

CONTRACT SUMMARY

CITY OF FORT LAUDERDALE
PROCUREMENT SERVICES DEPARTMENT

Period Covered: 2/2/2011 – 2/1/2012	Contract No.: 413-10608 Co-Op Fort Lauderdale	Master Blanket: N/A
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Awarded Vendor:

U.S. Peroxide, LLC
500 Bishop Street, NW, Suite C3
Atlanta, GA 30318

Delivery: 3 Days
Payment Terms: Net 30

Attn: Justina Smith
404-352-6070
Fax 404-352-6077
Email: jsmith@h2o2.com

Insurance Coverage Required: Yes No
Authorized for Purchases: Under \$25,000 Over
City Commission Approval: 11/16/10 Pur-06 CAR 10-1621
Extension Options: Yes No Years: 3, 1 year extensions

HYDROGEN PEROXIDE – CO-OP

Hydrogen Peroxide \$ 0.1895 / lb

Demurrage Charge – is included in the bid price

Department Contract Co-Ordinator: Pat Long, Public Works, (954) 523-1002

Procurement Specialist: Robert McKenney, CPPB

THIS AGREEMENT, made and entered into this ____ day of ____, 2010, is by and between the City of Fort Lauderdale, a Florida municipality, ("City"), whose address is 100 North Andrews Avenue, Fort Lauderdale, FL 33301-1016, and U.S. Peroxide, LLC, a Delaware corporation ("Contractor") authorized to transact business in the State of Florida, whose address and phone are 500 Bishop Street, NW, Suite C3, Atlanta, GA 30318, Phone 404-352-6070, Fax: 404-352-6077.

WHEREAS, the City issued Invitation to Bid Number 413-10608 ("ITB"), and the Contractor submitted a bid in response to the ITB; and

WHEREAS, on November 16, 2010, the City Commission of the City of Fort Lauderdale approved an agreement with Contractor for the goods or services described in the ITB (Pur-06, CAR No. 10-1621),

NOW, THEREFORE, for and in consideration of the mutual promises and covenants set forth herein and other good and valuable consideration, the City and the Contractor covenant and agree as follows:

1. The Contractor agrees to provide to the City Hydrogen Peroxide in accordance with and in strict compliance with the specifications, terms, conditions, and requirements set forth in the ITB and any and all addenda thereto beginning February 2, 2011 and ending February 1, 2012.

2. This contract form G-110 Rev. 01/10, the ITB, any and all addenda to the ITB, and the Contractor's proposal in response to the ITB are integral parts of this Contract, and are incorporated herein.

3. In the event of conflict between or among the contract documents, the order of priority shall be as follows:

- First, this contract form, G-110 Rev. 01/10;
- Second, any and all addenda to the City's ITB in reverse chronological order;
- Third, the ITB;
- Fourth, the Contractor's response to any addendum requiring a response;
- Fifth, the Contractor's response to the ITB.

4. The Company warrants that the goods and services supplied to the City pursuant to this Contract shall at all times fully conform to the specifications set forth in the ITB and be of the highest quality. In the event the City, in the City's sole discretion, determines that any product or service supplied pursuant to this Contract is defective or does not conform to the specifications set forth in the ITB the City reserves the right unilaterally to cancel an order or cancel this Contract upon written notice to the Contractor, and reduce commensurately any amount of money due the Contractor.

5. The City may cancel this Contract upon written notice to the Contractor in the event the Contractor fails to furnish the goods or perform the services as described in the ITB within 30 days following written notice to the Contractor.

6. The Contractor shall not present any invoice to the City that includes sales tax (85-8012514506C-7) or federal excise tax (59-6000319).

7. Contractor shall direct all invoices in duplicate for payment to Finance Department, City of Fort Lauderdale, 100 N. Andrews Avenue, 6th Floor, Fort Lauderdale, FL 33301. Any applicable discount MUST appear on the invoice.

IN WITNESS WHEREOF, the City and the Contractor execute this Contract as follows:

CITY OF FORT LAUDERDALE

By: [Signature]
Director of Procurement Services

ATTEST

By: [Signature]
Print Name: Justina Smith

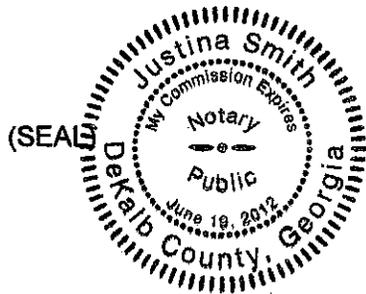
CONTRACTOR

By: [Signature]
Print Name: Thomas Walkosak
Title: General Manager
(If not president of corporation please attach proof of authorization)

(CORPORATE SEAL)

STATE OF Georgia
COUNTY OF Atlanta/Fulton

The foregoing instrument was acknowledged before me this 30th day of November, 2010, by Thomas Walkosak as (title): General Manager for U.S. Peroxide, LLC, a Delaware corporation authorized to transact business in the State of Florida.



[Signature]
Notary Public, State of Georgia
(Signature of Notary Public)
Justina Smith
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification
Type of Identification Produced Drivers licence

US Peroxide

Bid Contact **Kristin Mills**
kmills@h2o2.com
Ph 404-352-6070

Address **PO Box 55458**
Atlanta, GA 30308

Item #	Line Item	Notes	Unit Price	Qty/Unit	Total Price	Attch.	Docs
413-10608-1-01	Hydrogen Peroxide	Supplier Product Code:	First Offer - \$0.1895	2240000 / pound	\$424,480.00	Y	Y
413-10608-1-02	Demurrage Charge	Supplier Product Code: Demurrage is included in the bid price.	First Offer - \$0.00	1 / hour	\$0.00		Y
Supplier Total					\$424,480.00		

US Peroxide

Item: **Hydrogen Peroxide**

Attachments

COI.pdf

U S Peroxide LLC - FL.pdf



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/08/2010

PRODUCER
MARSH USA INC.
SUITE 400
1255 23RD STREET, N.W.
WASHINGTON, DC 20037
Attn: Danaher.certrequest@marsh.com Fax (212) 948-0503
040108-ALL-ALL-10-11 U.S.P

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
U.S. PEROXIDE, LLC
DANAHER CORPORATION
4191 MURFREESBORO RD
ANTIOCH, TN 37013-2221

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: ACE American Insurance Company	22667
INSURER B: Indemnity Ins Co Of North America	43575
INSURER C: National Union Fire Ins Co Pittsburgh PA	19445
INSURER D: N/A	N/A
INSURER E: ACE Insurance Company	30953

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

8

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Broad Form PD GENERAL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	HDOG25519115	07/01/2010	07/01/2011	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A E	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	ISA H08588788 (AOS) 28PR200569 (Puerto Rico)	07/01/2010 07/01/2010	07/01/2011 07/01/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AUTO ONLY: AGG \$
C	EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	15972399	07/01/2010	07/01/2011	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$ \$
B A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	WLR C46137711 (AOS) SCFC46137632 (WI) WLR C4613767A (CA,MA)	07/01/2010 07/01/2010 07/01/2010	07/01/2011 07/01/2011 07/01/2011	<input checked="" type="checkbox"/> IWC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 THE CITY OF FT. LAUDERDALE, FL IS AN ADDITIONAL INSURED FOR GENERAL LIABILITY, BUT ONLY AS REQUIRED BY WRITTEN CONTRACT WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED.

CERTIFICATE HOLDER CLE-002173094-27

CITY OF FT. LAUDERDALE, FL
 ATTN: DAVE NASH
 100 N ANDREWS AVE ROOM 619
 FORT LAUDERDALE, FL 33301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 of Marsh USA Inc.
 Ethan W. Klass

Ethan W. Klass

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ADDITIONAL INFORMATION		CLE-002173094-27	DATE (MM/DD/YY) 07/08/2010
PRODUCER MARSH USA INC. SUITE 400 1255 23RD STREET, N.W. WASHINGTON, DC 20037 Attn: Danaher.certrequest@marsh.com Fax (212) 948-0503 040108-ALL-ALL-10-11 U.S. P		INSURERS AFFORDING COVERAGE	
INSURED U.S. PEROXIDE, LLC DANAHER CORPORATION 4191 MURFREESBORO RD ANTIOCH, TN 37013-2221		INSURER F: INSURER G: INSURER H: INSURER I:	NAIC #

TEXT

If EXCESS LIABILITY is evidenced in this certificate of insurance, the following will apply:

The Certificate Holder is included as an additional insured with respect to premises leased to or by the named insured and operations of the named insured. Additionally, the Certificate Holder is an additional insured with respect to the distribution or sale, in the normal course of business, of any merchandise or products manufactured, sold, handled or distributed by the named insured, provided the insurance with respect to the Certificate Holder shall apply only to losses and/or claims based upon manufacture or sale of merchandise or products of the named insured, or materials contained therein, and said insurance shall not apply to:

1. The negligence or contract breach of the Certificate Holder or any other person or organization other than the named insured;
2. Any express warranty not authorized by the named insured;
3. The sale of any merchandise or product for a purpose not intended by the named insured;
4. The alteration, packaging, repackaging, repair or modification of any merchandise or product of the named insured without the express written approval by the named insured, and/or;
5. The sale of named insured's merchandise or products without all instructions and warnings provided by the named insured.

However, the insurance provided will not exceed the lesser of:

1. The coverage and limits of insurance of this policy, or
2. The coverage and limits of insurance required by said contract or agreement.

If the contract to which this certificate relates provides for a waiver of subrogation for the benefit of the Certificate Holder, the insurance company agrees to waive its rights of recovery against the Certificate Holder except as follows:

1. Injuries, damage or loss caused, in whole or in part, by the negligence or contract breach of the Certificate Holder, and/or any person or organization other than the Named Insured.
2. Injuries, damage or loss caused, in whole or in part, by defects in the premises, equipment, products, or appurtenances of the Certificate Holder.

This certificate supercedes all previous certificates issued by named insured evidenced on first page.

CERTIFICATE HOLDER

CITY OF FT. LAUDERDALE, FL
 ATTN: DAVE NASH
 100 N ANDREWS AVE ROOM 619
 FORT LAUDERDALE, FL 33301

AUTHORIZED REPRESENTATIVE
 of Marsh USA Inc.
 Ethan W. Klass

Ethan W. Klass



April 1, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

U.S. PEROXIDE, LLC
3020 GORE ROAD
LONDON, ONTARIO
N5V4T7 CANADA, CA

Re: Document Number M0400000861

The reinstatement for U.S. PEROXIDE, LLC, a limited liability company, was filed on March 31, 2010.

Enclosed please find the certification requested.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Agnes Lunt
Regulatory Specialist II
Division of Corporations

Letter Number: 210A00007959

P.O BOX 6327 - Tallahassee, Florida 32314

State of Florida



Department of State

I certify from the records of this office that U.S. PEROXIDE, LLC is a Delaware limited liability company authorized to transact business in the State of Florida, qualified on February 24, 2004.

The document number of this limited liability company is M04000000861.

I further certify that said limited liability company has paid all fees due this office through December 31, 2010, that its most recent annual report was filed on March 31, 2010, and its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code, 210A00007959-040110-M04000000861-1/1, noted below.

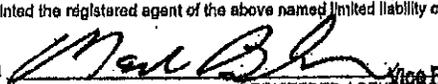
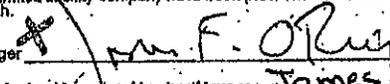
Authentication Code: 210A00007959-040110-M04000000861-1/1

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
First day of April, 2010



Kurt S. Browning
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M04000600861			
1. Limited Liability Company's Name <p style="text-align: center; font-size: 1.2em;">U.S. PEROXIDE LLC</p>			
2. Principal Office Address - No P.O. Box # <p style="font-size: 1.1em;">3020 GORE ROAD</p> Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State <p style="font-size: 1.1em;">London, ONTARIO</p> Zip <p style="font-size: 1.1em;">N5V4T7</p> Country <p style="font-size: 1.1em;">CANADA</p>		City & State Zip Country	
4. State/Country of Formation <p style="font-size: 1.1em; text-align: center;">ONTARIO, CANADA</p>			
5. Date Organized or Qualified To Do Business in Florida <p style="font-size: 1.1em; text-align: right;">12/12/2003</p>			
6. FEI Number <p style="font-size: 1.1em;">87-0715830</p>			Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name <p style="font-size: 1.1em;">CT Corporation System</p> Street Address (P.O. Box Number is Not Acceptable) <p style="font-size: 1.1em;">1200 South Pine Island Road</p> Suite, Apt. #, Etc. City <p style="font-size: 1.1em;">Plantation</p> State <p style="font-size: 1.1em;">FL</p> Zip Code <p style="font-size: 1.1em;">33324</p>			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S. Signature of Registered Agent  Mark Brinkman Vice President and Assistant Secretary Date <u>3/30/10</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	TrojanUV Holdings Corp.	c/o Trojan Technologies 3020 Gore Road	London, Ontario N5V4T7, Canada
MGR	Frank T. McFaden	2099 Pennsylvania Ave, NW 12th floor	Washington, DC 20006
MGR	Robert S. Lutz	2099 Pennsylvania Ave, NW 12th floor	Washington, DC 20006
11. E-mail Address: <u>SILAFKA@TROJANUV.COM</u> <small>(To be used for future annual report notifications)</small>			
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 808.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
Signature of Managing Member/Manager 		Date <u>3/26/2010</u> Daytime Phone # <u>202-828-0850</u>	
Typed or printed name of signing Managing Member/Manager <u>James F. O'Reilly, VP + Secretary of Trojan UV Holdings Corp., managing member</u>			

CR2E041 (11/09)

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and *free* from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

<u>NAME</u>	<u>RELATIONSHIPS</u>
N/A	N/A
N/A	N/A
	N/A
	N/A

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

GENERAL QUESTIONNAIRE

BIDDER NAME: US Peroxide, LLC

Complete the following:

Contact Name: **Justina Smith**

Phone: **404-352-6070**

Delivery/begin work in calendar days after receipt of Purchase Order: (Section 1.02 of General Conditions):

3 Days

Prices firm for acceptance for 90 days? (Section 1.05 of General Conditions.):

Cb Yes cb No **Yes** Other

1. Manufacturer of Hydrogen Peroxide: **Solvay/FMC**
2. To be shipped from Manufacturer as: **50% Hydrogen Peroxide** 50% Hydrogen Peroxide.
3. Delivery Volumes are accounted for **No** Metered Certificates
by:
Yes Weight Certificates
4. It is estimated that it will take five (5) hours for unloading.
Indicate the amount of free unloading time: **2 hours**
5. State the Demurrage charge after expiration of free unloading time: **Demurrage included**
Projected demurrage charges will be included in the bid tabulation.
Deliveries are to be made on a keep-full basis.
6. Delivery: Number of calendar days required for delivery upon receipt of order: **3 Days** days
7. Provide three references for which you have performed similar services.

Company Name: **JEA**
Address: **6674 Common Wealth Ave. Jacksonville, FL 32254**
Contact Name: **Colin Groff** Telephone: **904-665-6736**

Company Name: **City of Orlando**
Address: **400 South Orange Avenue, Orlando, FL 32802**
Contact Name: **Chuck Shultz** Telephone: **407-246-2658**

Company Name: **City of Sunrise**
Address: **777 Sawgrass Corporate Parkway, Sunrise, FL 33325**
Contact Name: **Karl Thompson** Telephone: **(954) 888-6003**

8. Number of years experience the bidder has had in providing similar services?

12+ Years

9. Have you ever failed to complete work awarded to you? If so, where and why?

No

10. List any licenses/permits, etc. you hold for performing this type of work:

Florida Business License (attached)

The proposer understands that the information contained in these proposal pages is to be relied upon by the City in awarding the proposed contract, and such information is warranted by the proposer to be true. The proposer agrees to furnish such additional information, prior to acceptance of any proposal relating to the qualifications of the proposer, as may be required by the City.

Please review the questionnaire to make sure all questions have been answered. Attach additional sheets if necessary. Failure to answer each question could result in the disqualification of your bid.

BID/PROPOSAL SIGNATURE PAGE

How to submit bids/proposals: It is preferred that bids/proposals be submitted electronically at www.bidsync.com, unless otherwise stated in the bid packet. If mailing a hard copy, it will be the sole responsibility of the Bidder to ensure that the bid reaches the City of Fort Lauderdale, City Hall, Procurement Department, Suite 619, 100 N. Andrews Avenue, Fort Lauderdale, FL 33301, prior to the bid opening date and time listed. Bids/proposals submitted by fax or email will NOT be accepted.

The below signed hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the CITY and such acceptance covers all terms, conditions, and specifications of this bid/proposal.

Please Note: If responding to this solicitation through BidSync, the electronic version of the bid response will prevail, unless a paper version is clearly marked **by the bidder** in some manner to indicate that it will supplant the electronic version. All fields below **must** be completed. If the field does not apply to you, please note N/A in that field.

Submitted by: **Justina Smith 10/13/2010**
(signature) (date)

Name (printed): **Justina Smith** Title: **Business Support Specialist**

Company: (Legal Registration) **US Peroxide, LLC**

CONTRACTOR, IF FOREIGN CORPORATION, MAY BE REQUIRED TO OBTAIN A CERTIFICATE OF AUTHORITY FROM THE DEPARTMENT OF STATE, IN ACCORDANCE WITH FLORIDA STATUTE §607.1501 (visit <http://www.dos.state.fl.us/>).

Address: **500 Bishop Street, NW Suite C3**

City: **Atlanta** State: **Georgia** Zip: **30318**

Telephone No. **404-352-6070** FAX No. **404-352-6077**

Email: **jsmith@h2o2.com**

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions): **3 days**

Payment Terms (section 1.03): **Net 30 Days**

Total Bid Discount (section 1.04): **None**

Does your firm qualify for MBE or WBE status (section 1.08): MBE WBE

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

<u>Addendum No.</u>	<u>Date Issued</u>
None	None

VARIANCES: State any variations to specifications, terms and conditions in the space provided below or reference in the space provided below all variances contained on other pages of bid, attachments or bid pages. No variations or exceptions by the Proposer will be deemed to be part of the bid submitted unless such variation or exception is listed and contained within the bid documents and referenced in the space provided below. If no statement is contained in the below space, it is hereby implied that your bid/proposal complies with the full scope of this solicitation. **HAVE YOU STATED ANY VARIANCES OR EXCEPTIONS BELOW? BIDDER MUST CLICK THE EXCEPTION LINK IF ANY VARIATION OR EXCEPTION IS TAKEN TO THE SPECIFICATIONS, TERMS AND CONDITIONS.** If this section does not apply to your bid, simply mark N/A in the section below.

Variances: **N/A**
revised 3-23-10