



Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

**State of West Virginia  
 Solicitation Response**

**Proc Folder:** 1241956  
**Solicitation Description:** ADDENDUM 1- MOWING OPERATIONS BY- VENDOR/CO 6623C040  
**Proc Type:** Agency Master Agreement

Solicitation Closes	Solicitation Response	Version
2023-06-29 14:30	SR 0803 ESR06282300000006697	1

**VENDOR**  
 VS0000043331  
 B&K EXCAVATING LLC

**Solicitation Number:** ARFQ 0803 DOT2300000126  
**Total Bid:** 0  
**Response Date:** 2023-06-29  
**Response Time:** 13:49:38  
**Comments:**

**FOR INFORMATION CONTACT THE BUYER**  
 Jerry D Rush  
 304-414-6683  
 jerry.d.rush@wv.gov

**Vendor Signature X** **FEIN#** **DATE**

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	MOWING OPERATIONS BY VENDOR BY COUNTY	0.00000	ACRE	0.000000	0.00

Comm Code	Manufacturer	Specification	Model #
70111710			

**Commodity Line Comments:** Please See ATT A Pricing Pages for District 4 and 7

**Extended Description:**

SEE ATTACHED PRICING PAGE - ATTACHMENT A FOR ACTUAL COST



State of West Virginia  
Agency Request for Quote  
Highways

Proc Folder: 1241956			Reason for Modification:
Doc Description: MOWING OPERATIONS BY VENDOR BY COUNTY 6623C040			
Proc Type: Agency Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2023-06-15	2023-06-29 14:30	ARFQ 0803 DOT2300000126	1

**BID RECEIVING LOCATION**

BUDGET & PROCUREMENT  
DIVISION OF HIGHWAYS  
BLDG 5, RM A-317  
1900 KANAWHA BLVD E  
CHARLESTON WV 25305  
US

**VENDOR**

Vendor Customer Code: \_\_\_\_\_

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

Address : \_\_\_\_\_

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

City : \_\_\_\_\_


State : \_\_\_\_\_ Country : \_\_\_\_\_ Zip : \_\_\_\_\_

Principal Contact : \_\_\_\_\_

Vendor Contact Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

**FOR INFORMATION CONTACT THE BUYER**

Jerry D Rush  
304-414-6683  
jerry.d.rush@wv.gov

Vendor Signature X  FEIN# 82-4624765 DATE 6/29/23

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

**ADDITIONAL INFORMATION**

THE WEST VIRGINIA DEPARTMENT OF TRANSPORTATION- BUDGET AND PROCUREMENT DIVISION - THIS IS AN AGENCY OPEN ENDED CONTRACT FOR MOWING OPERATIONS BY VENDOR BY COUNTY PER THE ATTACHED DOCUMENTS. QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO dotprocurementtechques@wv.gov PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS.

\*\*\*\*\*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  
 \* FAX 304-558-0047

MAKE SURE YOU DOWNLOAD ALL INFORMATION  
 THE- COMPLETE SOLICITATION-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		VARIOUS AGENCY 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	MOWING OPERATIONS BY VENDOR BY COUNTY	0.00000	ACRE		

Comm Code	Manufacturer	Specification	Model #
70111710			

**Extended Description:**  
 SEE ATTACHED PRICING PAGE - ATTACHMENT A FOR ACTUAL COST

**SCHEDULE OF EVENTS**

Line	Event	Event Date
1	Technical Question Deadline 10:00 A.M.	2023-06-23





State of West Virginia  
Agency Request for Quote  
Highways

Proc Folder: 1241956		Reason for Modification: Addendum No. 01	
Doc Description: ADDENDUM 1- MOWING OPERATIONS BY -VENDOR/CO 6623C040			
Proc Type: Agency Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2023-06-26	2023-06-29 14:30	ARFQ 0803 DOT2300000126	2

**BID RECEIVING LOCATION**

BUDGET & PROCUREMENT  
DIVISION OF HIGHWAYS  
BLDG 5, RM A-317  
1900 KANAWHA BLVD E  
CHARLESTON WV 25305  
US

**VENDOR**

Vendor Customer Code:

Vendor Name :

Address :

Street :


City :

State : Country : Zip :

Principal Contact :

Vendor Contact Phone: Extension:

**FOR INFORMATION CONTACT THE BUYER**  
Jerry D Rush  
304-414-6683  
jerry.d.rush@wv.gov

Vendor Signature X  FEIN# 82-4624765 DATE 6/29/23

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

**ADDITIONAL INFORMATION**

Addendum 1 is issued for the following reasons:

1. To attach the vendor questions and responses
2. To attach revised Terms and Conditions

No other changes

INVOICE TO	SHIP TO
VARIOUS AGENCY LOCATIONS AS INDICATED BY ORDER	VARIOUS AGENCY LOCATIONS AS INDICATED BY ORDER

No City  
US

WV

No City  
US

WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	MOWING OPERATIONS BY VENDOR BY COUNTY	0.00000	ACRE		

Comm Code	Manufacturer	Specification	Model #
70111710			

**Extended Description:**  
SEE ATTACHED PRICING PAGE - ATTACHMENT A FOR ACTUAL COST

**SCHEDULE OF EVENTS**

Line	Event	Event Date
1	Technical Question Deadline 10:00 A.M.	2023-06-23

Date: 6/29/23

NOTE: This addendum and any attachments should be submitted with the bid to expedite document processing.



ADDENDUM ACKNOWLEDGEMENT FORM  
SOLICITATION NO.: ARFQ DOT2300000126

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 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.

BTK Excavating LLC  
Company

[Signature]  
Authorized Signature

6/29/23  
Date

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

**ADDENDUM ACKNOWLEDGEMENT FORM**

**SOLICITATION NO.:** ARFQ DOT2300000126

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 type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6             |
| <input 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 checked="" 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.

B+K Excavating LLC  
Company

[Signature]  
Authorized Signature

6/29/23  
Date

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



**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Dusty Conrad Managing Member's  
(Printed Name and Title)  
1168 Meadow Run Rd, Orlando WV 26412  
(Address)  
304-517-0966  
(Phone Number) / (Fax Number)  
BKExcavating Services C gmail. Com  
(E-mail address)

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through WV OASIS, 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 this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; 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.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law.

BK Excavating LLC  
(Company)

[Signature]  
(Signature of Authorized Representative)

Dusty Conrad Managing Member  
(Printed Name and Title of Authorized Representative)

6/29/23  
(Date)

304-517-0966  
(Phone Number) (Fax Number)



REQUEST FOR QUOTATION  
Mowing Operations by Vendor, by County

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**9. MISCELLANEOUS:**

- 9.1 No Substitutions:** Vendor shall supply only Contract Items submitted in response to the Solicitation unless a contract modification is approved in accordance with the provisions contained in this Contract.
- 9.2 Vendor Supply:** Vendor must carry sufficient inventory of the Contract Items being offered to fulfill its obligations under this Contract. By signing its bid, Vendor certifies that it can supply the Contract Items contained in its bid response.
- 9.3 Reports:** Vendor shall provide the Agency with quarterly reports, annual summaries, and/or monthly reports as requested by the Agency and/or the West Virginia Purchasing Division showing quantities, total dollar value of the Contract Items purchased, ordered, shipped & invoiced with dates in spreadsheet format as defined by the Agency. Failure to supply such reports may be grounds for cancellation of this Contract.
- 9.4 Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract Manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract Manager and his or her contact information below.

Contract Manager: Dusty Conard  
Telephone Number: 304-517-0266  
Fax Number: N/A  
Email Address: BKExcavating Services@gmail.com

Vendor shall inform the Agency in writing of any changes to the information provided above within 10 calendar days of such changes. Failure to comply may be grounds for cancellation of this contract.



Mowing Operations by Vendor, by County DOT23\*65 6623C040  
**ATTACHMENT A PRICING PAGE (ATT A)**

Vendor Name: B&K Excavating LLC

**Vendor Instructions:** Vendor shall mark with an "X" the counties that correspond with the pricing on this page. If Vendor has varied pricing per county, Vendor shall complete a separate, additional ATT A Pricing Page for each county pricing set and include it with the bid submission. Vendors may bid any or all mowing categories: Expressway, Non-Expressway, and/or Facility, however vendor must bid the intended categories in their entirety. Failure to bid all contract items within a mowing category shall result in the disqualification of the category bid. Failure to include ATT A with bid submission will result in the disqualification of the entire bid.

This is a multiple vendor award contract. All qualifying vendors meeting the contract specifications will be awarded with a contract. The low bid vendor per project will be determined at the time of need, as per Section 5 of the contract specifications. See Exhibit 2 (EXH 2) for acreage and road mile mowing estimates, per county.

<b>District 1</b>	<b>District 2</b>	<b>District 3</b>	<b>District 4</b>	<b>District 5</b>	<b>District 6</b>	<b>District 7</b>	<b>District 8</b>	<b>District 9</b>	<b>District 10</b>
<input type="checkbox"/> Boone	<input type="checkbox"/> Cabell	<input type="checkbox"/> Calhoun	<input type="checkbox"/> Doddridge	<input type="checkbox"/> Berkeley	<input type="checkbox"/> Brooke	<input checked="" type="checkbox"/> Barbour	<input type="checkbox"/> Pendleton	<input type="checkbox"/> Fayette	<input type="checkbox"/> McDowell
<input type="checkbox"/> Clay	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Jackson	<input type="checkbox"/> Harrison	<input type="checkbox"/> Grant	<input type="checkbox"/> Hancock	<input checked="" type="checkbox"/> Braxton	<input type="checkbox"/> Pocahontas	<input type="checkbox"/> Greenbrier	<input type="checkbox"/> Mercer
<input type="checkbox"/> Kanawha	<input type="checkbox"/> Logan	<input type="checkbox"/> Pleasants	<input type="checkbox"/> Marion	<input type="checkbox"/> Hampshire	<input type="checkbox"/> Marshall	<input checked="" type="checkbox"/> Gilmer	<input type="checkbox"/> Randolph	<input type="checkbox"/> Monroe	<input type="checkbox"/> Raleigh
<input type="checkbox"/> Mason	<input type="checkbox"/> Mingo	<input type="checkbox"/> Ritchie	<input type="checkbox"/> Monongalia	<input type="checkbox"/> Hardy	<input type="checkbox"/> Ohio	<input checked="" type="checkbox"/> Lewis	<input type="checkbox"/> Tucker	<input type="checkbox"/> Nicholas	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Putnam	<input type="checkbox"/> Wayne	<input type="checkbox"/> Roane	<input type="checkbox"/> Preston	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Tyler	<input checked="" type="checkbox"/> Upshur		<input type="checkbox"/> Summers	
		<input type="checkbox"/> Wirt	<input type="checkbox"/> Taylor	<input type="checkbox"/> Mineral	<input type="checkbox"/> Wetzel	<input checked="" type="checkbox"/> Webster			
		<input type="checkbox"/> Wood		<input type="checkbox"/> Morgan					

Contract Item #	Contract Item Description	Unit of Measure	List Price
<b>EXPRESSWAY</b>			
1	Right-Of-Way Cleanup	Acre	
2	Mowing & Trimming	Acre	
3	Initial Mobilization	Lump Sum	
4	Additional Mobilization	Lump Sum	
5	Pilot Truck & Driver	Day	
6	Traffic Control Devices	Unit	
7	Flagger	Hour	
8	Arrow Board	Day	
<b>NON-EXPRESSWAY</b>			
9	Right-Of-Way Cleanup	Road Mile	\$50.00
10	Mowing & Trimming	Road Mile	\$100.00
11	Initial Mobilization	Lump Sum	\$850.00
12	Additional Mobilization	Lump Sum	\$425.00
13	Pilot Truck & Driver	Day	\$450.00
14	Traffic Control Devices	Unit	\$125.00
15	Flagger	Hour	\$40.00
16	Arrow Board	Day	\$100.00
<b>FACILITY</b>			
17	Right-Of-Way Cleanup	Acre	
18	Mowing & Trimming	Acre	
19	Initial Mobilization	Lump Sum	
20	Additional Mobilization	Lump Sum	
21	Pilot Truck & Driver	Day	
22	Traffic Control Devices	Unit	
23	Flagger	Hour	
24	Arrow Board	Day	



Mowing Operations by Vendor, by County DOT23\*65 6623C040  
**ATTACHMENT A PRICING PAGE (ATT A)**

Vendor Name: B&K Excavating LLC

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<input type="checkbox"/> Boone	<input type="checkbox"/> Cabell	<input type="checkbox"/> Calhoun	<input checked="" type="checkbox"/> Doddridge	<input type="checkbox"/> Berkeley	<input type="checkbox"/> Brooke	<input type="checkbox"/> Barbour	<input type="checkbox"/> Pendleton	<input type="checkbox"/> Fayette	<input type="checkbox"/> McDowell
<input type="checkbox"/> Clay	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Jackson	<input checked="" type="checkbox"/> Harrison	<input type="checkbox"/> Grant	<input type="checkbox"/> Hancock	<input type="checkbox"/> Braxton	<input type="checkbox"/> Pocahontas	<input type="checkbox"/> Greenbrier	<input type="checkbox"/> Mercer
<input type="checkbox"/> Kanawha	<input type="checkbox"/> Logan	<input type="checkbox"/> Pleasants	<input checked="" type="checkbox"/> Marion	<input type="checkbox"/> Hampshire	<input type="checkbox"/> Marshall	<input type="checkbox"/> Gilmer	<input type="checkbox"/> Randolph	<input type="checkbox"/> Monroe	<input type="checkbox"/> Raleigh
<input type="checkbox"/> Mason	<input type="checkbox"/> Mingo	<input type="checkbox"/> Ritchie	<input checked="" type="checkbox"/> Monongalia	<input type="checkbox"/> Hardy	<input type="checkbox"/> Ohio	<input type="checkbox"/> Lewis	<input type="checkbox"/> Tucker	<input type="checkbox"/> Nicholas	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Putnam	<input type="checkbox"/> Wayne	<input type="checkbox"/> Roane	<input checked="" type="checkbox"/> Preston	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Tyler	<input type="checkbox"/> Upshur		<input type="checkbox"/> Summers	
		<input type="checkbox"/> Wirt	<input checked="" type="checkbox"/> Taylor	<input type="checkbox"/> Mineral	<input type="checkbox"/> Wetzel	<input type="checkbox"/> Webster			
		<input type="checkbox"/> Wood		<input type="checkbox"/> Morgan					

Contract Item #	Contract Item Description	Unit of Measure	List Price
<b>EXPRESSWAY</b>			
1	Right-Of-Way Cleanup	Acre	\$65.00
2	Mowing & Trimming	Acre	\$90.00
3	Initial Mobilization	Lump Sum	\$1,000.00
4	Additional Mobilization	Lump Sum	\$500.00
5	Pilot Truck & Driver	Day	\$450.00
6	Traffic Control Devices	Unit	\$125.00
7	Flagger	Hour	\$40.00
8	Arrow Board	Day	\$100.00
<b>NON-EXPRESSWAY</b>			
9	Right-Of-Way Cleanup	Road Mile	\$50.00
10	Mowing & Trimming	Road Mile	\$90.00
11	Initial Mobilization	Lump Sum	\$1,000.00
12	Additional Mobilization	Lump Sum	\$500.00
13	Pilot Truck & Driver	Day	\$450.00
14	Traffic Control Devices	Unit	\$125.00
15	Flagger	Hour	\$40.00
16	Arrow Board	Day	\$100.00
<b>FACILITY</b>			
17	Right-Of-Way Cleanup	Acre	
18	Mowing & Trimming	Acre	
19	Initial Mobilization	Lump Sum	
20	Additional Mobilization	Lump Sum	
21	Pilot Truck & Driver	Day	
22	Traffic Control Devices	Unit	
23	Flagger	Hour	
24	Arrow Board	Day	



## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Dusty Lane Council</b>	
2 Business name/disregarded entity name, if different from above <b>B+K Excavating LLC</b>	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>  <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. <b>1168 Meadow Run Rd</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Orlando NV 26412</b>	
7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	
or	
Employer identification number	
82 - 4624765	

### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>6/29/23</b>
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### General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding.*



VENDOR NAME: **B&K Excavating LLC**

FEIN/SSN: **82-4624765**

WVODASIS VENDOR #: **VS00000043331**

PAYMENT ADDRESS 1: **1168 Meadow Run Rd**

PAYMENT ADDRESS 2:

CITY: **Orlando**

STATE: **WV**

ZIP CODE: **26412**

CONTACT NAME: **Dusty Conrad**

PHONE NUMBER: **3045170966**

**ACCOUNT INFORMATION**

FINANCIAL INSTITUTION NAME: **Huntington Bank**

ROUTING #: **051903761**

Checking - Attach a voided check

Savings

ACCOUNT #: **01521250176**

**IN ORDER TO PROCESS THIS AGREEMENT ONE OF THE FOLLOWING IS REQUIRED**

VOIDED CHECK (COUNTER CHECKS ARE NOT ACCEPTABLE)

A LETTER FROM THE FINANCIAL INSTITUTION (ON FI LETTERHEAD) LISTING THE ACCOUNT INFORMATION, PRINTED NAME AND SIGNATURE OF FINANCIAL INSTITUTION REPRESENTATIVE, TITLE AND CONTACT INFORMATION.

**IAT - INTERNATIONAL ACH TRANSACTION - ONE BOX MUST BE CHECKED**

ARE FUNDS RECEIVED BEING DEPOSITED IN A U.S. FINANCIAL INSTITUTION AND THE AMOUNT SUBSEQUENTLY FORWARDED TO A FINANCIAL INSTITUTION IN A FOREIGN COUNTRY?  YES  NO



**PAYMENT NOTIFICATION & REMITTANCE INFORMATION**

EMAIL ADDRESS:

PLEASE SELECT THE METHOD YOU WISH TO RECEIVE YOUR REMITTANCE INFORMATION:

REMITTANCE ADVICE VIA EMAIL

CTX FORMAT (ANSI ASC X12 820 VERSION 4010)

**AUTHORIZATION**

I hereby authorize the State of West Virginia, hereinafter called State, to initiate credit entries to my (our) depository financial institution as indicated, hereinafter called Depository, and to credit the same to such account. I further authorize the State to initiate debit entries as adjustments for credit entries made in error. Also I acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and the rules as set forth by the National Automated Clearing House Association (NACHA). The State will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this agreement. This agreement is to remain in full force and effect until the State has received a written notice of termination from me, or a company representative, in such time and manner to afford the State a reasonable opportunity to act on it.

AUTHORIZED SIGNATURE: Dusty Lane Conrad



DATE: 6/21/23

PRINT NAME: Dusty Conrad

TITLE: Managing Member