

Solicitation Response(SR) Dept: 0310 ID: ESR0124180000003189 Ver.: 1 Function: New Phase: Final

Modified by batch , 01/24/2018

Header 1

General Information Contact Default Values Discount Document Information

Procurement Folder: 392452	SO Doc Code: ARFQ
Procurement Type: Agency Contract - Fixed Amt	SO Dept: 0310
Vendor ID: 000000112572	SO Doc ID: DNR180000021
Legal Name: MIKE ENYART & SONS INC	Published Date: 1/18/18
Alias/DBA:	Close Date: 1/24/18
Total Bid: \$789,990.00	Close Time: 13:30
Response Date: 01/24/2018	Status: Closed
Response Time: 10 12	Solicitation Description: ADDENDUM No. 1 Conaway Run Dam Repairs
	Total of Header Attachments: 1
	Total of All Attachments: 1

BID FORM
CONAWAY RUN DAM MODIFICATIONS - REV. 0
 Prepared By: Civil Tech Engineering, Inc.
 January 10, 2018

ITEM	DESCRIPTION	BID			
		QUANTITY	UNIT	COST/UNIT	EXTENDED PRICE (\$)
1.0	SURVEYING (Max. 5% of Contract)	1.0	LS	23,000.00	23,000.00
2.0	QUALITY CONTROL TESTING (Max. 5% of Contract)	1.0	LS	28,000.00	28,000.00
3.0	MOB/DEMOB (Max. 10% of Contract)	1.0	LS	38,000.00	38,000.00
4.0	CLEARING & GRUBBING (Borrow Area)	0.8	AC	6,685.00	5,348.00
5.0	PRINCIPAL SPILLWAY DEMOLITION	1.0	LS	5,400.00	5,400.00
6.0	EXCAVATION (Dam Only)	4865.0	CY	13.40	65,191.00
7.0	REINFORCED CONCRETE	22.0	CY	1,400.00	30,800.00
8.1	COHESIVE FILL	1041.0	CY	18.00	18,738.00
8.2	RANDOM FILL	7781.0	CY	11.00	85,591.00
9.1	COARSE FILTER	18.0	CY	168.00	3,024.00
9.2	FINE FILTER	342.0	CY	82.00	28,044.00
10.1	RIP RAP	213.0	CY	78.00	16,614.00
10.2	GROUTED RIP RAP	1520.0	CY	196.00	297,920.00
11.0	EROSION AND SEDIMENT CONTROL	1.0	LS	18,800.00	18,800.00
12.0	SEEDING, FERTILIZING, & MULCHING	3.6	AC	1,700.00	6,120.00
13.0	DEWATERING & WATER CONTROL	1.0	LS	57,300.00	57,300.00
14.1	CRUSHED STONE AGGREGATE	750.0	TN	56.00	42,000.00
14.2	NO. 1 STONE (Stabilization)	250.0	TN	48.00	12,000.00
14.3	FISHERMAN'S TRAIL	405.0	LF	20.00	8,100.00

BID PRICE

\$789,990.00

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: DNR1800000021

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Mike Enyart & Sons, Inc.
Company

Charisti Enyart
Authorized Signature

1/24/18
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

Exhibit "A"
Pricing Pages 1/2

CONAWAY RUN DAM MODIFICATIONS
CONAWAY RUN WILDLIFE MANAGEMENT AREA

DATE: 1/24/18

NAME OF VENDOR: Mike Enyart + Sons, Inc.

The aforementioned, hereinafter called Vendor, being familiar with and understanding the Bidding Documents and also having examined the site and being familiar with all local conditions affecting the project hereby proposes to furnish all labor, material, equipment, supplies and transportation and to perform all Work in accordance with the Bidding Documents within the time set forth for the sum of:

The Bidder is to summarize his bid prices below in both numbers and words for the Bid shown on the enclosed Bid Form. The Bidder will also complete the enclosed Bid Form in its entirety. The Bid Form includes both unit price and lump sum items (See Page 2/2).

BASE BID:

For the sum of: Seven Hundred Ninety Four Thousand one hundred Seventy two dollars and no cents.

(\$ 794,172.00)

(Show amount in both words and numbers)

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Christie Enyart, Vice President
(Name, Title)

Christie Enyart - Vice President
(Printed Name and Title)

P.O. Box 9 - South Point, OH 45080
(Address)

740-523-0235 / 740-523-0237
(Phone Number) / (Fax Number)

cenyart@mesj-ohio.com
(email address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Mike Enyart + Sons, Inc.
(Company)

Christie Enyart - Vice President
(Authorized Signature) (Representative Name, Title)

Christie Enyart - Vice President
(Printed Name and Title of Authorized Representative)

1/24/18
(Date)

(740-523-0235) / (740-523-0237)
(Phone Number) (Fax Number)

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Mike Enyart & Sons, Inc.
of South Point Ohio as Principal, and Great American Ins. Co.
of Cincinnati Ohio, a corporation organized and existing under the laws of the State of Ohio
with its principal office in the City of Cincinnati, as Surety, are held and firmly bound unto the State
of West Virginia, as Obligee, in the penal sum of Five percent of bid (\$5% of bid) for the payment of which,
well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

The Condition of the above obligation is such that whereas the Principal has submitted to the Purchasing Section of the
Department of Administration a certain bid or proposal, attached hereto and made a part hereof, to enter into a contract in writing for
DNR180000021 Marine Hatchery Equipment

NOW THEREFORE,

(a) If said bid shall be rejected, or
(b) If said bid shall be accepted and the Principal shall enter into a contract in accordance with the bid or proposal
attached hereto and shall furnish any other bonds and insurance required by the bid or proposal, and shall in all other respects perform
the agreement created by the acceptance of said bid, then this obligation shall be null and void, otherwise this obligation shall remain in
full force and effect. It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no
event, exceed the penal amount of this obligation as herein stated.

The Surety, for the value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no
way impaired or affected by any extension of the time within which the Obligee may accept such bid, and said Surety does hereby
waive notice of any such extension.

WITNESS, the following signatures and seals of Principal and Surety, executed and sealed by a proper officer of Principal and
Surety, or by Principal individually if Principal is an individual, this 24th day of January, 2018

Principal Seal

Mike Enyart & Sons, Inc.
(Name of Principal)

By Charlotte Enyart
(Must be President, Vice President, or
Duly Authorized Agent)

Vice President
(Title)

Surety Seal

Great American Insurance Company
(Name of Surety)

Clarence C. Massey
Attorney-in-Fact
Clarence C. Massey

IMPORTANT - Surety executing bonds must be licensed in West Virginia to transact surety insurance, must affix its seal, and must attach a power of attorney with its seal affixed.

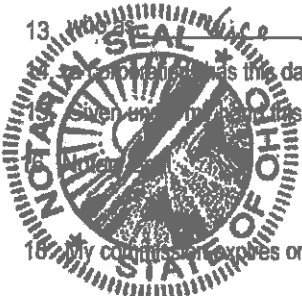
ACKNOWLEDGMENTS

Acknowledgment by Principal if individual or Partnership

1. STATE OF _____
2. County of _____ to-wit:
3. I, _____, a Notary Public in and for the
4. county and state aforesaid, do hereby certify that _____
whose name is signed to the foregoing writing, has this day acknowledged the same before me in my said county.
5. Given under my hand this _____ day of _____ 20 _____
6. Notary Seal _____
7. _____
(Notary Public)
8. My commission expires on the _____ day of _____ 20 _____

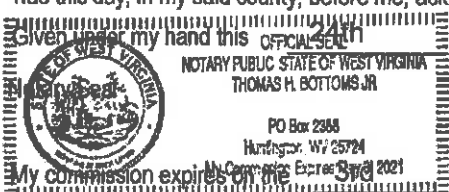
Acknowledgment by Principal if Corporation

9. STATE OF Ohio
10. County of Lawrence to-wit:
11. I, Susan Layne, a Notary Public in and for the
12. county and state aforesaid, do hereby certify that Christie Enyart
13. vice President signed the foregoing writing for
_____ has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.
Given under my hand this 24th day of January 20 18
17. Susan Layne
(Notary Public)
18. My commission expires on the 24th day of October 20 20



Acknowledgment by Surety

19. STATE OF West Virginia
20. County of Cabell to-wit:
21. I, Thomas H. Bottoms, Jr., a Notary Public in and for the
22. county and state aforesaid, do hereby certify that Clarence C. Massey
23. who as, Attorney-in-fact signed the foregoing writing for
24. Great American Insurance Company a corporation,
has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.
25. Given under my hand this 24th day of January 20 18
26. Thomas H. Bottoms Jr
(Notary Public)
27. _____
(Notary Public)
28. My commission expires on the 31st day of May 20 21



Sufficiency in Form and Manner
of Execution Approved

Attorney General

This _____ day of _____ 20 _____

By: _____
(Deputy Attorney General)

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-389-5000 • FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than **FOUR**

No. 0 20932

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof, provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
THOMAS H. BOTTOMS, JR.	HUNTINGTON, WEST VIRGINIA	ALL
CLARENCE C. MASSEY	HUNTINGTON, WEST VIRGINIA	\$100,000,000
J. MICHAEL WELLMAN	ASHLAND, KENTUCKY	
DAVID B. LUCAS	ASHLAND, KENTUCKY	

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above. IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 12TH day of JULY 2017. GREAT AMERICAN INSURANCE COMPANY



My L C B
Assistant Secretary

David C. Kitchin
Divisional Senior Vice President

DAVID C. KITCHIN (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 12TH day of JULY 2017, before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



Susan A. Kohorst
Notary Public, State of Ohio
My Commission Expires 05-18-2020

Susan A Kohorst

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERANHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 24th day of January, 2018



My L C B
Assistant Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/22/2018

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).

PRODUCER Peoples Insurance Agency, LLC PO Box 2388 Huntington WV 25724	CONTACT NAME: Thomas Bottoms PHONE (AG, No, Ext): 304-522-6555 E-MAIL ADDRESS: tbottoms@pebo.com		FAX (AG, No): 304-522-6563
	INSURER(S) AFFORDING COVERAGE		
INSURED Mike Enyart & Sons, Inc. PO Box 9 South Point OH 45680	INSURER A: The Ohio Casualty Insurance Co		NAIC # 24074
	INSURER B: Indiana Insurance		22659
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		


COVERAGES **CERTIFICATE NUMBER:** 1887813981 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BK053459403	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAD57781910	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			CU6935677	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory In NH) if yes, describe under DESCRIPTION OF OPERATIONS below			XW053459403 BK053459403	1/1/2018 1/1/2018	1/1/2018 1/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Installation Floater			IM8106263	8/11/2017	8/11/2018	Limit 600,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Evidence of insurance. Workers compensation includes West Virginia broad form employers liability endorsement and Ohio stop gap liability.

CERTIFICATE HOLDER **CANCELLATION 30 Days**

West Virginia Division of Natural Resources Parks & Recreation-PEM Section 324 4th Avenue South Charleston WV 25305	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 
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**State of West Virginia
DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT
West Virginia Code §21-1D-5**

STATE OF Ohio ,
COUNTY OF Lawrence , TO-WIT:

I, Christie Enyart, after being first duly sworn, depose and state as follows:

1. I am an employee of Mike Enyart & Sons, Inc.; and,
(Company Name)
2. I do hereby attest that Mike Enyart & Sons, Inc.
(Company Name)

maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with **West Virginia Code §21-1D**.

The above statements are sworn to under the penalty of perjury.

Printed Name: Christie Enyart
Signature: Christie Enyart
Title: Vice President
Company Name: Mike Enyart & Sons, Inc.
Date: 1/24/18

Taken, subscribed and sworn to before me this 24th day of January, 2018.
By Commission expires 10-24-20



Suzanne Lyne
(Notary Public)

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL OTHER CONTRACTS: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Mike Enyart + Sons, Inc.

Authorized Signature: Christi Enyart Date: 1/24/18

State of Ohio

County of Lawrence to-wit:

Taken, read, and sworn to before me this 24th day of January, 2018.

My commission expires 10-24-20, 20 .



NOTARY PUBLIC

Juan Laine
Purchasing Affidavit (Revised 07/07/2017)