



VEY CONTRACT RENEWAL ANALYSIS MEMORANDUM

CURRENT CONTRACTOR(S)/(Names/Address)

1 Jefferson Chevrolet/dba/ Trader Ray Tire Center
2130 E. Jefferson Ave. Detroit, Mi. 48207

CONTRACT DESCRIPTION

Tires, New Passenger, Light Duty, Commercial
Off road and Truck

Date: 11-30-2015

Oracle P.O. 2867566

RFQ Number 41407

Est. Value:\$1,150,000+(\$400,000)=\$1,550,000

No. of Contractors: 1

Exp. Date: 10-31-2015

Ext. Period: 01-01-2016

To: 12-31-2016

3

Using Dept(s) GSD

Orig. JCC Date 10-16-2012, 08-07-2015

New JCC Date:

PREVIOUS BIDDERS

Bid #	Current Contractor(s) (if more than one, reference contractor number from above)	Best Fuel Service Inc.											
		Previous Bid	Current Price	Previous Bid	Current Price	Previous Bid	Current Price	Previous Bid	Current Price	Previous Bid	Current Price	Previous Bid	Current Price
1	Pricing	Same	Same										
3													
4													
5													

COMMENTS
(Use reverse side if necessary)

Both the Department and Vendor wish to renew this contract. It is in the best interest of the City to renew this contract.

RECOMMENDATION AND APPROVALS *Only one approval is required from either the Principal or Purchase Manager

Rebid No. of Contracts Renew No. of Contracts
 Purchases Agent Team Leader *Principal, or Head Purchase Agent Purchasing Director

Signature:
 Date: 12/14/15

Current pricing is a cost reduction Potential cost savings \$ _____

ACCT: 1000 - 470097 - 006004 - 621301 - 11831 - 000000 - AA510

CDP-FO-25-0996

NOV 24 2015

Howard Hughes 11/18/15
313-224-4617



REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: Office of Contracting & Procurement

E-MAIL ADDRESS: hughesho@detroitmi.gov

CONTACT NAME: _____

PHONE: 313-224-4617 FAX: 313-678-1168

Type of Clearance: New Renewal (Please submit 30 days prior to submitting bid or expiration date)

To:
A. City of Detroit
Income Tax Division
Coleman A. Young Municipal Center
2 Woodward Avenue, Ste. 512
Detroit, MI 48226

For:
Individual or
Company Name: J. J. JEFFERSON CHEVROLET & KIA
TRADER RAY TIRE CENTER
Address: 2130 E. JEFFERSON

Phone: (313) 224-3328 or 224-3329
Fax: (313) 224-4588

City: DETROIT
State: MICH Zip Code: 48207
Telephone: 313-259-1200 Fax #: 313-259-0396
E-mail Address: _____

B. Name of Chief Financial Officer/Authorized Contact Person
(Include address if different from above)

JAMES TELLER JR. / JTB REHA

Telephone #: 313-259-6200
Fax #: 313-259-0596

Employer Identification or Social Security Number
38-1421213

Spouse Social Security Number _____

Nature of Contract: TIRES
NEW PASSENGER LIGHT DUTY

BID CONTRACT AMOUNT (if known):
Labor: \$ _____ Material: \$ _____
Contract # (if known) _____

C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE.

Check One: Individual Corporation Partnership Estate & Trust

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

- Have you filed joint returns with spouse during the last seven (7) years? (If yes, include spouse SSN above) Yes No
- Are you a student, and/or claimed as a dependent on someone else's tax return? Yes No
- Were you employed during the last seven (7) years? Yes No
- Were you a resident of Detroit during the last seven (7) years? Yes No

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

- Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4). Yes No
- Will the company have employees working in Detroit? Yes No
- Will the company use sub-contractors or independent contractors in Detroit? Yes No

FOR INCOME TAX USE ONLY

Has the contractor complied with the provisions of the City Income Tax Ordinance?

Yes No Signature: INCOME TAX INVESTIGATOR Date: NOV 24 2015 Expires: NOV 24 2016

Yes No Signature: _____ Date: _____ Expires: _____

Yes No Signature: _____ Date: _____ Expires: _____

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT: www.detroitmi.gov

NOTE: An approved Income Tax Certificate may be used in multiple city-wide departments that require a bid. Please e-mail your completed request form (preferably in pdf format) to: IncomeTaxClearance@detroitmi.gov

CITY OF DETROIT

ACCOUNTS RECEIVABLE CLEARANCE APPLICATION
2 WOODWARD AVENUE, SUITE 105, COLEMAN A YOUNG MUNICIPAL CENTER
REVENUE COLLECTIONS UNIT (313) 224-4087 / FAX: 224-4238 / RevenueCollections@DetroitMi.gov

SECTION A: BUSINESS LICENSE BUDGET CITY COUNCIL DDOT DPW FINANCE FIRE HEALTH
HUMAN RIGHTS LAW MAYOR OMBUDSMAN PLANNING & DEVELOPMENT POLICE PURCHASING
RECREATION WATER & SEWAGE OTHER
ADDRESS OF DEPARTMENT OFFICE OF CONTRACTING & PROCUREMENT
DATE SENT 9-23-2015 CONTACT PERSON Howard Hughes I
PHONE NUMBER 313-224-4667 FAX NUMBER 313-628-1160 EMAIL hughes106@detroitmi.gov
CONTRACT AMOUNT \$

SECTION B: CORPORATION LICENSE TYPE
CORPORATION NAME Jefferson Chevrolet DDA TRADER RPT FIREWORK
ADDRESS 2272 E. Jefferson CITY/STATE/ZIP
CITY PERSONAL PROPERTY NUMBER 09990060.02 FID / EIN NUMBER 38-1421213
OTHER CITY-OWNED PROPERTY PARCELS
CONTACT PERSON James Telling PHONE NUMBER 313-259-1500 EMAIL ADDRESS 313-259-5597

SECTION C: PARTNERSHIP LICENSE TYPE
BUSINESS NAME
BUSINESS ADDRESS CITY/STATE/ZIP OWN LEASE
CITY PERSONAL PROPERTY NUMBER FID / EIN NUMBER
A. PARTNER'S NAME PHONE NUMBER
HOME ADDRESS CITY/STATE/ZIP OWN LEASE
DRIVER'S LICENSE # OTHER CITY-OWNED PROPERTY PARCELS
B. PARTNER'S NAME PHONE NUMBER
HOME ADDRESS CITY/STATE/ZIP OWN LEASE
DRIVER'S LICENSE # OTHER CITY-OWNED PROPERTY PARCELS
CONTACT PERSON PHONE NUMBER EMAIL ADDRESS

SECTION D: SOLE PROPRIETORSHIP LICENSE TYPE
BUSINESS NAME
BUSINESS ADDRESS CITY/STATE/ZIP OWN LEASE
CITY PERSONAL PROPERTY NUMBER FID / EIN NUMBER
OWNER'S NAME DRIVER'S LICENSE # PHONE NUMBER
HOME ADDRESS CITY/STATE/ZIP OWN LEASE
OTHER CITY-OWNED PROPERTY PARCELS
EMAIL ADDRESS

SECTION E: PERSONAL SERVICES
NAME ADDRESS OWN LEASE
CITY/STATE/ZIP
PHONE NUMBER DRIVER LICENSE #
OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT
SOCIAL SECURITY NUMBER EMAIL ADDRESS

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY:
APPROVED DENIED DENIED WITH ATTACHMENTS
SIGNATURE DATE SEP 22 2015 CLEARANCE VALID UNTIL JAN 15 2016

City Council Contract Agenda Items Review Checklist

Reviewer: Howard Hughes

Date Received: 11/25/2015

Date 11- 18 - 2015_ Department **GSD** Division: Fleet

Dept Head/Contact Person: Edward Porche Phone No.: 313-628 - 0910

Description: Tires , New Passenger and Light Duty

ion of function or need of the goods/services

Contract No.: 2867566 PO Type: CPO renewal Est. Value: \$ 1,550,000.00

Contract Term (if applicable):

Funding: City 100% State % Federal _____% Other: %

(Documentation must be furnished by the Dept. if anything other than City funding)

Recommended Supplier: Jefferson Chevrolet dba Trader Ray Date: 01-01/2016

1. The business being awarded is **RENEWAL** If a renewal, provide justification for renewal : New tires for all city vehicles.

2. Was the product or service competitively bid? Yes No

Attach Copy of Bid Tabulation/Evaluation score sheets as needed

If the answer to #2 is "NO" explain why there was no competition: _____

3. Was a Co-Operative Agreement Considered? Yes No Co-Operative Name: _____

If answer to #3 is "No" explain why a Co-Op was not considered: _____

4. Were savings achieved?

Yes Amount \$_____

No

5. Does this agreement represent an increase?

Variance in unit price only (Current unit price \$0.00 Proposed Unit Price \$0.00)

Change in amount/volume of the good or service to be used. _____.

6. Does the supplier currently provide other goods and services to the City? Yes No

If yes please list: _____

7. Is this good/service used by other departments? Yes No

If "yes" can this (Req) /PAR be combined other department requirements? Yes No

8. Is this a service that can be performed by City employees? Yes No

Is this a service that City employees can be trained to do? Yes No

NOTES: Buyer:

a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes x No

PLACE ON EMERGENCY MANAGER AGENDA

PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: *Harold J. Baker* DATE: 12-15-15
(Department)

INFORMATION PROVIDED BY: _____

TITLE: *Procurement Specialist*

PHONE: 313-224-4617

12/ 05/2014

Vehicle Tires
RFO#41407

Howard Hughes

BID TABULATION

ASSUMPTIONS		Supplier 1			Supplier 2			Supplier 3				
		UNITS	UNIT PRICE	TOTAL PRICE		UNITS	UNIT PRICE	TOTAL PRICE		UNITS	UNIT PRICE	TOTAL PRICE
D-BB's	Trader Ray Tires				D-BB's				D-BB's			
D-RB's	2272 E. Jefferson				D-RB's				D-RB's			
D-BB's w/HQ in Detroit	Detroit, MI.				D-BB's w/HQ in Detroit				D-BB's w/HQ in Detroit			
D-BB's					D-BB's				D-BB's			
D-BMBC					D-BMBC				D-BMBC			
Joint Venture					Joint Venture				Joint Venture			
Mentor Venture					Mentor Venture				Mentor Venture			
State Pricing												
Purchase order TOTAL				\$0.00	Purchase order TOTAL			\$0.00	Purchase order TOTAL			\$0.00
UP TO \$10,000.00		0.05		\$0.00	UP TO \$10,000.00	0.05		\$0.00	UP TO \$10,000.00	0.05		\$0.00
\$10,000.01-\$100,000.00		0.04		\$0.00	\$10,000.01-\$100,000.00	0.04		\$0.00	\$10,000.01-\$100,000.00	0.04		\$0.00
\$100,000.01-\$500,000.00		0.03		\$0.00	\$100,000.01-\$500,000.00	0.03		\$0.00	\$100,000.01-\$500,000.00	0.03		\$0.00
\$500,000.01 AND OVER		0.02		\$0.00	\$500,000.01 AND OVER	0.02		\$0.00	\$500,000.01 AND OVER	0.02		\$0.00
D-RB's				\$0.00	D-RB's			\$0.00	D-RB's			\$0.00
D-BB's w/HQ in Detroit		0.03		\$0.00	D-BB's w/HQ in Detroit	0.03		\$0.00	D-BB's w/HQ in Detroit	0.03		\$0.00
D-BB's		0.01		\$0.00	D-BB's	0.01		\$0.00	D-BB's	0.01		\$0.00
D-BMBC		0.02		\$0.00	D-BMBC	0.02		\$0.00	D-BMBC	0.02		\$0.00
Joint Venture		0.02		\$0.00	Joint Venture	0.02		\$0.00	Joint Venture	0.02		\$0.00
Mentor Venture		0.01		\$0.00	Mentor Venture	0.01		\$0.00	Mentor Venture	0.01		\$0.00
BID TABULATION GRAND TOTAL:				\$0.00	BID TABULATION GRAND TOTAL:			\$0.00	BID TABULATION GRAND TOTAL:			\$0.00

Hiring Policy Compliance Affidavit

I, Brian Fowler being duly sworn, state that I am the _____
SECRETARY of JEFFERSON CHEVROLET DBA TRADER RAM TIRE CENTER
Title Name of Bidder Corporation or Other Business Entity

and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18-5-81 through 18-5-86 thereof I further affirm that this employer will not inquire or consider the criminal convictions of applicants for employment needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted, until such times as the employer interviews the applicant or determines that the applicant is qualified.

In support of this affidavit, I attach a copy of the application form that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

SIGNED, [Signature]
Title: SECRETARY Date: 12/4/14

STATE OF Michigan)
COUNTY OF Macomb) SS

The foregoing Affidavit was acknowledged before me the 4 day of Dec, 2014,
by Amarie Amick

Notary Public, County of Macomb
State of Michigan
My commission expires: Feb 5, 2014



ANNMARIE AMICK
NOTARY PUBLIC, STATE OF MI
COUNTY OF MACOMB
MY COMMISSION EXPIRES Feb 5, 2014
ACTING IN COUNTY OF Macomb

APPLICATION FOR EMPLOYMENT

THIS FORM HAS BEEN DESIGNED TO STRICTLY COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION. ALL QUALIFIED APPLICANTS WILL RECEIVE EQUAL CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, AGE, MILITARY BACKGROUND, HANDICAP, MARITAL STATUS, HEIGHT, WEIGHT, OR ARREST RECORD.

Name (Please print - last, middle, first) _____ Home Telephone Number _____
 _____ Social Security Number _____
 Present Address _____ City _____ State _____ Zip _____ From _____ To _____
 Previous Address _____ City _____ State _____ Zip _____ From _____ To _____

In case of Emergency Notify Name _____ Address _____ Telephone No. _____	Position Desired _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Wages Desired _____ Date you can start work _____	How did you learn about this job? _____
---	---	--

Ever applied to this Company before? Yes No What Department? _____ When? _____
 If related to anyone in our employ, give name and relationship _____
 Are you a citizen of the U.S.? Yes No If no, do you have a permit which allows you to work in the U.S.? _____
 Do you have a valid operator's permit? Yes No Do you own a car? Yes No
 State _____ Driver's License Number _____
 Has your operator's permit ever been suspended, revoked or restricted? Yes No If yes, when & why? _____
 Have you been in an auto accident in the past three years? Yes No
 Have you ever been refused surety bond? Yes No If yes, when and why? _____

Have you ever been discharged or required to resign from a position? Yes No
 Are you on a lay-off and subject to recall? Yes No

WORK TIME LOST LAST YEAR DUE TO TARDINESS OR ABSENTEEISM	BRANCH OF SERVICE, IF ANY	RANK
_____ HOURS _____ DAYS		

SHOW ACTUAL EXPERIENCE BY CHECKING THE FOLLOWING

- | | | | | | |
|---|--|---|---|--|---|
| <input type="checkbox"/> Service Mgr | <input type="checkbox"/> Bodyman | <input type="checkbox"/> Lubrication | <input type="checkbox"/> Porter | <input type="checkbox"/> Office Clerk | <input type="checkbox"/> Used Car Salesperson |
| <input type="checkbox"/> Parts Manager | <input type="checkbox"/> Painter | <input type="checkbox"/> New Car Prep. | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Phone Op./Recept. | <input type="checkbox"/> New Car Salesperson |
| <input type="checkbox"/> Sales Manager | <input type="checkbox"/> Mechanic | <input type="checkbox"/> Washer/Polish. | <input type="checkbox"/> Cashier | <input type="checkbox"/> Computer Operator | <input type="checkbox"/> Truck Salesperson |
| <input type="checkbox"/> Office Manager | <input type="checkbox"/> Helper | <input type="checkbox"/> Parts Counter | <input type="checkbox"/> Biller | <input type="checkbox"/> Warranty Clerk | <input type="checkbox"/> Finance/Ins. Person |
| <input type="checkbox"/> Body Shop Mgr | <input type="checkbox"/> Tower Op. | <input type="checkbox"/> Parts Clerk | <input type="checkbox"/> Acc. Pay./Rec. | <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Watchman |
| <input type="checkbox"/> Shop Foreman | <input type="checkbox"/> Service Advisor | <input type="checkbox"/> Parts Driver | <input type="checkbox"/> Sec./Typist | <input type="checkbox"/> Messenger | <input type="checkbox"/> Other |

If applicable, check in which areas of repair you are certified by the Michigan Department of State. Michigan Mechanic's Certification # _____
 Engine tune up Front end and steering systems Manual transmission and/or axles
 Engine repair Automatic transmission Heating and air conditioning
 Brakes, braking systems Electrical systems Collision - repair
 Expiration Date _____

Have you been certified by the National Institute for Automotive Service Excellence (NIASE)? Yes No Any notice of non-compliance? Yes No
 If yes, what areas? _____

HIGH SCHOOL or PREP SCHOOL (Name and Location)	Major Subject	No. of years	Degree
UNIVERSITY or COLLEGE			
GRADUATE SCHOOL			
OTHER - Including Military Service, Trade or Business Schools			

**EXPERIENCE -- BUSINESS OR PROFESSIONAL RECORD OF LAST FIVE POSITIONS
(LIST PLACES IN ORDER STARTING WITH PRESENT EMPLOYER FIRST)**

Employment Dates		Name and Address of Employer	Position or Title	Supervisor's Name	Salary Received	Reason for Separation
From Month/Year	To Month/Year					

Have you previously signed a non-disclosure or non-compete agreement with your current employer or any past employer? Yes No

If yes, explain: _____

-----PLEASE READ CAREFULLY-----

Applicant's Certification, Authorization, and Acknowledgment

I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, false statements on this application may subject me to dismissal. You are authorized to make an investigation of my employment history and my personal history through any investigative agencies or bureaus of your choice, and to contact my current and any of my former employers and I give such employers the right to release to you all records of my employment (excluding medical records) including assessment of my job performance and ability. I understand that you may require a motor vehicle record report and authorize you to obtain said report. I understand that you reserve the right to require that an offer of employment is conditional upon the results of a medical examination including but not limited to any drug screening tests. I understand that you reserve the right to require drug screening tests at any time during employment. If employed, I understand that if I need an accommodation for a handicap under the Michigan Handicappers Civil Rights Act (Act), I must notify the dealer in writing of my need for an accommodation within 182 days after I know or should have known that I need that accommodation and my failure to provide that notice will prevent me from claiming that my employer failed to accommodate my handicap under the Act. This requirement does not waive an individual's rights under the Americans With Disabilities Act. I further understand that the use of this form does not indicate that there are any positions open and does not in any way obligate this dealership. This Application is current for ninety (90) days. At the conclusion of this time, if I have not been employed by this dealership and still wish to be considered for employment, it will be necessary for me to fill out a new Application. Further, I understand and agree that if I am hired by this dealership, unless specifically set forth in writing to the contrary and signed by the dealer and myself, my employment will be for no definite period, and may, regardless of the date of payment of my wages or salary, be terminated at any time for any reason or no reason at the will of the dealership without any previous notice.

Signature: _____

(Applicant)

Date: _____

© COLOMBO & COLOMBO
 40701 WOODWARD AVENUE, SUITE 50
 BLOOMFIELD HILLS, MI 48304
 JULY 2000

DETROIT AUTO DEALERS ASSOCIATION

(USED WITH THEIR PERMISSION)

REVISED 7-12-2012
COVENANT OF EQUAL OPPORTUNITY

(Application for Clearance - Terms Enforced After Contract is Awarded)

I, being a duly authorized representative of JEFFERSON CHEVROLET ^{DBA TRADER RAY TIRE CENTER} (hereinafter "Contractor"), am hereby authorized to enter into a Covenant of Equal Opportunity, (hereinafter "Covenant") with the City of Detroit, ("hereinafter" City); obligating the Contractor and all sub-contractors, not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his/her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression; except as otherwise exempted under City Code, Ordinance No. 27-2-12.

Contractor will ensure that the City of Detroit Human Rights Department shall receive notification of all potential sub-contractors and a copy of their Covenant prior to the commencement of work on any City of Detroit contract. Contractor further agrees that the City of Detroit reserves the right to require additional information prior to, during, and at any time after the Covenant is fully executed.

Furthermore, Contractor agrees that this Covenant is valid for the life of the contract and/or for a specified period of time as indicated below and that a breach of this Covenant shall be deemed a material breach of contract and be subject to damages pursuant to City Code, Ordinance No. 27-3-2, Section (e).

RFQ / PO No.: (if applicable) _____

Duration of Covenant _____ to NO EXPIRY EXCEPT BY CONTRACT

Printed Name of Contractor/Organization JEFFERSON CHEVROLET DBA TRADER RAY TIRE CENTER
(Type or Print Legibly)

Contractor Address DETROIT MI 48207
(City) (State) (Zip)

Contractor Phone/E-mail 313-568-0661 TraderRayTire@msn.com
(Phone) (E-mail)

Printed Name & Title of Authorized Representative BRYAN TELLIER - GEN MGR

Signature of Authorized Representative _____

Date: 12/4/14

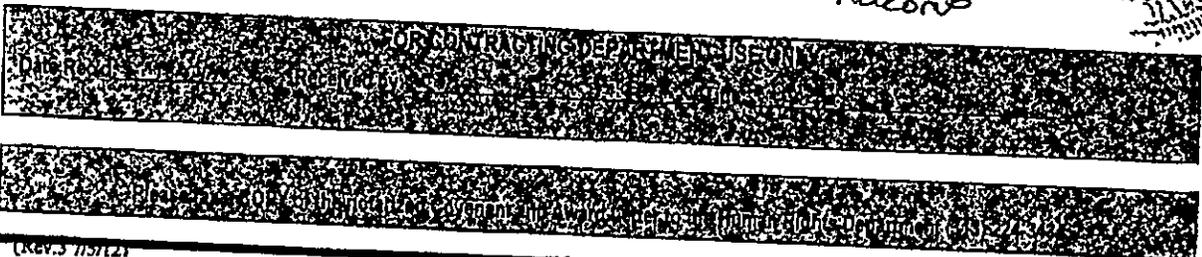
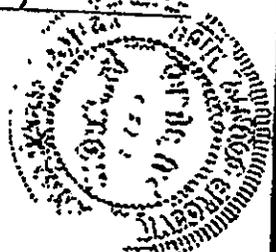
*** This document **MUST** be notarized ***

Signature of Notary Annmarie Ardck

Printed Name of Seal of Notary: Annmarie Ardck

My Commission Expires: Feb 5, 2018

ANNMARIE ARDCK
NOTARY PUBLIC, STATE OF MI
COUNTY OF MACOMB
MY COMMISSION EXPIRES Feb 5, 2018
ACTING IN COUNTY OF Huron



CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: JEFFERSON CHEVROLET DEA TRADER BUY THE CENTER
2. Address of Contractor: 2130 E JEFFERSON AVE
DETROIT MI 48207

3. Name of Predecessor Entities (if any): _____

4. Prior Affidavit submission? ___ No Yes, on: 5/21/12
(Date of prior submission)

If "No", complete Items 5 and 6.

If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.

5. Contractor was established in _____ (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.

____ Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.

____ Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in the attached document(s).

6. I declare that the representations made in this Affidavit are accurate to the best of my knowledge and are based upon a diligent search of records in the Contractor's possession or knowledge. All documentation attached to this Affidavit reflects full disclosure of all records that are required to be disclosed to the City of Detroit. I also acknowledge that any failure to conduct a diligent search, or to make a full and complete disclosure, shall render this contract voidable by the City of Detroit.

BEJAN TELYIAL (Printed Name) GM. MGR. (Title)
[Signature] (Signature) 12/4/14 (Date)

Subscribed and sworn to before me
this 4 day of December
[Signature]
Notary Public, Macomb County, Michigan
My Commission expires: Feb 5, 2018



ANNAMRIE AMICK
NOTARY PUBLIC, STATE OF MI
COUNTY OF MACOMB
MY COMMISSION EXPIRES Feb 5, 2018
ACTING IN COUNTY OF Macomb



CERTIFICATE OF GARAGE INSURANCE

DATE (MM/DD/YY)
8/27/2015

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 JIM NIKKEL 5000 DEARBORN CIRCLE SUITE 200 MT. LAUREL, NJ 08054 000125K257	CONTACT NAME: DEALERPRODUCTS@ALLY.COM PHONE A/C. No. Ext.: (800) 729-4622 FAX A/C. No.: (866) 955-6665 Email: DEALERPRODUCTS@ALLY.COM Address: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">INSURERS AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: HARCO NATIONAL INSURANCE COMPANY</td> <td>26433</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: HARCO NATIONAL INSURANCE COMPANY	26433	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURERS AFFORDING COVERAGE	NAIC #														
INSURER A: HARCO NATIONAL INSURANCE COMPANY	26433														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES:

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 ITR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GARAGE LIABILITY			CPP0006514-00	7/1/2015	7/1/2016	AUTO ONLY (EA ACCIDENT) \$ 1,000,000		
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS USED IN GARAGE BUSINESS <input checked="" type="checkbox"/> ANY AUTO	<input type="checkbox"/> HIRED AUTOS					OTHER THAN AUTO ONLY EA ACCIDENT \$ 1,000,000 AGGREGATE \$ N/A		
	GARAGE KEEPERS LIABILITY						<input type="checkbox"/> COMP / OTC LOC \$ <input type="checkbox"/> SPECIFIED PERILS LOC \$ <input type="checkbox"/> COLLUSION LOC \$ <input type="checkbox"/> LOC \$		
	LEGAL LIABILITY								
	DIRECT BASIS								
	<input type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS								
	GENERAL LIABILITY			INCLUDED IN GARAGE				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED. EXPENSE (Any one person) \$ PERSONAL & ADV. INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG. \$	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR								
	GEN'L AGGREGATE LIMIT APPLIES PER:								
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC								
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			BU-0006514-00	7/1/2015	7/1/2016	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ N/A		
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under REMARKS below		Y / N N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE-POLICY LIMIT \$ E.L. DISEASE-EACH EMPLOYEE \$		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 CITY OF DETROIT IS ADDED AS ADDITIONAL INSURED. A 30 DAY NOTICE OF CANCELLATION EXCEPT IN THE EVENT OF NON-PAYMENT IN WHICH A 10 DAY NOTICE APPLIES. GENERAL LIABILITY IS INCLUDED IN GARAGE LIABILITY

CERTIFICATE HOLDER CITY OF DETROIT 2 WOODARD AVE RM 100B DETROIT, MI 48226	CANCELLATION 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
--	--

Howard Hughes - RE: Hold pricing for another year for contract 2867566

From: "BT" <bt@jeffersonchevrolet.com>
To: ""Howard Hughes"" <Hughesho@detroitmi.gov>
Date: 11/30/2015 11:14 AM
Subject: RE: Hold pricing for another year for contract 2867566

Howard we are happy to renew the contract with Trader Ray Tire and the City of Detroit.

Please be aware that it is for "Net State Pricing", and those prices are usually revised (increased) every January.

An updated price list will be provided when that occurs.

Insurance to follow.

Respectfully,

Brian Tellier

Jefferson Chevrolet/Trader Ray Tire Center

From: Howard Hughes [Hughesho@detroitmi.gov]
Sent: Monday, November 30, 2015 10:45 AM
To: BT
Subject: Fwd: Hold pricing for another year for contract 2867566

Please provide status today and forward me a new insurance document

>>> Howard Hughes 11/25/2015 8:42 AM >>>

>>> Howard Hughes 11/25/2015 8:18 AM >>>

I would like to renew contract 2867566 with between Trader Ray and the City of Detroit for another year. Please advise if you are willing to hold pricing for another year so this renewal can take place. Thanking you in advance. Please advise **ASAP**

_____ Information from ESET NOD32 Antivirus, version of virus signature database 12647 (20151130)

The message was checked by ESET NOD32 Antivirus.

<http://www.eset.com>

Search Results

Current Search Terms: trader* ray*

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.
No records found for current search.

Glossary

Search

Results

Entity

Exclusion

Search

Filters

By Record
Status

By
Functional
Area - Entity
Management

By
Functional
Area -
Performance
Information

SAM | System for Award Management 1.0

IBM v1.P.38.20151118-1122

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.





CITY OF DETROIT
 FINANCE DEPARTMENT
 PURCHASING DIVISION
 1008 COLEMAN A. YOUNG
 MUNICIPAL CENTER
 DETROIT, MICHIGAN 48226
 PHONE 313-224-4600
 FAX 313-224-4374

**IF THIS PURCHASE ORDER
 DOES NOT AGREE WITH THE
 BID YOU SUBMITTED,
 PLEASE CONTACT THE
 PURCHASING DIVISION.**

Purchase Order

PURCHASE ORDER NO. 2867566 REVISION 5 PAGE 1

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO
 8221 W Davison Ave
 Detroit, MI 48238
 United States

BILL TO
 Coleman A Young Municipal Ce
 2 Woodward Avenue
 Ste 642
 Detroit, MI 48226
 United States

SUPPLIER

TRADER RAY TIRE CENTER
 2272 EAST JEFFERSON
 DETROIT, MI 48207

SUPPLIER NO. 24381	DATE OF ORDER/BUYER 31-JUL-12 W Hansbrough	REVISED DATE/BUYER 16-JUN-15 A Clark
PAYMENT TERMS Net 30	SHIP VIA Unspecified	F.O.B. Delivered
FREIGHT TERMS Your delivery	REQUESTOR/DELIVER TO	CONFIRM TO / TELEPHONE J TELLIER (313) 259-1200

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	THIS PURCHASE ORDER WAS CREATED IN ACCORDANCE WITH PERIOD AGREEMENT AND RFQ #41407.						
	CC APPROVAL DATE: AUGUST 7, 2014, DECEMBER 8, 2014 EM APPROVAL DATE: AUGUST 26, 2014						
	FURNISH: TIRES, NEW (PASSENGER, LIGHT DUTY, COMMERCIAL, OFF-ROAD VEHICLES AND/OR TRUCKS)						
	RENEWALS: THIS IS THE LAST RENEWAL.						
	SHIPMENT:						
	THE CONTRACTOR WILL BE EXPECTED TO MAKE REASONABLY PROMPT DELIVERIES CONSISTENT WITH QUANTITIES ORDERED. SHOULD AN EMERGENCY ARISE FOR ITEMS, WHICH ARE NOT AVAILABLE, THE CITY OF DETROIT RESERVES THE RIGHT TO SECURE SUFFICIENT QUANTITIES FROM OTHERS TO MEET ITS IMMEDIATE NEEDS WITHOUT PREJUDICE OF THE PROPOSED CONTRACT. IF, HOWEVER, IN THE SOLE OPINION OF THE FINANCE DEPARTMENT, PURCHASING DIVISION, THE CONTRACTOR FAILS TO RENDER REASONABLY PROMPT DELIVERY SERVICE, THE CITY OF DETROIT MAY TERMINATE THE CONTRACT FORTHWITH AND NO DAMAGES WILL ACCRUE.						
	THE CITY OF DETROIT WHEREIN REFERRED TO SHALL MEAN THE CITY OF DETROIT, ACTING THROUGH THE PURCHASING DIRECTOR.						
	IT IS UNDERSTOOD THAT THESE SUPPLIES WILL BE REQUIRED IN VARIOUS SHIPMENTS FROM TIME TO TIME. SHIPMENTS WILL BE MADE WITHIN TEN (10) DAYS FROM EACH NOTICE TO SHIP.						

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION. THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE. NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT. ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION. WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT. CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE. PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION. THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

Total , 550,000.00

DocuSigned by:
 Boysie Jackson
 1/11/2016

PURCHASING DIRECTOR'S SIGNATURE
 NOT VALID WITHOUT AUTHORIZED SIGNATURE
 12/18/2015



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LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	PRICE:						
	DISCOUNTS FROM PRICE LIST ARE FIRM. PRICES ARE SUBJECT TO ADJUSTMENT IN ACCORDANCE WITH MANUFACTURER'S SUPERSEDING PUBLISHED PRICE LIST AND SUPPLEMENTS.						
	TERMINATION OF CONTRACT:						
	THE CITY OF DETROIT RESERVES THE RIGHT TO TERMINATE THIS CONTRACT, FOR CAUSE, AS DETERMINED BY THE PURCHASING DIRECTOR, WITHOUT ANY LIABILITY WHATSOEVER, UPON TEN (10) DAYS NOTICE. IN ADDITION, THE CITY OF DETROIT RESERVES THE RIGHT TO TERMINATE THIS CONTRACT, WITHOUT CAUSE, UPON THIRTY (30) DAYS WRITTEN NOTIFICATION, WITHOUT ANY LIABILITY.						
	INVOICING:						
	ALL INVOICES SUBMITTED AGAINST THE CONTRACT MUST INCLUDE PART OR ITEM NUMBERS AND PART OR ITEM DESCRIPTION, LIST PRICE, AND APPLICABLE DISCOUNT.						
	ITEMS NOT PROPERLY INVOICED WILL NOT BE PAID. IT IS THE VENDOR'S RESPONSIBILITY TO ENSURE DELIVERY OF INVOICE(S) TO THE PROPER CITY DEPT/DIV/PERSONNEL. INVOICES MUST MEET THE FOLLOWING CONDITIONS FOR PAYMENT:						
	A) PRICE ON INVOICE MUST CORRESPOND TO THE PRICING LISTED ON PURCHASE ORDER AND/OR CONTRACT.						
	B) CONTRACTOR MUST SUBMIT PRICE LISTS IN ACCORDANCE WITH BID REQUIREMENTS.						
	C) ORIGINAL INVOICE MUST BE SUBMITTED TO THE APPROPRIATE CITY OF DETROIT ACCOUNT'S PAYABLE SECTION.						
	D) COPY OF INVOICE MUST BE SUBMITTED TO THE DEPARTMENT PERSONNEL						

Total 1,550,000.00

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DocuSigned by:
 Boysie Jackson
 1/11/2016
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IDENTIFIED ON THE PURCHASE ORDER AS BEING RESPONSIBLE FOR PROCESSING PAYMENT. IF A DEPARTMENT CONTACT PERSON IS NOT LISTED ON THE PURCHASE ORDER THE VENDOR SHALL REQUEST IN WRITING, FROM THE PURCHASING DIVISION THE NAME AND PHONE NUMBER OF THE CONTACT PERSON RESPONSIBLE FOR PROCESSING PAYMENT.							
FOB: CITY OF DETROIT GENERAL SERVICES DEPARTMENT VEHICLE CONTROL CENTER 8221 W. DAVISON AVE. DETROIT, MI 48226							
AND WATER & SEWERAGE DEPARTMENT CENTRAL SERVICES FACILITY 6425 HUBER DETROIT, MI 48211 ATTN - JESIA MITCHELL, (313) 267-1397							
Purchase Agreement Effective From: 01-NOV-12 To: 31-DEC-16				Amount Agreed: 1,550,000.00			
Total						1,550,000.00	

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DocuSigned by:
Boysie Jackson 1/11/2016
 E7BD9F26E63A4D0
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