STATE OF NEW JERSEY **BUSINESS REGISTRATION CERTIFICATE** FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS

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

TAXPAYER NAME:

HASKELL OFFICE LLC

TAXPAYER IDENTIFICATION#:

450-468-701/000

ADDRESS:

527 CEDAR WAY SUITE 201 OAKMONT PA 15139

EFFECTIVE DATE:

05/01/02

FORM-BRC(08-01)

TRADE NAME:

SEQUENCE NUMBER:

0991432

ISSUANCE DATE:

05/29/03

Active Director

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address

July 1

Certification 49018

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-JUL-2019 to 15-JUL-2026

HASKELL OFFICE, LLC 273 MONTGOMERY AVE., SUITE 204 BALA CYNWYD PA 19004

Slap M. Muon

ELIZABETH MAHER MUOIO
State Treasurer

REVISED 4/10)

EXHIBIT A

RETURN WITH BID

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

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

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for imployment 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 pplicants in recruitment and employment, and that employees are treated during employment, without regard to their ge, 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 ollowing: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; ates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees o post in conspicuous places, available to employees and applicants for employment, notices to be provided by the 'ublic 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 rd to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender aentity or expression, disability, nationality or sex.

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

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the reasurer 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 stablished 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 imited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not liscriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual rientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any ecruitment 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 onnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of state of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

NJ State Approved Cooperative Pricing System #65MCESCCPS

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

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

etter 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 www.state.nj.us/treasury/contract_compliance)

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

Signature _	Clantobins-	
Jame	Alan Robins	
itle	President	
Company N	ame_Hashell Office LLC	

Educational Services Commission of New Jersey Business Office

1660 Stelton Road Piscataway, New Jersey 08854

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

reportable politic	cal contributions to any ele	wledgeable of the circumstance (Business ected official, political candidates) welve (12) months preceding	ss Entity) has made the following ate or any political committee as	
	R	eportable Contributions		
<u>Date of</u> <u>Contribution</u>	Amount of Contribution	Name of Recipient Elected Official/ Committee/Candidate	<u>Name of</u> <u>Contributor</u>	
1				
/				
The Business Ent	ity may attach additional p	ages if needed.		
☑ No Reportabl	e Contributions (Please c	heck (✓) if applicable.)		
I certify that Haskell Office LLC (Business Entity) made no reportable contributions to any elected official, political candidate or any political committee as defined in N.J.S.A. 19:44-20.26.				
Certification				
I certify, that the i	nformation provided above	e is in full compliance with P	ublic law 2005 – Chapter 271.	
Name of Authoriz	sed Agent Alan	Robins		
Signature	Dean Cobins	Title P	resident	
Business Entity	Hoshell Office	LLC		

NJ State Approved Cooperative Pricing System #65MCESCCPS

STATEMENT OF OWNERSHIP (OWNERSHIP DISCLOSURE CERTIFICATION)

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

This Statement Shall Be Included with All Bid and Proposal Submissions

Name of Business:	Haskell	Office	LIC

Address of Business: 273 Montgomery Ave Suite 204, Bala Cynwyd, PA 19004

Name of person completing this form: Alan Bobins

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

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

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

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

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

NJ State Approved Cooperative Pricing System #65MCESCCPS This Ownership Disclosure Certification form shall be completed, signed and notarized. Failure of the bidder/proposer to submit the required information is cause for automatic rejection of the bid or proposal

Check the box that represents the type of business organ	ization:			
Sole Proprietorship (skip Parts II and III, sign and notar	ize at the end)			
Non-Profit Corporation (skip Parts II and III, sign and no	otarize at the end)			
Partnership Limited Partnership	Limited Liability Partnership			
Limited Liability Company				
For-profit Corporation (including Subchapters C and S	or Professional Corporation)			
Other (be specific):				
Part II				
I certify that the list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. OR I certify that no one stockholder in the corporation owns 10 percent or more of its stock, of any class,				
or no individual partner in the partnership owns	a 10 percent or greater interest therein, or that no 10 percent or greater interest therein, as the case may			
Sign and notarize the form below, and, if necessary, co	mplete the list below. (Please attach additional sheets if			
more space is needed): Name: ALAN ROBINS	Name: Bryce Robins Address: 2028 MT Vernon			
Name: ALAN ROBINS Address: 244 Dewen Rd Menon PA	Address: 2028 MT Vernon Phila PA			
Name:	Name:			
Address:	Address:			

NJ State Approved Cooperative Pricing System #65MCESCCPS

Part III - Any Direct or Indirect Parent Entity Which is Publicly Traded:

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

that	contain the information on each person that holds a 10 percent or greater beneficial interest."
	Pages attached with name and address of each publicly traded entity as well as the name and address of each person that holds a 10 percent or greater beneficial interest.
	OR
	Submit here the links to the Websites (URLs) containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent.
	AND
	Submit here the relevant page numbers of the filings containing the information on each person holding a 10 percent or greater beneficial interest.
Subs	cribed and sworn before me this 23 day of (Affiant) (Affiant)
	(Print name of affiant and title if applicable) (Corporate Seal if a Corporation)
Му С	ommission expires:
17	1 1 1 2 2

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL LILLIE A. WOODBERRY, Notary Public Lower Merion Twp., Montgomery County My Commission Expires August 17, 2020 (Rev. December 2011) Department of the Treasury

Request for Taxpayer **Identification Number and Certification**

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

	Name (as shown on your income tax return) Haskell Office LLC			
2.	Business name/disregarded entity name, if different from above			
age				
d uc	Check appropriate box for federal tax classification:			
ns	☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Tr	ust/estate		
Print or type See Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partners	hip) ▶ ☐ Exempt payee		
Pri	☐ Other (see instructions) ▶			
ciţi		Requester's name and address (optional)		
Spe	2/3 Montgomery Ave City, state, and ZIP code			
See	Bala Cynwyd, PA 19004			
	List account number(s) here (optional)			
Par	Taxpayer Identification Number (TIN)			
Enter	our TIN in the appropriate box. The TIN provided must match the name given on the "Name"	line Social security number		
to avo	id backup withholding. For individuals, this is your social security number (SSN). However, for nt alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other	a		
entitie	s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>	a		
	page 3.			
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.				
		45-0468701		
Part				
	penalties of perjury, I certify that: e number shown on this form is my correct taxpayer identification number (or I am waiting for a			
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and				
3. I ar	n a U.S. citizen or other U.S. person (defined below).			
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.				
Sign Here	Signature of U.S. person ► Clan Polins Date	· 3·∂3·17		
Gen	eral Instructions Note, If a requester of	lives you a form other than Form W-9 to request		

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- · An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/28/2017

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

t	MPORTANT: If the certificate holder in the terms and conditions of the policy, tertificate holder in lieu of such endors	cert	ain p	olicies may require an er	policy(idorse	ies) must be ment. A stat	endorsed. ement on th	If SUBROGATION IS WAIVED is certificate does not confer i	, subject to rights to the
-	DDUCER	-	,,,,,		CONTA NAME:	CT Alan Co	ohen		
	hens' Insurance Agency, Inc.				NAME: PHONE	(24E) 2:		FAX (A/C, No); (215)	222 5546
	Box 603				(A/C, No E-MAIL	o, Ext): (215) 3:			322-5516
					ADDRE			surance.com	
пи	ntingdon Valley PA 19006							DING COVERAGE	NAIC #
					INSURE	RA: Zurich	Insurance C	ompany	
INS	URED				INSURE	RB:			
	Haskell Office, LLC				INSURE	RC:			
	PO Box 383				INSURE	RD:			
	Southampton, Pa 18966				INSURE	RE:			
					INSURE	RF:			
CC	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:	
II C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REJERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH PARTY.	QUIF PERT OLIC	AIN.	NT, TERM OR CONDITION THE INSURANCE AFFORDS	OF ANY	CONTRACT THE POLICIE DUCED BY PA	OR OTHER I S DESCRIBED AID CLAIMS.	OCCUMENT WITH RESPECT TO	WHICH THIS
INSF LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY								00,000
Α	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED \$ 1,00	00,000
	CLAIMS-MADE X OCCUR			PPS038400934		07/03/2016	07/03/2017	MED EXP (Any one person) \$ 10,0	000
								PERSONAL & ADV INJURY \$ 1,00	00,000
								GENERAL AGGREGATE \$ 2,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$ 2,00	00,000
	POLICY PRO- JECT LOC							\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	00,000
Α	ANY AUTO							(Ea accident) \$ 1,00 BODILY INJURY (Per person) \$	0,000
	ALL OWNED SCHEDULED			PPS038400934		07/03/2016	07/03/2017	BODILY INJURY (Per accident) \$	
	X HIRED AUTOS X AUTOS NON-OWNED AUTOS			11 0000400004		0770072010	01703/2017	PROPERTY DAMAGE	
	HIRED AUTOS AUTOS							(Per accident) \$	
\vdash	X UMBRELLA LIAB X OCCUR								20.000
А	- OCCUR			DDC020400024		07/02/0040	07/00/0047		00,000
^	CLAIMS-MADE			PPS038400934		07/03/2016	07/03/2017	AGGREGATE \$	
\vdash	DED RETENTION \$ WORKERS COMPENSATION		-					WC STATU- OTH-	
	AND EMPLOYERS' LIABILITY Y / N							WC STATU- OTH- TORY LIMITS FR	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$	
_	If yes, describe under DESCRIPTION OF OPERATIONS below		_					E.L. DISEASE - POLICY LIMIT \$	
Α	Physical Damage Deductible			PPS038400934		and the second s	07/03/2017	\$1,0	000
Α	Business Personal Property			PPS038400934		07/03/2016	07/03/2017	\$96	7,500
_									
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC				Schedu	le, if more space	is required)		
List as Additional Insured: Educational Services Commission of NJ									
CE	CERTIFICATE HOLDER CANCELLATION								
					SAIM	AIION			
Educational Services Commission of NJ 1660 Stelton Road				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Piscataway, NJ 08854				AUTHO	RIZED REPRESE			<ds></ds>
. Isomuray) no obser							Teliorah Sas		

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

Quote Number:

Bidder/Offeror:

PART 1: CERTIFICATION BIDDERS MUST COMPLETE PART 1 BY CHECKING FITHER BOX

		FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE.	
	contract musubsidiaries, in Iran. The must review non-respon by law, rule	Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or ren complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its par or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment action Chapter 25 list is found on the Division's website at http://www.state.ni.us/treasury/purchase/pdf/Chapter25List.odf . Bid this list prior to completing the below certification. Failure to complete the certification will render a bidder's proprive. If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and prove contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the pateking debarment or suspension of the party	rents, ivities dders oosal vided
F	LEASE CH	CK THE APPROPRIATE BOX:	
	subsi activit or rep	fy, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's par- liaries, or affiliates is <u>listed</u> on the N.J. Department of the Treasury's list of entities determined to be engaged in prohi- es in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an observative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign ete the Certification below.	ibited officer
	OR		
	the D	nable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is liste partment's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 b gn and complete the Certification below. <u>Failure to provide such will result in the proposal being rendered as sive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.</u>	elow
	EACH	ust provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, ubsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below. FOX WILL PROMPT YOU TO PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, CLICK THE "ADD AN ADDITIONAL ENTRIES, CLICK THE "ADD AN ADDITIONAL ENTRIES."	NAL
	Name	Relationship to Bidder/Offeror	elete
	Descriptio	of Activities	
	Duration o	Engagement Anticipated Cessation Date	
	Bidder/Off	ror Contact Name Contact Phone Number	
	AD	AN ADDITIONAL ACTIVITIES ENTRY	
a c te	cknowledge: that ontinuing obligatio erein; that I am av	duly swom upon my cath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and communicated to execute this certification on behalf of the bidder, that the State of New Jersey is relying on the information contained herein and that I are from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the information are that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the material breach of my agreement(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.	m under a contained
F	ull Name (Pri	t): Alan Bobins signature: Wawloffun	
	0	Do Not Enter PIN as a Signature	
1	1/	parter 3,72.17	

Full Name (Print): Alan Bobins	Signature:	Rancobins
Title:	Procident	Date: 3,72.	Do Not Enter PIN as a Signature
	CONTROL		•

ACCEPTANCE OF BID And CONTRACT AWARD

Furniture & Accessories

TO BE COMPLETED BY RESPONDENT

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

Company Name Hashell Office LLC	Date 3.23-17
Company Address <u>A73 Montgomery Ave</u>	City Bala Cynwyd State A Zip Codel 90
Contact Person Alan Bobins	Title President
Authorized Signature (ink only) Way Out	Title President
ACCEPTANCE OF BID AND CONTRACT AWARD B	ELOW TO BE COMPLETED ONLY BY ESC
Awarding Agency: <u>Educational Services Commission of N</u>	ew Jersey
Agency Executive: Vatur Bolomara	
Patrick M. Moran, SBA/BS	
Awarded this 2019 day of June 2019	Contract Number ESCNJ 17/18-16