STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

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

TAXPAYER NAME:

LEE DISTRIBUTORS, INC.

ADDRESS:

PO BOX 447 VERNON NJ 07462-0447

EFFECTIVE DATE:

08/28/84

TRADE NAME:

SEQUENCE NUMBER:

0072400

ISSUANCE DATE:

12/02/08

Director

New Jersey Division of Revenu

Certification 26560

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

RENEWAL

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-MAY-2020 15-MAY-2027

LEE DISTRIBUTORS INC. P.O. BOX 447

VERNON

NJ 07462

n s n,

ELIZABETH MAHER MUOIO

State Treasurer

(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.

NJ State Approved Cooperative Pricing System #65MCESCCPS

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

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

Letter of Federal Affirmative Action Plan Approval

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 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 **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**.

Signature _	John	
Name	JIM LANCELLOTTI	
Title	PRESIDENT	
Company 1	Name LEE DISTRIBUTORS	

Educational Services Commission of New Jersey Business Office

1660 Stelton Road Piscataway, New Jersey 08854

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

The undersigned,	being authorized and know	vledgeable of the circumstance				
(Business Entity) has made the following reportable political contributions to any elected official, political candidate or any political committee as defined in N.J.S.A. 19:44-20.26 during the twelve (12) months preceding this award of contract:						
	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>			
	A					
/						
The Business Ent	ity may attach additional pa	ages if needed.				
No Reportabl	e Contributions (Please cl	heck (✓) if applicable.)				
I certify that	EE DISTRIB	(Busing landidate or any political control of the landidate of the landida	ness Entity) made no reportable mmittee as defined in N.J.S.A. 19:44			
Certification						
I certify, that the information provided above is in full compliance with Public law 2005 – Chapter 271.						
Name of Authorized Agent TIM LANCELLOTTE						
SignatureTitle PRESTDENT						
Business Entity _	LEE DISTRI	BUTORS				

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: LEE DISTRIBUTORS

Address of Business: P.O. BOX 447 VERNON NJ 07462

Name of person completing this form: JIM LANCELLOTTI

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 hidder/proposer to submit the required information is cause for automated.

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

Part I	
Check the box that represents the type of business or	
Sole Proprietorship (skip Parts II and III, sign and ne	otarize at the end)
Non-Profit Corporation (skip Parts II and III, sign ar	nd notarize at the end)
Partnership Limited Partnership	Limited Liability Partnership
Limited Liability Company	
For-profit Corporation (including Subchapters C an	nd S or Professional Corporation)
Other (be specific):	
Part II	
who own 10 percent or more of its stock, of who own a 10 percent or greater interest the who own a 10 percent or greater interest the OR I certify that no one stockholder in the corpor or no individual partner in the partnership own member in the limited liability company own be	es and addresses of all stockholders in the corporation any class, or of all individual partners in the partnership erein, or of all members in the limited liability company erein, as the case may be. Oration owns 10 percent or more of its stock, of any class, was a 10 percent or greater interest therein, or that no as a 10 percent or greater interest therein, as the case may by, complete the list below. (Please attach additional sheets if
Name: TIM LANCELLOTTI	Name: COLLEEN LANCELLOTTE
Address: 6 INDIAN TRAIL	Address: 6 INDIAN TRAIL
VERNON, NJ 07462 50%	VERNON, NJ 07462 30%
Name: VIN LANCELLOTTI	Name: LEE LANCELLOTTI
Address: 49 PALAMINO TRAIL	Address: 49 PALAMINO TRAIL
VERNON, NJ 07462	VERNON, NJ 07462
10%	10%

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."

	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.
(Not	cribed and sworn before me this 20 day of ARRELL April April

MY COMMISSION EXPIRES DECEMBER 09, 2020 (Rev. December 2014) Department of the Treasury Internal Revenue Service

Request for Taxpayer

Identification Number and Certification Your W9 Editor is Ready!

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

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.			
	LEE DISTRIBUTORS			
2	2 Business name/disregarded entity name, if different from above			
	Click on the fields and start typing			
pa	3 Check appropriate box for federal tax classification; check only dup of the thinking syen boxes:		4 Exemptions (codes apply only to	
6	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership	Trust/estate	certain entities, not individuals; see instructions on page 3):	
Print or type Specific Instructions on page	single-member LLC		Exempt payee code (if any)	
\$ `	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnersl	-	Exemption from FATCA reporting	
o t	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner.	1	code (if any)	
Print or type	Other (see instructions) ▶	Get Started!	(Applies to accounts maintained outside the U.S.)	
_ ≅		Requester's name a	nd address (optional)	
e	PO BOX 447	***************************************		
S	6 City, state, and ZIP code			
See	VERNON, NJ 07462			
	7 List account number(s) here (optional)			
Par	Taxpayer Identification Number (TIN)			
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid Social security number				
backup withholding. For individuals, this is generally your social security number (SSN). However, for a				
	ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other		_ - -	
entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.				
	If the account is in more than one name, see the instructions for line 1 and the chart on page	4 for Employer	identification number	
quidelines on whose number to enter.				
		22.	-121515181514181	
Par	Certification			
	penalties of perjury, I certify that:			
	e number shown on this form is my correct taxpayer identification number (or I am waiting for	a number to be is:	sued to me); and	
	m not subject to backup withholding because: (a) I am exempt from backup withholding, or (b)			

- Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶

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General Instructions

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

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

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- . Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.



CERTIFICATE OF LIABILITY INSURANCE

3/3/2017

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.

BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy (ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not conformately instant a total conditions of the policy.

	DUCER			CONTACT Connie V	Vilson	EAV		
	o International Northeast Limited 5 Loucks Road			PHONE (A/C, No, Ext): (717) 7	67-7862	FAX (A/C, No)		
Suit	te 300			E-MAIL ADDRESS: connie.v	/ilson@huk	ointernational.com		
Yor	k, PA 17408			INSURER(S) AFFORDING COVERAGE				NAIC #
			,	INSURER A : Frankli	n Mutual In	surance Company		16454
INSU	JRED			INSURER B : FMI Ins	urance Cor	mpany		37699
	Lee Distributors, Inc.			INSURER C:				
	P.O. Box 447			INSURER D:				
	Vernon, NJ 07462			INSURER E:				
				INSURER F:				
СО	VERAGES CEF	RTIFICAT	E NUMBER:			REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUIREM PERTAIN POLICIES	ENT, TERM OR CONDITI , THE INSURANCE AFFO . LIMITS SHOWN MAY HAV	ION OF ANY CONTRA PRDED BY THE POLIC /E BEEN REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	ECT T	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS	
Α	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR		SBP2993592	02/20/2017	02/20/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
			HOLDER STATE OF THE STATE OF TH			MED EXP (Any one person)	\$	15,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- OTHER:					PRODUCTS - COMP/OP AGG	\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO					BODILY INJURY (Per person)	s	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident		No.
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	s	
	AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$					AGGILGATE	\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-	Ψ	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	w	WCP2970383	02/20/2017	02/20/2018	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYE		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			5 211		E.L. DISEASE - POLICY LIMIT		1,000,000
	DESCRIPTION OF OPERATIONS DEIOW					E.L. DISEASE - POLICY LIMIT	\$	
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLICATIONS / VE	CLES (ACOR	D 101, Additional Remarks Sche additional insured per w	edule, may be attached if mo vritten contract.	re space is requi	red)		
-	EDTIFICATE LICE DED			CANCELLATION				
CE	RTIFICATE HOLDER			CANCELLATION				
Educational Services Commission of NJ 1660 Stelton Rd			NJ	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			AUTHORIZED REPRESENTATIVE				
				00111				
				G. Wilson				

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 EITHER BOX.

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

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents,

in Iran. The Chapter 25 list is found on the Division's w must review this list prior to completing the below certific non-responsive. If the Director finds a person or entity to by law, rule or contract, including but not limited to, impor- default and seeking debarment or suspension of the party	of Treasury's Chapter 25 list as a person or entity engaging in investment activities website at http://www.state.ni.us/treasury/ourchase/odi/Chapter25List.odf . Bidders ication. Failure to complete the certification will render a bidder's proposal to be in violation of law, s/he shall take action as may be appropriate and provided osing sanctions, seeking compliance, recovering damages, declaring the party in			
PLEASE CHECK THE APPROPRIATE BOX:				
subsidiaries, or affiliates is <u>listed</u> on the N.J. De activities in Iran pursuant to P.L. 2012, c. 25 ("Chap or representative of the entity listed above and am a complete the Certification below.	5, that neither the bidder listed above nor any of the bidder's parents, epartment of the Treasury"s list of entities determined to be engaged in prohibited apter 25 List"). I further certify that I am the person listed above, or I am an officer authorized to make this certification on its behalf. I will skip Part 2 and sign and			
<u>OR</u>				
the Department's Chapter 25 list. I will provide a	dder and/or one or more of its parents, subsidiaries, or affiliates is listed on a detailed, accurate and precise description of the activities in Part 2 below www. Failure to provide such will result in the proposal being rendered as non- sanctions will be assessed as provided by law.			
PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below. EACH BOX WILL PROMPT YOU TO PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, CLICK THE "ADD AN ADDITIONAL ACTIVITIES ENTRY" BUTTON.				
Name	Relationship to Bidder/Offeror			
Description of Activities				
Duration of Engagement	Anticipated Cessation Date			
Bidder/Offeror Contact Name	Contact Phone Number			
ADD AN ADDITIONAL ACTIVITIES ENTRY				
Certification: I, being duly swom upon my oath, hereby represent that the f	foregoing information and any attachments thereto to the best of my knowledge are true and complete. I			
	the bidder; that the State of New Jersey is relying on the information contained herein and that I am under a			
	on of any contracts with the State to notify the State in writing of any changes to the information contained			
erein; that I am aware that it is a criminal offense to make a false statement o	or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and			
hat it will constitute a material breach of my agreement(s) with the State, perm	mitting the State to declare any contract(s) resulting from this certification void and unenforceable.			
Full Name (Print): TIM LANCELLOT	7.7 Signature:			
	Do Not Enter PIN as a Signature			
Title: PRESIDENT	Date: 3/6/2017			

ESCNJ 17/18-16 Furniture & Accessories

ACCEPTANCE OF BID And CONTRACT AWARD

Furniture & Accessories

TO BE COMPLETED BY RESPONDENT

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

Company Name LEE DISTRIBUTORS)	Date	3/3/2017
Company Address Po Box 447	City VERNON	Sta	ate NT Zip Code 0746
Contact Person			PRESIDENT PRESIDENT

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

Awarding Agency: Educational Services Commission of New Jersey					
Agency Executive: Vatrus Branco Patrick M. Moran, SBA/BS					
Awarded this	day of June	2017	_Contract Number ESCNJ 17/18-16		