

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:

PS FURNITURE, INC

Trade Name:

Address:

223 NORTH WATER STREET STE 350

MILWAUKEE, WI 53202

Certificate Number:

0091418

Effective Date:

December 22, 2005

Date of Issuance:

March 27, 2017

For Office Use Only:

20170327123829857

Form AA302 Rev. 11/11

STATE OF NEW JERSEY

Division of Purchase & Property Contract Compliance Audit Unit EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11. For Instructions on completing the form, go to: http://www.state.nj.us/treasury/contract_compliance/pdf/aa302ins.pdf

		-		SEC	TION A - CO	MPAN	Y IDENT	IFICATION	ON				
	D. NO. OR SOCIAL SECURITY			2. TYPE OF BUSINESS ☑ 1. MFG ☐ 2. SERVICE ☐ 3. WHOLESALE ☐ 4. RETAIL ☐ 5. OTHER				JLE 3.7	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY				
25-15 906													
F. COMPANY NAMI PS Furniture	E												
STREET	DO DOV D		CI				JNTY		ATE	ZIP C			
801 High Street,				onneaut			awford	P/		1640			_
NAME OF PARE	NI OK AFFE	LIATED	OMPANY (I	r NONE,	SUINDICATE	2)	CIT	ΓY	STA	ATE	ZIP CO	ODE	
NONE													_
. CHECK ONE: IS T	THE COMPA	NY:	SINGLE-	ESTABL	ISHMENT EM	PLOYER		MI 🖾	JLTI-ESTA	BLISHMEN	T EMPLOY	ER	
3. IF MULTI-EST D. TOTAL NUMBER O. PUBLIC AGENC	OF EMPLO	YEES AT	ESTABLISH	MENT W	HICH HAS BI	EEN AWA	ARDED T	HE CONTI	RACT	57			_
ESCNJ	_		0-	-c-A	CITY			UNTY		ATE	ZIP CO		
Official Use Only			DATE RECEI	VED IN	TAWA NAUG.DATE	Y ,	NISDI	PLESE	EDTIFICATI	TION NUMB	08	854	
THE STATE OF THE S			DATE RECEI	VED II	AOG.DATE	***************************************	AS	SIGNED C	EKTIFICA	HON NUMB	ER	***************************************	-
					SECTION B	EMPLO	DYMEN!	DATA					
Report all perman o employees in a part N-EEO-1-REPORT.	nent, tempora ticular catego	ry and par	rt-time employ zero. Include	ees ON Y ALL emp	OUR OWN Paloyees, not just	AYROLL those in r	Enter the	e appropria on-minority	te figures or categories,	n all lines and in columns 1	l in all colur	nns. Wher	e there
	ALL EMPLO	YEES		L	PERM	ANENT A	MINORITY	/NON-MIN	ORITY EM	PLOYEE BRE	EAKDOWN		
JOB CATEGORIES	COL. 1 TOTAL	COL. 2 MALE	COL. 3 FEMALE		******* M	ALE****	******	*******	*******	*****FEMAL	E******	******	-
CATEGORIES	(Cols.2 &3)	MALE	FEMALE	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN
fficials/ Managers	10	8	2					8				7 ION II V	2
rofessionals	4	1	3					1					3
echnicians	0	0	0										
ales Workers	4	3	1			1		3					1
ffice & Clerical	7	0	7										7
raftworkers Skilled)	0	o	0										
peratives Semi-skilled)	О	0 ,	0										
aborers Unskilled)	30	26	4		1			26					4
ervice Workers	0	0	0										
OTAL	55	38	17					38					17
otal employment rom previous leport (if any)													
emporary & Part-		TI	he data belov	w shall N	OT be includ	led in th	e figure	s for the	appropria	te categorie	es above.		
ime Employees			T		T			Γ		Γ			Γ
2. HOW WAS INFO	RMATION	AS TO P	CE OP ETIM	IIC CDC	IB IN CECTEO	N P OPT	ABIES	14 10 ~	A DEC TELES TO	IDO'S			
1. Visual Survey				3. Other		EN B CBI	AINED	Emplo	HIS THE F yee Informated	stion	REPOR	NO, DATE RT SUBMI	TTED
3. DATES OF PAY	ROLL PERIO	DD USED	To:	31314	17			1. YES		οX	2	3	17
From: 7/	20/1/			3/3/°	SIGNATURE A	ND IDEN	TIFICAT		, 2.14			101	./
From: 2/			324		OHAT ONE A	IDEN	.arcan	214					
6. NAME OF PERSO			RM (Print or T	ype)	SIGNA	ATURE		TIT	LE		DATE	IDAVI	VEAD
Z.F	Look	K	RM (Print or Ty	ype)	SIGNA	on	STA	Public	c Loi	Afra et	3 MC	DAY 27	17

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 applicants 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 bublic 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 egard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender dentity 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 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 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 sersonnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of he 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 elating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, ace, 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 pplicable 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 rublic 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 Stevens Cook	*
Jame Steven Look	
Title Public Contracts Manager	
Company Name PS Furniture, 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 know	wledgeable of the circumstanc (Busines	es, does hereby certify that s Entity) has made the following the or any political committee as
defined in N.J.S.A	cal contributions to any ele A. 19:44-20.26 during the t	ected official, political candidates welve (12) months preceding	te or any political committee as this award of contract:
	R	eportable Contributions	
Date of Contribution	Amount of Contribution	Name of Recipient Elected Official/ Committee/Candidate	<u>Name of</u> <u>Contributor</u>
	ty may attach additional p		
No Reportabl	e Contributions (Please c	heck (✓) if applicable.)	
I certify that contributions to an 20.26.	ny elected official, politica	l candidate or any political co	ness Entity) made no reportable mmittee as defined in N.J.S.A. 19:44
Certification			
I certify, that the i	nformation provided above	e is in full compliance with Pu	ublic law 2005 – Chapter 271.
Name of Authoriz	ed Agent <u>54ever</u>	Look	
Signature Ma	wen look	Title Pub	lic Contracts Mg.
Rusiness Entity	PS FURNITUE	e. Inc.	•

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

<u>Part 1</u> Check the box that represents the type of business orga	anization:
Sole Proprietorship (skip Parts II and III, sign and not	arize at the end)
Non-Profit Corporation (skip Parts II and III, sign and	
Partnership Limited Partnership	
Limited Liability Company	
For-profit Corporation (including Subchapters C and	S or Professional Corporation)
Other (be specific):	
	*
Part II	
who own 10 percent or more of its stock, of an who own a 10 percent or greater interest there who own a 10 percent or greater interest there or or a light company owns be	and addresses of all stockholders in the corporation by class, or of all individual partners in the partnership ein, or of all members in the limited liability company ein, as the case may be. Ition owns 10 percent or more of its stock, of any class, as a 10 percent or greater interest therein, or that no a 10 percent or greater interest therein, as the case may complete the list below. (Please attach additional sheets if
Name: Roger Hark	Name: Beth Clark
Address: 1339 W Meguan Rd	Address: 1339 W Meason Rd
Meguon, WI 53092	Name: Beth Clark Address: 1339 W Megson Rd Megson, WI 53092
Names	Name
Name:	Name:
Address:	Address:

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

TOOMIT 17/10 1/

NJ State Approved Cooperative Pricing System #65MCESCCPS

"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."

	ral Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings 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.
(Nota	cribed and sworn before me this 28 day of March , 2 017 (Affiant) Steven Cook - Public Confineds (Print name of affiant and title if applicable) (Corporate Seal if a Corporation)

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: PS Furniture, Inc.

Address of Business: 1339W Mequen Rd, Suite 215; Maguer, WI 53092

Name of person completing this form: Steven Look

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.

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

Quote Number:

Bidder/Offeror: PS First-Lure / Steven Cook

- Totalitation / Stephen Coo	
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 contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment in Iran. The Chapter 25 list is found on the Division's website at http://www.state.ni.us/treasury/ourchase/orlif/Chapter/25] ist odf. must review this list prior to completing the below certification. Failure to complete the certification will render a bidder's p non-responsive. If the Director finds a person or entity to be in violation of law, she shall take action as may be appropriate and by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the default 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 p subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in pactivities 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 a	parents, activities Bidders proposal provided party in
or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and s	an officer
complete the Certification below.	rigii dilu
<u>or</u>	
I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is lift the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.	2 holow
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."	DE
	Delete
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 sworm upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true an	od complete.
acknowledge: that I am authorized to execute this certification on behalf of the bidder, that the State of New Jersey is relying on the information contained herein and that	
continuing obligation 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 informati herein; that I am aware 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 unde	ton contained or the law and
that it will constitute a material breach of my agreement(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable	
Full Name (Print): Steven Look Signature: Steven Look	
Do Not Enter PIN as a Signature	
Full Name (Print): Steven Cook Signature: Steven Cook Do Not Enter PIN as a Signature Title: Public Confracts Manager Date: 3-27-17	
•	

herein; that I am aware that it is a criminal offense to make a false statement or misreprese that it will constitute a material breach of my agreement(s) with the State, permitting the Stat	Intation in this certification, and if I do so, I am subject to criminal prosecution under the taw an te to declare any contract(s) resulting from this certification void and unenforceable.
Full Name (Print): Steven Look	Signature: Stavers Look Do Not Enter PIN as a Signature
Title: Public Confracts Manager	Date: 3-27-17



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/2/2017

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).

THIS IS TO CERTIFY THAT THE POLICIES OF PERIOD INDICATED. NOTWITHSTANDING AN	IFICATE INSURAN Y REQUI	E NUMBER: 531313536 ICE LISTED BELOW HAVE BE REMENT, TERM OR CONDIT EDTAIN, THE INSI IRANCE A	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY ONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO					
TO ALL THE TERMS, EXCLUSIONS AND CONE					BY PAID CLAIMS.			
ISR TR TYPE OF INSURANCE	NSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)		LIMIT	S		
X COMMERCIAL GENERAL LIABILITY		CGA0479864	8/1/2016	8/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000		
CLAIMS-MADE OCCUR					MED EXP (Any one person)	\$5,000		
					PERSONAL & ADV INJURY	\$1,000,000		
					GENERAL AGGREGATE	\$2,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000	,000	
POLICY PRO- JECT LOC				1	COMPANSE CANCES AND	\$		
AUTOMOBILE LIABILITY CBA0479863			8/1/2016	8/1/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	,000	
ALL OWNED AUTOS					BODILY INJURY (Per person)	\$		
SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident)	\$		
HIRED AUTOS					(i di doddont)	\$		
NON-OWNED AUTOS						s		
LUMPRELLA LIAR		GGT10.4.F0.0.6.1	0/1/2016	8/1/2017	FACULOGOUPPENOF	\$1,000	000	
X UMBRELLA LIAB X OCCUR		CCU0479861	8/1/2016	8/1/2017	EACH OCCURRENCE			
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$1,000,000		
DEDUCTIBLE						\$		
X RETENTION \$10,000 WORKERS COMPENSATION		GT/G0.4 F0.0 C0	0 /1 /2016	0/1/2017	WC STATU- OTH- TORY LIMITS ER	\$		
AND EMPLOYERS' LIABILITY Y / N		CWC0479862	8/1/2016	8/1/2017		\$500,0	100	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT			
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE			
DÉSCRIPTION OF OPERATIONS below				+	E.L. DISEASE - POLICY LIMIT	\$500,0	000	
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Attach	ACORD 101 Additional Remarks	Schedule, if more space	is required)				
	•							
ERTIFICATE HOLDER	CANCELLATION	1						
Educational Services Jersey 1660 Stelton Rd. Piscataway NJ 08854	Commi	ssion of New	SHOULD ANY OF T BEFORE THE EXPI IN ACCORDANCE V	RATION DATE WITH THE POL		NCELLE E DELIV	D ERED	
		anute	te Dillon					

W-9

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

returns include, but are not limited to, the following:

Form 1099-S (proceeds from real estate transactions)
 Form 1099-K (merchant card and third party network transactions)

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

• Form 1099-INT (interest earned or paid)

Request for Taxpayer Identification Number and Certification

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	o not leave this line blank.			***************************************				
2 Rusiness name/disparanted entity name if different from above			***************************************					
<u>a</u>								
k. }	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor C Corporation S Corporation Partnership Trust/single-member LLC							
Note. For a single-member LLC that is disregarded, do not check LLC; ch	The second secon	e above for	Exemption fro	m FATCA re	porting			
the tax classification of the single-member owner.	and the appropriate botter the mi	0 00070 101	code (if any)	\max.				
E Other (see instructions) ►	***************************************		(Applies to account		ilde the U.S.)			
5 Address (number, street, and apt. or suite no.) 1339 W. Meguon Rd. 6 City, state, and ZIP code Meguon W 53092 7 List account number(s) here (optional)	vite 215	ester's name	and address (op	tional)				
Post Towns I do Alforda Aleman (TIA)		***************************************		***************************************				
Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name	as gives as lies 1 to social	Social sa	curity number		***************************************			
backup withholding. For individuals, this is generally your social security nun	nber (SSN), However, for a	000iai 30		T I				
resident alien, sole proprietor, or disregarded entity, see the Part I instruction	ns on page 3. For other		-	-				
entities, it is your employer identification number (EIN). If you do not have a r TIN on page 3.	number, see How to get a	or		J LL.				
Note. If the account is in more than one name, see the instructions for line 1	and the chart on page 4 for	*************************	ridentification	number				
guidelines on whose number to enter.	, , , , ,		1 / /					
		25	- 1 D A	060	2 5			
Part II Certification			***************************************	***************************************				
Under penalties of perjury, I certify that:								
1. The number shown on this form is my correct taxpayer identification num								
I am not subject to backup withholding because: (a) I am exempt from ba Service (IRS) that I am subject to backup withholding as a result of a failu no longer subject to backup withholding; and	ickup withholding, or (b) I hav re to report all interest or divi	e not been dends, or (d	notified by the c) the IRS has	Internal R notified me	levenue e that I am			
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 exemp								
Certification instructions. You must cross out item 2 above if you have bee because you have failed to report all interest and dividends on your tax returninterest paid, acquisition or abandonment of secured property, cancellation generally, payments other than interest and dividends, you are not required trinstructions on page 3.	n. For real estate transaction: of debt, contributions to an ir	s, item 2 do idividual ret	es not apply. irement arran	For mortga sement (IR	age A) and			
Sign Signature of U.S. person > Wall	Date ►	8/1	2/16					
General Instructions	* Form 1098 (home mortgage (fuition)	interest), 109	18-E (student loa	ın interest),	1098-T			
Section references are to the Internal Revenue Code unless otherwise noted.	Form 1099-C (canceled deb.)	tì						
Future developments. Information about developments affecting Form W-9 (such	Form 1099-A (acquisition or		it of secured pro	operty)				
as legislation enacted after we release it) is at www.irs.gov/fw9. Purpose of Form	Use Form W-9 only if you ar provide your correct TIN.				n), to			
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	If you do not return Form W to backup withholding. See W By signing the filled-out for	hat is backup	iester with a TIN withholding? o	l, you might n page 2.	be subject			
number (TTN), adoption taxpayer identification number (ATTN), or employer identification number (EIN), to report on an information return the amount paid to	Certify that the TIN you a to be issued),		orrect (or you ar	waiting for	a number			

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

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 terminated, canceled or extended in accordance with N.J	
Company Name PS Furniture Inc.	Date 3-28-17
Company Address 3270 Blazer Pkny	City Lexing for State KY Zip Code 40509
Contact Person Steven Cook	Title Public Contencts
Authorized Signature (ink only)	Title Public Conforts
ACCEPTANCE OF BID AND CONTRACT AWARI) BELOW TO BE COMPLETED ONLY BY ESCNJ
Awarding Agency: Educational Services Commission o	f New Jersey

ESCNJ 17/18-16
Furniture & Accessories

Agency Executive:

Awarded this _2^o

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

Contract Number ESCNJ 17/18-16

Patrick M. Moran, SBA/BS

day of June 2017