

DATE: 2/03/2021

Page: 6

BID NO.: 50-00133170

**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 2 YRS AFTER AWARD

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

**DELIVERY: FOB JEFFERSON PARISH**

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

AS NEEDED

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 68355

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

FIRM NAME: MINER LTD

ADDRESS: 850 SAMS AV

CITY, STATE: NEW ORLEANS, LA ZIP: 70123

TELEPHONE: 504) 734-1155 FAX: 504) 733-5246

EMAIL ADDRESS: ghunter@minercorp.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 by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

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

TOTAL PRICE OF ALL BID ITEMS: \$ 1672.50

AUTHORIZED SIGNATURE: [Signature]

TITLE: OPS MGR

DONALD ROYER  
Printed Name

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.: 50-00133170

SEALED BID

| ITEM<br>NUMBER  | QUANTITY | U/M | DESCRIPTION OF ARTICLES   | UNIT PRICE<br>QUOTED | TOTALS |
|---|----------|-----|---|----------------------|--------|
|   |          |     | LABOR, MATERIALS, TRANSPORTATION, SUPER-<br>VISION & EQUIPMENT NECESSARY LABOR<br>CONTRACT FOR TROUBLESHOOTING, REPAIRING<br>& REPLACEMENT OF VARIOUS MANUFACTURERS &<br>STYLES OF AUTOMATIC DOORS 2 YR CONTRACT  | 195.                 | 195.   |
| 1   | 1.00     | HR  | 0010 - SERVICE & REPAIR OF OVERHEAD<br>ROLL-UP DOORS<br><br>* SERVICE CALL RATE (DURING BUSINESS<br>HOURS, MONDAY-FRIDAY 8:00AM-5:00PM)<br><br>*****SITE VISIT*****<br>IF A SITE VISIT IS NEEDED, PLEASE<br>CONTACT CHIEF STEPHEN SCHMITT AT<br>(504) 736-6213 MONDAY THROUGH FRIDAY<br>BETWEEN THE HOURS OF 9:00 AM AND 3:00 PM<br>***** | 65.                  | 65.    |
| 2   | .50      | HR  | 0020 - SERVICE & REPAIR OF OVERHEAD<br>ROLL-UP DOORS<br><br>* REGULAR RATE - EACH ADDITIONAL 1/2<br>HOUR (DURING BUSINESS HOURS)  | 330.                 | 330.   |
| 3   | 1.00     | HR  | 0030 - SERVICE & REPAIR OF OVERHEAD<br>ROLL-UP DOORS<br><br>* EMERGENCY SERVICE CALL RATE (AFTER<br>HOURS, WEEKENDS, AND HOLIDAYS)  | 82.50                | 82.50  |
| 4   | .50      | HR  | 0040 - SERVICE & REPAIR OF OVERHEAD<br>ROLL-UP DOORS<br><br>* EMERGENCY SERVICE CALL RATE (AFTER<br>HOURS, WEEKENDS, AND HOLIDAYS)<br>EACH ADDITIONAL 1/2 HOUR  | Ø                    | Ø      |
| 5   | 1.00     | EA  | 0050 - PARTS - VENDOR WILL PROVIDE<br>PARTS AT A PERCENTAGE OFF OF<br>MANUFACTURER LIST PRICE.<br><br>ENTER PERCENTAGE BELOW THIS LINE<br>_____ % OFF   |                      |        |
| <p><u>NOTE:</u> UNABLE TO PROVIDE BID BOND<br/>WITHOUT HAVING TOTAL CONTRACT AMOUNT</p> |          |     |   |                      |        |

## BID FORM

Bid pricing weighted factor = .9 X Hourly Rate + .1 X Weekends/After Hours/Holiday Rate.

| <u>Description</u>                        | <u>Rates</u>         | <u>Weighted Rate</u> |
|---|----------------------|----------------------|
| A. Service-call Rate                      | \$ <u>195</u>        |                      |
| B. Hourly Rate<br>(8:00 a.m.-5:00p.m.)    | \$ <u>130</u> X .9 = | <u>117</u>           |
| C. Weekends/Holiday Rate<br>(After Hours) | \$ <u>165</u> X .1 = | <u>16.5</u>          |
| D. Percentage Discount For Parts          | <u>Ø</u> %           |                      |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/26/2021

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

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

|   |   |                                    |
|---|---|------------------------------------|
| <b>PRODUCER</b><br>Hylant - Toledo<br>811 Madison Ave.<br>Toledo OH 43604 | <b>CONTACT NAME:</b> Courtney Cox                     |                                    |
|   | <b>PHONE (A/C, No, Ext):</b> 419-724-8725             | <b>FAX (A/C, No):</b> 419-255-7557 |
|   | <b>E-MAIL ADDRESS:</b> OnPointCertificates@Hylant.com |                                    |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>                  |                                    |
|   | <b>INSURER A:</b> Travelers Prop Cas Co of Amer       | <b>NAIC #</b> 25674                |
|   | <b>INSURER B:</b> Charter Oak Fire Insurance Co       | <b>NAIC #</b> 25615                |
|   | <b>INSURER C:</b> Allied World Assurance Co Inc (US)  | <b>NAIC #</b> 19489                |
|   | <b>INSURER D:</b>                                     |                                    |
|   | <b>INSURER E:</b>                                     |                                    |
|   | <b>INSURER F:</b>                                     |                                    |

**INSURED**  
OnPoint Group, LLC  
fka Material Handling Services, LLC  
3235 Levis Commons Blvd.  
Perrysburg OH 43551

ONPOGRO-01

**COVERAGES****CERTIFICATE NUMBER:** 403261197**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   |
|----------|---|-----------|----------|-------------------|-------------------------|-------------------------|--|
| B        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> XCU Coverage<br><input checked="" type="checkbox"/> Contractual Liab<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y         | Y        | Y6302J330306COF20 | 3/14/2020               | 3/14/2021               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 10,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| B        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY  | Y         | Y        | Y8102J330306PHX20 | 3/14/2020               | 3/14/2021               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0<br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE   | Y         |          | CUP0N8622902014   | 3/14/2020               | 3/14/2021               | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000<br>\$   |
| A        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y         | N/A      | UB0K6392772014    | 3/14/2020               | 3/14/2021               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000  |
| C        | <input checked="" type="checkbox"/> Pollution Liability   |           |          | 0311-7536         | 3/14/2020               | 3/14/2021               | Each Condition Limit \$ 2,000,000<br>Aggregate Limit \$ 2,000,000  |

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

Named Insureds on Policies Include:

OnPoint Group, LLC; TFS, Ltd.; OnPoint Capital, LLC fka IEMFS, Ltd. dba GSG Financial; Concentric, LLC fka ABT Power Management, LLC; Concentric, LLC fka National Maintenance Services, LLC; Concentric South, LLC; Miner, Ltd.; Miner, Ltd. dba The Miner Corporation and its Affiliates; Miner Ltd. dba Miner of Arizona, LP; Miner Equipment, LLC; TrueSource, LLC fka Miner Fleet Management Group, LLC; Metro Door, LLC

Commercial general liability and automobile policies include a blanket additional insured on a primary and non-contributory basis where required by contract. Umbrella coverage includes additional insureds if provided in the underlying coverage. Umbrella policy is follow form. A separate \$10,000,000 General See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

JEFFERSON PARISH PURCHASING DEPARTMENT  
200 DERBIGNY ST  
STE. 4400  
GRETN LA 70053

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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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

|                           |           |   |
|---------------------------|-----------|---|
| AGENCY<br>Hylant - Toledo |           | NAMED INSURED<br>OnPoint Group, LLC<br>fka Material Handling Services, LLC<br>3235 Levis Commons Blvd.<br>Perrysburg OH 43551 |
| POLICY NUMBER             |           |   |
| CARRIER                   | NAIC CODE | EFFECTIVE DATE:   |

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Aggregate Limit applies on a Per Project basis when required by written contract. 30 days notice of cancellation applies to designated entities. Waiver of subrogation applies per the general liability, automobile and workers compensation policies when required by written contract. Entities listed below are included as additional insured when required by written contract.  
BID NUMBER #50-00133170

FIRE DEPARTMENT

JEFFERSON PARISH, IT'S DISTRICTS DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL AS ADDITIONAL INSURED



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/26/2021

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.

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|  |   |  |
|--|---|--|
| <b>PRODUCER</b><br>Hylant - Toledo<br>811 Madison Ave.<br>Toledo OH 43604  | <b>CONTACT NAME:</b> Courtney Cox                     |  |
|  | <b>PHONE (A/C, No, Ext):</b> 419-724-8725             | <b>FAX (A/C, No):</b> 419-255-7557                   |
|  | <b>E-MAIL ADDRESS:</b> OnPointCertificates@Hylant.com |  |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>                  |  |
|  | <b>INSURER A:</b> Travelers Prop Cas Co of Amer       |  |
|  | <b>INSURER B:</b> Charter Oak Fire Insurance Co       |  |
| <b>INSURED</b><br>OnPoint Group, LLC<br>fka Material Handling Services, LLC<br>3235 Levis Commons Blvd.<br>Perrysburg OH 43551 | ONPOGRO-01  | <b>INSURER C:</b> Allied World Assurance Co Inc (US) |
|  |   | <b>INSURER D:</b> Phoenix Insurance Company          |
|  |   | <b>INSURER E:</b>                                    |
|  |   | <b>INSURER F:</b>                                    |
|  |   |  |
|  |   |  |

**COVERAGES****CERTIFICATE NUMBER:** 24720069**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   |
|----------|---|-----------|----------|-------------------|-------------------------|-------------------------|--|
| B        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> XCU Coverage<br><input checked="" type="checkbox"/> Contractual Liab<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y         | Y        | Y6302J330306COF21 | 3/14/2021               | 3/14/2022               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 10,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| D        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY   | Y         | Y        | Y8102J330306PHX21 | 3/14/2021               | 3/14/2022               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0  | Y         |          | CUP0N8622902114   | 3/14/2021               | 3/14/2022               | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000<br>\$   |
| A        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br>N  | Y<br>N/A | UB0K6392772114G   | 3/14/2021               | 3/14/2022               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000  |
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**CERTIFICATE HOLDER****CANCELLATION**JEFFERSON PARISH PURCHASING DEPARTMENT  
200 DERBIGNY ST  
STE. 4400  
GRETN LA 70053

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AUTHORIZED REPRESENTATIVE

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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

|                           |           |   |
|---------------------------|-----------|---|
| AGENCY<br>Hylant - Toledo |           | NAMED INSURED<br>OnPoint Group, LLC<br>fka Material Handling Services, LLC<br>3235 Levis Commons Blvd.<br>Perrysburg OH 43551 |
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BID NUMBER #50-00133170

**FIRE DEPARTMENT**

JEFFERSON PARISH, IT'S DISTRICTS DEPARTMENTS AND AGENCIES UNDER THE DIRECTION OF THE PARISH PRESIDENT AND THE PARISH COUNCIL AS ADDITIONAL INSUREDS

Non-Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Donald Rouyer, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Serv. Mgr. of Miner LTD (Entity), the party who submitted a bid in response to Bid Number 5000133170, 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.

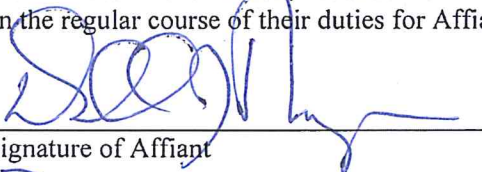
Choice B ☒ \_\_\_\_\_ There are NO debts which would require disclosure under Choice A of this section.

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

Donald Rouyer

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 26 DAY OF Feb., 2021.



Notary Public

Steven Alan Childress

Printed Name of Notary

158874

Notary/Bar Roll Number

My commission expires on death.

