#### 08/03/04

Taxpayer Identification# 043-171-783/000

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-1730.

I wish you continued success in your business endeavors.

Sincerely,

John E. Tully, CP.
Acting Director

## STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY/ DIVISION OF REVENUE PO BOX 252 TRENTON, N J 08646-0252

TAXPAYER NAME:

COLUMBIA MANÚFACTURING, INC.

TAXPAYER IDENTIFICATION#:

043-171-783/000

ADDRESS:

ONE CYCLE STREET WESTFIELD MA 01085

**EFFECTIVE DATE:** 

10/20/03

FORM-BRC(08-01)

TRADE NAME:

SEQUENCE NUMBER:

1028868

ISSUANCE DATE:

08/03/04

Active Director
This Certificate is NOT assignable or transferable. It must

It must be conspicuously displayed at above address

Certification 62692

### CERTIFICATE OF EMPLOYEE INFORMATION REPORT

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in

effect for the period of

15-MAR-2020

to 15-MAR-2023

COLUMBIA MANUFACTURING,

1 CYCLE STREET

WESTFIELD

CT 01085

ELIZABETH MAHER MUOIO

State Treasurer

(REVISED 4/10)

#### **EXHIBIT A**

RETURN WITH BID

## MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127) N.J.A.C. 17:27 GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

#### NJ State Approved Cooperative Pricing System #65MCESCCPS

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

 $\Omega \cap \Omega$ 

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at <a href="https://www.state.nj.us/treasury/contract">www.state.nj.us/treasury/contract</a> compliance)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to <a href="Subchapter 10">Subchapter 10 of the Administrative Code at N.J.A.C. 17:27</a>.

Signature	Alsıll	
Name	Ali Salehi	
Title	President	
Company	Name Columbia Mfg., Inc.	

## **Educational Services Commission of New Jersey Business Office**

1660 Stelton Road Piscataway, New Jersey 08854

# Chapter 271 Political Contribution Disclosure Form (Contracts that Exceed \$17,500.00) Ref. N.J.S.A. 52:34-25

The undersigned, Columbia Mfg	being authorized and know, Inc.	wledgeable of the circumstanc (Busines	es, does hereby certify that s Entity) has made the following
			te or any political committee as
	R	Reportable Contributions	
<u>Date of</u> <u>Contribution</u>	Amount of Contribution	Name of Recipient Elected Official/ Committee/Candidate	<u>Name of</u> <u>Contributor</u>
N/A	N/A	N/A	N/A
The Business Ent	ity may attach additional p	pages if needed.	
No Reportabl	e Contributions (Please of	check (✓) if applicable.)	
I certify that <u>Co</u> contributions to a 20.26.	lumbia Mfq., Inc. ny elected official, politica		iness Entity) made no reportable ommittee as defined in N.J.S.A. 19:44-
Certification			
I certify, that the i	2 0 0	-	ublic law 2005 – Chapter 271.
Signature	Al Silly	TitlePre	esident
Business Entity	Columbia Mfg., Inc.		

TAN DIGHT TAPPIOYOU COOPERATA I TIOHIE D'ASIOHI MODIVICEDCOI D

## STATEMENT OF OWNERSHIP (OWNERSHIP DISCLOSURE CERTIFICATION)

N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

## This Statement Shall Be Included with All Bid and Proposal Submissions

Name of Business:	Columbia Mfg., Inc.	-
Address of Business:	One Cycle Street, Westfield, MA 01085	
Name of person comp	leting this form: Ali Salehi	_

#### N.J.S.A. 52:25-24.2:

"No corporation, partnership, or limited liability company shall be awarded any contract nor shall any agreement be entered into for the performance of any work or the furnishing of any materials or supplies, unless prior to the receipt of the bid or proposal, or accompanying the bid or proposal of said corporation, said partnership, or said limited liability company there is submitted a statement setting forth the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be.

If one or more such stockholder or partner or member is itself a corporation or partnership or limited liability company, the stockholders holding 10 percent or more of that corporation's stock, or the individual partners owning 10 percent or greater interest in that partnership, or the members owning 10 percent or greater interest in that limited liability company, as the case may be, shall also be listed. The disclosure shall be continued until names and addresses of every non-corporate stockholder, and individual partner, and member, exceeding the 10 percent ownership criteria established in this act, has been listed.

To comply with this section, a bidder with any direct or indirect parent entity which is publicly traded may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10 percent or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10 percent or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10 percent or greater beneficial interest."

The Attorney General has advised that the provisions of N.J.S.A. 52:25-24.2, which refer to corporations and partnerships, apply to limited partnerships, limited liability partnerships, and Subchapter S corporations.

130 Date Tappio rea cooperative I from by by both modivicibect b

This Ownership Disclosure Certification form shall be completed, signed and notarized.

Failure of the bidder/proposer to submit the required information is cause for automatic rejection of the bid or proposal

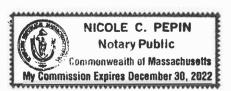
Check the box that represents the	type of business organization:	
Sole Proprietorship (skip Parts	I and III, sign and notarize at the end)	
Non-Profit Corporation (skip P	rts II and III, sign and notarize at the e	nd)
Partnership Limited	Partnership Limited Liability	/ Partnership
Limited Liability Company		
For-profit Corporation (including	g Subchapters C and S or Professional	Corporation)
Part II		
who own 10 percent or m who own a 10 percent or who ow	ore of its stock, of any class, or of all interest therein, or of all men reater interest therein, as the case in OR  older in the corporation owns 10 pertent of all men owns a 10 percent or all its company owns and its company owns a 10 percent or all its company owns a 10 percent or all its company owns and its company owns and its company owns a 10 percent or all its company owns and its com	of all stockholders in the corporation individual partners in the partnership obsers in the limited liability company may be.  Treent or more of its stock, of any class, or greater interest therein, or that no greater interest therein, as the case may be the below. (Please attach additional sheets if
Name: Ken HOward	Name:Ali_	Salehi
Address: One Cycle Street	Address: _One	e Cycle Street
Westfield, MA 01085	Westfield,	MA 01085
Name:		

The Date Tappiored Cooperative I Holling Dysiolil musiviciaces a

#### <u>Part III -</u> Any Direct or Indirect Parent Entity Which is Publicly Traded:

"To comply with this section, a bidder with any direct or indirect parent entity which is publicly traded may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10 percent or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10 percent or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10 percent or greater beneficial interest."

mat contain the information on each person that h	iolds a 10 percent of greater beneficial interest.
Pages attached with name and address of each person that holds a 10 percent or greater	ch publicly traded entity as well as the name and address of each beneficial interest.
OR	
Submit here the links to the Websites (UR the federal Securities and Exchange Commis	
N/A	
AND	
Submit here the relevant page numbers of each person holding a 10 percent or greater	
N/A	
Subscribed and sworn before me this 23 day of 12 017  Notary Public) Wirds Charles	(Affiant)  (Print name of affiant and title if applicable) (Corporate Seal if a Corporation)



My Commission expires:

(Rev. December 2014) Department of the Treasury

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

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

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.							
	COLUMBIA MANUFACTURING INC.							
Je 2.	2 Business name/disregarded entity name, if different from above							
Print or type See Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partners Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner.  ☐ Other (see instructions) ▶  5 Address (number, street, and apt. or suite no.)  ONE CYCLE STREET  6 City, state, and ZIP code  WESTFIELD, MA 01085	ship) ►		certa instru Exem code (Applie	n entite ctions pt pay ption for the ction f	ies, not on page ee code from FA <sup>-</sup> ')	(if any) TCA repo	orting
	7 List account number(s) here (optional)							
Par	Taxpayer Identification Number (TIN)							
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid	Social:	security	numbe	er		
backu	up withholding. For individuals, this is generally your social security number (SSN). However, f	ora 🔽			$\Box$			7-7-7
	ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other			-		-		1   1
	es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i> n page 3.		r					
	. If the account is in more than one name, see the instructions for line 1 and the chart on page	ř		er identi	fication	n numb	er	
	lines on whose number to enter.	, 4 101 L			П			Ħ
Ū			0 4	-   3	1	7   1	7   8	3
Par	t II Certification	-						
Unde	r penalties of perjury, I certify that:							
1. Th	e number shown on this form is my correct taxpayer identification number (or I am waiting for	a numbe	r to be	issued	to me	); and		
Se	m not subject to backup withholding because: (a) I am exempt from backup withholding, or (bervice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and							
3. la	m a U.S. citizen or other U.S. person (defined below); and							
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportir	ng is corre	ect.					
becau intere gener instru	fication instructions. You must cross out item 2 above if you have been notified by the IRS to use you have failed to report all interest and dividends on your tax return. For real estate transfer paid, acquisition or abandonment of secured property, cancellation of debt, contributions to rally, payments other than interest and dividends, you are not required to sign the certification of ctions on page 3.	actions, i	tem 2 o vidual r	does no etireme	apply	y. For nangeme	nortgag ent (IRA)	e), and
Sign	5 Mg/mataro or	ate ▶	31	22/	7			
Ger	neral Instructions  • Form 1098 (home month)	ortgage inte	erest), 1	098-E (st	udent	loan inte	erest), 10	98-T

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

#### **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 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 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?* on page 2 for further information.



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/24/2017

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.

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 License # 1780862	CONTACT Monique Matz			
HUB International New England 96 Shaker Rd.	PHONE (A/C, No, Ext): FAX (A/C, No):			
East Longmeadow, MA 01028	E-MAIL ADDRESS: monique.matz@hubinternational.com			
	INSURER(S) AFFORDING COVERAGE			
	INSURER A : Federal Insurance Company			
INSURED	INSURER B: Associated Industries of Massachusetts Mutual Insurance Compan 33758			
Columbia Manufacturing, Inc.	INSURER C:			
One Cycle Street	INSURER D:			
Westfield, MA 01085	INSURER E :			
	INSURER F:			

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:

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

INSR LTR		TYPE OF INSURANCE	ADDL:	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS	S	
A	Х	COMMERCIAL GENERAL LIABILITY	11100	*****		(Milliodo) 1111	(MINIODITITIE)	EACH OCCURRENCE	s	1,000,000
		CLAIMS-MADE X OCCUR	X		35987133EUC	07/01/2016	07/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	1,000,000
	χ Ded for EBL - see be							MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	s	2,000,000
		OTHER:						EBL AGGREGATE L	s	1,000,000
Α	AU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s	
		ANY AUTO			99477508	07/01/2016	07/01/2017	BODILY INJURY (Per person)	s	1,000,000
		OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	s	1,000,000
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	s	500,000
		AUTOS CINET						0.00	s	
Α	X	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	s	5,000,000
	П	EXCESS LIAB CLAIMS-MADE			79884334	07/01/2016	07/01/2017	AGGREGATE	s	
		DED X RETENTIONS 0						Agg	s	5,000,000
В	WOR	RKERS COMPENSATION						X PER X OTH-	Ì	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y/N			WMZ-800-8006009-2017A	03/01/2017	03/01/2018	E.L. EACH ACCIDENT	s	500,000
	OFF (Mar	ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	s	500,000
	If ye	s, describe under ICRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		500,000

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

CERTI	FICATE	HOL	DER
OLIVII	INCAIL	IIVL	DLI

CANCELLATION

**Educational Services Commission of NJ** 1660 Stelton Road Piscataway, NJ 08854

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

#### STATE OF NEW JERSEY - DIVISION OF PURCHASE AND PROPERTY DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Quote Number:

ESONU 17/18-16

Bidder/Offeror: Columbia Mfg., Inc.

#### **PART 1: CERTIFICATION** BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE.

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a

in m no by	ontract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents ubsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at <a href="http://www.state.ni.us/treasury/ourchase/odf/Chapter/25.ist.odf">http://www.state.ni.us/treasury/ourchase/odf/Chapter/25.ist.odf</a> . Bidder uset review this list prior to completing the below certification. Failure to complete the certification will render a bidder's proposation-responsive. If the Director finds a person or entity to be in violation of law, sine shall take action as may be appropriate and providerly law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party is efault and seeking debarment or suspension of the party.	es ed
PLE	EASE CHECK THE APPROPRIATE BOX:	
	I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents subsidiaries, or affiliates is <u>listed</u> on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibite activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an office or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.	ed ≘r
	I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed of the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as non responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.	W
Т	PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.  EACH BOX WILL PROMPT YOU TO PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE HOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, CLICK THE "ADD AN ADDITIONAL ACTIVITIES ENTRY" BUILTON.  Name  Relationship to Bidder/Offeror  Description of Activities  Description of Activities	-7
100	Duration of Engagement Anticipated Cessation Date  Bidder/Offeror Contact Name Contact Phone Number	
ocione contin nereir hat it	ADD AN ADDITIONAL ACTIVITIES ENTRY  Addition: It, being duly swom upon my cath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete owledge. That I am authorized to execute this certification on behalf of the bidder, that the State of New Jersey is relying on the information contained herein and that I am und ruing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the information contains, that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law twill constitute a material breach of my agreement(s) with the State, permitting the State to declare any contract(s) resulting to my his certification void and unenforceable.	der a ained
Full	Name (Print): Ali Salehi Signature: Do Not Enter PIN as a Signature	_
Ntle		

ESCNJ 17/18-16 Furniture & Accessories

## ACCEPTANCE OF BID And CONTRACT AWARD

**Furniture & Accessories** 

#### TO BE COMPLETED BY RESPONDENT

In compliance with the Request for Bid, the undersigned warrants that I/we have examined the Instructions to Respondents, and, being familiar with all of the conditions surrounding the proposed projects, hereby offer and agree to furnish all labor, materials, and supplies incurred in compliance with all terms, conditions, specifications and amendments in the Request for Bid and any written exceptions to the bid. Signature also certifies understanding and compliance with the certification requirements of the ESCNJ's Terms and Conditions and any special Terms and Conditions if applicable. The undersigned understands that his/her competence and responsibility and that of any proposed subcontractors, time of completion, as well as other factors of interest to the ESCNJ as stated in the evaluation section will be a consideration in making the award. Your bid for contracting services is hereby accepted. As contractor, you are now bound to sell the materials and services listed by the attached bid based upon the solicitation, including all terms, conditions, specifications, amendments as set forth in the Request for Bid. As contractor you are hereby cautioned not to commence any billable work or provide any material or service under this contract until contractor receives an executed purchase order from a Co-op Member. The parties intend this contract to constitute the final and complete agreement between the ESCNJ and contractor, and no other agreements, oral or otherwise, regarding the subject matter of this contract, shall bind any of the parties hereto. No change or modification of this contract shall be valid unless it shall be in writing and signed by both parties to this contract. If any provision of this contract is deemed invalid or illegal by any appropriate court of law, the remainder of this contract shall not be affected thereby. The term of the agreement shall commence on award and continue through 7/1/2018 unless terminated, canceled or extended in accordance with N.J.A.C. 18:18A-42. by mutual written agreement.

Company Name Columbia Manufacturing, Inc.		Date _3/22	/17
Company Address One Cycle Street	_City_Westfield_	State MA	_ Zip Code <u>01085</u>
Contact Person Linda Kline		_Title _Sales_	Manager
Authorized Signature (ink only)		_Title _Presid	ent
*,			

#### ACCEPTANCE OF BID AND CONTRACT AWARD BELOW TO BE COMPLETED ONLY BY ESCNJ

Awarding Agency:	Educational Services Commission of New Jersey	
Agency Executive:	We along	
Awarded this 3	day of June 2017 Contract Number ESCNJ 17/1	<u> 18-16</u>