Attachment A
CONFIDENTIALITY OF PROPOSALS AND CERTIFICATION OF INDEMNIFICATION
SUBCONTRACTOR

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YES_____

NO ✓

SIGNATURE _____ Date 10/13/10
Subcontractor

PRINT NAME Steve Bottenschlag
Subcontractor

This document must be submitted in the "State Documents" section/tab of vendors' technical proposal

Attachment B
CERTIFICATION OF COMPLIANCE WITH TERMS AND CONDITIONS OF RFP
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I have read, understand and agree to comply with the terms and conditions specified in this Request for Proposal.

Checking "YES" indicates acceptance of all terms and conditions, while checking "NO" denotes non-acceptance and vendor's exceptions should be detailed below. In order for any exceptions to be considered they **MUST** be documented.

YES _____ I agree. NO ✓ Exceptions below:

SIGNATURE Steve Bottenschlag
Subcontractor

Date 10/13/10

PRINT NAME Steve Bottenschlag
Subcontractor

EXCEPTION SUMMARY FORM

RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (PROVIDE A DETAILED EXPLANATION)
BB	25	Subcontractor to be covered by contractors insurance and not provide seperate insurance pursuant to section F. Subcontractor will not obtain seperate insurance.

Attach additional sheets if necessary. Please use this format.

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YES X I agree. NO _____ Exceptions below:

SIGNATURE _____ Subcontractor

Oct 14, 2010
Date

PRINT NAME John Gage
Subcontractor

EXCEPTION SUMMARY FORM

RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (PROVIDE A DETAILED EXPLANATION)

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YES_____

NO X

SIGNATURE _____
Empowered Benefits
Subcontractor

Date

PRINT NAME John Gage
Subcontractor

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YES_____

NO ✓

SIGNATURE _____
Subcontractor

Date 10/11/10.

PRINT NAME BRIAN ATKINSON - DEVON HEALTH SERVICES, INC.
Subcontractor

This document must be submitted in the "State Documents" section/tab of vendors' technical proposal

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YES ___√___ I agree. NO _____ Exceptions below:

SIGNATURE _____ 10/11/10
Subcontractor Date

PRINT NAME Brian Atkinson - Devon Health Services, Inc.
Subcontractor

EXCEPTION SUMMARY FORM

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YES X

NO _____

SIGNATURE Luper Weidenthal Logan by [signature] VP
Subcontractor

Date 10/13/2010

PRINT NAME Luper Weidenthal Logan a legal professional association
Subcontractor
By K. Wallace Weidenthal Vice President

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YES ___X___ I agree. NO _____ Exceptions below:

SIGNATURE _____ Subcontractor, Vice President Date 10/13/2010

PRINT NAME Luper Neidenthal & Logan, a legal professional association Subcontractor
K. Wallace Neidenthal Vice President

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YES_____

NO X

SIGNATURE [signature]
PHX, INC
Subcontractor

Date 10-13-10

PRINT NAME ROBERT M. HEMMER CFO
Subcontractor

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YES X I agree. NO ____ Exceptions below:

SIGNATURE [signature] Subcontractor PHX, INC. 10-13-10 Date

PRINT NAME ROBERT M. HEMMER CFO Subcontractor PHX, INC.

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