

INTRODUCED BY: COUNCIL MEMBER(s) Kasten

1           **AN ORDINANCE RENEWING THE BID AWARDS FOR CERTAIN**

2           **PRODUCTS AND SERVICES FOR COPIER REPAIR 2016, DEPARTMENT OF**

3           **ADMINISTRATIVE SERVICES.**

4                   **WHEREAS**, Jefferson County, Missouri, (hereafter, the “County”) recommends  
5 the renewal of the following bid awards at the same terms and conditions as previously bid,  
6 as authorized by the original Invitation for Bid awarded by the County, for an additional  
7 one-year term:

8 BID NAME

9 Copier Repair 2016

10 AWARDED BIDDERS

11 CDS Office Technologies, Inc. (A1)

12 Da-Com Corporation (A2)

13 ORDINANCE NUMBER

14 15-0620

15       **WHEREAS**, the Department of Administrative Services of Jefferson County,  
16   Missouri, Council finds it is in the best interest of the County to renew the bid award for  
17   Copier Repair 2016 for the term of 1-1-2017 to 12-31-2017 with CDS Office Technologies,  
18   Inc. and Da-Com Corporation with approval of the County Council and County Executive  
19   up to the amount of **\$30,000.00** subject to budgetary limitations.

FILED

NOV 18 2016

**BE IT ENACTED BY THE JEFFERSON COUNTY, MISSOURI, COUNCIL,**

## 2 AS FOLLOWS:

3        Section 1.      The County authorizes the renewal of the bid awards for an  
4        additional one-year term as follows:

**BID NAME**

Copier Repair 2016

## TERM

1-1-2017 to 12-31-2017

Upon approval of the County Council and County Executive

AMOUNT

Up to \$30,000.00

subject to budgetary limitations

### AWARDED BIDDERS

## CDS Office Technologies, Inc. (A1)

## Da-Com Corporation (A2)

16        Section 2.     The Jefferson County, Missouri, Council hereby authorizes the  
17        County Executive to execute a renewal agreement, incorporated herein by reference and  
18        attached as Exhibit A1 through A2. The County Executive is further authorized to take  
19        any and all actions necessary to carry out the intent of this Ordinance.

20           Section 3.      Copies of all Invitations for Bid, Requests for Proposals, responses  
21      thereto, and any contracts or agreements shall be maintained by the Department of the

1 County Clerk consistent with the rules and procedures for the maintenance and retention  
2 of records as promulgated by the Secretary of State.

3 Section 4. This Ordinance shall be in full force and effect from and after its  
4 date of approval. If any part of this Ordinance is invalid for any reason, such invalidity  
5 shall not affect the remainder of this Ordinance.

**THIS BILL BEING DULY INTRODUCED, THE MEMBERS OF THE  
JEFFERSON COUNTY, MISSOURI, COUNCIL VOTED AS FOLLOWS:**

Council Member District 1, Don Bickowski

Yes

Council Member District 2, Renee Reuter

Yes

Council Member District 3, Robert Boyer

Yes

Council Member District 4, George Engelbach

Absent

Council Member District 5, Oscar J. "Jim" Kasten

Yes

Council Member District 6, Cliff Lane

Yes

Council Member District 7, James Terry

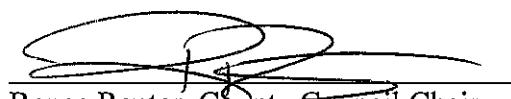
Yes

**THE ABOVE BILL ON THIS 14th DAY OF November, 2016:**



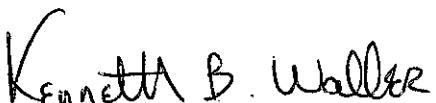
**PASSED**

**FAILED**

  
Renee Reuter, County Council Chair  
Pat Schlette, Council Administrative Assistant

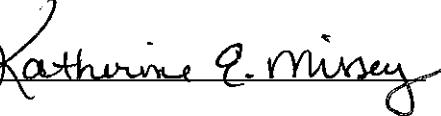
THIS BILL WAS  APPROVED BY THE JEFFERSON COUNTY EXECUTIVE AND ENACTED AS AN ORDINANCE OF JEFFERSON COUNTY, MISSOURI, THIS 16<sup>th</sup> DAY OF November, 2016.

THIS BILL WAS  VETOED AND RETURNED TO THE JEFFERSON COUNTY, MISSOURI, COUNCIL WITH WRITTEN OBJECTIONS BY THE JEFFERSON COUNTY EXECUTIVE, THIS  DAY OF , 2016.

  
Kenneth B. Waller  
Kenneth B. Waller, Jefferson County, Missouri, Executive

ATTEST:

  
Wes Wagner  
Wes Wagner, County Clerk

BY: 

Reading Date: 11-14-2016



# County of Jefferson

## State of Missouri

Administration Center  
729 Maple Street • PO Box 100  
Hillsboro, Missouri 63050

Ken Waller

County Executive

EXHIBIT

A1

### DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: [www.jeffcoomo.org](http://www.jeffcoomo.org)

Nicole Crawford  
Human Resources Manager  
(636)797-5071 / Fax (636)797-5596

Vickie Pratt  
General Services/Contracts & Grants Manager  
(636)797-5380 / Fax (636)797-5067

CDS OFFICE TECHNOLOGIES INC  
13625 LAKEFRONT DR  
EARTH CITY MO 63045

September 8, 2016

Attn: Joe O'Cain

Your company was awarded a bid for **“COPIER REPAIR 2016”** for the County of Jefferson, Missouri in **December 2015**. The Invitation for Bid allows the County to renew your bid award for an additional one-year term with consent of the awarded bidder.

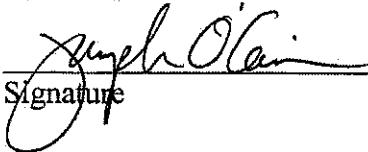
The County of Jefferson, Missouri may desire to renew this bid award for an additional one year with the same terms and conditions subject to approval by the County Council and County Executive. The new award dates shall be from **January 1, 2017 through December 31, 2017**.

#### PLEASE INCLUDE THE FOLLOWING ITEMS:

- 1) This executed renewal letter
- 2) Updated insurance certificates
- 3) Current paid tax receipts for any real or personal property owned in Jefferson County  
OR a notarized letter on company letterhead stating that your company does not own any real or personal property in Jefferson County.
- 4) Company Name, Signature, Print, Company Address and Phone completed on next page.

Please sign and return as soon as possible if your company agrees to renew this contract.

Joseph O'Cain  
Printed Name of Authorizing Agent

  
Signature

13-SEP-2016  
Date

If your company does not wish to renew this agreement, please advise as soon as possible. Any questions please contact me at (636) 797-5380.

Respectfully,

Vickie S. Pratt

Vickie S. Pratt  
Department of Administrative Services

In Witness thereof, the parties hereto have executed this Agreement, in triplicate, as \_\_\_\_\_ of this  
day of \_\_\_\_\_ 2016:

CDS OFFICE TECHNOLOGIES INC.  
Company Name

Joseph O'Coin  
Signature  
JOSEPH O'COIN  
Print

County of Jefferson, State of Missouri

Kenneth B. Waller  
Kenneth B. Waller County Executive

\* Company Address: (CHANGED)

13758 SHORELINE DR.

EARTH CITY, MO 63045

Phone: 314.739.4093 x1331

I hereby certify under section 50.660 RSMo there is either: (1) a balance of funds, otherwise unencumbered, to the credit of the appropriation to which the obligation contained herein is chargeable, and a cash balance otherwise unencumbered, in the treasury, to the credit of the funds from which payment is to be made, each sufficient to meet the obligation contained herein; or (2) bonds or taxes have been authorized by vote of the people and there is a sufficient unencumbered amount of the bonds yet to be sold or of the taxes levied and yet to be collected to meet the obligation in case there is not a sufficient unencumbered cash balance in the treasury.

J. R. Clark  
County Auditor

APPROVED AS TO FORM

John C. Clark  
County Counselor



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/13/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

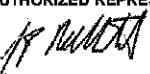
**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder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

PRODUCER Nicoud Insurance Services 4481 Ash Grove Ste B Springfield IL 62711		CONTACT NAME: Kayla Gaden PHONE (A/C. No. Ext): 217-547-2036 E-MAIL ADDRESS: <a href="mailto:kayla.gaden@nicoudinsurance.com">kayla.gaden@nicoudinsurance.com</a>	FAX (A/C. No.): 217-546-7034
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Darwin National Assurance Co.	
INSURED CDS Office Systems, Inc. Mr. Bruce Egolf 612 South Dirksen Pkwy. Springfield IL 62703		INSURER B: United Fire & Casualty Company	
		INSURER C: Travelers Casualty and Surety	0
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES	CERTIFICATE NUMBER: 1972750719	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	ADDL INSR	SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				60465891	7/1/2016	7/1/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$1,000,000 \$2,000,000
B	AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				60465891	7/1/2016	7/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0				60465891	7/1/2016	7/1/2017	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A		60465891	7/1/2016	7/1/2017	X WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
C A	Employee Dishonesty Professional Liability				105959743 03082417	7/1/2016 3/22/2016	7/1/2017 3/22/2017	Employee Dishonesty \$200,000 Each E&O Claim Limit \$1,000,000 All E&O Claim Limit \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									
<p>General Liability: Ultra Liability Plus Endorsement Form CG7103-Includes Automatic Additional Insured-Owners, Lessees or Contractors per Written Contract or Agreement; Blanket Waiver of Subrogation. Form CG7096-Primary Additional Insured Blanket Where Required by Written Contract. Equivlant to CG2010 07/04 and CG2037 07/04.</p> <p>Auto Liability: Ultra Endorsement Form CA7109-Includes Additional Insured Status by Contract, Agreement or Permit and provides Primary Coverage; Waiver of Subrogation Required by Contract. Work Comp: Form See Attached...</p>									

CERTIFICATE HOLDER					CANCELLATION				
<p>Country of Jefferson, Vickie Pratt General Services/Contracts &amp; Grants Manager 729 Maple Street PO Box 100 Hillsboro MO 63050</p>					<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 				

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## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Nicoud Insurance Services	NAMED INSURED CDS Office Systems, Inc. Mr. Bruce Egolf 612 South Dirksen Pkwy. Springfield IL 62703
POLICY NUMBER	
CARRIER	NAIC CODE
EFFECTIVE DATE:	

**ADDITIONAL REMARKS**
**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**
**FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

WC000313-Blanket Waiver of Subrogation. Umbrella follows forms.  
Evidence of Insurance



**CORPORATE HEADQUARTERS**  
**612 S. Dirksen Parkway ~ Springfield, IL 62703**  
**217.528.8936 ~ www.cdsot.com**

## **Affidavit of Bruce Egolf**

**STATE OF ILLINOIS**

**COUNTY OF SANGAMON**

The undersigned, BRUCE EGOLF, being duly sworn, hereby deposes and says:

1. I am over the age of 18 and am a resident of the State of Illinois. I have personal knowledge of the facts herein, and, if called as a witness, could testify completely hereto.
2. I suffer no legal disabilities and have personal knowledge of the facts set forth below
3. I certify that CDS Office Technologies does not own any real estate or personal property in Jefferson County in the State of Missouri.

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this 13th day of September, 2016.

Bruce Egolf

## **NOTARY ACKNOWLEDGEMENT**

**STATE OF ILLINOIS, COUNTY OF SANGAMON:**

On this 13<sup>th</sup> day of September, 2016, before me personally appeared Bruce Egolf, to me known to be the person described in and who executed the foregoing Affidavit, and, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

Notary Public

My commission expires 6-16-2018



RECEIVED

OCT 24 2016



# County of Jefferson

## State of Missouri

Administration Center  
729 Maple Street • PO Box 100  
Hillsboro, Missouri 63050

Ken Waller

County Executive

EXHIBIT

A2

PENCLAD 800-881-6868

### DEPARTMENT OF ADMINISTRATIVE SERVICES

David Courtway - Director

Web Address: [www.jeffccmo.org](http://www.jeffccmo.org)

Nicole Crawford  
Human Resources Manager  
(636)797-5071 / Fax (636)797-5596

Vickie Pratt  
General Services/Contracts & Grants Manager  
(636)797-5380 / Fax (636)797-5067

DA-COM CORPORATION  
5317 KNIGHTS OF COLUMBUS  
ST LOUIS MO 63119

September 8, 2016

Attn: Robert Thompson

Your company was awarded a bid for “COPIER REPAIR 2016” for the County of Jefferson, Missouri in **December 2015**. The Invitation for Bid allows the County to renew your bid award for an additional one-year term with consent of the awarded bidder.

The County of Jefferson, Missouri may desire to renew this bid award for an additional one year with the same terms and conditions subject to approval by the County Council and County Executive. The new award dates shall be from **January 1, 2017 through December 31, 2017**.

#### PLEASE INCLUDE THE FOLLOWING ITEMS:

- 5) This executed renewal letter
- 6) Updated insurance certificates
- 7) Current paid tax receipts for any real or personal property owned in Jefferson County  
OR a notarized letter on company letterhead stating that your company does not own any real or personal property in Jefferson County.
- 8) Company Name, Signature, Print, Company Address and Phone completed on next page.

Please sign and return as soon as possible if your company agrees to renew this contract.

Robert Thompson  
Printed Name of Authorizing Agent

*Robert Thompson*  
Signature

10/5/16

Date

If your company does not wish to renew this agreement, please advise as soon as possible. Any questions please contact me at (636) 797-5380.

Respectfully,

Vickie S. Pratt

Vickie S. Pratt  
Department of Administrative Services

In Witness thereof, the parties hereto have executed this Agreement, in triplicate, as \_\_\_\_\_ of this  
5 day of October 2016:

Da-Com Corp  
Company Name

County of Jefferson, State of Missouri

Diane Thorpe  
Signature  
Diane Thorpe  
Print

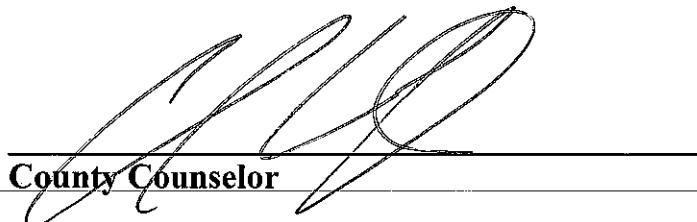
Kenneth B. Waller  
Kenneth B. Waller County Executive

Company Address: \_\_\_\_\_  
5317 Knights of Columbus Dr.  
St. Louis MO 63119  
Phone: 314-442-2800

I hereby certify under section 50.660 RSMo there is either: (1) a balance of funds, otherwise unencumbered, to the credit of the appropriation to which the obligation contained herein is chargeable, and a cash balance otherwise unencumbered, in the treasury, to the credit of the funds from which payment is to be made, each sufficient to meet the obligation contained herein; or (2) bonds or taxes have been authorized by vote of the people and there is a sufficient unencumbered amount of the bonds yet to be sold or of the taxes levied and yet to be collected to meet the obligation in case there is not a sufficient unencumbered cash balance in the treasury.

  
\_\_\_\_\_  
County Auditor

APPROVED AS TO FORM

  
\_\_\_\_\_  
County Counselor



JACKTIP-01

JLEGGETT

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/5/2016

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  Risk Consulting Partners 8112 Maryland Ave. Suite 400 Clayton, MO 63105	CONTACT NAME: PHONE (A/C, No, Ext): (314) 678-1200	FAX (A/C, No): (314) 394-1751
	E-MAIL ADDRESS: jleggett@rcpholdings.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Transportation Insurance Co	
	NAIC #	
INSURED  Jack Tipton Enterprises dba Da Com Corporation 5317 Knights of Columbus Dr. Saint Louis, MO 63119	INSURER B: Continental Casualty Company	
	INSURER C: CNA Surety	
	INSURER D:	
	INSURER E:	
	INSURER F:	

## COVERS

## CERTIFICATE NUMBER:

## 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	ADDL 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 type="checkbox"/> <input type="checkbox"/>  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC  OTHER:			6043040401	09/01/2016	09/01/2017	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$	
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY  <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS  <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			6043040415	09/01/2016	09/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6043040401	09/01/2016	09/01/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$ 5,000,000	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N  OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		6043040396	09/01/2016	09/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Jefferson County Attn: Contracts PO Box 100 Hillsboro, MO 63050	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 



October 5, 2016

County of Jefferson  
State of Missouri  
Administration Center  
729 Maple Street  
PO Box 100  
Hillsboro, MO 63050

This letter is to state that Da-Com Corp does not own any real estate or personal property with Jefferson County, Missouri.

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Thompson".

Bob Thompson  
Service Manager

Subscribed and sworn to before me the 5 day of October, 2016.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

A handwritten signature in black ink, appearing to read "Diane M. Thorpe".

Notary Public

My commission expires:

