NOTICE OF CONTRACT RENEWAL

State Of Missouri
Office Of Administration
Division Of Purchasing
PO Box 809
Jefferson City, MO 65102-0809
http://oa.mo.gov/purchasing

CONTRACT NUMBER	CONTRACT TITLE
C315047008	PREA Audit
AMENDMENT NUMBER	**CONTRACT PERIOD**
Amendment #002	February 1, 2017 through January 31, 2018
REQUISITION/REQUEST NUMBER	**SAM II VENDOR NUMBER/MisouriBUYS SYSTEM ID**
NR 931 YYY17708004	5199283590 0
CONTRACTOR NAME AND ADDRESS	**STATE AGENCY'S NAME AND ADDRESS**
GUYER, LYNN S PO BOX 86 COTTONWOOD ID 83522-0086	Department of Corrections Various Locations

ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

The State of Missouri hereby exercises its option to renew the contract.

All other terms, conditions and provisions of the contract, including all prices, shall remain the same throughout the above contract period and apply hereto.

SIGNATURE OF CONTRACTOR IS NOT REQUIRED ON THIS DOCUMENT.

BUYER	BUYER CONTACT INFORMATION
Jacqueline Satterlee	Email: Jacqueline.satterlee@oa.mo.gov Phone: (573) 751- 4925 Fax: (573) 526-9816
SIGNATURE OF BUYER	**DATE**
Jacqueline Satterlee	11/28/16

DIRECTOR OF PURCHASING

Karen S. Boeger

Karen S. Boeger

NOTICE OF CONTRACT RENEWAL

State Of Missouri
Office Of Administration
Division Of Purchasing
PO Box 809
Jefferson City, MO 65102-0809
http://oa.mo.gov/purchasing

CONTRACT NUMBER	CONTRACT TITLE
C315047008	PREA Audit
AMENDMENT NUMBER	**CONTRACT PERIOD**
Amendment #001	February 1, 2016 through January 31, 2017
REQUISITION NUMBER	**VENDOR NUMBER**
NR 931 YYY16708037	5199283590 0
CONTRACTOR NAME AND ADDRESS	**STATE AGENCY'S NAME AND ADDRESS**
GUYER, LYNN S PO BOX 86 COTTONWOOD ID 83522-0086	Department of Corrections Various Locations

ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

The State of Missouri hereby exercises its option to renew the contract.

All other terms, conditions and provisions of the contract, including all prices, shall remain the same throughout the above contract period and apply hereto.

SIGNATURE OF CONTRACTOR IS NOT REQUIRED ON THIS DOCUMENT.

BUYER	BUYER CONTACT INFORMATION
Jacqueline Satterlee	Email: Jacqueline.satterlee@oa.mo.gov Phone: (573) 751- 4925 Fax: (573) 526-9816
SIGNATURE OF BUYER	**DATE**
Jacqueline Satterlee	1/11/16
DIRECTOR OF PURCHASING	
Karen S. Boeger	Karen S. Boeger

NOTICE OF AWARD

State Of Missouri
Office Of Administration
Division Of Purchasing And Materials Management
PO Box 809
Jefferson City, MO 65102-0809
http://oa.mo.gov/purchasing-materials-management

SOLICITATION NUMBER	CONTRACT TITLE
B3Z15047	PREA Audit
CONTRACT NUMBER	**CONTRACT PERIOD**
C315047008	February 9, 2015 through January 31, 2016
REQUISITION NUMBER	**VENDOR NUMBER**
NR 931 YYY14708409	5199283590 0
CONTRACTOR NAME AND ADDRESS	**STATE AGENCY'S NAME AND ADDRESS**
GUYER, LYNN S PO BOX 86 COTTONWOOD ID 83522-0086	Department of Corrections Various Locations

ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

The proposal submitted by Lynn S Guyer in response to B3Z15047 is accepted in its entirety.

BUYER	BUYER CONTACT INFORMATION
Laura Ortmeyer	Email: laura.ortmeyer@oa.mo.gov Phone: (573) 751-4579 Fax: (573) 526-9816
SIGNATURE OF BUYER	**DATE**
Laura Ortmeyer	February 5, 2015

DIRECTOR OF PURCHASING AND MATERIALS MANAGEMENT

Karen S. Boeger

STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)
REQUEST FOR PROPOSAL (RFP)

RFP NO.: B3Z15047
TITLE: PREA Audit
ISSUE DATE: 09/10/14

REQ NO.: NR 931 YYY14708409
BUYER: Roy Burgess
PHONE NO.: (573) 751-1692
E-MAIL: roy.burgess@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: 10/07/14 AT 2:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type **RFP Number** and **Return Due Date** on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in DPMM office (301 W High Street, Room 630) by the return date and time.

RETURN PROPOSAL TO:	**(U.S. Mail)**		**(Courier Service)**
	DPMM	**or**	**DPMM**
	PO BOX 809		**301 WEST HIGH STREET, RM 630**
	JEFFERSON CITY MO 65102-0809		**JEFFERSON CITY MO 65101-1517**

CONTRACT PERIOD: Effective Date of Award through One Year

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Department of Corrections

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 12/27/12). *The offeror further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal.* The offeror further agrees that upon receipt of an authorized purchase order from the Division of Purchasing and Materials Management or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the offeror and the State of Missouri.

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME	LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO.
Lynn S Guyer	Lynn S Guyer
MAILING ADDRESS	IRS FORM 1099 MAILING ADDRESS
P.O. Box 86	
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
Cottonwood, Idaho 83522	

CONTACT PERSON		EMAIL ADDRESS
Lynn S Guyer		lguyer@q.com
PHONE NUMBER		FAX NUMBER
208-507-1449		
TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE (CHECK ONE)	VENDOR NUMBER (IF KNOWN)
	___ FEIN _X_ SSN	5199283590

VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)

___ Corporation _X__ Individual ___ State/Local Government ___ Partnership ___ Sole Proprietor ___IRS Tax-Exempt

AUTHORIZED SIGNATURE	DATE
Lynn S Guyer	10-1-14
PRINTED NAME	TITLE
Lynn S Guyer	PREA Auditor

EXHIBIT D
BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION, AND AFFIDAVIT OF WORK AUTHORIZATION

BUSINESS ENTITY CERTIFICATION:
The offeror must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

BOX A:	To be completed by a non-business entity as defined below.
BOX B:	To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at http://www.dhs.gov/files/programs/gc_1185221678150.shtm.
BOX C:	To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing and Materials Management.

Business entity, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "**business entity**" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "**business entity**" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "**business entity**" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

BOX A – CURRENTLY NOT A BUSINESS ENTITY

I certify that Lynn S. Guyer (Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

X☐ - I am a self-employed individual with no employees; **OR**

☐ - The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if Lynn S. Guyer (Individual Name) is awarded a contract for the services requested herein under B3Z15047 (RFP Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, Lynn S. Guyer (Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing and Materials Management with all documentation required in Box B of this exhibit.

LYNN S. GUYER	Lynn S Guyer
Authorized Representative's Name (Please Print)	*Authorized Representative's Signature*
—	10-1-14
Company Name (if applicable)	Date

Mr. Lynn Guyer
P.O. Box 86
Cottonwood, Idaho 83522

SPOKANE WA 992

01 OCT 2014 PM 2 L

RCVD OCT 6'14 AM 9:35 OA-DPMM

DPMM
P.O. Box 809
Jefferson City, Mo 65102-0809

B3 Z15047
10/07/14

65102\$0809

TAXATION DIVISION
P O BOX 3666
JEFFERSON CITY MO 65105-3666

Missouri
DEPARTMENT OF REVENUE

Telephone: (573) 751-9268
Fax: (573) 522-1265
E-mail: taxclearance@dor.mo.gov

VENDOR NO TAX DUE

LYNN S. GUYER
PO BOX 86
COTTONWODD ID 83522

DATE ISSUED: OCTOBER 14, 2014

SOCIAL SECURITY NUMBER: XXX-XX-8359

The Missouri Department of Revenue certifies that based on the information provided the above listed taxpayer/vendor and its disclosed affiliates do not sell taxable tangible personal property or provide taxable services in the State of Missouri. As a result, the above vendor and its disclosed affiliates are in compliance with Section 34.040.6, RSMo.

This statement does not limit the authority of the Director of Revenue to assess and/or collect liabilities under appeal or that become known to the Department as a result of audit or determination of successor liability.

This certificate will remain valid until such time as the business activity changes. Please note that any change in or deviation from the operation of this business as originally described will render this letter inapplicable.

DIRECTOR OF REVENUE OR DELEGATE
STATE OF MISSOURI

BY:

Dwayne Maples

Dwayne Maples
Administrator, Business Tax

SL:DU0306

CBN045
201428700300511