VENDOR INFORMATION SHEET FOR RFP 3084

Vendor Must:

A) Provide all requested information in the space provided next to each numbered question. The information provided in Sections V1 through V6 will be used for development of the contract;

B) Type or print responses; and

C) Include this Vendor Information Sheet in Tab III of the Technical Proposal.

V1	Company Name	***Hometown Health Providers, Inc.***

V2	Street Address	***830 Harvard Way***

V3	City, State, ZIP	***Reno, NV 89502***

V4	Telephone Number		
	Area Code: *775*	Number: ***982-3100***	Extension:

V5	Facsimile Number		
	Area Code: *775*	Number: ***982-3090***	Extension:

V6	Toll Free Number		
	Area Code: ***800***	Number: ***336-0123***	Extension:

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name: ***Ty Windfeldt***
	Title: ***Vice President***
	Address: ***830 Harvard Way***
	Email Address: ***twindfeldt@hometownhealth.com***

V8	Telephone Number for Contact Person		
	Area Code: *775*	Number: ***982-3105***	Extension:

V9	Facsimile Number for Contact Person		
	Area Code: *775*	Number: ***982-3090***	Extension:

V10	***Name of Individual Authorized to Bind the Organization***	
	Name: ***Ty Windfeldt***	Title: ***Vice President***

V11	Signature ***(Individual must be legally authorized to bind the vendor per NRS 333.337)***	
	Signature:	Date: ***12/30/2013***