

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:

ALLIED EQUIPMENT COMPANY, INC.

Trade Name:

Address:

9E PRINCESS ROAD

LAWRENCEVILLE, NJ 08648

Certificate Number:

0061796

Effective Date:

January 04, 1961

Date of Issuance:

March 06, 2009

For Office Use Only:

20090306102344887

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

ALLIED EQUIPMENT COMPANY FINC

9E PRINCESS ROAD LAWRENCEVILLE

NJ 08648

ELIZABETH MAHER MUOIO

State Treasurer

Slap M. Muon

(REVISED 4/10)

EXHIBIT A

RETURN WITH BID

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

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

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

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

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

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

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

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

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

NJ State Approved Cooperative Pricing System #65MCESCCPS

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

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

Letter of Federal Affirmative Action Plan Approval

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	3/24/17
Name	Fred Stucky Jr.
Title	Vice President
Company	Name Allied Equipment Company 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 Allied Equipment Company Inc. (Business Entity) has made the following						
reportable politic	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:					
	<u>R</u>	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>			
none	none	none	none			
The Business Enti	ty may attach additional p	ages if needed.				
No Reportabl	e Contributions (Please c	heck (✓) if applicable.)				
I certify that Allied Equipment Company 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	ed Agent Fred Stuck	xy Jr.				
Signature						
Business Entity _	Business Entity Allied Equipment Company Inc.					

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:	Allied Equ	ipment	Company Inc.	
Address of Business:	9E Princess	Road.	Lawrenceville.	NJ 08648
Name of person compl	eting this form:	Fred	Stucky Jr.	

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	organization:
Sole Proprietorship (skip Parts II and III, sign and	notarize at the end)
Non-Profit Corporation (skip Parts II and III, sign	
ESSENT SPECIAL	Limited Liability Partnership
Limited Liability Company	
or-profit Corporation (including Subchapters Ca	and S or Professional Corporation)
Other (be specific):	
, , , , , , , , , , , , , , , , , , , ,	
Part II	
who own 10 percent or more of its stock, o	mes and addresses of all stockholders in the corporation of any class, or of all individual partners in the partnership herein, or of all members in the limited liability company herein, as the case may be.
I certify that no one stockholder in the corp or no individual partner in the partnership of member in the limited liability company ow be	ooration owns 10 percent or more of its stock, of any class, owns a 10 percent or greater interest therein, or that no was a 10 percent or greater interest therein, as the case may
more space is needed):	ry, complete the list below. (Please attach additional sheets in
Name: Fred Stucky Sr. 100%	Name:
Address: 113 Coach Rd.	Address:
Langhorne, PA 19047	
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."

	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.
Subsi	cribed and sworn before me this $\frac{24}{\text{day of}}$ day of (Affiant) (Affiant)
	March , 2 017 . (Affiant) Free Stucky Jr , Vice President (Print name of affiant and title if applicable)
My C	(Corporate Seal if a Corporation) ommission expires:
, -	SUSAN M. TAGUE

NOTARY PUBLIC STATE OF NEW JERSEY ID # 2391790 MY COMMISSION EXPIRES DECEMBER 8, 2019

Form **W-9**

(Rev. December 2014) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

	A Name (and the state of the st							-	
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. ALLIED EQUIPMENT COMPANY INC.								
	2 Business name/disregarded entity name, if different from above								
ge 2.	2 Desired Name delegated Straty Harris, in Christoff Technique								
ba (3 Check appropriate box for federal tax classification; check only one of the f	ollowing seven boxes:		4 Exe	emptions	(code	s app	ly only	y to
0	☐ Individual/sole proprietor or ☐ C Corporation ☑ S Corporat	ate certai	certain entities not individuals: see				see		
/pe	single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S	n) A	Exempt payee code (if any)						
or th	Note. For a single-member LLC that is disregarded, do not check LLC; c			Exemption from FATCA reporting			ig		
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or C Corporation Partnership Trust/estate Single-member LLC						ode (if any)			
는 글	☐ Other (see instructions) ▶				to accounts			ide the l	U.S.)
Scif	5 Address (number, street, and apt. or suite no.)	F	Requester's n	ame and ad	dress (op	tional)		
Spe	9E PRINCESS ROAD								
See	6 City, state, and ZIP code								
0)	LAWRENCEVILLE, NJ 08648								
	7 List account number(s) here (optional)								
Par	t I Taxpayer Identification Number (TIN)						•		
Section Section Section 1	your TIN in the appropriate box. The TIN provided must match the na	ma givan an lina 1 ta gyai	d Soci	ial security i	umher				
	ip withholding. For individuals, this is generally your social security nu					1 [T	T	\top
	ent alien, sole proprietor, or disregarded entity, see the Part I instruction			-		-			
	s, it is your employer identification number (EIN). If you do not have an page 3.	number, see How to get a	a L or			J			لــــــــــــــــــــــــــــــــــــــ
	If the account is in more than one name, see the instructions for line	1 and the chart on page 4		oloyer identi	fication i	numb	er		7
	lines on whose number to enter.	r and the enant on page 4					T	T.	Ħ
			2	1 - 0	7 2	5	8	6 6	
Par									
	r penalties of perjury, I certify that:								
1. Th	e number shown on this form is my correct taxpayer identification nur	nber (or I am waiting for a	number to	be issued	to me); a	and			
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 a	m a U.S. citizen or other U.S. person (defined below); and								
4. The	4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.								
becau intere gener instru	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		Date	e▶ 1/	27/2016					
	neral Instructions	Form 1098 (home mort (tuition)	gage interest)), 1098-E (st	udent loa	n inte	rest), 1	1098-7	Т
	n references are to the Internal Revenue Code unless otherwise noted.	• Form 1099-C (canceled	d debt)						
as legi	e developments. Information about developments affecting Form W-9 (such slation enacted after we release it) is at www.irs.gov/fw9.	• Form 1099-A (acquisition	on or abando	nment of sec	cured pro	perty)			
		Use Form W-9 only if y	Use Form W-9 only if you are a U.S. person (including a resident alien), to						

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)

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.



COVERAGES

CERTIFICATE OF LIABILITY INSURANCE

ALLIE-1

REVISION NUMBER:

OP ID: ES

DATE (MM/DDYYYY)

03/02/2017

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(ies) 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). PRODUCER CONTACT William Lueckel III, CPCU, CIC Rue Insurance PHONE (A/C, No, Ext): 609-586-7474 E-MAIL P.O. Box 3006 FAX (A/C, No): 609-586-3991 INSURER(S) AFFORDING COVERAGE NAIC #

Hamilton, NJ 08619 William Lueckel III, CPCU, CIC INSURER A: Hartford Insurance Co. 29424 INSURED Allied Equipment Co., Inc. INSURER B : Pennsylvania National Mutual 14990 9E Princess Road INSURER C Lawrenceville, NJ 08648-2318 INSURER D : INSURER E INSURER F

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

CERTIFICATE NUMBER:

referenced project is included as an additional insured under the General Liability Policy shown above if required by written contract or agreement.

C	ERTI	NOTWITHSTANDING ANY REFICATE MAY BE ISSUED OR MAY ISSUED OR MAY ISSUED ON THE SUCH F	QUIR	EME	THE INSURANCE AFFORDED	F ANY CONTRACT	OR OTHER I	OCUMENT WITH RESPEC	OT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	***************************************
В	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		CL90663158	0663158 04/20/2016	04/20/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
							-	PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	X	ANY AUTO			AU90663158	3158 04/20/2016	6 04/20/2017	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	Χ	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
В		EXCESS LIAB CLAIMS-MADE			UL90663158	04/20/2016	04/20/2017	AGGREGATE	\$	1,000,000
		DED X RETENTION \$ 0					·		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		PRIETOR/PARTNER/EXECUTIVE N N/A 3WBCJI0411 04/20/2016 04/20/20100 04/20/2010 04/20/2016 04/20/2016 04/20/2010 04/20/2010 04/20/20100	04/20/2017	E.L. EACH ACCIDENT	\$	1,000,000			
						E L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	DES	s, describe under CRIPTION OF OPERATIONS below						E L. DISEASE - POLICY LIMIT	\$	1,000,000
		TION OF OPERATIONS / LOCATIONS / VEHICL					space is required	<u> </u>		

CERTIFICATE HOLDER	CANCELLATION
EDUCAT5 Educational Services Commission of 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.
1660 Stelton Road Piscataway, NJ 08854	AUTHORIZED REPRESENTATIVE WWW.AUCZ_J

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

Quote Number:

ESCNJ#17/18-16

Bidder/Offeror:

Allied Equipment Company 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 rencontract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its par subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment actin Iran. The Chapter 25 list is found on the Division's website at http://www.state.ni.us/treasur/upurchase/odf/Chapter/25list.poff . Bid must review this list prior to completing the below certification. Failure to complete the certification will render a bidder's prop non-responsive. If the Director finds a person or entity to be in violation of law, sine shall take action as may be appropriate and proble law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the padefault and seeking debarment or suspension of the party PLEASE CHECK THE APPROPRIATE BOX: I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's pan subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in probi 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 or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign 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.	rents, ivities dders posal evided arty in rents, sibited officer n and					
the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.						
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 ENTRIES."						
Name Relationship to Bidder/Offeror Description of Activities	elete					
Duration of Engagement Anticipated Cost ation Date						

Name		Relationship to Bidden/C	Offeror	Delete
Description of Act	tivities			
Duration of Engag	gement	Anticipated Cessation Date		
Bidder/Offeror Co	ntact Name	Contact Phone Number		
ADD AN AL	DOITIONAL ACTIVITIES ENTRY]
		foregoing information and any attachments the bidder, that the State of New Jersey is rely		
inving obligation from th	e date of this certification through the completi	ion of any contracts with the State to notify the t or misrepresentation in this certification, and if	State in writing of any changes to the info	rmation contained
it will constitute a materia		milting the State to declare any contract(s) resu		
	Fred Stucky Jr.	Signature:		
le: Vice F	President	Date:	og Not linter PIN as a Signatur	B

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 Address <u>9E Princess Road</u>	City Lawrenceville State NJ Zip Code 08648				
Contact Person Fred Stucky Jr.	TitleVP				
Authorized Signature (ink only)	Title VP				
ACCEPTANCE OF BID AND CONTRACT AWARD BELOW TO BE COMPLETED ONLY BY ESCNJ					
Awarding Agency: Educational Services Commission of	f New Jersey				
Agency Executive: Vatrus By Mara Patrick M. Moran, SBA/BS					
Awarded this day of day of	Contract Number ESCNJ 17/18-16				

Company Name Allied Equipment Company Inc. Date