HWY 53  
PERKINSTON, MS 39573

Non-Public Works Bid

AFFIDAVIT

STATE OF Mississippi

PARISH/COUNTY OF Pearl River

BEFORE ME, the undersigned authority, personally came and appeared: Meredith Anderson, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Managing Member of Can't Be Beat Fence+Construction LLC (Entity), the party who submitted a bid in response to Bid Number 50-114651, 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.

Meredith Anderson  
Signature of Affiant

Meredith Anderson  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 9 DAY OF Nov, 2015.

Arlene Raymond  
Notary Public

Arlene Raymond  
Printed Name of Notary

106875  
Notary/Bar Roll Number

My commission expires Oct. 2. 2017



**Request for Taxpayer  
 Identification Number and Certification**

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

291530

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Can't Be Beat Fence & Construction, LLC**

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:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Other (see instructions) ▶ \_\_\_\_\_  
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.

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) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)  
**2204 Hwy 53**

6 City, state, and ZIP code  
**Perkinston, Ms. 39573**

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type  
See Specific instructions on page 2.

**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.

**Social security number**

			-						
--	--	--	---	--	--	--	--	--	--

OR

**Employer identification number**

6	4	-	0	9	2	7	7	8	2
---	---	---	---	---	---	---	---	---	---

**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.

**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.

**Sign Here** Signature of U.S. person ▶ *Meredith K...* Date ▶ 9/14/2015

**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.



#291530

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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	640927782	cant be beat fence and construction llc	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.

[IRS Privacy Policy](#) | [Privacy Notice](#)  
 tin-match-rup-webapp (version R-15.6.1)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

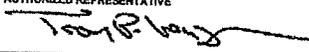
<b>PRODUCER</b> The Insurance Center A Division of BancorpSouth Insurance Services 213 Porter Avenue Biloxi MS 39530-		<b>CONTACT NAME:</b> Belinda Tubbs <b>PHONE (A/C, Ho, Ext):</b> 228-374-2000 X306 <b>FAX (A/C, No):</b> 228-432-7420 <b>E-MAIL ADDRESS:</b> belinda.tubbs@bxs1.com	
<b>INSURED</b> CANTBEB-02 Can't Be Beat Fence and Construction, LLC 12079 Hwy 603 Bay St. Louis MS 39520		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Amerisure Insurance Company <b>NAIC #</b> 19488 <b>INSURER B:</b> Amerisure Mutual Insurance Company      23396 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 897960192      **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$2,000 PD Ded <input checked="" type="checkbox"/> Per Occurrence GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GL20831480301	7/1/2015	7/1/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CA20831470305	7/1/2015	7/1/2016	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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$		CU20831490302	7/1/2015	7/1/2016	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 Pers/Adv Inj \$5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MS) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC2083150-03	7/1/2015	7/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
NO HOLDER LISTED ON SAMPLE CERTIFICATE - USED FOR BIDDING PURPOSES

<b>CERTIFICATE HOLDER</b>  SAMPLE CERTIFICATE 2204 Hwy 53 Perkinston MS 39573-0000	<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 
--	--