STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

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

TAXPAYER NAME:

THE TREE HOUSE, INC

TAXPAYER IDENTIFICATION#:

042-648-645/000

ADDRESS: 22 TOCCI PATH NEWTON MA 02459

EFFECTIVE DATE: 09/01/04

TRADE NAME:

SEQUENCE NUMBER:

1096124

ISSUANCE DATE:

10/12/04

PORM-BRC(08-01)

This Carlificate is NOT assignable or transferable. If must be conspicuously displayed at above address.

SEMOVE SIGHT STUBS STUB ALONG PERFORMING "

THEN FOLD, CREASE AND TEAS THIS STUB ALONG PERFORMING "

CERT-1

BEE REVERSE SIDE FOR OPENING INSTRUCTIONS

0000024 State of New Jersey Department of The Treasury Division of Revenue PO Box 252 Trenton NJ 08646-0252

PIRST-CLASS MAIL U.S. POSTAGE PAID TRENTON, NJ Parmit No. 21

THE TREE HOUSE, INC 22 TOCC1 PATH NEWTON MA 82459

Certification 21343

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-JUL-2017 to 15-JUL-2024

THE TREE HOUSE, INC. PO BOX 413 NORWOOD

MA 02062

FORD M. SCUDDER 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 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.

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 _.	Tolling	
Name	David Rizzo, The Tree House, Inc.	
Title	Pres.	
Date:	3/12/18	

Return with bid. **Educational Services Commission of New Jersey Business Office**

1660 Stelton Road Second Floor 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 The Tree House, Inc. (Business Entity) has made the following reportable political contributions to any elected official, political candidate or any political committee as defined in N.J.S.A. 19:44-20.26 during the twelve (12) months preceding this award of contract:						
Reportable Contributions						
	Date of Contribution	Amount of Contribution	Name of Recipient Elected Official/ Committee/Candidate	Name of Contributor		
The l	Business Entity	may attach addit	tional pages if needed.			
Q	No Reportable	Contributions (P	lease check (🗸) if applicable.)		
	tify that		olitical candidate or any pol	ntity) made no reportable itical committee as defined in		
Cert	<u>ification</u>					
271.		-	-	with Public Law 2005—Chapter		
Nam	e of Authorized	Agent Da	rid Rizzo Title Pres ree House, Inc.			
Sign	ature	1	Title Pres			
Busi	ness Entity	The Tr	ree House, Inc.			

To be completed and signed below. Return with bid.

STATEMENT OF OWNERSHIP DISCLOSURE

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 completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.

Name of Organization: The Tree House, Inc.
00 200 1/12 N
Organization Address: PO BOX 413, No
City, State, ZIP: Norwood, MA 02062
Part I Check the box that represents the type of business organization:
PSole Proprietorship (skip Parts II and III, execute certification in Part IV)
PNon-Profit Corporation (skip Parts II and III, execute certification in Part IV)
PFor-Profit Corporation (any type) PLimited Liability Company (LLC)
PPartnership PLimited Partnership PLimited Liability Partnership (LLP)
pother (be specific):
Part II Check the appropriate box
The list below contains the names and addresses of all stockholders in the corporation who own
10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. (COMPLETE THE LIST BELOW IN THIS SECTION)
OR
No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. (SKIP TO PART IV)
(Please attach additional sheets if more space is needed):
Name of Individual or Business Entity Home Address (for Individuals) or Business Address
Katie Neal-Rizzo 7 PO Box 413
David Rizzo) Norwood, MA 02002

Part III DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II

If a bidder has a direct or indirect parent entity which is publicly traded, and any person holds a 10 percent or greater beneficial interest in the publicly traded parent entity as of the last annual federal Security and Exchange

NJ State Approved Cooperative Pricing System #65MCESCCPS

Commission (SEC) or foreign equivalent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the federal Securities and Exchange Commission (or foreign equivalent) that contain the name and address of each person holding a 10% or greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the information on each such person. Attach additional sheets if more space is needed.

Website (URL) containing the last annual SEC (or foreign equivalent) filing	Page #'s

Please list the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II other than for any publicly traded parent entities referenced above. 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 pursuant to N.J.S.A. 52:25-24.2 has been listed. Attach additional sheets if more space is needed.

Stockholder/Partner/Member and Corresponding Entity Listed in Part II	Home Address (for Individuals) or Business Address

Part IV Certification

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder/proposer; that the *ESCNJ* is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with the *ESCNJ* to notify the *ESCNJ* in writing of any changes to the information contained 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 under the law and that it will constitute a material breach of my agreement(s) with the, permitting the *ESCNJ* to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	David Rizzo	Title:	Pres
Signature:		Date:	3/12/18

This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.

To be completed and signed below.

Return with Bid

Educational Services Commission of New Jersey DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN **PART 1: CERTIFICATION**

BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

FAILURE TO CHECK EITHER BOX 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 http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf. Bidders must review this list prior to completing the below S

including be seeking deb	but not limited to, imposing sanctions, seeking barment or suspension of the party. EASE CHECK EITHER BOX:	render a bidder's proposal non-responsive. If the Director finds a cation as may be appropriate and provided by law, rule or contract compliance, recovering damages, declaring the party in default and
	determined to be engaged in prohibited	12, c. 25, that neither the person/entity listed above nor any of the iates is listed on the N.J. Department of the Treasury's list of entities a activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). It dabove, or I am an officer or representative of the entity listed above tion on its behalf.
	I will skip Part 2 and sign and comple	te the Certification
		OR
	and precise description of the activitie	nuse I or the bidding entity and/or one or more of its parents, a Department's Chapter 25 list. I will provide a detailed, accurate is in Part 2 below and sign and complete the Certification below, proposal being rendered as non-responsive and appropriate penalties, provided by law.
<u>Pa</u>	art 2	
IR	PLEASE PROVIDE FURTHER IN RAN	FORMATION RELATED TO INVESTMENT ACTIVITIES IN
You pare belo	ones, substitutions of affiniales, engaging in the in	description of the activities of the bidding person/entity, or one of its nvestment activities in Iran outlined above by completing the boxes
PAC	GES	E ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ED TO MAKE ADDITIONAL ENTRIES, USE ADDITIONAL
Nam	me:	
Desc	scription of Activities:	Bidder/Vendor:
	CD.	
Dui	uration of Engagement:	Anticipated Cessation Date
Bid	dder/Vendor	
Cor	ontact Name:	Contact Phone Number:
on behalf of ti and thereby a contracts with acknowledge if I do so, I re- my agreement void and uner	the below-referenced person or entity. I acknow acknowledge that I am under a continuing oblig the the ESCNJ to notify the ESCNJ in writing of that I am aware that it is a criminal offense to recognize that I am subject to criminal prosecutions(s) with the ESCNJ and that the ESCNJ at its enforceable.	decomplete. I attest that I am authorized to execute this certification of complete. I attest that I am authorized to execute this certification yieldge that the ESCNJ is relying on the information contained herein ation from the date of this certification through the completion of any changes to the answers of information contained herein. I make a false statement or misrepresentation in this certification, and on under the law and that it will also constitute a material breach of option may declare any contract(s) resulting from this certification
Title:	Pres	Signature:
Bidder/Vendo	or: The Tree House,	Signature: 3/12/18 MC.

To be completed and signed below.

Return with Bid

Educational Services Commission of New Jersey DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN **PART 1: CERTIFICATION**

BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.
FAILURE TO CHECK EITHER BOX 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 http certi pers inch seek

certification. Failur person or entity to including but not li seeking debarment of	is/treasury/purchase/pdf/Chapter25List.pdf. Bidders must review this list prior to completing the below e to complete the certification will render a bidder's proposal non-responsive. If the Director finds a be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, mited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and r suspension of the party.
er de fi	HECK EITHER BOX: certify, pursuant to Public Law 2012, c. 25, that neither the person/entity listed above nor any of the neity's parents, subsidiaries, or affiliates is <u>listed</u> on the N.J. Department of the Treasury's list of entities etermined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). In the 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
	OR
sul an Fai	m unable to certify as above because I or the bidding entity and/or one or more of its parents, sidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate d precise description of the activities in Part 2 below and sign and complete the Certification below. The provide such will result in the proposal being rendered as non-responsive and appropriate penalties, es and/or sanctions will be assessed as provided by law.
<u>Part 2</u> IRAN	PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN
You must p parents, sub below.	rovide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its sidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes
ANSWERS PAGES	NFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, USE ADDITIONAL
Name:	Relationship to Bidder/Vendor:
Description	of Activities:
Duration o	f Engagement:Anticipated Cessation Date
	ndor
	ame: Contact Phone Number:
attachments thereto on behalf of the belo and thereby acknowl contracts with the Es acknowledge that I a if I do so, I recognize my agreements(s) we void and unenforceal	on: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any on the best of my knowledge are true and complete. I attest that I am authorized to execute this certification were ferenced person or entity. I acknowledge that the ESCNJ is relying on the information contained herein edge that I am under a continuing obligation from the date of this certification through the completion of SCNJ to notify the ESCNJ in writing of any changes to the answers of information contained herein. I m aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and that I am subject to criminal prosecution under the law and that it will also constitute a material breach of the the ESCNJ and that the ESCNJ at its option may declare any contract(s) resulting from this certification ble.
Full Name (Print): _	David Rizzo Signature: Date: 4/3/20 The Tree House, inc.
Title: Fre.	Date: $4/3/20$
Bidder/Vendor:	The tree House, inc.
	61

APPENDIX A AMERICANS WITH DISABILITIES ACT OF 1990 Equal Opportunity for Individuals with Disability

The contractor and the Educational Services Commission of New Jersey (hereafter "owner") do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. S121 01 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

The owner shall, as soon as practicable after a claim has been made against it, give written notice thereof to the contractor along with full and complete particulars of the claim, If any action or administrative proceeding is brought against the owner or any of its agents, servants, and employees, the *owner shall* expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the owner or its representatives.

It is expressly agreed and understood that any approval by the owner of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the owner pursuant to this paragraph.

It is further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

Signature _	
Name	David Rizzo, The Tree House, Inc.
Title	Pres.
Date:	3/12/18

Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

The service service				send to the IRS.
The Tree House	your income tax return)		-	L sand to the INS.
Q Business name 4 /	ifferent from above			
8	and allowed			
Check appropriate in Address (number, s	Sole proprieto:	7 Other b		
Address (number, s	reet, and apt. or suite no.)	J 0000 P		Exempt from back, withholding
	W REMITTANCE ADDRESS)	Requester's	name and adde	
City, state, and ZiP Norwood, MA 02	ode			
Norwood, MA 02	062			
List account number	(s) here (optional)			
art I Taxpayer	Identification Number (TIN)			
ter your file in the appr ckup withholding. English	opriate box. The TIN provided must match the name given on dividuals, this is your social security number (SCA).	Long to Te		
			Social security	number
e employer identificatio	number (EIN). If you do not have a number and It	her entities, it is		
te. If the account is in r	nore than one name, see the chart on page 4 for guidelines o			or
moer to enter	or page 4 for guidelines of		mplayer identi	fication number
Certificati	nc	0	1 4-2 6	4 8 6 4 6
der penalties of perjury.	Cortify their			-
En la la	was my man,			- Transaction

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- The number shown on this learn is my currect taxbayer demandable number for high watering for a number to be issued to mo, and fain 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 ic) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. person (including a U.S. resident alien).

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, tem 2 does not about a rangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Signature of U.S. person ▶

Purpose of Form

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

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

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a
- U.S. exempt payee.

in 3 above, 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.

Note, if a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a cities or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional

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

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity,



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/26/2018

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

ntinel Ins Co	RDING COVERAGE		NAIC #
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UED TO THE MICH			
UED TO THE MISH			
UED TO THE INDI			
IED TO THE INDI	REVISION NUMBER:		
OLICIES DESCRI D BY PAID CLAIMS		TO ALL T	
YYY) (MM/DD/YYYY)	LIM	TS	
	EACH OCCURRENCE	. \$	1,000,000
017 06/04/2018	PREMISES (Ea occurrence)	. \$	1,000,000
	MED EXP (Any one person)	\$	10,000
	PERSONAL & ADV INJURY	\$	1,000,000
	GENERAL AGGREGATE	. \$	2,000,000
	PRODUCTS - COMPIOP AGG	. \$	2,000,000
		\$	
	COMBINED SINGLE LIMIT (Ea accident)	\$	
	BODILY INJURY (Per person)	\$	
	BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident)	s	
		\$	
	EACH OCCURRENCE	\$	
	AGGREGATE	\$	
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	PER OTH-		-
	E L EACH ACCIDENT	S	
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	D BY PAID CLAIMS EFF POLICY EXP YYY) IMM/DD/YYYY 017 06/04/2018	D BY PAID CLAIMS EFF POLICY EXP YYY) IMM/DD/YYYY) DA/O4/2018 PACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea sociofient) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per person) PROPERTY DAMAGE (Per accordin) EACH OCCURRENCE AGGREGATE PER PER EL EACH ACCIDENT	DAY PAID CLAIMS EACH OCCURRENCE S DAMAGE TO RENTED PERSONAL & ADV INJURY S GENERAL AGGREGATE S PRODUCTS - COMPIOP AGG S COMBINED SINGLE LIMIT S EDULY INJURY (Per person) S BODILY INJURY (Per person) S BODILY INJURY (Per accident) S PROPERTY DAMAGE (Per accident) S PROPERTY DAMAGE (PERSONAL S) EACH OCCURRENCE S AGGREGATE S PER OTH- STATUTE ER E L EACH ACCIDENT S E L DISEASE - EA EMPLOYEE S E L DISEASE - POLICY LIMIT S

CANCELLATION

Educational Services Commission of NJ 1660 Stelton Rd Piscataway, NJ 08854

Toner & cartridge Bid # ESCNJ 18/19-01

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Franklife

ACORD 25 (2016/03)

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Acceptance of Bid and Contract Award - - Return with Bid

Bid #: ESCNJ 18/19-01-Toner & Ink Cartridge - OEM Bid

ACCEPTANCE OF BID And CONTRACT AWARD

TO BE COMPLETED BY RESPONDENT AND SUBMITTED WITH RESPONSE

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 for 12 or 24 months with the option to extend the contract in accordance with NJ law, unless terminated, canceled or extended with the same terms and conditions in the original bid, in accordance with N.J.A.C. 18A:18A-42 by mutual written agreement.

Company Name The Tree House, Inc.		,
Company Address PO Box 413 City Norwood	_State_M/	Zip 02062
		Pres
Authorized Signature (ink only)	_Title	Pres
ACCEPTANCE OF BID AND CONTRACT AWARD TO BE COMPLETE	ED ONLY	BY ESCNJ
Awarding Agency: Educational Services Commission of New Jersey		
Agency Executive: Vatrus Bollmara		
Patrick M. Moran, SBA/BS Awarded this 27 day of Aprel 2018 Contract Number ESCNJ 18	3/19-01	