

# STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:

DIRECT ENERGY MARKETING INC.

Trade Name:

DIRECT ENERGY

Address:

12 GREENWAY PLAZA

HOUSTON, TX 77046-1203

Certificate Number:

1005492

**Effective Date:** 

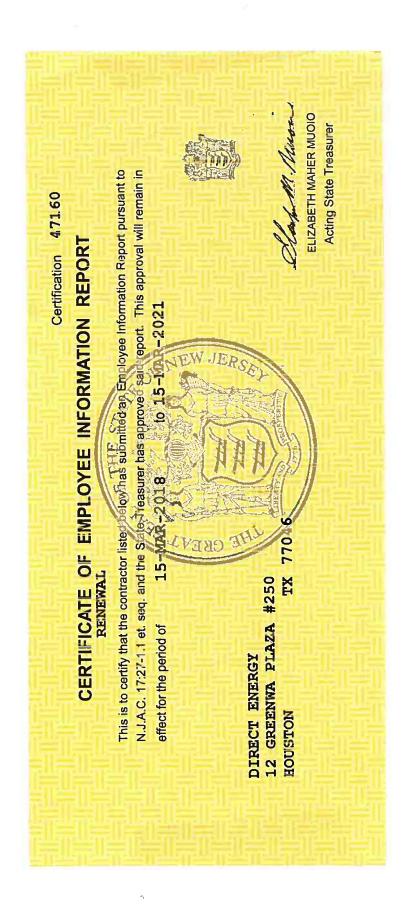
July 29, 2003

Date of Issuance:

November 04, 2015

For Office Use Only:

20151104172008310



(REVISED 4/10)

#### RETURN WITH BID

#### **EXHIBIT A**

# 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.

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,

#### 65MCESCCPS

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

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\_compliance">www.state.nj.us/treasury/contract\_compliance</a>)

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 <u>Subchapter 10 of the Administrative Code at N.J.A.C.</u> 17:27.

| Signa | ture               | fel |
|-------|--------------------|-----|
| Name  | Mark J. Taddeo     |     |
| Title | Head of East Sales |     |

#### Middlesex Regional Educational Services Commission 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, be                        | eing authorized and kno   | wledgeable of the circumstances, of                                                               | loes hereby certify that attity) has made the following             |
|--------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| reportable politica<br>defined in N.J.S.A. | 19:44-20.26 during the    | ected official, political candidate o twelve (12) months preceding this  Reportable Contributions | r any political committee as                                        |
| Date of<br>Contribution                    | Amount of<br>Contribution | Name of Recipient  Elected Official/ Committee/Candidate                                          | Name of<br>Contributor                                              |
|                                            |                           |                                                                                                   |                                                                     |
|                                            |                           |                                                                                                   |                                                                     |
|                                            | may attach additional     |                                                                                                   |                                                                     |
|                                            |                           | check (🗸) if applicable.)  (Business al candidate or any political comm                           | s Entity) made no reportable<br>ittee as defined in N.J.S.A. 19:44- |
| Certification                              |                           |                                                                                                   |                                                                     |
| I certify, that the inf                    | formation provided above  | e is in full compliance with Public                                                               | c law 2005 - Chapter 271.                                           |
| Name of Authorized                         | l Agent                   | et.                                                                                               |                                                                     |
| Signature Mark J.                          | Taddeo (//                | Title Head of E                                                                                   | ast Sales                                                           |
| Business Entity                            | yrech Errengy             | Busines, LLC                                                                                      |                                                                     |

## To be completed and signed below.

### Return with bid.

#### STOCKHOLDER/PARTNERSHIP DISCLOSURE AND STATEMENT OF OWNERSHIP

| Please check one type                                                                                                                                                                                                                                                   | of Ownership, complete the form, a                                                                                                                                                                                                                                                                                                                                                                                                         | nd exec                                                                                                        | ute where provided.                                                                                                                                                                                                                      |                                                                                                                                                                                                                                          |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|                                                                                                                                                                                                                                                                         | Corporation Partnership Sole Proprietorship Sub Chapter S Corporation                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                | Limited Partners Limited Liability Limited Liability Other:                                                                                                                                                                              | Corporation                                                                                                                                                                                                                              |  |  |  |  |
| performance of any wo<br>out of any public funds<br>of the State, or by an a<br>the receipt of the bid o<br>statement setting forth<br>interest therein, as the<br>partnership," the stock<br>owning 10% or greater<br>be, continued until nan<br>the 10% ownership cri | thership" shall be awarded any contork or the furnishing of any materials, by the State or any county, municiputhority, board or commission which accompanying the bid of said corputhe names and all individual partner case may be." If one or more such sholder holding 10% or more of that interest in that partnership, as the case and addresses of every non-corputeria established in this act, has been a THAT THIS FORM BE COMPI | or supp<br>pality of<br>h exerci-<br>oration<br>is in the<br>tockholocorpora<br>ase may<br>orate st<br>listed. | olies, the cost of which or school district, or a sises governmental fur or said partnership, the partnership who own lider "or partner" is its attion "or partnership" be, shall also be list ockholder, and individually and SUBMITTEI | h is to be paid with or<br>ny subsidiary or agency<br>nctions, unless prior to<br>here is submitted a<br>n a 10% or greater<br>self a corporation "or<br>the individual partners<br>ed. The disclosure shall<br>idual partner, exceeding |  |  |  |  |
| event that there are no persons who own ten percent or more of the stock or ownership of the respondent, then such fact should be certified below as part of this disclosure.                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                          |  |  |  |  |
| Address Mol Liberty Quenue                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                          |  |  |  |  |
| City, State, Zip                                                                                                                                                                                                                                                        | Pittsburgh, Pa 150                                                                                                                                                                                                                                                                                                                                                                                                                         | 195                                                                                                            |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                          |  |  |  |  |
| List of Owners                                                                                                                                                                                                                                                          | with Ten Percent (10%) or More Is                                                                                                                                                                                                                                                                                                                                                                                                          | nterest                                                                                                        |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                          |  |  |  |  |
| Owner's Name See Attac                                                                                                                                                                                                                                                  | Home Address                                                                                                                                                                                                                                                                                                                                                                                                                               | I                                                                                                              | itle/Office Held                                                                                                                                                                                                                         | Percent (%) of Partnership Share Owned                                                                                                                                                                                                   |  |  |  |  |
|                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                          |  |  |  |  |
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| NOTE: If you need mo required information for                                                                                                                                                                                                                           | re space than that provided above, por any remaining persons or entities.                                                                                                                                                                                                                                                                                                                                                                  | lease u                                                                                                        | se an extra sheet for f                                                                                                                                                                                                                  | urnishing the above                                                                                                                                                                                                                      |  |  |  |  |
| Signature (                                                                                                                                                                                                                                                             | Elle                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                | Date 11/04/2015                                                                                                                                                                                                                          |                                                                                                                                                                                                                                          |  |  |  |  |
| MRESC 15/16-49 Suppl                                                                                                                                                                                                                                                    | nly of Flectricity Rid Page 30 of 40                                                                                                                                                                                                                                                                                                                                                                                                       | Nove                                                                                                           | mber 5 2015 @ 1.00                                                                                                                                                                                                                       | n m                                                                                                                                                                                                                                      |  |  |  |  |

## To be completed and signed below.

## Return with bid.

## STOCKHOLDER/PARTNERSHIP DISCLOSURE AND STATEMENT OF OWNERSHIP (cont'd)

If your firm is not a corporation and/or partnership, please explain below how your firm is organized and include a list of the various principals.

| Our firm,                                 | , is organized                    |
|-------------------------------------------|-----------------------------------|
| Please see attached a                     |                                   |
| Names of Principals                       | Title                             |
|                                           |                                   |
|                                           |                                   |
| se additional paper if needed. Check here | if additional sheets are attached |
| ame of Company Direct Enough              |                                   |
|                                           |                                   |
| lity, State, Zip Code Pittsburgh, Po      | 0 15222                           |
| Authorized Agent Mark Taddeo              |                                   |
| SIGNATURE OF AUTHORIZED A                 | AGENT                             |

#### 65MCESCCPS

# Middlesex Regional Educational Services Commission DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

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

#### FAILURE TO CHECK EITHER BOX 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 contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, 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.nj.us/treasury/purchase/pdf/Chapter25List.pdf">http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf</a>. Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a bidder's proposal non-responsive. If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

| PLEASE CHECK EITHER BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| subsidiaries, or affiliates is listed on the N.J. Departme in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further centity listed above and am authorized to make this certification on OR  I am unable to certify as above because I or the bidding on the Department's Chapter 25 list. I will provide a                                                                                                                                                                          | ther the person/entity listed above nor any of the entity's parents, int of the Treasury's list of entities determined to be engaged in prohibited activities certify that I am the person listed above, or I am an officer or representative of the its behalf. I will skip Part 2 and sign and complete the Certification and entity and/or one or more of its parents, subsidiaries, or affiliates is listed detailed, accurate and precise description of the activities in Part 2 below and such will result in the proposal being rendered as non-responsive and appropriate w. |
| Part 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| affiliates, engaging in the investment activities in Iran outlined abo                                                                                                                                                                                                                                                                                                                                                                                                                          | e activities of the bidding person/entity, or one of its parents, subsidiaries or we by completing the boxes below.  STIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH OUESTION                                                                                                                                                                                                                                                                                                                                                                                                         |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Relationship to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Description of Activities:                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Bidder/Vendor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Duration of Engagement:Bidder/Vendor                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Bidder/Vendor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Contact Name:  Certification: I, being duly sworn upon my oath, hereby reprebest of my knowledge are true and complete. I attest that I am authentity. I acknowledge that the Middlesex Regional Educational Seracknowledge that I am under a continuing obligation from the date Regional Educational Services Commission to notify the Middlesex answers of information contained herein. I acknowledge that I am a this certification, and if I do so. I recognize that I am subject to crim | Contact Phone Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

(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.

| Internal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Revenue Service                                                 |                                             |                                     |                                                            |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                       |                                                                                              |          |                  |                                     |        |               |         |                 |
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| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2 Business name/o                                               |                                             |                                     |                                                            | ove                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                       |                                                                                              |          |                  | -                                   |        | -             |         |                 |
| page 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DIRECT ENER                                                     | GY BUSIN                                    | ESS LLC                             | 3                                                          |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                       |                                                                                              |          |                  |                                     |        |               |         |                 |
| Individual/sole proprietor or C C Corporation S Corporation Partnership Trust/estate instructions of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 |                                             |                                     |                                                            |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | ntities<br>ns or      | ons (codes apply only to<br>ties, not individuals; see<br>s on page 3):<br>ree code (if any) |          |                  |                                     |        |               |         |                 |
| Print or type<br>: Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Note. For a sir<br>the tax classifi                             | ngle-member lication of the s               | LC that is ingle-mem                | disregarded, do no<br>ober owner.                          | ot check LLC; che                                      | eck the appropriate box in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | the line a              | abov                  | e for                                                                                        |          | mptic<br>e (if a |                                     | m FA   | TCA           | repo    | rting           |
| F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other (see instructions)                                        |                                             |                                     |                                                            |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                       |                                                                                              | _        |                  | counts maintained outside the U.S.) |        |               |         |                 |
| 5 Address (number, street, and apt. or suite no.) Requester's name and 12 GREENWAY PLAZA, SUITE 250                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |                                             |                                     |                                                            |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and a                   | nd address (optional) |                                                                                              |          |                  |                                     |        |               |         |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6 City, state, and Z                                            |                                             | UITE 2                              | <u> </u>                                                   |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                       |                                                                                              |          |                  |                                     |        |               |         |                 |
| See                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | HOUSTON, TX                                                     |                                             |                                     |                                                            |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                       |                                                                                              |          |                  |                                     |        |               |         |                 |
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| Par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Taxpay                                                          | yer Identif                                 | ication                             | Number (TII                                                | N)                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                       | -                                                                                            |          |                  |                                     |        |               | +       | -               |
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| backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                             |                                     |                                                            |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | or a                    |                       | T                                                                                            |          |                  |                                     |        |               |         |                 |
| entities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | s, it is your employ                                            |                                             |                                     |                                                            |                                                        | umber, see How to ge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                       |                                                                                              |          | L                |                                     | -      | 1             |         |                 |
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| Note.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | If the account is in<br>nes on whose nur                        | more than                                   | ne name                             | , see the instruc                                          | tions for line 1 a                                     | and the chart on page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4 for                   | Em                    | ploye                                                                                        | r ideni  | tifica           | don r                               | numb   | umber         |         |                 |
| guideli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nes on whose hu                                                 | inder to enter                              | •                                   |                                                            |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                       | 8                                                                                            | - 0      | 0                | 7                                   | 9      | 8             | 1       | 6               |
| Part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | T Certific                                                      | eation                                      |                                     |                                                            |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                       |                                                                                              |          | _                |                                     |        |               |         |                 |
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| 2. I an<br>Ser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n not subject to ba                                             | ackup withho<br>n subject to l              | lding bed<br>backup w               | cause: (a) I am ex<br>vithholding as a r                   | kempt from bac                                         | kup withholding, or (be to report all interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ) I have r              | not l                 | been                                                                                         | notifie  | ed be            | , the                               | Inte   | rnal<br>ied n | Reve    | enue<br>at I am |
| 3 lan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n a U.S. citizen or                                             | other IIS n                                 | areon (de                           | fined below): en                                           | 4                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                       |                                                                                              |          |                  |                                     |        |               |         |                 |
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| Certific<br>because<br>interest<br>generationstruc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | cation instruction<br>se you have failed<br>t paid, acquisition | ns. You must<br>to report all<br>or abandon | cross ou<br>interest a<br>ment of s | ut item 2 above if<br>and dividends on<br>ecured property. | f you have been<br>your tax return.<br>cancellation of | n notified by the IRS the including in notified by the IRS the including the including the including the including the certification, and including the incl | nat you a<br>actions, i | re c<br>item          | 2 do                                                                                         | es no    | t app            | ply. F                              | or n   | norto         | gage    | and             |
| Sign<br>Here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Signature of<br>U.S. person ▶                                   | 1.                                          | De.                                 | My                                                         |                                                        | Da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ite ►                   | 1                     | 18                                                                                           | /:       | 20               | 15                                  |        |               |         |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | eral Instruc                                                    |                                             |                                     |                                                            |                                                        | <ul> <li>Form 1098 (home mo<br/>(tuition)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rtgage inte             | eres                  | t), 1 <b>9</b> 9                                                                             | 8-E (s   | tuden            | t loar                              | n inte | rest),        | 1098    | 3-T             |
| Section references are to the Internal Revenue Code unless otherwise noted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |                                             |                                     |                                                            |                                                        | • Form 1099-C (canceled debt)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                       |                                                                                              |          |                  |                                     |        |               |         |                 |
| Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                             |                                     |                                                            |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                       |                                                                                              |          |                  |                                     |        |               |         |                 |
| Purp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ose of Form                                                     |                                             |                                     |                                                            |                                                        | Use Form W-9 only if<br>provide your correct TIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         | U.S                   | . pers                                                                                       | son (inc | ludin            | g a re                              | eside  | nt ali        | en), to | 0               |
| 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 (TIN) adoption taxpayer identification num |                                                                 |                                             |                                     |                                                            |                                                        | subject                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                       |                                                                                              |          |                  |                                     |        |               |         |                 |
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| 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 to be issued),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |                                             |                                     |                                                            |                                                        | umber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                       |                                                                                              |          |                  |                                     |        |               |         |                 |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1099-INT (interest ea                                           |                                             |                                     |                                                            |                                                        | <ol><li>Claim exemption fr<br/>applicable, you are also</li></ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | om backu                | ip w                  | ithhol                                                                                       | ding if  | you a            | real                                | J.S. 6 | ехеп          | pt pa   | yee. If         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1099-DIV (dividends,<br>1099-MISC (various l                    |                                             |                                     |                                                            |                                                        | any partnership income<br>withholding tax on forei                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | from a U.               | .S. tr                | ade o                                                                                        | r busir  | less i           | s not                               | subie  | act to        | adt c   |                 |

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.

• Form 1099-B (stock or mutual fund sales and certain other transactions by

• Form 1099-K (merchant card and third party network transactions)

• Form 1099-S (proceeds from real estate transactions)

brokers)

ACCEPTANCE OF BID And CONTRACT AWARD SUPPLY of ELECTRICITY

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 clarifications to the bid. Signature also certifies understanding and compliance with the certification requirements of the MRESC'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 MRESC 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 MRESC 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 for up to twenty-four months unless terminated, canceled or blended and extended. By mutual written agreement, the contract may be extended for up to twentyfour additional months.

| No the Day of White                                                                |
|------------------------------------------------------------------------------------|
| Company Name Direct Brown Kusiness Date 11/21                                      |
| Company Address   HCSS Plaze City woods a State Zip Code 0 7095                    |
| Contact Person John Regulary Title Solet Week                                      |
| Authorized Signature (ink only)                                                    |
|                                                                                    |
| ACCEPTANCE OF BID AND CONTRACT AWARD TO BE COMPLETED ONLY BY MRESC MRESCCRESCMRESC |
| Awarding Agency: Middlesex Regional Educational Services Commission                |
| $\mathcal{M}_{\mathcal{L}}$                                                        |

Agency Executive:

Patrick M. Moran, SBA/BS

Awarded this

day of November 2015 Contract Number: MRESC 15/16-49