

**BID SCHEDULE FORM
STIPULATED PRICE-LUMP SUM AND UNIT PRICE**

DATE OF ISSUANCE: August 31, 2021

ENGINEER'S PROJECT NO: 121077

Proposal of Micro-Comm, Inc. ("BIDDER"), organized and existing under the laws of the State of Kansas doing business as a Corporation *.

To the MADISON COUNTY COMMISSIONERS ("OWNER"), located at 1 N MAIN STREET, LONDON, OHIO 43140.

In compliance with your Invitation to Bids, BIDDER hereby proposes to perform all WORK for the construction of Project known as MADISON COUNTY WATER SYSTEM – SCADA System in strict accordance with the CONTRACT DOCUMENTS, within the time set forth therein, and at the prices set forth on this Bid Schedule Form.

BIDDER submits this Bid Security, Qualifications and Resources of Bidder and Experience Statement of Bidder. By submission of this BID, each BIDDER certifies, and in the case of a joint BID each party thereto certifies as to its own organization, that this BID has been arrived at independently, without consultation, communication, or agreement as to any matter relating to this BID with any other BIDDER or with any competitor the Non-Collusion Affidavit is attached. BIDDER CONTRACTOR also submits the Delinquent Personal Property Tax Affidavit.

BIDDER hereby agrees to commence WORK under this Contract on or before a date to be specified in the NOTICE TO PROCEED, be **Substantially Complete within 365 consecutive calendar days** after the date when the Contract Times commence to run as provided in Paragraph 2.03 of the General Conditions to the Contract and to **fully complete the PROJECT within 395 consecutive calendar days** after the date the Contract Time commences to run. BIDDER further agrees to pay as liquidated damages, the sum of \$900.00 per day for each consecutive calendar day as provided in Article 4.03 of the Contract between Owner and Contractor.

BIDDER acknowledges receipt of the following ADDENDA

Addendum No: <u>1</u>	Date: <u>08/18/2021</u>
Addendum No: <u>2</u>	Date: <u>08/20/2021</u>
Addendum No: _____	Date: _____

BIDDER agrees to perform all the Work for the Bid and Alternates as described in the CONTRACT DOCUMENTS for the following lump sum prices:

* Insert "a corporation", "a partnership", or "an individual" as applicable.

**BID SCHEDULE FORM
MADISON COUNTY WATER SYSTEM – SCADA SYSTEM**

DATE OF ISSUANCE: August 31, 2021

ENGINEER'S PROJECT NO: 121077

BIDDER agrees to perform all Work described in the Contract Documents for the following Bid and Alternates on a lump sum and unit price basis. OWNER is exempt from Ohio State sales tax. BIDS shall include all other applicable taxes and fees. Liquidated Damages are provided in the Contract in Article 4.03.

ITEM	DESCRIPTION	QTY.	UNIT	UNIT COSTS			TOTAL COST OF ITEM
				LABOR	MATERIALS	TOTAL	
1	SCADA SYSTEM, COMPLETE	1	LS	181,000	330,000	511,000	511,000.00
TOTAL							\$511,000.00
TOTAL WRITTEN IN WORDS: Five Hundred Eleven Thousand and No/100's Dollars							

Total Bid amount and individual item prices shall be guaranteed for up to ninety (90) consecutive calendar days after date of Bid Opening.

Respectfully submitted: *Attach appropriate evidence to show authority to sign and do business (See Instructions to Bidders).

Signature of BIDDER/CONTRACTOR*

Tim D. Ochs
Tim D. Ochs

Name of BIDDER/CONTRACTOR (Type or Print in ink)

15895 S. Plumm Rd.

Address

Olathem

Kansas

66062

State

Zip Code

Title

Corporate Secretary

Date

8/31/2021

(913) 390-4500

(913) 390-4550

Telephone Number

Fax Number

tochs@mc-mail.com

E-Mail

License Number (if applicable) _____



SEAL - (if BID is by a corporation)

Attest:

Christy Staats

MICROCOMM

15895 S. Pflumm Rd.
Olathe, KS 66062-8502
(913) 390-4500
FAX: (913) 390-4550
www.micro-comm-inc.com

ACKNOWLEDGMENT OF AUTHORITY

Tim D. Ochs of Micro-Comm, Inc. located at 15895 S. Pflumm in Olathe Kansas 66062. As Corporate Secretary is authorized to sign all contract related documents on behalf of Micro-Comm Inc, in regards to: Contract 3, Madison County Water System – SCADA System. Furthermore, James Cote is President, Pamela Cote is a Vice President, Carrie Hohl is a Vice President, Jimmy Cote is a Vice President, Chris Cote is a Vice President, Tracy Ewbank is Micro-Comm's Treasurer, and I (Tim D. Ochs) hold the office of Corporate Secretary.

Signed:



Tim D. Ochs
Corporate Secretary

State Of: Kansas
County Of: Johnson

On this 26th Day of August 2021, personally appeared before me Tim D. Ochs, to me known, who being by me duly sworn, that he is the Corporate Secretary of Micro-Comm Inc., the corporation described and which executed the forgoing instrument; that he knows the seal of said corporation: that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors or of said corporation; and that she signed her name thereto by like order.

Notary Public Brenda O'Dell



BID GUARANTY, CONTRACT AND PERFORMANCE BOND

KNOW ALL MEN BY THESE PRESENTS, that we, the undersigned Micro-Comm, Inc.
as Principal (BIDDER/CONTRACTOR) and Old Republic Surety Company
as Sureties, are hereby held and firmly bound unto The Madison County Commissioners OWNER,
as obligee, in the penal sum of the dollar amount of the Bid submitted by the Principal (BIDDER/CONTRACTOR) to the OWNER, as
obligee, on 31st of August, 2021 (insert date) to undertake the project known as Madison County Water System SCADA Project (the "Project"). The
penal sum referred to herein shall be the dollar amount of the Principal (BIDDER/CONTRACTOR)'s Bid to the OWNER, incorporating
any additive or deductive alternate Bids made by the Principal (BIDDER/CONTRACTOR) on the date referred to above to the
OWNER, which are accepted by the OWNER. In no case shall the penal sum exceed the amount of \$650,332.00 dollars. (If the
foregoing blank is not filled in, the amount stated must not be less than the full amount of the bid including alternates, in dollars and
cents. A percentage is not acceptable.) For the payment of the penal sum well and truly to be made, we hereby jointly and severally
bind ourselves, our heirs, executors, administrators, successors, and assigns.

Signed this 24th day of August 2021. THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that
whereas the above named Principal (BIDDER/CONTRACTOR) has submitted a bid for Madison County Water System - SCADA Project

NOW, THEREFORE, if the OWNER accepts the Bid of the Principal (BIDDER/CONTRACTOR) and the Principal
(BIDDER/CONTRACTOR) fails to enter into a proper Contract in accordance with the Bid, Plans, details, Specifications, and bills of
material; and in the event the Principal (BIDDER/CONTRACTOR) pays to the OWNER the difference not to exceed ten (10) percent
of the penalty hereof between the amount specified in the Bid and such larger amount for which the OWNER may in good faith contract
with the next lowest Bidder to perform the Work covered by the Bid; or in the event the OWNER does not award the Contract to the
next lowest Bidder and resubmits the Project for bidding, the Principal (BIDDER/CONTRACTOR) pays to the OWNER the difference
not to exceed ten (10) per cent of the penalty hereof between the amount specified in the Bid, or the costs, in connection with the
resubmission, of printing new Contract Documents, required advertising, and printing and mailing notices to prospective Bidders,
whichever is less, then this obligation shall be null and void, otherwise to remain in full force and effect; if the OWNER accepts the bid
of the Principal (BIDDER/CONTRACTOR) and the Principal (BIDDER/CONTRACTOR) within ten (10) days after the awarding of
the Contract enters into a proper Contract in accordance with the Bid, Plans, details, Specifications, and bills of material, which said
Contract is made a part of this Bond the same as though set forth herein;

NOW, ALSO, if the said Micro-Comm, Inc. Principal (BIDDER/CONTRACTOR) shall well and
faithfully do and perform each and every term and condition of the Contract, indemnify the OWNER against any and all damages
suffered by failure to perform such Contract according to the provisions thereof and in accordance with the Plans, details, Specifications,
and bills of material therefor; shall pay all lawful claims of subcontractors, materials suppliers, and laborers, for labor performed and
materials furnished in the carrying forward, performing, or completing of said Contract and after one year from the Date of Final
Completion; we agreeing and assenting that this undertaking shall be for the benefit of any materials suppliers or laborer having a just
claim, as well as for the OWNER as obligee herein; then this obligation shall be void; otherwise the same shall remain in full force and
effect; it being expressly understood and agreed that the liability of the surety for any and all claims hereunder shall in no event exceed
the penal amount of this obligation as herein stated.

The said Surety hereby stipulates and agrees that no modifications, omissions, or additions, in or to the terms of the said
Contract or in or to the Plans or Specifications therefor shall in any way affect the obligations of said Surety on its Bond and it does
hereby waives notice of any such modifications, omissions, or additions to the terms of the Contract, Work, Plans or Specifications.

IN WITNESS WHEREOF, this instrument is executed in 2 (number) counterparts, each one of which shall be
deemed an original, this the 24th day of August 2021.

Principal (BIDDER/CONTRACTOR): Micro-Comm, Inc.

By: [Signature]
Name: Lisa R. Ochs
Title: CSIP Sec.



Brenda O'Dell Brenda O'Dell
Witness as to Principal/BIDDER/CONTRACTOR

SURETY: Old Republic Surety Company

Attest:
(SEAL)

Tara Smith
Witness as to Surety



By: Amber Rose Meyer Bockelman
Attorney-in-Fact Amber Rose Meyer Bockelman

SURETY COMPANY ADDRESS:

445 S. Moorland Road, Suite 2000
Street
Brookfield WI 53201
City State Zip
800-217-1792
Telephone

SURETY AGENT'S ADDRESS:

Goodman Gravley Insurance Source
Agency Name
14812 W. 117th St.
Street
Olathe KS 66062
City State Zip
913-782-1404
Telephone

INSTRUCTIONS:

(Ohio Revised Code Section 153.57.1 (combination form) to be used when BIDDER selects 153.54A1-Bid Bond)

Date of Bond must not be prior to date of Contract. (If PRINCIPAL is Partnership, all partners shall execute Bond.)

IMPORTANT: Surety companies executing Bonds must appear on the Treasury Department's most current list (Circular 570 as amended) and must not exceed the underwriting limitation.

Surety companies must be authorized to transact business in the state of Ohio and shall furnish proof of such authorization with the Bid.



OLD REPUBLIC SURETY COMPANY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint: **TERRI A. GRAVLEY, AMBER ROSE MEYER BOCKELMAN, DANIEL B MURRAY, GERALYN WINDHOLZ** of OLATHE, KS

its true and lawful Attorney(s)-in-Fact, with full power and authority for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, (other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, or black lung bonds), as follows:

ALL WRITTEN INSTRUMENTS

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18, 1982.

RESOLVED that, the president, any vice-president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER, that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

- (i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
- (ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
- (iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 12th day of March, 2021.

OLD REPUBLIC SURETY COMPANY

Karen J. Haffner
Assistant Secretary



Alan Pavlic
President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 12th day of March, 2021, personally came before me, Alan Pavlic and Karen J Haffner, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.



Kathryn R. Pearson
Notary Public

My Commission Expires: September 28, 2022

(Expiration of notary's commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

40-3705



Signed and sealed at the City of Brookfield, WI this 24th day of August, 2021.

Karen J. Haffner
Assistant Secretary

ORSC 22262 (3-06)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/24/2021

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).


PRODUCER Goodman Gravley Insurance Source 14812 West 117th Street Olathe KS 66062	CONTACT NAME: Amber Bockelman PHONE (A/C, No, Ext): (913) 782-1404 E-MAIL ADDRESS: abockelman@ggisource.com	FAX (A/C, No): (913) 583-5046
	INSURER(S) AFFORDING COVERAGE INSURER A: Mt Hawley Insurance Co INSURER B: United Fire INSURER C: Midwest Builders' Mutual Casualty Company INSURER D: INSURER E: INSURER F:	
INSURED Micro-Comm, Inc. 15895 S Plumm Rd Olathe KS 66062		

COVERAGES **CERTIFICATE NUMBER:** CL2151911658 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			MGL01917484	04/01/2021	04/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			60429168	04/01/2021	04/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			MXL0428071	04/01/2021	04/01/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Ohio - Employers Liability (Stop Gap)			WC100-0000996-2021A	01/01/2021	01/01/2022	Each Accident \$500,000 Disease Each Employee \$500,000 Disease - Policy Limit \$500,000

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

CERTIFICATE HOLDER Madison County Commissioners 1 N. Main Street London OH 43140	CANCELLATION 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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OHIO EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

This endorsement applies only to work in Ohio.

- A. Part One (Workers Compensation Insurance) does not apply to work in Ohio.
- B. Part Two (Employers Liability Insurance) applies to work in Ohio as though it were shown in Item 3.A. of the Information Page.
- C. Part Two (Employers Liability Insurance), C. **Exclusions** is changed by adding these exclusions.

C. Exclusions

This insurance does not cover:

- 5. bodily injury intentionally caused or aggravated by you, or bodily injury resulting from an act which is determined to have been committed by you with the belief that an injury is substantially certain to occur;
- 13. bodily injury to an employee when you are deprived of common law defenses or are subject to penalty because of your failure to secure your obligations under the workers compensation law of Ohio or otherwise fail to comply with that law.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 1/1/2021
Insured Micro-Comm, Inc.

Policy No. WC100-0000996-2021A

Endorsement WC 34 03 01 C
Premium \$11,907

Insurance Company
Midwest Builders' Casualty Mutual Company
1100 WALNUT STREET
SUITE 3010
KANSAS CITY, MO 64106

Countersigned by



NON-COLLUSION AFFIDAVIT OF BIDDER

ENGINEER'S PROJECT NO: 121077

(The BIDDER is required to execute and submit this Affidavit with its Bid, and this Affidavit must be properly executed and notarized.)

STATE OF ~~OHIO~~ Kansas)
COUNTY OF ~~MADISON~~ Johnson) SS:

Project: Madison County Water System Phase I Interconnect with London

I, Tim D. Ochs of being duly sworn, deposes and says that he/she is the Corporate Secretary

(Sole Owner/Partner/President/Secretary/Other Title

of Micro-Comm. Inc.

(Name of BIDDER)

with its principal business located at 15895, S Pflumm Rd., Olathe, Kansas 66062 (Address)

1. On August 26, 2021, the BIDDER submitted to OWNER a Bid as set forth in the attached copy, that all statements of fact in such Bid are true, that such Bid was not made in the interest of or on behalf of any undisclosed person, partnership, company, association, organization, or corporation; that such bid is genuine and not collusive or a sham; that said BIDDER has not directly or indirectly, induced by agreement, communication or conference with anyone attempting to induce or solicit action prejudicial to the interest of the public body which is to award the contract, or of any other bidder or anyone else interested in the proposed contract; and further, that prior to the public opening and reading of the bids, said BIDDER

- (a) did not directly or indirectly, induce or solicit anyone else to submit a false or sham Bid;
(b) did not directly or indirectly, collude, conspire, connive or agree with anyone else that said BIDDER or anyone else would submit a false or sham bid, or that anyone should refrain from bidding or withdraw its Bid;
(c) did not, in any manner, directly or indirectly, seek by agreement, communication or conference with anyone to raise or fix the Bid price of said BIDDER or of anyone else, or to raise or fix any overhead, profit or cost element of its Bid price, or that of anyone else;
(d) did not, directly or indirectly, submit its Bid price or any breakdown thereof, or the contents thereof, or divulge information or data relative thereto, to any corporation, partnership, company, association, organization, bid depository, or to any member or agent thereof, or to any individual or group of individuals, except to the awarding authority or to any person or persons who have a partnership of other financial interests with said BIDDER in its business; and
(e) did not include in its Bid price any fees, dues, charges, or assessments because required to do so by reason of its membership or in affiliation with any association, organization, corporation, partnership, company, individual or group of individuals, or because of any agreement or understanding with anyone that it would do so.

BIDDER: Micro-Comm, Inc.

By: [Signature]

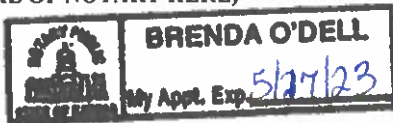
(Authorized Signature)

Name: Tim D. Ochs

(Type or Print)

Title: Corporate Secretary

(SEAL OF NOTARY HERE)



Sworn to before me and subscribed in my presence this 26 day of August 2021.

[Signature] Notary Public Signature

My commission expires: May 17 2023

DELINQUENT PERSONAL PROPERTY TAXES AFFIDAVIT

ENGINEER'S PROJECT NO: 121077

STATE OF ~~OHIO~~ Kansas)
COUNTY OF ~~Madison~~ Johnson

SS:

BIDDER/CONTRACTOR being duly cautioned and sworn states as follows:

1. That he/she is Corporate Secretary (Title: sole owner, partner, officer,) of Micro-Comm., Inc. (Name of BIDDER/CONTRACTOR), with its principal place of business at 15895, South Pflumm Road, Olathe, Kansas 66062

2. A. That Micro-Comm, Inc. (Name of BIDDER/CONTRACTOR) hereby affirms under oath, pursuant to the Ohio Revised Code Section 5119.042, that the time the Bid was submitted, the BIDDER/CONTRACTOR is not presently charged with any delinquent personal property taxes on the General Tax List of Personal Property of any county in which the project OWNER has property in the taxing district. This taxing district includes property within the following counties:

- O R -

B. That (Name of BIDDER/CONTRACTOR) is charged with delinquent personal property tax on the General Tax List of Personal Property of any county in which this taxing district has property. This taxing district includes property within the following counties:

N/A

and the amount of delinquent personal property tax due and unpaid penalty and interest is:

\$ N/A

BIDDER/CONTRACTOR: Micro-Comm, Inc.

By: [Signature] / Corproate Secretary (Authorized Signature & Title)

Name: Tim D. Ochs (Type or Print)

(SEAL OF NOTARY HERE)



Sworn to before me and subscribed in my presence this

26 day of August 2021.

[Signature]

Notary Public Signature

My commission expires: May 17 2023

INSTRUCTIONS:

Note to Fiscal Officer: If any personal property taxes are delinquent, you must send a copy of this statement to the County Treasurer within 30 days of the date it is submitted.

QUALIFICATIONS AND RESOURCES OF BIDDER

PROJECT: Madison County Water System Phase I Interconnect with London ENGINEER'S PROJECT NO: 121077

At the time of Bid, the Bidder is required to provide detailed information on the form herein (or referenced and attached hereto) as evidence of the Bidder's responsibility, experience, skill and financial standing to complete this Contract in the time allotted. This information will be used by the OWNER to determine if the proposal is the lowest, responsible and responsive Bid. The OWNER may make related investigations to determine the ability of the Bidder to perform the Work. The Bidder shall furnish to the OWNER or its representative, in a timely manner, all such information and data as the OWNER may request for this purpose, which may include a financial statement.

GENERAL INFORMATION

Name: Micro-Com, Inc.

Address: 15895 South Pflumm Rd
Olathe, Kansas 66062

Names, Titles, and Years of Experience of Company Officers and Key Supervisory Personnel: _____
Jim Cote, President- 47 years, Pam Cote, Vice President - 47 Years, Tim Ochs - 10 Years, Corporate Secretary,
Carre Hohl, Vice President - 10 Years, Jimmy Cote, Vice President - 4 Years, Chris Cote, Vice President - 4 Years,
Tracy Ewbank, Treasurer - 2 Years

Address for Administration of this Contract: _____
Micro-Comm, Inc. 15895 South Pflumm Rd, Olathe, Kansas 66062

Years in Business as a Contractor: 47 years

Former Names of the Organization: _____

Surety for this Project: _____

Name of Bonding Company: Ohio Republic

Name and Address of Agent: Goodman Gravley Insurance, 14812 W 117th St., Olathe, Kansas

Major equipment owned and available to be used on this Project: _____

Major equipment to be rented for use on this Project: N/A

EXPERIENCE STATEMENT OF BIDDER

PROJECT: Madison County Water System Phase I Interconnect with London

ENGINEER'S PROJECT NO: 121077

The BIDDER is required to state in detail, in the space provided below, what work of a character similar to that included in the proposed Contract Documents it has done, to give reference and such other detailed information as will enable the OWNER to determine responsibility including experience, skill and financial standing. Among other things, this statement shall include the following: evidence to the effect that the BIDDER maintains a permanent place of business; has adequate construction facilities and equipment available for the Work under the proposed Contract; evidence to the effect that the BIDDER has suitable financial status to meet its obligations incidental to the Work; evidence to the effect that the BIDDER has appropriate technical experience and has in its employ sufficient number of skilled and trained employees to carry to completion, within the Contract Time, the Work required to be performed under this Contract.

ADDRESS: _____
City Hall
Mt Sterling, OH 43143
1 South London Street

CONTACT PERSON: Tyler Curtis
PHONE: 740-869-2040
FAX: _____
E-MAIL: tyler.Curtis@madison.oh.gov

PROJECT NAME: Village of Mt Sterling, OH - Water Dept.

DESCRIPTION OF WORK: SCADA including Process and Instrumentation System for the Water Treatment Plant

ADDRESS: _____
Muskingum Watershed Conservancy District
PO BOX 349
New Philadelphia, OH 44663

CONTACT PERSON: Doug Little
PHONE: 877-363-8500
FAX: _____
E-MAIL: dlittle@mwcd.org

PROJECT NAME: Muskingum Watershed Conservancy District

DESCRIPTION OF WORK: The MWCD main facility monitors and controls (7) SCADA System located at their Parks/Reservoirs. The parks/reservoirs SCADA systems include WTPs, water tanks, pumping stations, wells, meters/valve stations. Additionally, several of the parks SCADA systems monitor the wastewater plants and sewage pumping stations.

ADDRESS: _____

CONTACT PERSON: _____
PHONE: _____
FAX: _____
E-MAIL: _____

PROJECT NAME: _____

DESCRIPTION OF WORK: _____

ADDRESS: _____

CONTACT PERSON: _____
PHONE: _____
FAX: _____
E-MAIL: _____

PROJECT NAME: _____

DESCRIPTION OF WORK: _____

USE ADDITIONAL COPIES OF THIS FORM IF NEEDED

For additional references, please see attached Micro-Comm Ohio Customer document.

Micro-Comm Customer List: State of OH

	Customer:	City	Phone	Contact:
1	Adams County Regional Water Dist.	Manchester	937-544-2396	Rick Adamson
2	Atwood Lake Park/Muskigum Watershed	New Philidelphia	877-363-8500	Gary Taylor
3	Baltic, Village of	Baltic	330-897-4464	Tim Griffeth
4	Barnesville, Village of	Barnesville	740-425-1880	Roger Diehl
5	Brilliant Water and Sewer, Village of	Brilliant	740-598-4322	David Roush
6	Buckeye Water District	Wellsville	330-532-2448	Todd Brown
7	Byesville Water Dept., Village of	Byesville	740-685-2816	Chuck Harmon
8	Cambridge, Village of	Cambridge	740-439-2130	Tom McVicker
9	Charles Mills Lake/Muskingum Watershed	New Philidelphia	330-556-4819	Doug Little
10	Chesterhill, Village of	Chesterhill	740-554-6994	Gordon Armstrong
11	Clear Water Corporation	Sarahsville	740-732-2549	Norman Blaney
12	Darbyville WTP, Village of	Darbyville	740-412-4020	John Collett
13	Dillonvale, Village of	Dillonvale	740-769-2570	Marty Schrader
14	Dresden, Village of	Dresden	740-754-1263	Justin Wells
15	Earnhart Hills Water and Sewer District	Circleville	740-474-3114	Dennis Williams
16	East Muskingum Water Authority	Zanesville	740-453-0678	Debbie Ralph
17	Gallia Co Rural Water Assn., Inc.	Gallipolis	740-446-9221	Brent Bolin
18	Glenford, Village of	Glenford	740-659-2360	Nolan Shepard
19	Glouster, Village of	Glouster	740-767-3497	Richard Nott
20	Groveport, Village of	Groveport	614-206-5912	Dennis Moore
21	Hecla Water Association, Inc.	Ironton	740-533-0526	Tim Dalton
22	Highland Ridge Water & Sewer Assoc.	Lowell	740-376-0337	Sam Liston
23	Jackson County Water Co., Inc.	Jackson	740-286-5929	Larry Foster
24	Jackson WTP, City of	Jackson	740-286-3010	Tom Woltz
25	Jackson WWTP, City of	Jackson	740-286-1137	Joan Waugh
26	Junction City, Village of	Junction City	740-987-4121	Paul Hanson

27	Kingston, Village of	Kingston	740-701-8389	Jeffery Smith
28	Le-Ax Water District	Athens	740-594-0123	John Simpson
29	Lexington, Village of	Lexington	419-295-7086	Brad Ross
30	Millersport, City of	Millersport	740-467-2333	John Wood
31	Monroe Water Systems	Sardis	740-472-1030	Bill Wells
32	Mount Pleasant, Village of	Mount Pleasant	740-769-7603	Tony Panepucci
33	Mount Sterling, Village of	Mount Sterling	740-869-2040	Wayne Green
34	Muskingum County Sewer Dept.	Zanesville	740-452-4940	Stan Lucas
35	New Concord, Village of	New Concord	740-826-7671	Chris Huebner
36	Newcomerstown, Village of	Newcomerstown	740-498-7330	Ken Schweitzer
37	Noble County Water Authority	Belle Valley	740-732-5948	Jim Perkins
38	Oak Hill, Village of	Oak Hill	740-682-6301	Dave Carpenter
39	Piedmont Lake/Muskingum Watershed	Freeport	330-556-4819	Doug Little
40	Pike Water, Inc.	Jasper	740-947-2524	Tim Williams
41	Pleasant Hill Lake/Muskingum Watershed	Perryville	330-556-4819	Doug Little
42	Pomeroy, Village of	Pomeroy	740-992-2166	Paul Hellnan
43	Pure Water	Caldwell	740-732-6075	Larry Harper
44	Racine, Village of	Racine	740-949-2296	John Holman
45	Ross County Water, Inc.	Chillicothe	740-774-4117	Dave Baldwin
46	Rushville, Village of	Rushville	740-536-7606	Jim Wallace
47	Salineville, Village of	Salineville	330-679-0289	Kim Adams
48	Seneca Lake/Muskingum Watershed	New Philidelphia	330-556-4819	Doug Little
49	South Vienna Village of	South Vienna	937-568-4047	John Miller
50	South Zanesville Corporation	South Zanesville	740-453-3113	Danny Wiseman
51	Southwest Regional Water Dist.	Hamilton	513-863-0828	Dustan Marshall
52	Stow, City of	Stow	330-689-2700	Gerald Dolson
53	Sunday Creek Valley Water Assoc.	Millfield	740-797-2566	John Williams
54	Switzer Water Association	Clarrington	740-458-0174	Tony Valentine
55	Tappan Lake/Muskingum Watershed	New Philidelphia	330-556-4819	Doug Little
56	Tate-Monroe Water Association, Inc.	Bethel	513-734-2236	Greg Stanley
57	Tri-County Water & Sewer District	Waterford	740-984-2348	Justin Morgan

58	Tuppers Plains - Chester Water District	Reedsville	740-985-3315	Dereck Baum
59	VA Medical Center	Chilicothe	740-772-7166	Ron Pitman
60	Walnut Creek Water Company	Walnut Creek	330-893-2510	Kermit Miller
61	Wellington, Village of	Wellington	440-647-4626	Mark Rosemark
62	West Lafayette, Village of	West Lafayette	740-545-7883	David Kadri
63	Youngstown, City of	Youngstown	330-743-5340	Dan Blakely

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Micro-Comm, Inc.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 15895 S. Pflumm Rd.	Requester's name and address (optional)
6 City, state, and ZIP code Olathe, KS 66062	
7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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or

Employer identification number										
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4	8	-	0	8	1	4	7	6	0	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
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. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 for Part II, later.

Sign Here	Signature of U.S. person ▶ <u>Tim D. Ochs</u>	Date ▶ <u>8/31/2021</u>
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.

By signing the filled-out form, you:

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. 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
4. 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*, later, for further information.

Note: If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give 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.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ³
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.