

- Submitter has verified/approved the disclaimer and has also provided their electronic signature.

Statement of Qualification for RFQ 99SWC-S359- Translation and Interpretation Related Services

Complete and return all required parts of this Statement of Qualification along with any further requested documentation listed below:

Attachment A: Application Checklist	
<input checked="" type="checkbox"/>	Attachment B: Vendor Information Sheet
<input checked="" type="checkbox"/>	Attachment C: Pricing Schedule (Complete one for each service provided.)
<input checked="" type="checkbox"/>	Attachment D: Certification Regarding Lobbying
<input checked="" type="checkbox"/>	Attachment E: State of Nevada Vendor Registration Form (Please complete if your organization has not recently done business with the State. Please visit the following link to download this form: http://controller.nv.gov/VendorServices/Forms/KTLVEN-01_Registration_Substitute_IRS_Form-W-9.pdf)
<input checked="" type="checkbox"/>	Attachment I: Minimum Qualifications for Sign Language and CART Services (Attached separately from this packet. Only required if your organization will provide these services.)
<input checked="" type="checkbox"/>	State Professional Certification/ License and any applicable license for the RFQ (Please list all below and attach documentation as proof of certification/licensure.)
a.	<u>RTD</u>
b.	<u>Business license</u>
c.	_____
d.	_____
e.	_____
f.	_____
<input checked="" type="checkbox"/>	Insurance Requirements (Attach insurance documents listed on Insurance Schedule.)
<input type="checkbox"/>	Nevada Secretary of State Business License (Attach most recent and valid copy.)
Signature:	<u>Caroline A Bass</u> Date: <u>11-30-18</u>
<p><i>By signing this application, you are acknowledging that the you have read the attached Contract Form and Insurance Schedule, and that both forms are non-negotiable and must be accepted as written in order to be granted a contract with the State of Nevada. By signing this application, you also agree to complete this application in its entirety and that failure to do so may disqualify you or your organization from consideration under this RFQ.</i></p>	

Attachment B: Vendor Information Sheet

Contact Person: Caroline Bass

Email: mail@prestonbass.com

Phone Number: 702-228-5181

Company Name: Preston Bass Interpreting Services, LLC

Street Address: PO Box 370162

City, State, Zip: Las Vegas, NV 89135

Name and Title of Individual Authorized to Bind the Organization:

Caroline Bass, Owner

Locations of Service (Check all that apply.):

- Southern Nevada (Clark Co.) Northern Nevada (Washoe Co./Carson City)
 Rural Southern Nevada Rural Northern Nevada

Services to be Provided (Per Section 2.3 of RFQ 99SWC-S331):

Sign Language Interpreting Services for Deaf and Hard of Hearing Individuals

Nevada State Business License (Per NRS 80.010): NV 20041135569

Legal Entity Name (Provide Documentation for DBAs, if applicable): Preston Bass Interpreting Services, LLC

Ownership (Sole Proprietor, Partnership Corporation, etc): Sole Proprietor

Has the vendor ever previously been engaged under a contract with the State of Nevada?

- Yes No

Has the vendor now or previously (within the last two years) been an employee of the State of Nevada?

- Yes No

Has the vendor experienced any prior or ongoing contract failures, breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada?

- Yes No

If yes, please provide the following information:

Date of alleged contract failure or breach:

Parties involved:

Description of contract failure or breach:

Amount in controversy:

Attachment C: Pricing Schedule

****Complete one sheet for each service provided.****

Vendor Name: ___Preston Bass Interpreting Services, LLC_____

Normal Business Hours
(8:00 A.M. to 5:00 P.M., M-F)

Not to Exceed \$ 80.00/Hour/2 hour minimum
(for requests outside of 24 hours)
Not to Exceed: \$100.00/Hour/2 hour minimum
(for requests within 24 hours)

After Hours (5:01 P.M. to 7:59 A.M., M-F)

Not to Exceed \$ 80.00/Hour/2 hour minimum
(for requests outside of 24 hours)
Not to Exceed: \$100.00/Hour/2 hour minimum
(for requests within 24 hours)

Weekend/Holiday Hours

SAME AS ABOVE

Other miscellaneous labor costs, note type and rate per hour (if applicable).

- a. CDI – Certified Deaf Interpreter (half day \$400.00, full day rates \$800.00, travel, lodging, per diem, coordination fee)
- b. Deaf Blind Services (same as CDI)
- c. SC:L – Certified Legal Interpreters: (same as CDI)
- d. Rural areas (same as CDI)

Emergency Response Time: ___with available interpreter, within 30 minutes* _____

Non-Emergency Response Time: _with available interpreter, within one hour* _____

*these are estimates based on availability

STATE OF NEVADA VENDOR REGISTRATION



STATE CONTROLLER'S OFFICE
555 E WASHINGTON AVE STE 4300
LAS VEGAS NV 89101-1071
PHONE: 702/486-3810 or 702/486-3856

All sections are mandatory and require completion. IRS Form W-9 will not be accepted in lieu of this form.

1. NAME For proprietorship, provide proprietor's name in first box and DBA in second box.

Legal Business Name, Proprietor's Name or Individual's Name Preston Bass Interpreting Services, LLC	Preston Bass Interpreting Services, LLC
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2. ADDRESS/CONTACT INFORMATION

Address A – Physical address of <input checked="" type="checkbox"/> Company Headquarters <input checked="" type="checkbox"/> Individual's Residence Is this a US Post Office deliverable address? <input type="checkbox"/> Yes <input type="checkbox"/> No			Address B <input checked="" type="checkbox"/> Additional Remittance – PO Box, Lockbox or another physical location.		
Address 4730 Fiore Bella Blvd			PO Box 370162		
Address			Address		
City Las Vegas	NV	Zip Code 89135	City Las Vegas	State NV	Zip Code 89137
E-mail Address mail@prestonbass.com			E-mail Address mail@prestonbass.com		
Phone Number 702-228-5181	Fax Number 702-228-5183		Phone Number 702-228-5181	Fax Number 702-228-5183	
Primary Contact Caroline Bass			Primary Contact Caroline Bass		

3. ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN) Check only **ONE** organization type and supply the applicable Social Security Number (SSN) or Employee Identification Number (EIN). **For proprietorship, provide SSN or EIN, not both.**

<input type="checkbox"/> Individual (SSN) <input checked="" type="checkbox"/> Sole Proprietorship (SSN or EIN) <input type="checkbox"/> Partnership (EIN) <input type="checkbox"/> Corporation (EIN) <input type="checkbox"/> Government (EIN) <input type="checkbox"/> Tax Exempt/Nonprofit (EIN) <input type="checkbox"/> Trust/estate (SSN or EIN)	LLC tax classification: <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation /S Corp	SSN Name associated with SSN: EIN 20-1276881 New TIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – Provide previous TIN & effective date. Previous TIN: _____ Date: _____
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OTHER INFORMATION Check all that apply.

<input type="checkbox"/> Doctor or Medical Facility	<input type="checkbox"/> In-State (Nevada)	<input checked="" type="checkbox"/> NV Business ID#(ex:NV12345678910) NV20041135569
<input type="checkbox"/> Attorney or Legal Facility	<input type="checkbox"/> DBE Certificate #:	

4. ELECTRONIC FUNDS TRANSFER *Per NRS 227, payment to all payees of the State of Nevada will be electronic.*

Complete section **AND** provide a copy of a voided imprinted check for the account. If there are no checks for the account, savings or prepaid card, a signed letter restating the information must be provided (Companies must use company letterhead) **Deposit slip or WIRE information will not be accepted.** Information on this form and the supporting documentation **must match.** Allow 10 working days for activation.

The information is for address <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> Both		
Bank Name Bank of America	Bank Account Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	Provide ONE e-mail address for receiving payment notification mail@prestonbass.com
Transit Routing Number 122400724	Bank Account Number 510007218077	

5. IRS FORM W-9 CERTIFICATION AND SIGNATURE

Under penalties of perjury, I certify that:

- 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**
- 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**
- I am a U.S. citizen or other U.S. person (as defined by IRS Form W-9 rev August 2013).

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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature 	Print Name & Title of Person Signing Form Caroline L. Bass	Date 9/14/18
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FOR STATE CONTROLLER'S OFFICE USE ONLY		Name of State agency contact & phone number: Comments
Primary 1099 Vendor <input type="checkbox"/>	1099 Indicator <input type="checkbox"/> Yes <input type="checkbox"/> No	
Entered By	Date	

education ■ standards ■ excellence

Caroline L. Preston Bass

Certified

MCSC, OIC:C, NIC, SC:L

RID

Member No. 15627

Valid thru: 6/30/2023

M. A. Walker

Melvin A. Walker, President

Registry of Interpreters for the Deaf, Inc. 🇺🇸

Attachment D: Certification Regarding Lobbying

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

By: Caroline L Bass 9/14/18
Signature of Official Authorized to Sign Application Date

For: Preston Bass Interpreting Services
Vendor Name

RFQ 99SWC-S331
Project Title

Attachment I: Minimum Qualifications for Sign Language and CART Services

FOR: INDIVIDUALS SEEKING A CONTRACT WITH THE STATE OF NEVADA

Please check the box(es) below indicating your Sign Language interpreter certification type:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> NIC | <input type="checkbox"/> RID CI | <input checked="" type="checkbox"/> RID Specialist |
| <input type="checkbox"/> NIC – Advanced | <input type="checkbox"/> RID CT | Certificate: Legal |
| <input type="checkbox"/> NIC – Master | <input type="checkbox"/> RID CI AND CT | <input type="checkbox"/> NAD IV |
| <input type="checkbox"/> RID CDI | <input type="checkbox"/> RID CSC | <input type="checkbox"/> NAD V |
| <input type="checkbox"/> RID Ed: K-12 | <input checked="" type="checkbox"/> RID MCSC | |

In accordance with NRS 656A.230 CART or Realtime captioning providers must hold current and valid certification (in good standing) from one of the following:

- The Certified Court Reporters' Board of Nevada
- NCRA Registered Professional Reporter
- NCRA Certified Communication Access Realtime Translation Provider
- NCRA Certified Broadcast Captioner
- NCRA Certified Realtime Reporter
- Any other state licensing board with a minimum of skills assessment of 200 words per minute or more.

Additionally, all CART or Captioning providers must hold current and valid registration with the Nevada State Interpreter/CART registry. The only exception is for Broadcast Captioners who work ONLY in broadcast settings.

Please check the box below indicating your Nevada Interpreter/CART Registry level:

- Community – Apprentice *(May only work when teamed with a Community – Skilled or higher registered interpreter. Must also have an EIPA score of 3.5 or higher)*

EIPA Score: _____

- Community – Skilled
- Community – Advanced
- Community – Master

Registry Expiration Date: ____ 2019 _____

FOR: REFERRAL AGENCIES SEEKING A CONTRACT WITH THE STATE OF NEVADA

I agree that I will only refer interpreters for work who are certified consistent with the above-listed certification types and hold current, valid registration with the Nevada Interpreter/CART Registry.

____ Caroline L Bass _____
VENDOR NAME (Printed)

____ *Caroline L. Bass* _____
VENDOR SIGNATURE

____ 11/30/18 _____
DATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/03/2018

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

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

PRODUCER CH Insurance Brokerage Services Co., Inc. 100 S. Salina St. Suite 370 Syracuse, NY 13202	CONTACT NAME: PHONE (A/C, No, Ext): (315) 234-7500 FAX (A/C, No): (315) 234-7508 E-MAIL ADDRESS: <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : Philadelphia Ind Ins Co</td> <td>18058</td> </tr> <tr> <td>INSURER B : Prop & Cas Ins Co of Hartford</td> <td>34690</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>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Philadelphia Ind Ins Co	18058	INSURER B : Prop & Cas Ins Co of Hartford	34690	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
INSURER E :															
INSURER F :															
INSURED Preston Bass Interpreting Services, LLC Caroline Bass PO Box 370162 Las Vegas, NV 89137															

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		PHSD1380146	09/08/2018	09/08/2019	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">EACH OCCURRENCE</td><td style="width: 20%; text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 50,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 3,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 3,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 3,000,000	PRODUCTS - COMP/OP AGG	\$ 3,000,000		\$
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GENERAL AGGREGATE	\$ 3,000,000																				
PRODUCTS - COMP/OP AGG	\$ 3,000,000																				
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B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	01WECTY2149	08/24/2018	08/24/2019	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER </td> <td style="width: 20%;"></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$ 500,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$ 500,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$ 500,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000						
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A	Professional Liab.			PHSD1380146	09/08/2018	09/08/2019	Ea. Claim 1,000,000														
A	Professional Liab.			PHSD1380146	09/08/2018	09/08/2019	Aggregate 2,000,000														

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

BID #99SWC-S359

The State of Nevada, Department of Administration, Purchasing Division, is named as an additional insured, the State of Nevada shall be an additional insured to the full limits of liability purchased by the Contractor even if those limits of liability are in excess of those required by this Contract. This insurance coverage shall be primary insurance and non-contributory with respect to all other available sources. Thirty(30)days written notice of Cancellation, Non-Renewal or material change in coverage applies.

CERTIFICATE HOLDER**CANCELLATION**

Nevada Department of Administration Purchasing Division-Melissa Starr 515 E. Musser St. Ste. 300 Carson City, NV 89701	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
---	--

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

PRESTON BASS INTERPRETING SERVICES, LLC
Nevada Business Identification # NV20041135569

Expiration Date: June 30, 2019

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 1, 2018

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which by law cannot be waived.