#### STATE OF NEW JERSEY **BUSINESS REGISTRATION CERTIFICATE**

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

TAXPAYER NAME:

SILVER STREET INCORPORATED

ADDRESS:

892 INDUSTRIAL PARK DRIVE SHELBY MI 49455-0159 EFFECTIVE DATE:

03/23/15

TRADE NAME:

SEQUENCE NUMBER:

1940613

**ISSUANCE DATE:** 

03/23/15

New Jersey Division of Revenue

FORM-BRC This Cartificate is NOT assignable or transferable. If must be consciousized at above address (04-00), UZU3846V

CERTIFICATE OF EMPLOYEE INFORMATION REPORT 54228 Certification

## INITIAL

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

effect for the period of

15-MAR-2015 to 15-MAR-2022

SHELBY 892 INDUSTRIAL PARK DRIVE SILVER STREET, INCORPORATED MI 49455

Andrew P. Sidamon-Eristoff State Treasurer

(REVISED 4/10)

#### **EXHIBIT A**

RETURN WITH BID

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

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

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

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender ity 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 to tate of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

ESCNJ 17/18-16 Furniture & Accessories

March 30, 2017 @ 11:00 a.m.

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

Signature _	()alle Alane
1 e	Jake Seaver
Title	Vice President
Company 1	Name Silver Street, Inc.

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

1660 Stelton Road Piscataway, New Jersey 08854

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

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that  (Business Entity) has made the following  reportable political contributions to any elected official, political candidate or any political committee as									
reportable politic defined in N.J.S.A	cal contributions to any election 19:44-20.26 during the ty	cted official, political candid welve (12) months preceding	ate or any political committee as a this award of contract:						
	Reportable Contributions								
Date of	Amount of	Name of Recipient	Name of						
<u>Contribution</u>	<u>Contribution</u>	Elected Official/ Committee/Candidate	<u>Contributor</u>						
\									
<i></i>									
The Business Ent	ity may attach additional pa	ages if needed.							
☑ No Reportabl	e Contributions (Please ch	neck (✓) if applicable.)							
I certify that to any elected off	I certify that Silver Street, Inc. (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 information provided above is in full compliance with Public law 2005 - Chapter 271.									
Name of Authoriz	zed Agent /	Jake Seaver							
Signature	John Serve		Vice President						
Rusiness Entity	Silve	r Street Inc							

### 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:		Silver Street, Inc.
Address of Business:	892 Indu	strial Park Drive, Shelby, MI 49455
Name of person completing	ng this form:	Jake Seaver
N I C A E2-2E 24 2.		

#### 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

Part I	
Check the box that represents the type of business or	
Sole Proprietorship (skip Parts II and III, sign and n	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 Ca	nd S or Professional Corporation)
Other (be specific):	
Part II	
who own 10 percent or more of its stock, of a	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.
or no individual partner in the partnership ov	ration owns 10 percent or more of its stock, of any class, vns a 10 percent or greater interest therein, or that no s a 10 percent or greater interest therein, as the case may
Sign and notarize the form below, and, if necessary more space is needed):	, complete the list below. (Please attach additional sheets if
Name:Randall Seaver	Name:Jake Seaver
Address: 999 Holton Whitehall Road	Address: 8755 Westwood Lane
Whitehall, MI 49461	Montague, MI 49437
Name:	Name:
Address:	Address:

#### 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 trace person that holds a 10 percent or greater beneficial interest.	led entity as well as the name and address rest.
OR	
Submit here the links to the Websites (URLs) containing the federal Securities and Exchange Commission or the fo	
AND	
Submit here the relevant page numbers of the filings cont each person holding a 10 percent or greater beneficial inte	
bscribed and sworn before me this $\frac{21}{}^{5T}$ day of	Me Seave
	name of affiant and title if applicable) prate Seal if a Corporation)

David Paul Gersten
Notary Public, State of Michigan
COUNTY OF Oceana
My Commission Expires Jan. 26, 2022
Acting in the County of OCEANA

of each

Form (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.

mema	nevenue dervice											
	<ol> <li>Name (as shown on your income tax return). Name is required on this line; d Silver Street, Inc</li> </ol>	o not leave this line blank.										
ige 2.	Business name/disregarded entity name, if different from above mediatechnologies											
Print or type Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the found individual/sole proprietor or C Corporation Single-member LLC    Umited liability company, Enter the tax classification (C=C corporation, St.)		Trust/estate certain einstruction				mptions (codes apply only to entities, not individuals; see tions on page 3): t payee code (if any)					
single-member LLC  Umited ilability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)   Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line the tax classification of the single-member owner.  Other (see instructions)							on fro	om FA	TCA	repo	rting	
E E	☐ Other (see instructions) ▶							ts maint	ained (	utside	the U.	S.)
ecific	5 Address (number, street, and apt. or suite no.) 892 Industrial Park Drive	F	Requester's	nam								
જુ	6 City, state, and ZIP code											
See												
(I)	Shelby, MI 49455											
	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 nar	ne given on line 1 to avoi	d So	cial s	ecurity	nun	nber					
backu	p withholding. For individuals, this is generally your social security nur	mber (SSN), However, for	a			T	T	7				
reside	nt alien, sole proprietor, or disregarded entity, see the Part I instructions, it is your employer identification number (EIN). If you do not have a	ns on page 3. For other	. 23		-			-				
TIN or	i page 3.	number, see now to get a	or	_		_		_				
Note.	If the account is in more than one name, see the instructions for line 1	and the chart on page 4		plov	er Ideni	ifica	ation	numi	oer		_	ĺ
guidei	ines on whose number to enter.	and the chart on page 4			Г	T	T	T				
			3	5	- 1	4	6	3	2	7	8	
Pari	Certification					-						_
Under	penalties of perjury, I certify that:								-	-		
1. The	number shown on this form is my correct taxpayer identification num	nber (or I am waiting for a	number to	be o	issued	to r	me);	and				
2. I ar Ser	n not subject to backup withholding because: (a) i am exempt from be vice (IRS) that I am subject to backup withholding as a result of a failu longer subject to backup withholding; and	ackup withholding, or (b) i	have not	bee	notific	ed b	ov the	e inte	mal led r	Rev ne ti	enu nat l	e am
3. I ar	n 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 exem	pt 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 falled 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.							1					
Sign Here	Signature of U.S. person ▶ Jaku Sur	Date	, Jar	nua	ry 5th	, 20	017					
	eral Instructions	<ul> <li>Form 1098 (home mortg (tuition)</li> </ul>	gage interes	it), 10	98-E (s	ude	nt los	an inte	erest)	, 109	8-T	
	references are to the Internal Revenue Code unless otherwise noted.	<ul> <li>Form 1099-C (canceled</li> </ul>	debt)									
Future as legis	developments. Information about developments affecting Form W-9 (such lation enacted after we release it) is at www.irs.gov/fw9.	<ul> <li>Form 1099-A (acquisition)</li> </ul>	n or aband	onme	ent of se	cure	ed pro	perty	1)			
	ose of Form	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.										
return v	vidual or entity (Form W-9 requester) who is required to file an information with the IRS must obtain your correct taxpayer identification number (TIN)	if you do not return For to backup withholding. Se	m W-9 to th	e rec ecku	quester p withh	vith oldin	a TIN ng? o	<i>l, you</i> n pag	migh e 2.	nt be	subj	ect
which r	nay be your social security number (SSN), individual taxpayer identification	By signing the filled-out	t form, you:									
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		<ol> <li>Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),</li> </ol>						er				
retums	include, but are not limited to, the following:	<ol><li>Certify that you are n</li></ol>						300000000000000000000000000000000000000				
	1099-INT (Interest earned or paid)	<ol> <li>Claim exemption from applicable, you are also companies.</li> </ol>										
	1099-DIV (dividends, including those from stocks or mutual funds)	any partnership income fr	om a U.S. t	rade	or busin	1055	ls no	t sub	ect t	o the		
	1099-MISC (various types of income, prizes, awards, or gross proceeds)	withholding tax on foreigr	n partners' s	hare	of effec	tivel	ly cor	nect	ed Ind	come	, and	
brokers		Certify that FATCA cexempt from the FATCA repares 2 for further informs.	reporting, is									
4 LOLL	Form 1099-S (proceeds from real estate transactions) page 2 for further information.											

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



#### CERTIFICATE OF LIABILITY INSURANCE

3/14/2017

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	WII	acrosmont(s).					
PRODUCER			CONTACT Felicia Bright				
Shoreline Insurance Agency Inc			PHONE (A/C, No, Ext): (231) 755-1919 FAX (A/C, No): (231)				
875 W. Broadway Ave.			E-MAIL ADDRESS: feliciab@shorelineagency	. com			
			INSURER(S) AFFORDING COVERAG	E	NAIC#		
Muskegon 1	MI 4	49441	INSURER A Motorists Mutual Insuran	ce Company	14621		
INSURED			INSURER B Michigan Insurance Compa	iny	10857		
Silver Street Inc			INSURER C:	•			
Ро Вож 159			INSURER D :				
			INSURER E :				
Shelby	MI 4	49455	INSURER F :				
COVERAGES	C	ERTIFICATE NUMBER-CL16111111	5476 REVISION N	IMRED.			

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000
		x	3328781190	12/1/2016	12/1/2017	MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A	X ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS		3328781190	12/1/2016	12/1/2017	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
						Uninsured motorist combined	\$	1,000,000
	X UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	2,000,000
A	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	2,000,000
	DED RETENTION\$		3328781190	12/1/2016	12/1/2017		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	1,000,000
В	(Mandatory in NH)		WCJ0004380	12/1/2016	12/1/2017	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
A	Hired Car Physical Damage		3328781190	12/1/2016	12/1/2017	Limit		\$50,000
					30 00	Comp/Coll Deductibles		250/500

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
"Educational Services Commission of New Jersey is named as an additional insured" Co-Op Member.

CERTIFICATE HOLDER	CANCELLATION
Educational Services Commission of New Jersey 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	AUTHORIZED REPRESENTATIVE
	D C Liebetreu/FELICI Donald K. Liebetreu

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

**Ouote Number:** 

ESCNJ- 17/18-16 Bidder/Offeror:

Silver Street, Inc

### PART 1: CERTIFICATION BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX. FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE.

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a 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.ni.us/treasury/purchase/pof//Chapter251.ist.pdf">http://www.state.ni.us/treasury/purchase/pof//Chapter251.ist.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

PL.	EASE	CHECK	THE AP	PROPRIAT	E BOX:

Ø

I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is <u>listed</u> on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

#### OR

I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. <u>Failure to provide such will result in the proposal being rendered as non-responsive</u> and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

#### <u>PART 2</u>: 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.

Relationship to Bidder/Offeror

Description of Activ	ities			
Duration of Engage	ment	Anticipated Cessation D	Date	
Bidder/Offeror Contact Name Contact P		Contact Phone	Number	
ADD AN ADI	DITIONAL ACTIVITIES ENTRY			
Certification: I, being duly swo	m upon my oath, hereby represent that the	he foregoing information and any a	attachments thereto to the best of my knowledge are true	and complete. I
continuing obligation from the	tate of this certification through the comple	etion of any contracts with the Stat	Jersey is relying on the information contained herein and t te to notify the State in writing of any changes to the infor	mation contained
herein; that I am aware that it is that it will constitute a material t	a criminal offense to make a false stateme reach of my agreement(s) with the State, p	ent or misrepresentation in this certi ermitting the State to declare any co	ication, and if I do so, I am subject to criminal prosecution u ontract(s) resulting from this certification void and unenforce	nder the law and able.
Full Name (Print):	John Seaver	Signature:	Colle Gear	
,			Do Not Enter PIN as a Signature	
Title: Vice	President	Date:	3/24/17	

Delete

## 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	Silver Street, Inc.		D	ate <u>3/24</u>	1/2017
Company Address	892 Industrial Park Drive	_ City <u>s</u>	ShelbyS	tate <u>MI</u>	_Zip Code <u>49455</u>
Contact Person  Authorized Signature (i	nk only)			Vice P	
ACCEPTANCE OF B	ID AND CONTRACT AWAR	D BELOV	W TO BE COM	PLETED	ONLY BY ESCN
Awarding Agency: Edu	cational Services Commission	of New Jer	rsey		
Agency Executive:	Gatrul Bol Maria		-		
P	atrick M. Moran, SBA/BS				
Awarded this 2nd	day of June 201	7_Con	tract Number <u>ES</u>	CNJ 17/18	<u>3-16</u>