



State of West Virginia  
Agency Request for Quote

<b>Proc Folder:</b> 909166			<b>Reason for Modification:</b>
<b>Doc Description:</b> STONE & AGGREGATE MAT & DEL.TO NON-ESTAB. LOCATION 6621C073			
<b>Proc Type:</b> Agency Master Agreement			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2021-07-21	2021-08-11 14:30	ARFQ 0803 DOT2200000003	1

**BID RECEIVING LOCATION**

FINANCE & ADMINISTRATION  
DIVISION OF HIGHWAYS  
BLDG 5, RM A-220  
1900 KANAWHA BLVD E  
CHARLESTON WV 25302  
US

**VENDOR**

**Vendor Customer Code:** 000000177191  
**Vendor Name:** BULKEYE AGGREGATES, INC.  
**Address:** 364 PATTESON DRIVE  
**Street:** SUITE 277  
**City:** MORGANTOWN  
**State:** W.VA **Country:** USA **Zip:** 26505  
**Principal Contact:** GENE KIRAL  
**Vendor Contact Phone:** 304-282-7331 **Extension:**

**FOR INFORMATION CONTACT THE BUYER**  
Kristine E James  
304-414-7104  
kristy.e.james@wv.gov

**Vendor Signature X** *Gene M. Kiral* **FEIN#** 1873371 **DATE** 8/6/2021

All offers subject to all terms and conditions contained in this solicitation



**ADDITIONAL INFORMATION**

\*\*\*\*\*NOTICE\*\*\*\*\*

WE DO NOT ACCEPT EMAIL BIDS

MUST USE ONE THE FOLLOWING TO SUBMIT A BID:

- \* UPLOAD TO OASIS
- \* HAND DELIVERY
- \* MAIL IN HARD COPY

MAKE SURE YOU DOWNLOAD ALL INFORMATION

TERMS AND CONDITIONS-SPECIFICATIONS-INFORMATIONAL ATTACHMENTS-PURCHASING AFFIDAVIT-PRICING PAGES-SIGN THE PAGES THAT NEED SIGNED

PLEASE NOTE THAT TO BE AWARDED THIS CONTRACT YOU WILL BE TO A REGISTER VENDOR WITH WV STATE PURCHASING, AND COMPLIANT WITH SEVERAL AGENCIES SUCH AS THE WVSOS, TAX DEPARTMENT, WORKER'S COMPENSATION, AND UNEMPLOYMENT INSURANCE

INVOICE TO		SHIP TO	
VARIOUS AGENCY LOCATIONS AS INDICATED BY ORDER		STATE OF WEST VIRGINIA  VARIOUS LOCATIONS AS INDICATED BY ORDER	
No City	WV	No City	WV
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	STONE, AGGREGATE, CINDERS - MAT.&DEL. TO NON-ESTAB. LOCATION	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
11111600			

**Extended Description:**

STONE, AGGREGATE, CINDERS - MAT.&DEL. TO NON-ESTAB. LOCATION PER ATTACHED PRICING PAGE AND INFORMATION ATTACHMENT FORM

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	TECHINCAL QUESTIONS DUE BY 10:00 AM	2021-07-29

	Document Phase	Document Description	Page
DOT2200000003	Final	STONE & AGGREGATE MAT & DEL.TO NON-ESTAB. LOCATION 6621C073	3

**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

**ATTACHMENT B (ATT B) Information Form**  
**Stone & Aggregate with Delivery by Vendor to NON-Established Locations 6621C073**

<b>Enter your Vendor Name:</b>	<b>Buckeye Aggregates, Inc.</b>
Vendors Phone #, Email Address to contact for placing Orders:	
Vendors Phone #, Email Address to contact for Invoices:	
Vendors Phone #, Email Address to contact for Payment:	

*This ATT B must be completed and submitted with the bid and coordinate with the Items pricing on the ATT A..*

	<b>Vendors Sources/Plants</b>	<b>Vendors Storage Sites</b>
	<b>Source Name &amp; Location (physical address), Phone #</b>	<b>Location (physical address), Phone #</b>
<b>Limestone</b>		
	Sidwell Materials, Inc. 740-966-4313	Sidwell Materials, Inc. 740-966-4313
	72607 Gun Club Road	72607 Gun Club Road
	Saint Clairsville, OH 43950	Saint Clairsville, OH 43950
	Yager Materials Corp. 304-748-1450	Yager Materials Corp. 304-748-1450
	4260 Freedom Way	4260 Freedom Way
	Weirton, WV 26062	Weirton, WV 26062
<b>Sandstone</b>		
<b>Blast Furnace Slag</b>		
<b>Steel Slag</b>	Phoenix Services., Inc. 304-797-0250	Phoenix Services, Inc. 304-797-0250
	900 Pennsylvania Avenue	900 Pennsylvania Avenue
	Weirton, WV 26062	Weirton, WV 26062
<b>Cinders</b>		

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<b>Limestone</b>		
	Yager Materials Corp. 740-819-5750	Yager Materials Corp. 740-819-5750
	1603 West Baltimore Street	1603 West Baltimore Street
	McMechen, WV 26040	McMechen, WV 26040
	Yager Materials Corp. 740-391-3310	Yager Materials Corp. 740-391-3310
	1601 Lafayette Avenue	1601 Lafayette Avenue
	Moundsville, WV 26041	Moundsville, WV 26041
<b>Sandstone</b>		
<b>Blast Furnace Slag</b>		
<b>Steel Slag</b>		
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<b>Cinders</b>		



**Attachment A (ATT A) Pricing Page**

**Stone & Aggregate with Pick Up by WVD0H from Vendor's Storage Site ONLY**

**Vendor shall provide Storage Site information on ATT B for PICKUP**

**VENDOR NAME:** Buckeye Aggregates, Inc.

**2021-2022**

		Bid Price per Ton Items A-W, Z and AA F.O.B. Vendor's Storage Site		
Contract Item	Description of Material	Limestone, Sandstone, Gravel, Sand	Blast Furnace Slag	Steel Slag
A	Class 1 Aggregate	25.75		8.50
B	Class 2 Aggregate			
C	Class 10 Aggregate			9.50
D	AASHTO #1 Aggregate	26.25		
E	AASHTO #3 Aggregate			
F	AASHTO #4 Aggregate	26.25		
G	AASHTO #467 Aggregate			
H	AASHTO #57 Aggregate	26.25		
I	AASHTO #67 Aggregate			
J	AASHTO #7 Aggregate			
K	AASHTO #8 Aggregate			
L	AASHTO #9 Aggregate			
M	Stone for Gabions			
N	Fine Aggregate			
OA	Limestone Standard Abrasives			
OB	Sandstone Standard Abrasives	11.50		
OC	Steel Slage for SRIC			5.50
PA	Limestone Modified Abrasives			
PB	Sandstone Modified Abrasives			
Q	Rip Rap	23.25		
R	Shot Rock			
S	AASHTO #8 Modified			
T	AASHTO #9 Modified			
U	Pea Gravel			
V	#11 Limestone Abrasives			
W	Quarry Waste			
Z	Imbricated Stone			
AA	Cinders			

6621C074 PICKUP

West Virginia Ethics Commission  
**Disclosure of Interested Parties to Contracts**

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: BUCKETE AGGREGATES, F-INC Address: 364 PATTERSON DRIVE

SUITE 277

Name of Authorized Agent: GENE M. KIRAL Address: MORGANTOWN, WV 26505

Contract Number: CRFQ 0803 DOT2200000022 Contract Description: STONE + AGGREGATE DELIVERED

BY VENDOR

Governmental agency awarding contract: DEPT. OF ADMINISTRATION PURCHASING DIVISION

Check here if this is a Supplemental Disclosure

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (attach additional pages if necessary):

**1. Subcontractors or other entities performing work or service under the Contract**

Check here if none, otherwise list entity/individual names below.

**2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)**

Check here if none, otherwise list entity/individual names below.

**3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)**

Check here if none, otherwise list entity/individual names below.

Signature: Gene M. Kiral

Date Signed: 8/6/2021

**Notary Verification**

State of NORTH CAROLINA, County of IREDELL:

I, GENE M. KIRAL, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 6<sup>TH</sup> day of AUGUST, 2021.

[Signature]

Notary Public's Signature

**To be completed by State Agency:**

Date Received by State Agency: \_\_\_\_\_

Date submitted to Ethics Commission: \_\_\_\_\_

Governmental agency submitting Disclosure: \_\_\_\_\_

**JONATHAN K CLENDENIN**  
Notary Public  
Iredell Co., North Carolina  
My Commission Expires Feb. 19, 2025

**ADDENDUM ACKNOWLEDGEMENT FORM**

**SOLICITATION NO.:** ARFQ DOT 220000003

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 checked="" 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.

BUCKEYE AGGREGATES, INC  
Full Company Name

[Signature]  
Authorized Signature

8/6/2021  
Date

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

**CERTIFICATION AND SIGNATURE PAGE**

By signing below, or submitting documentation through the West Virginia Vendor Self Service Portal website, 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.

BUCKEYE AGGREGATES, INC  
(Full Company Name)

Gene M. Kiral  
(Authorized Signature)

GENE M. KIRAL PRESIDENT  
(Print or Type Name and Title  
of Signatory)

304-282-7331  
(Phone Number)

NA  
(Fax Number)

gkiral@comcast.net  
(Email address)

8/6/2021  
(Date)

**ACORD**<sub>TM</sub>

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

01/05/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> USI Insurance Services LLC 101 West Main St Suite 900 Norfolk, VA 23510	<b>CONTACT NAME:</b> Ricky Pro <b>PHONE (A/C, No, Ext):</b> 757-785-5397 <b>E-MAIL ADDRESS:</b> ricky.pro@usi.com	<b>FAX (A/C, No):</b> 610-537-9669	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Buckeye Aggregates, Inc. 364 Patteson Drive, Suite 277 Morgantown, WV 26505	<b>INSURER A:</b> Westfield Insurance Company		24112
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**                      **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 INSR	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"/> OH Stop Gap GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CWP3997889	01/15/2021	01/15/2022	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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CWP3997889	01/15/2021	01/15/2022	COMBINED SINGLE LIMIT (Ea accident)    \$1,000,000 BODILY INJURY (Per person)    \$ BODILY INJURY (Per accident)    \$ PROPERTY DAMAGE (Per accident)    \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE    \$ AGGREGATE    \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT    \$ E.L. DISEASE - EA EMPLOYEE    \$ E.L. DISEASE - POLICY LIMIT    \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate Holder is named as additional insured with regard to General Liability policy as their interests may appear per written contract per form #CG20101219.

<b>CERTIFICATE HOLDER</b> State of West Virginia 1900 Kanawha Blvd. E. Building 5 Suite A-350 Charleston, WV 25305	<b>CANCELLATION</b> 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 <i>Shannon Snyder Cole</i>

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 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: \_\_\_\_\_

Authorized Signature: *Sore M. Rival* Date: 8/2/21

State of NORTH CAROLINA

County of IREDELL, to-wit:

Taken, subscribed, and sworn to before me this 2 day of AUGUST, 2021.

My Commission expires FEB 19, 2025.

**JONATHAN K CLENDENIN**  
AFFIX SEAL HERE ary Public  
Iredell Co., North Carolina  
My Commission Expires Feb. 19, 2025

**NOTARY PUBLIC** *[Signature]*  
Purchasing Affidavit (Revised 01/19/2018)