BID FOR:

JEFFERSON PARISH

Page:

AIR COMPRESSOR IMPROVEMENTS AT

Dollars (\$)

Dollars (\$)\_

5

PURCHASING DEPT	ANY COMMITTED CONTINUE TO A PERSON AND A PER
200 DERBIGNY ST. SUITE 4400	HERO, AND ESTELLE II PUMP STATI
GRETNA, LA 70053	THE JEFFERSON PARISH DEPARTMENT
(Owner to provide name and address of owner)	DRAINAGE
	(Owner to provide name of project and
	other identifying information)
The undersigned bidder hereby declares and represents that she/he; a) I	has carefully examined and understands the Ridding Documents b) has
not received, refled on, or based his bid on any verbal instructions cont	trary to the Ridding Documents or any addenda a) has navganally
inspected and is familiar with the project site, and hereby proposes to r	provide all labor materials tools appliances and facilities as required
to perform, ill a workmanlike manner all work and services for the cor	actruction and completion of the reformed and and all in active
accordance with the Bidding Documents prepared by:  (Owner to provide name of entity preparing bidding documents.)	
(Owner to provide name of entity preparing hidding documents)	and dated:
Bidders must acknowledge all addenda. The Bidder acknowledges rec	eipt of the following ADDENDA: (Enter the number the Designer has
assigned to each of the addenda that the Bidder is acknowledging)	
TOTAL BASE BID: For all work required by the Bidding Documents	Control Control
alternates) the sum of:	s (including any and all unit prices designated "Base Bid" * but not
Two Hundred Forty Thousand	
Two Hundred Forty Thousand	Dollars (\$) 240,000.00
	20 mis (2)
ATTERNATES: For any and all words are in the deficition	
ALTERNATES: For any and all work required by the Bidding Docum alternates in the unit price description.	ments for Alternates including any and all unit prices designated as
and make and price description.	
Alternate No. 1 (Owner to provide description of alternate and state wl	hether add or deduct) for the lump our of
	neuter and of deduct) for the lump sum of.
	Dollars (\$)
	(**)
Alternate No. 2 (Owner to provide description of alternate and state w	hather add and death of the total and the state of the st
to provide description of alternate and state w	neuter and or deduct) for the lump sum of:

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*: Cayfu

LOUISIANA CONTRACTOR'S LICENSE NUMBER: Municipal & Public Works 40921, Mechanical 40921

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

NAME OF BIDDER: Fucich Contracting, Inc.

NAME OF AUTHORIZED SIGNATORY OF BIDDER: Clayton Fucich

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: President

ADDRESS OF BIDDER: P.O. Box 3802

DATE: \_11/16/2017

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.

<sup>\*</sup> The <u>Unit Price Form</u> 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.

<sup>\*\*</sup> 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 Bond**

#### CONTRACTOR:

(Name, legal status and address)
Fucich Contracting, Inc.
P.O. Box 3802

Bay St Louis, MS 39521

#### SURETY:

(Name, legal status and principal place of business)

Travelers Casualty and Surety Company of America One Tower Square Hartford, CT 06183-6014

# OWNER:

(Name, legal status and address)
Jefferson Parish
200 Derbigny Street, Suite 4400
Gretna, LA 70053

This document has important legal consequences.

Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

BOND AMOUNT: Five Percent (5%) of the Amount Bid-----

#### PROJECT:

Init.

(Name, location or address, and Project number, if any)
Bid Number 50-00121139
Air Compressor Improvements at Planters, Hero, and Estelli

Air Compressor Improvements at Planters, Hero, and Estelle II Pump Stations for the Jefferson Parish Department of Drainage

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner 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. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this

16th

day of

November

, 2017

Fucich Contracting, Inc.

(Contractor as Principal)

(Seal)

(Witness)

Travelers Casualty and Surety Company of America

(Surety)

(Seal)

(Witness)

Vache lead

Kathleen Scarborough, Attorney-In-Fact

Louisjana Resident Countersigning Agent:

Charles E Reagin, III - Lic#232446

BancorpSouth Insurance Services, In
P O Box 3809, Baton Rouge, LA 70809



#### **POWER OF ATTORNEY**

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company Travelers Casualty and Surety Company Travelers Casualty and Surety Company of America United States Fidelity and Guaranty Company

Attorney-In Fact No.

232567

Certificate No. 007348174

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

John B. Sneed, Joseph Beattie, Patrick Mason, Lisa Butler of Gulfport, Mississippi; Jim E. Brashier, Troy P. Wagener, Loren Richard Howell, Jr., Kathleen Scarborough, Dewey Brashier, Belinda Tubbs, Susan Skrmetta, Joseph Beattie of Biloxi, Mississippi, David Robin Fortenberry, Richard Teb Jones, Mary Jones Norval, Kimberly Barhum of Hattiesburg, Mississippi; John W. Nance of Tupelo, Mississippi; Andrew P. Underwood of Mobile, Alabama; Chris H. Boone, Sharon Tuten, and Cody Chew

of the City of Jackson each in their separate capacity if n other writings obligatory in the na contracts and executing or guarant	nore than one is named above ature thereof on behalf of th	e, to sign, execute, seal an	ness of guaranteein	and all bonds, reco	ognizances, conditionersons, guaranteein	al Attorney(s)-in-Fact, onal undertakings and g the performance of
IN WITNESS WHEREOF, the C	Companies have caused this 2017.	instrument to be signed ar	d their corporate sea	als to be hereto aff	ixed, this	25th
	Farmington Casualty Cor Fidelity and Guaranty Ins Fidelity and Guaranty Ins St. Paul Fire and Marine St. Paul Guardian Insura	surance Company surance Underwriters, In Insurance Company	Trav	velers Casualty ar velers Casualty ar	urance Company nd Surety Compan nd Surety Compan y and Guaranty C	ny of America
1982 C	INCORPORATED STATES	SEAL S	SEAL S	HARTFORD, CONN.	J HARTFORD & CONN.	HOOFGRAID STAND THE STAND STAN
State of Connecticut City of Hartford ss.			Ву:	Robert L. Rane	y, Senior Vice Preside	ent
On this the	ny, St. Paul Guardian Insura America, and United States I	, Fidelity and Guaranty In nce Company, St. Paul Me Fidelity and Guaranty Cor	surance Company, F reury Insurance Con npany, and that he, a	delity and Guaran npany, Travelers ( as such, being auth	ity Insurance Under Casualty and Surety norized so to do, ex	Company, Travelers

**In Witness Whereof,** I hereunto set my hand and official seal. My Commission expires the 30th day of June, 2021.



Marie C. Tetreault Notary Public

#### WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 16th day of November

\_, 20 <u>1\_7</u>

Kevin E. Hughes Assistant Secretary



















To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.

# Public Works Bid

# **AFFIDAVIT**

STATE OF Mississippi			
PARISH/COUNTY OF HANCOCK			
BEFORE ME, the un	ndersigned authority, personally came and appeared: CLAYton		
Fucich .(A)	ffiant) who after being by me duly sworn, deposed and said that		
he/she is the fully authorized	d PRESIDENT of CONTRACTING, INC (Entity).		
the party who submitted a bi	id in response to Bid Number 12/139, to the Parish of		
Jefferson.			
Affiant further said:			
Campaign Contribution Disc	elosures		
(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 <b>NO</b> campaign contributions made which would require disclosure under Choice A of this section.		

Updated: 02.27.2014

BID NO.: 50-00121139 PAGE: 9

Affiant further said:

# Debt Disclosures

# (Choose A <u>or</u> 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

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)

Updated: 02.27.2014

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

CLATTON FUCICL Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 15th DAY OF November, 20 17.

Notary Public

115294

Notary/Bar Roll Number

My commission expires Feb 16, 2020



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/1/2017

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

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Kay S. Takewell BancorpSouth Insurance Services, Inc. PHONE (A/C, No, Ext): 228-374-2000 FAX (A/C, No): 228-432-7420 The Insurance Center E-MAIL ADDRESS: kay.takewell@bxsi.com 213 Porter Biloxi MS 39530 INSURER(S) AFFORDING COVERAGE INSURER A : FCCI Insurance Company 10178 INSURED FUCICON-01 INSURER B : Fucich Contracting, Inc. INSURER C : P.O. Box 3802 Bay Saint Louis MS 39521 INSURER D : INSURER E CERTIFICATE NUMBER: 1367633023 COVERAGES 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 ADDL SUBR POLICY EFF (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY X GL001496404 1/28/2017 1/28/2018 EACH OCCURRENCE DAMAGE TO RENTED \$1,000,000 CLAIMS-MADE | X | OCCUR \$100,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$2,000,000 POLICY X PRO-LOC PRODUCTS - COMP/OP AGG \$2,000,000 OTHER: AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) CA100001036 1/28/2017 1/28/2018 \$1,000,000 X ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ HIRED AUTOS ONLY NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) UMBRELLA LIAB Х X UMB00182813 OCCUR 1/28/2017 1/28/2018 EACH OCCURRENCE \$5,000,000 EXCESS LIAB CLAIMS-MADE AGGREGATE \$5,000,000 DED X RETENTION \$10,000 WORKERS COMPENSATION 001WC17A71815 1/28/2017 1/28/2018 AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE X PER STATUTE E.L. EACH ACCIDENT \$1,000,000 OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below 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) **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Jefferson Parish, Purchasing Department 200 Derbigny Street, Suite 4400 Fax: 504-364-2693 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Gretna LA 70056-AUTHORIZED REPRESENTATIVE

# CERTIFICATE OF CORPORATE RESOLUTION AUTHORIZING CONTRACTUAL OBLIGATIONS

I, Clayton Fucich, of Fucich Contracting, Inc., organized and existing under the laws of Mississippi and having its principal place of business at 417 St. George St, Bay St. Louis, MS hereby certify that the following is a true copy of a resolution adopted by the Board of Directors of the Corporation at a meeting convened and held on September 6, 2013 at which a quorum was present and voting throughout and that such resolution is now in full force and effect and is in accordance with the provisions of the charter and by-laws of the Corporation.

RESOLVED: That Clayton Fucich is hereby authorized to act on behalf of this corporation in all negotiations, bidding, concerns and transactions including but not limited to the execution of all bids, papers, documents, affidavits, contracts, bonds, sureties, and other acts.

RESOLVED FURTHER: That the President is hereby authorized and directed to certify to any interested party that this resolution has been duly adopted, is in full force and effect, and is in accordance with the provisions of the charter and by-laws of the Corporation.

I further certify that this Corporation is duly organized and existing, and has the power to take the action called for by the foregoing resolution.

DIRECTORS	
Clay of L	9/06/13
President (	Date
hathefund	9/06/13
Treasurer	Date

Witness my hand seal of this corporation on this <u>6th</u> day of <u>Sept</u>, <u>2013</u>.

# (Rev. November 2005) tment of the Treasury

#### **Request for Taxpayer Identification Number and Certification**

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

	\$5				
ge 2.					
Print or type Specific Instructions on page	Fucich Contracting, Inc.				
	Check appropriate box: Individual/ Sole proprietor  Corporation Partnership Cother	<b>&gt;</b>		Exemp	t from backup iding
	Address (number, street, and apt. or suite no.) 417 Saint George Street	Requester's	name and a	ddress (option	ai)
.€	City, state, and ZIP code	1			
bec	Bay Saint Louis, MS 39520				
See S		,			
Pa	rt I Taxpayer Identification Number (TIN)	······································			
alien	r your TIN in the appropriate box. The TIN provided must match the name given on Line 1 rup withholding. For individuals, this is your social security number (SSN). However, for a r is sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other enti employer identification number (EIN). If you do not have a number, see How to get a TIN is	esident	Social secu	rity number	
Note	e. If the account is in more than one name, see the chart on page 4 for guidelines on whos ber to enter.		Employer id	entification n	umber 6 9 5
Pai	rt II Certification	L	0 4 0	3 0 1	0 3 3
Unde	er penalties of perjury, I certify that:				***************************************
1. 7	. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and				
2. I	2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and				
3. 1	am a U.S. person (including a U.S. resident alien).				
MITHE	ification instructions. You must cross out item 2 above if you have been notified by the II lolding because you have falled to report all interest and dividends on your tax return. For portgage interest haid acquisition or shandproperty of secured transports, programments of the	real estate tra	nsactions.	item 2 does	not apply

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

Date ▶

#### Purpose of Form

A person who is required to file arminformation 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:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. 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
- 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,



# Louisiana State Licensing Board for Contractors

# Contractor Information

Business Name FUCICH CONTRACTING, INC.

Mailing Address P.O. Box 3802

Bay St. Louis, MS 39521-3802

Phone Number (228) 467-8476

Fax Number (228) 469-8476

Email Address Clayton@GOFCI.net

Website http://null

# **Active Licenses**

License Number 40921

Type Commercial License

Status LICENSED

Effective 08/04/2015

Expiration 08/02/2018

First Issued 08/02/2003

#### Classifications

Class	Qualifying Party	Parishes
BUSINESS AND LAW	Clayton Joseph Fucich	ALL
HEAVY CONSTRUCTION	Clayton Joseph Fucich	ALL
MECHANICAL WORK (STATEWIDE)	Clayton Joseph Fucich	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Clayton Joseph Fucich	ALL