

**LOS RIOS COMMUNITY COLLEGE DISTRICT PURCHASE ORDER NO 0001097985**

PURCHASING: (916) 568-3071 • FAX: (916) 568-3145  
 ACCOUNTING OPS: (916) 568-3065 • FAX: (916) 286-3636

Date	Revision	Page
04/18/2018		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
1011384 CROFFJ SHEWMAKERN	04ADMN	

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

**Supplier:** 0000040344  
 CROWN AWARDS  
 9 SKYLINE DR  
 HAWTHORNE NY 10532  
  
**Phone:** (800) 542-6044  
**Fax:** (914) 347-7008  
  
**email:**

**Ship To:** FOLSOM LAKE COLLEGE  
 RECEIVING  
 10 COLLEGE PARKWAY  
 FOLSOM CA 95630-6798  
 United States  
  
**Bill To:** 1919 Spanos Court  
 Sacramento CA 95825-3981  
 United States

Tax Exempt? N

Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	NSA-PLLL1512 15 X 12 CERTIF PLQ W/GD BCK PLT ALL AMERICAN 1ST TEAM ANDREA MARTINEZ	1.00 EA	69.50	69.50	04/06/2018
2- 1	NSA-PLLL1512 15 X 12 CERTIF PLQ W/GD BCK PLT ALL AMERICAN 2ND TEAM MEGAN TRENT	1.00 EA	69.50	69.50	04/06/2018
3- 1	NSA-PLLL1512 15 X 12 CERTIF PLQ W/GD BCK PLT SCHOLAR ALL AMERICAN 1ST TEAM BRITNEY JOHNSON	1.00 EA	69.50	69.50	04/06/2018
4- 1	NSA-PLLL1512 15 X 12 CERTIF PLQ W/GD BCK PLT SCHOLAR ALL AMERICA 2DN TEAM BREANNA BRUMET	1.00 EA	69.50	69.50	04/06/2018
5- 1	FRTCUST SHIPPING AND HANDLING-CUS TROPH	1.00 EA	9.99	9.99	04/06/2018

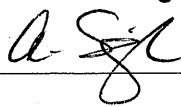
QUOTE# 07858179 03/21/18

WSO  
 WOMENS SOCCER ATTEN: DONNY RIBAUDO

Sub Total Amount	287.99
Sales Tax Amount	21.56
Total PO Amount	309.55

BU    Acct   Fd    Org            Prog   Sub    Proj            Amount            BYear

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

**Authorized Signature**  


Notice to vendor: You are responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of goods by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30  
 MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

# LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASE ORDER NO 0001097985

PURCHASING: (916) 568-3071 • FAX: (916) 568-3145  
 ACCOUNTING OPS: (916) 568-3065 • FAX: (916) 286-3636

<b>Date</b> 04/18/2018	<b>Revision</b>	<b>Page</b> 2
<b>Payment Terms</b> NET 30	<b>Freight Terms</b> Shipping Point	<b>Ship Via</b> Best Metho
<b>Reference:</b> 1011384 CROFFJ SHEWMAKERN	<b>Location / Dept</b> 04ADMN	

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITONS.

**Supplier:** 0000040344  
 CROWN AWARDS  
 9 SKYLINE DR  
 HAWTHORNE NY 10532

**Phone:** (800) 542-6044  
**Fax:** (914) 347-7008

**email:**

**Ship To:** FOLSOM LAKE COLLEGE  
 RECEIVING  
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 United States

**Bill To:** 1919 Spanos Court  
 Sacramento CA 95825-3981  
 United States

Tax Exempt? N

Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
GENFD 4300 12	FL.VI.KINE 08700 00000 700P	309.55		2018		

0001011384KIRKLINK03-APR-2018

Verification of this purchase order can be made using the Los Rios Community College District web site listed below. If you have any questions, please contact the Purchasing Office at (916)568-3071.

<http://www.losrios.edu/purchasing/povalidation>

Addition to Terms and Conditions/Revised 01/26/18

23. CERTIFICATION: CONTRACTOR warrants that it is not debarred or suspended, proposed for debarment or declared ineligible for award of contracts by any Federal, State or local Agency.

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

<b>Authorized Signature</b>  	<b>Authorized Signature</b> <b>on Total PO</b> <b>Amount Page</b>
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Notice to vendor: You are responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of goods by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30  
 MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

## LOS RIOS COMMUNITY COLLEGE DISTRICT

American River College • Cosumnes River College • Folsom Lake College • Sacramento City College

### PURCHASE ORDER TERMS AND CONDITIONS

1. **APPLICABLE LAW:** The contract resulting from this order shall be governed by the laws of the State of California
2. **COMPLETION OF ORDERS:** LRCCD reserves the right to withhold payment until order is completed.
3. **DISCOUNTS:** Please show cash payment discount offered on your invoice in connection with any discount offered, time will be computed from date of delivery of the supplies or equipment, or from date correct invoices are received in the office specified by LRCCD if the latter date is later than the date of delivery. Payment is deemed to be made for the purpose of earning discount, on the date payment is mailed or on behalf of LRCCD.
4. **INVOICES:** Invoices shall be prepared and submitted in duplicate unless otherwise specified. Invoices shall contain Purchase order number, date, description of items, sizes and quantities, unit prices, extended totals, place and date of delivery. Invoices or vouchers not on printed bill heads shall be signed by the CONTRACTOR or person furnishing the supplies or services. Every invoice shall be properly itemized. If LRCCD has not received billing for product or services within a one year period LRCCD will not be held responsible for satisfying the debt.
5. **CHANGES:** No change or modification in terms, quantities, or specifications may be made without express authorization in writing from the LRCCD Purchasing Office and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto. If unit cost of any item exceeds the amount shown by 10% or \$250.00 whichever is less do not ship. Contact LRCCD Purchasing at the phone number provided.
6. **BILL OF LADING:** If Bill of Lading is applicable to this order, send originals to "Ship to" address and duplicate Bill of Lading with invoices to "Bill to" address. All correspondence, invoices, bills of lading, shipping memos, packages, etc., must show purchase order number. If factory shipment, advise factory to comply.
7. **TRANSPORTATION CHARGES:** Invoices for prepaid transportation charges must be supported by original receipted expense bills.
8. **FOB POINT AND FREIGHT CHARGES:** Unless otherwise specified on this order, all items shall be delivered FOB Destination. No charge for delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, or for any other purpose will be paid by LRCCD unless expressly included and itemized in the order. Unless otherwise shown, on "FOB Shipping Point" transactions, CONTRACTOR shall arrange for lowest cost transportation, prepay and add freight to invoice and furnish supporting freight bills if the amount exceeds \$50.00. On "FOB Shipping Point" transactions, should any shipments under this purchase order be received by LRCCD in a damaged condition and any related freight loss and damage claims filed against the carrier or carriers be wholly or partially declined with the inference that damage was the result of the act of the shipper such as inadequate packaging or loading or some inherent defect in the equipment and/or material, CONTRACTOR on request of LRCCD shall at CONTRACTOR's own expense assist LRCCD in establishing carrier liability by supplying evidence that the equipment and/or materials was properly constructed, manufactured, packaged, and secured to withstand normal transportation conditions. Shipments that are California intrastate in nature and where freight is to be borne by LRCCD shall be tendered to carriers with written instructions that rate and charges may not exceed the lowest lawful rates on file with the California Public Utilities Commission.
9. **PATENT INDEMNITY:** The CONTRACTOR shall hold LRCCD, its officers, agents and employees harmless from alleged liability of any nature or kind, including costs and attorney fees and expenses, for infringement or use of any copyrighted or uncopyrighted composition, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
10. **TAXES:** Certain articles sold to LRCCD are exempt from certain Federal excise taxes. LRCCD will reimburse the CONTRACTOR for, or pay directly, all California State and local sales and use taxes applicable to this purchase.
11. **EQUAL OPPORTUNITY EMPLOYER:** The acceptance of this purchase order by a supplier of goods and services is a certification that such supplier complies with all provisions of executive order 11246 and is an equal opportunity employer.
12. **GENERAL SAFETY ORDERS:** All materials, supplies and services sold to LRCCD shall conform to the general safety orders of the State of California. All materials, except as otherwise specified, must be new and of the best quality of their respective kinds.
13. **INDEMNIFICATION:** CONTRACTOR shall indemnify, defend and hold harmless LRCCD, its trustees, officers, agents, employees and volunteers, from any and all claims, demands, suits, causes of action, damages, penalties, breaches of this agreement, infringement of patent rights, costs, expenses, violations of employee occupational health and safety laws, attorney fees, losses or liability, property damage, personal injuries to or death of persons, arising out of, alleged to have arisen out of, or relating in any way to CONTRACTOR's work to be performed under this agreement, except if caused solely by the negligence of LRCCD.
14. **TERMINATION:** LRCCD may terminate this agreement and be relieved of the payment of any consideration to CONTRACTOR should CONTRACTOR fail to perform the covenants herein contained at the time and in the manner herein provided. In the event of such termination LRCCD may proceed with the work in any manner deemed proper by LRCCD. The cost to LRCCD shall be deducted from any sum due the CONTRACTOR under this agreement and the balance if any, shall be paid the CONTRACTOR upon demand.
15. **ASSIGNMENT:** Without the written consent of LRCCD, this agreement is not assignable by CONTRACTOR either in whole or in part.
16. **PUBLIC WORKS PROJECTS:** CONTRACTOR must comply with Public Contract Code.
17. **CA LABOR CODE:** Pursuant to Section 1700, and following, the CONTRACTOR shall pay not less than the prevailing rate of per diem wages as determined by the Director of the California Department of Industrial Relations. Copies of such prevailing rate of per diem wages are on file at the Business Office of the Los Rios Community College District, 1919 Spanos Court, Sacramento, CA 95825. Those copies shall be made available to any interested party upon request. The CONTRACTOR shall forfeit, as penalty to the LRCCD, Fifty Dollars (\$50.00) for each calendar day or portion thereof, for each workman paid less than the stipulated prevailing rates for any work done under the contract by him/her or by any subcontractor under him, in violation of the provisions of such Labor Code.
18. **NOTICE:** Your employees may be exposed to hazardous substances during the course of their work while on LRCCD property. For additional information on the hazardous substances that your employees may be exposed to contact the LRCCD General Services Department at (916) 568-3048.
19. **INSURANCE:** CONTRACTOR shall, at all times, maintain in full force and effect the following insurance: Workers' Compensation, Commercial General Liability, Auto Liability, and Professional Liability if licensed professional. Policy limits for each shall be at least \$1,000,000 AND \$3,000,000 AGGREGATE for bodily injury, personal injury and property damage. Any combination of General Liability and Excess Coverage can be combined to meet the Aggregate. LRCCD shall be named as an additional insured on CONTRACTOR's policies. The CONTRACTOR shall provide a certificate of insurance and required endorsements to comply with this section at least 15 days prior to commencement of work under this contract. The certificate shall state that LRCCD will be given 30 days notice of any material change or cancellation in coverage.
20. **DISQUALIFIED EMPLOYEES:** CONTRACTOR shall ensure that persons who perform services on LRCCD property have not been convicted of any felony, or any controlled substance offense or any sex offense as those terms are defined by Education Code section 87008-87010. If LRCCD determines that any person employed by CONTRACTOR to work on LRCCD property is incompetent, unfaithful, intemperate, disorderly, abusive or is otherwise unsatisfactory, CONTRACTOR shall cause that employee to be removed from working on LRCCD property immediately, and that person shall not be employed again on LRCCD property.
21. **WORK AUTHORIZATION:** Prior to LRCCD's acceptance of this Agreement, CONTRACTORS who are not U.S. citizens must provide verification of (a) work authorization status from the appropriate U.S. Department of State; (b) a copy of their U.S. visa; (c) the number of days present in the U.S.; and (d) tax treaty status. LRCCD shall not make any payments to CONTRACTOR unless CONTRACTOR holds the appropriate U.S. visa. CONTRACTOR is responsible for ensuring they are in possession of the appropriate visa.
22. **WARRANTY:** CONTRACTOR expressly warrants that all materials, goods, equipment, services, and/or labor shall conform to the requirements set forth or incorporated into this order and any applicable industry standards or requirements, shall be merchantable and free from defects in workmanship, materials and/or design (including latent defects), and shall perform as specified. CONTRACTOR further warrants that all materials, goods, equipment, services, and/or labor will be fit and sufficient for the particular purposes intended by LRCCD. Unless agreed upon otherwise between LRCCD and CONTRACTOR, the warranty period shall be the longer of: (a) any express warranty included in this service agreement; (b) one year after the materials, goods, equipment, services, and/or labor are accepted by LRCCD; or (c) any warranty period provided under any applicable California law.

# Requisition

Supplier: MISCELLANEOUS 0000003680  
 \*\*\*\*\*  
 \*\*\*\*\* CA 95825  
 United States

email:

Ship To: RECEIVING  
 10 COLLEGE PARKWAY  
 FOLSOM CA 95630-6798

Business Unit: <b>GENFD OPEN</b>	
Req ID: 0001011384	Date: 03/26/2018
Page: 1	
Requisition Name: CROWN AWARDS	
Requester: Jeanne Croff	
Requester Signature: _____	
Buyer: Nicholas Shewmaker	
Approved: _____	
Entered By: M.J 26-MAR-2018	

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	NSA-PLLL1512 15 X 12 CERTIF PLQ W/GD BCK PLT ALL AMERICAN 1ST TEAM ANDREA MARTINEZ	1	EA	69.50	69.50	04/06/2018
2-1	NSA-PLLL1512 15 X 12 CERTIF PLQ W/GD BCK PLT ALL AMERICAN 2ND TEAM MEGAN TRENT	1	EA	69.50	69.50	04/06/2018
3-1	NSA-PLLL1512 15 X 12 CERTIF PLQ W/GD BCK PLT SCHOLAR ALL AMERICAN 1ST TEAM BRITNEY JOHNSON	1	EA	69.50	69.50	04/06/2018
4-1	NSA-PLLL1512 15 X 12 CERTIF PLQ W/GD BCK PLT SCHOLAR ALL AMERICA 2DN TEAM BREANNA BRUMET	1	EA	69.50	69.50	04/06/2018
5-1	FRTCUST SHIPPING AND HANDLING-CUS TROPH	1	EA	9.99	9.99	04/06/2018
6-1	TAX	1	EA	22.31	22.31	04/06/2018

Total Requisition Amount: 310.30

WSO  
 WOMENS SOCCER ATTEN: DONNY RIBAUDO

NEW VENDOR: CROWN AWARDS  
 NINE SKYLINE DRIVE, HAWTHORNE, NY 10532  
 PHONE 800-542-6044

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount
GENFD	4300	12	FL.VI.KINE	08700	00000	700P	310.30

2018 APR -2 P 2:58  
 FLC BUSINESS SERVICES

Purchases Charged to Catagorical Programs, Grants or Special Project.

This purchase is in compliance with the requirement of Lottery

For grants/special projects 700P

Name: [Signature]

Approval Signature <u>[Signature]</u> 3-26-18	Approval Signature	Approval Signature
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CA

Custom Sales Order/Invoice



ORDER NUMBER: 07858179

CROWN AWARDS

03/21/18 02:07:29 PM Page# 001

NINE SKYLINE DRIVE, HAWTHORNE, N.Y. 10532 800-542-6044

Date | PO #
03/21/18 |

Customer ID # 61943759

Bill To 000
DONNY RIBAUDO
10 COLLEGE PKWY
FOLSOM, CA 95630-6798

Ship To
DONNY RIBAUDO
10 COLLEGE PKWY
FOLSOM, CA 95630-6798

916-531-0450
RibaudD@flc.losrios.edu

916-531-0450
RibaudD@flc.losrios.edu

\*\*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\*\*

Table with columns: Sales Rep., Dept., Key Code, Process Code, Hold Code, Group Leader, Corp. Leader, Req Ship Date, Event Date, Production Date, Ship Via. Row 1: DM1, HOME, TO, WPO, 03/29/18, UGD 6

Main item table with columns: Quantity, Item #, Description, Location, Unit Price, Extended Price. Includes items like 15X12 CERTIF PLQ W/GD BCK PLT USC ALL-AMERICA PLQ MYL and SHIPPING & HANDLING-CUS TROPH.

Summary table with columns: Card #, Exp. Date, Authorization, Tax ID #, Card Holder, Non Tax Subtotal, Taxable Subtotal, Tax, Shipping & Handling, Total Order, Deposit, Check No., Balance.

NOTES: Total Items - 4 Balance: 287.99

INSPECTED BY: \_\_\_\_\_



# UNITED SOCCER COACHES ASSOCIATION CERTIFICATE PLAQUE ORDER FORM

### PLEASE SELECT YOUR CERTIFICATE:

12" x 15"  
All-America  
Price \$69.50

12" x 15"  
Scholar All-America  
Price \$69.50

12" x 15"  
Team Academic Award  
Price \$69.50

Qty: 2

Qty: 2

Qty: \_\_\_\_\_

### CHOOSE SHIPPING:

Shipping/Handling (1-2 Plaques).....\$9.99

Shipping/Handling (3-4 Plaques).....\$19.85

Local Sales Tax (Applicable if in New York) \$ \_\_\_\_\_

Total: \$ 297.85

### CERTIFICATE WORDING INFORMATION:

Recipient's First Name: \_\_\_\_\_

Recipient's Last Name: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Year of Accomplishment: \_\_\_\_\_

*See attachment*



### Ship To Address:

Name: Donny Ribaldo

Street: 10 College Parkway

City: Folsom State: CA Zip: 95630

Phone: 916-531-0450 Ext: \_\_\_\_\_

Email: Ribaldd@flc.losrios.edu

### Bill To Address - Same As Shipping:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Billing Information:

Credit Card #: \_\_\_\_\_

Exp Date: \_\_\_\_ / \_\_\_\_ CVV Code: \_\_\_\_\_

**EMAIL THIS COMPLETED ORDER FORM TO DEMI MARANO**

dmarano@crownawards.com

You will receive an email confirmation when the order is entered by **Crown Awards**

All American 1<sup>st</sup> Team

Recipients First Name: Andrea

Recipients Last Name: Martinez

Name of Institution: Folsom Lake College

Year of Accomplishment: 2017

All American 2<sup>nd</sup> Team

Recipients First Name: Megan

Recipients Last Name: Trent

Name of Institution: Folsom Lake College

Year of Accomplishment: 2017

Scholar All American 1<sup>st</sup> Team

Recipients First Name: Britney

Recipients Last Name: Johnson

Name of Institution: Folsom Lake College

Year of Accomplishment: 2017

Scholar All American 2<sup>nd</sup> Team

Recipients First Name: Breanna

Recipients Last Name: Brumet

Name of Institution: Folsom Lake College

Year of Accomplishment: 2017



**LOS RIOS**  
 COMMUNITY COLLEGE DISTRICT  
 1919 Spanos Court ■ Sacramento, CA 95825  
 PURCHASING DEPARTMENT (916) 568-3071  
 Fax (916)568-3145 ■ lrccdpurchase@losrios.edu

# VENDOR APPLICATION

Return signed completed form to Purchasing via fax or email.

NAME: \_\_\_\_\_

<b>NAME OF FIRM</b> CROWN AWARDS		<b>FEDERAL ID# OR SOCIAL SECURITY #</b> 13-3490101	
<b>MAILING ADDRESS</b> 9 SKYLINE DRIVE, HAWTHORNE, NY 10532		<b>REMIT ADDRESS</b> SAME	
<b>PHONE</b> 800-227-1557	<b>FAX</b> 914-347-7008	<b>EMAIL</b> DMARANO@CROWNAWARDS.COM	

<b>WEBSITE</b> crownawards.com			<b>ORGANIZATION CLASSIFICATION</b> (Check all that apply)													
<table border="1"> <thead> <tr> <th colspan="3">AUTHORIZED COMPANY REPRESENTATIVES</th> </tr> <tr> <th>Name</th> <th>Title/Capacity</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>Demi Marano</td> <td>Business Dev Team Leader</td> <td>DMarano@Crownawards.com</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			AUTHORIZED COMPANY REPRESENTATIVES			Name	Title/Capacity	Email	Demi Marano	Business Dev Team Leader	DMarano@Crownawards.com				Individual	<input type="checkbox"/> MBE
			AUTHORIZED COMPANY REPRESENTATIVES													
			Name	Title/Capacity	Email											
			Demi Marano	Business Dev Team Leader	DMarano@Crownawards.com											
Partnership	<input checked="" type="checkbox"/>	WBE														
Non Profit	<input type="checkbox"/>	DVBE														
NEW YORK			<input checked="" type="checkbox"/> Corporation (list State Incorporated)													
Contractor's License #			_____													

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES AVAILABLE TO THE DISTRICT		
awards, trophies, medals, rings banners ect.		

<b>VENDOR CERTIFICATION</b>		<b>OTHER BUSINESS INFORMATION</b>	
I certify that all statements contained herein are correct. understand that this information will be used as a basis for evaluating my request to receive bid invitations for purchases. understand that being placed on the qualified vendor bid list does not in any way represent an endorsement of my firm by Los Rios, no does it relieve my firm of providing bonds and insurances as required. I further agree to disclose any known or potential conflicts of interest relating to my business and Los Rios. understand the requirements for fulfilling and invoicing orders. further certify this firm is an equal opportunity employer. _____ INITIALS		Payment Terms N30	Discounts Extended Qty disc.
		Refund/Returns	
_____ SIGNATURE		Acct. Mngr	TITLE
		3/26/18	DATE



# Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <i>Crown Awards</i>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: Individual/sole proprietor    C Corporation <input checked="" type="checkbox"/> S Corporation    Partnership    Trust/estate  Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) <input type="checkbox"/> _____  <input type="checkbox"/> Other (see instructions) <input type="checkbox"/>	
	Exempt payee	
Address (number, street, and apt. or suite no.) <i>9 Skyline Drive</i>		Requester's name and address (optional)
City, state, and ZIP code <i>Hawthorne, NY 10532</i>		
List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

Employer identification number								
1	3	-	3	4	9	0	1	0

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

**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 4.

<b>Sign Here</b>	Signature of U.S. person <i>Rita Gallo</i>	Date <i>3/26/15</i>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file 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.

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

**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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**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 share of partnership income.