STATE OF MINNESOTA (REV 10/20/2014)

Professional Technical Services Master Contract --Encumbrance Form (For State Use Only)

RECS Project ID.:	**N/A**	**Project Mgr.:**	**Gordon Christofferson**	**Contract Specialist:**	**Sherry Van Horn**
		Control No.	**48100**	**RFP Event ID (if applicable)**	**2-3225**
Project Name :	**Testing and Inspection Services Master Contract**				

Total Amount of Contract: **N/A**	Amount of Contract First FY:	Vendor Number:
Category Code:	Category Code:	Category Code:
Account:	Account:	Account:
Amount: **N/A**	Amount:	Amount:

Accounting Distribution 1:	Accounting Distribution 2:	Accounting Distribution 3:
Business Unit:	Business Unit:	Business Unit:
Accounting Date:	Accounting Date:	Accounting Date:
Fund:	Fund:	Fund:
DeptID:	DeptID:	DeptID:
AppropID:	AppropID:	AppropID:
Project ID: **N/A** Activity:	Project ID: Activity:	Project ID: Activity:
Amount: **N/A**	Amount:	Amount:

SWIFT Contract No: **T#15ATI/85253**

Number/Date/Entry Initials

SWIFT Order: _____ -
Number / Date/ See Signature Page

*[Individual signing SWIFT Order or Contract certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15*and *16C.05]*

NOTICE TO CONSULTANT: You are required to provide your social security number or Federal employer tax identification number and Minnesota tax identification number if you do business with the State of Minnesota.

Contractor Name and Address: **Chosen Valley Testing Inc.**
1410 7th St. NW
Rochester, MN 55901

Contract Execution Date: 12/21/2014
Contract End Date: 10/31/2016
(*Note: According to Minn. Stat. 16C.08 Subd. 3(5), the combined contract and amendment cannot exceed five years, unless otherwise provided for by law.)

Contact Person: **Colby T. Verdegan**
Contact Person Phone: **507.281.0968**
Contact Person Fax:
Contact Person Email: **Colby@cvtesting.com**

SWIFT Contract No. 85253
T-Number: 15ATI
Control Number: 48100

STATE OF MINNESOTA
PROFESSIONAL AND TECHNICAL SERVICES
MASTER CONTRACT

This master contract is between the State of Minnesota, acting through its Commissioner of Administration ("State") and Chosen Valley Testing Inc., 1410 7th St. NW, Rochester, MN 55901("Contractor").

Recitals

1. Under Minnesota Statute§ 15.061 the State is empowered to engage such assistance as deemed necessary.
2. The State is in need of construction testing and inspection services.
3. The Consultant represents that it is duly qualified and agrees to perform all services described in this master contract and performed under work order contracts to the satisfaction of the State.

Master Contract

1 Term of Master Contract

1.1 ***Effective Date*:** The date the State obtains all required signatures under Minnesota Statute§ 16C.05, subdivision 2, whichever is later.
The Contractor must not accept work under this master contract until this master contract is fully executed and the Contractor has been notified by the State's Authorized Representative that it may begin accepting Work Order Contracts.

1.2 ***Work Order Contracts.*** The term of work under work order contracts issued under this master contract may not extend beyond the expiration date of this master contract.

1.3 ***Expiration Date*:** October 31, 2016

1.4 ***Survival of Terms:*** The following clauses survive the expiration or cancellation of this master contract and all work order contracts: 8. Indemnification; 9. State Audits; 10. Government Data Practices and Intellectual Property; 13. Publicity and Endorsement; 14. Governing Law, Jurisdiction, and Venue; and 18. Data Disclosure.

1.5 ***Authorization of Use*:** The Master Contract is available for use by all state agencies and Minnesota State Colleges and Universities.

2 Scope of Work

The Contractor, who is not a state employee, may be requested to perform any of the following services under individual work order contracts:

Geotechnical, Concrete Testing and Inspection, Masonry Testing and Inspection, Structural Steel Testing and Inspection, Pavement Testing and Inspection, and Fireproofing/Firestopping Testing and Inspection.

The Contractor understands that only the receipt of a fully executed work order contract authorizes the Contractor to begin work under this master contract. Any and all effort, expenses, or actions taken before the work order contract is fully executed is not authorized under Minnesota Statutes and is under taken at the sole responsibility and expense of the Contractor. A sample work order contract is attached and incorporated into this master contract as Exhibit A.

The Contractor understands that this master contract is not a guarantee of a work order contract. The State has determined that it may have need for the services under this master contract, but does not commit to spending any money with the Contractor.

3 Time

The Contractor must comply with all the time requirements described in work order contracts. In the performance of work order contracts, time is of the essence.

4 Consideration and Payment

4.1 ***Consideration.*** The State will pay for all services satisfactorily performed by the Contractor for all work order contracts issued under this master contract. The total compensation of all work order contracts may not exceed $1,000,000.00. All costs will follow the Contractor's fee schedule attached as Exhibit B and incorporated into this agreement. The Contractor may revise its fee schedule once a year after November 1, 2015. However, hourly rates may not exceed a 3% increase each year. Revised fee schedules meeting the requirements of this section will be effective on the date received by the State.

For projects located within a 50 mile radius of Contractor's Office Location— Hourly rate includes all travel time, travel expenses, and other project-related expenses, which include but are not limited to mileage, meals, lodging, telephone/fax, printing of drawings, specifications, and reports, computer discs, and photographs. State will not pay for travel time.

For projects located more than a 50 mile radius of Responder's Office Location—Hourly rate includes travel expenses, and other project-related expenses, which include but are not limited to mileage, meals, lodging, telephone/fax, printing of drawings, specifications, and reports, computer discs, and photographs. Responder may invoice travel time at this rate.

Travel & Reimbursable Expenses. Except as described in this Section 4.1, there are no allowable travel or other reimbursable expenses. All such expenses are included in the Contractor's fee schedule of hourly rates, attached as Exhibit B. The State reserves the right to modify the allowable reimbursable expenses prior to execution of a Work Order from the Master Contracts. In the event expenses are reimbursed, they shall be reimbursed in the same manner and in no greater amount than provided in the current "Commissioner's Plan" promulgated by the Commissioner of Minnesota Management and Budget. A copy of the Commissioner's Plan is available on the web at: at http://www.mmb.state.mn.us/comp-commmissioner (click on "Commissioner's Plan" in the right side column). The Contractor will not be reimbursed for travel and subsistence expenses incurred outside Minnesota unless it has received the State's prior written approval for out of state travel. Minnesota will be considered the home state for determining whether travel is out of state.

4.2. ***Payment***

(A) ***Invoices.*** The State will promptly pay the Contractor after the Contractor presents an itemized invoice for the services actually performed and the State's Authorized Representative accepts the invoiced services. Invoices must be submitted timely no more frequently than monthly.

(B) ***Retainage.*** Under Minnesota Statute§ 16C.08, subdivision 2 (10), no more than 90 percent of the amount due under any work order contract may be paid until the final product of the work order contract has been reviewed by the State's agency head. The balance due will be paid when the State's agency head determines that the Contractor has satisfactorily fulfilled all the terms of the work order contract.

5 Conditions of Payment

All services provided by the Contractor under a work order contract must be performed to the State's satisfaction, as determined at the sole discretion of the State's Authorized Representative and in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. The Contractor will not receive payment for work found by the State to be unsatisfactory or performed in violation of federal, state, or local law.

6 Authorized Representatives and Project Managers

The State's Authorized Representatives for this master contract are Sherry Van Horn, Business Operations Manager, 651.201.2376 or Gordon Christofferson, Project Operations Manager, 651.201.2380 or his/her successor, and have the responsibility to monitor the Contractor's performance.

The State's Project Manager will be identified in each work order contract.

The Contractor's Authorized Representative is Colby T. Verdegan, PE President, Colby@cvtesting.com 507.281.0968. If the Contractor's Authorized Representative changes at any time during this master contract, the Contractor must immediately notify the State.

The Contractor's Project Manager will be identified in each work order contract.

7 Assignment, Amendments, Waiver, and Contract Complete

7.1 ***Assignment.*** The Contractor may neither assign nor transfer any rights or obligations under this master contract or any work order contract without the prior consent of the State and a fully executed Assignment Agreement, executed and approved by the same parties who executed and approved this master contract, or their successors in office.

7.2 ***Amendments.*** Any amendment to this master contract or any work order contract must be in writing and will not be effective until it has been executed and approved by the same parties who executed and approved the original contract, or their successors in office.

7.3 ***Waiver.*** If the State fails to enforce any provision of this master contract or any work order contract, that failure does not waive the provision or its right to enforce it.

7.4 ***Contract Complete.*** This master contract and any work order contract contain all negotiations and agreements between the State and the Contractor. No other understanding regarding this master contract or work order contract, whether written or oral, may be used to bind either party.

8 Indemnification

In the performance of this contract by Contractor, or Contractor's agents or employees, the contractor must indemnify, save, and hold harmless the State, its agents, and employees, from any claims or causes of action, including attorney's fees incurred by the state, to the extent caused by Contractor's:

1) Intentional, willful, or negligent acts or omissions; or
2) Actions that give rise to strict liability; or
3) Breach of contract or warranty.

The indemnification obligations of this section do not apply in the event the claim or cause of action is the result of the State's sole negligence. This clause will not be construed to bar any legal remedies the Contractor may have for the State's failure to fulfill its obligation under this contract.

9 State Audits

Under Minnesota Statute§ 16C.05, subdivision 5, the Contractor's books, records, documents, and accounting procedures and practices relevant to any work order contract are subject to examination by the State and/or the State Auditor or Legislative Auditor, as appropriate, for a minimum of six years from the end of this master contract.

10 Government Data Practices and Intellectual Property

10.1. ***Government Data Practices.*** The Contractor and State must comply with the Minnesota Government Data Practices Act, Minnesota Statute Ch. 13, as it applies to all data provided by the State under any work order contract, and as it applies to all data created, collected, received, stored, used, maintained, or disseminated by the Contractor under the work order contract. The civil remedies of Minnesota Statute§ 13.08 apply to the release of the data referred to in this clause by either the Contractor or the State.

If the Contractor receives a request to release the data referred to in this Clause, the Contractor must immediately notify the State. The State will give the Contractor instructions concerning the release of the data to the requesting party before the data is released.

10.2. ***Intellectual Property Rights***

(A) *Intellectual Property Rights.* The State owns all rights, title, and interest in all of the intellectual property rights, including copyrights, patents, trade secrets, trademarks, and service marks in the Works and Documents *created and paid for under work order contracts*. Works means all inventions, improvements, discoveries (whether or not patentable), databases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, and disks conceived, reduced to practice, created or originated by the Contractor, its employees, agents, and subcontractors, either individually or jointly with others in the performance of this master contract or any work order contract. Works includes "Documents." Documents are the originals of any databases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, disks, or other materials, whether in tangible or electronic forms, prepared by the Contractor, its employees, agents, or subcontractors, in the performance of a work order contract. The Documents will be the exclusive property of the State and all such Documents must be immediately returned to the State by the Contractor upon completion or cancellation of the work order contract. To the extent possible, those Works eligible for copyright protection under the United States Copyright Act will be deemed to be "works made for hire." The Contractor assigns all right, title, and interest it may have in the Works and the Documents to the State. The Contractor must, at the request of the State, execute all papers and perform all other acts necessary to transfer or record the State's ownership interest in the Works and Documents.

(B) *Obligations*

1. N*otification.* Whenever any invention, improvement, or discovery (whether or not patentable) is made or conceived for the first time or actually or constructively reduced to practice by the Contractor, including its employees and subcontractors, in the performance of the work order contract, the Contractor will immediately give the State's Authorized Representative written notice thereof, and must promptly furnish the Authorized Representative with complete information and/or disclosure thereon.

2. *Representation.* The Contractor must perform all acts, and take all steps necessary to ensure that all intellectual property rights in the Works and Documents are the sole property of the State, and that neither Contractor nor its employees, agents, or subcontractors retain any interest in and to the Works and Documents. The Contractor represents and warrants that the Works and Documents do not and will not infringe upon any intellectual property rights of other persons or entities. Notwithstanding Clause 8, the Contractor will indemnify; defend, to the extent permitted by the Attorney General; and hold harmless the State, at the Contractor's expense, from any action or claim brought against the State to the extent that it is based on a claim that all or part of the Works or Documents infringe upon the intellectual property rights of others. The Contractor will be responsible for payment of any and all such claims, demands, obligations, liabilities, costs, and damages, including but not limited to, attorney fees. If such a claim or action arises, or in the Contractor's or the State's opinion is likely to arise, the Contractor must, at the State's discretion, either procure for the State the right or license to use the intellectual property rights at issue or replace or modify the allegedly infringing Works or Documents as necessary and appropriate to obviate the infringement claim. This remedy of the State will be in addition to and not exclusive of other remedies provided by law.

11 Affirmative Action Requirements for Contracts in Excess of $100,000 and if the Contractor has More than 40 Full-time Employees in Minnesota or its Principal Place of Business

The State intends to carry out its responsibility for requiring affirmative action by its Contractors.

11.1 ***Covered Contracts and Contractors.*** If the Contract exceeds $100,000 and the contractor employed more than 40 full-time employees on a single working day during the previous 12 months in Minnesota or in the state where it has its principle place of business, then the Contractor must comply with the requirements of Minnesota Statute § 363A.36 and Minnesota Rule Parts 5000.3400-5000.3600. A contractor covered by Minnesota Statute § 363A.36 because it employed more than 40 full-time employees in another state and

does not have a certificate of compliance, must certify that it is in compliance with federal affirmative action requirements.

11.2 ***Minnesota Statute § 363A.36.*** Minnesota Statute § 363A.36 requires the Contractor to have an affirmative action plan for the employment of minority persons, women, and qualified disabled individuals approved by the Minnesota Commissioner of Human Rights ("Commissioner") as indicated by a certificate of compliance. The law addresses suspension or revocation of a certificate of compliance and contract consequences in that event. A contract awarded without a certificate of compliance may be voided.

11.3 ***Minnesota Rule Parts 5000.3400-5000.3600.***

(A) *General.* Minnesota Rule Parts 5000.3400-5000.3600 implement Minnesota Statute § 363A.36. These rules include, but are not limited to, criteria for contents, approval, and implementation of affirmative action plans; procedures for issuing certificates of compliance and criteria for determining a contractor's compliance status; procedures for addressing deficiencies, sanctions, and notice and hearing; annual compliance reports; procedures for compliance review; and contract consequences for non-compliance. The specific criteria for approval or rejection of an affirmative action plan are contained in various provisions of Minnesota Rule Parts 5000.3400-5000.3600 including, but not limited to, parts 5000.3420-5000.3500 and 5000.3552-5000.3559.

(B) *Disabled Workers.* The Contractor must comply with the following affirmative action requirements for disabled workers.

(1) The Contractor must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The Contractor agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

(2) The Contractor agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Human Rights Act.

(3) In the event of the Contractor's noncompliance with the requirements of this clause, actions for noncompliance may be taken in accordance with Minnesota Statutes Section 363A.36, and the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Human Rights Act.

(4) The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices in a form to be prescribed by the commissioner of the Minnesota Department of Human Rights. Such notices must state the Contractor's obligation under the law to take affirmative action to employ and advance in employment qualified disabled employees and applicants for employment, and the rights of applicants and employees.

(5) The Contractor must notify each labor union or representative of workers with which it has a collective bargaining agreement or other contract understanding, that the contractor is bound by the terms of Minnesota Statutes Section 363A.36, of the Minnesota Human Rights Act and is committed to take affirmative action to employ and advance in employment physically and mentally disabled persons.

(C) *Consequences.* The consequences for the Contractor's failure to implement its affirmative action plan or make a good faith effort to do so include, but are not limited to, suspension or revocation of a certificate of compliance by the Commissioner, refusal by the Commissioner to approve subsequent plans, and termination of all or part of this contract by the Commissioner or the State.

(D) *Certification.* The Contractor hereby certifies that it is in compliance with the requirements of Minnesota Statute§ 363A.36 and Minnesota RuleParts 5000.3400-5000.3600 and is aware of the consequences for noncompliance.

12 Workers' Compensation and Other Insurance

Contractor certifies that it is in compliance with all insurance requirements specified in the solicitation document relevant to this Contract.

Further, the Contractor certifies that it is in compliance with Minnesota Statute§ 176.181, subdivision 2, pertaining to workers' compensation insurance coverage. The Contractor's employees and agents will not be considered State employees. Any claims that may arise under the Minnesota Workers' Compensation Act on behalf of these employees or agents and any claims made by any third party as a consequence of any act or omission on the part of these employees or agents are in no way the State's obligation or responsibility.

13 Publicity and Endorsement

13.1 ***Publicity.*** Any publicity regarding the subject matter of a work order contract must identify the State as the sponsoring agency and must not be released without prior written approval from the State's Authorized Representative. For purposes of this provision, publicity includes notices, informational pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for the Contractor individually or jointly with others, or any subcontractors, with respect to the program, publications, or services provided resulting from a work order contract.

13.2 ***Endorsement.*** The Contractor must not claim that the State endorses its products or services.

14 Governing Law, Jurisdiction, and Venue

Minnesota law, without regard to its choice-of-law provisions, governs this master contract and all work order contracts. Venue for all legal proceedings out of this master contract and/or any work order contracts, or its breach, must be in the appropriate state or federal court with competent jurisdiction in Ramsey County, Minnesota.

15 Payment to Subcontractors

(If applicable) As required by Minnesota Statute§ 16A.1245, the prime contractor must pay all subcontractors, less any retainage, within 10 calendar days of the prime contractor's receipt of payment from the State for undisputed services provided by the subcontractor(s) and must pay interest at the rate of one and one-half percent per month or any part of a month to the subcontractor(s) on any undisputed amount not paid on time to the subcontractor(s).

16 Minnesota Statute§ 181.59 The vendor will comply with the provisions of Minnesota Statute§ 181.59 which requires:

> Every contract for or on behalf of the state of Minnesota, or any county, city, town, township, school, school district, or any other district in the state, for materials, supplies, or construction shall contain provisions by which the contractor agrees: (1) That, in the hiring of common or skilled labor for the performance of any work under any contract, or any subcontract, no contractor, material supplier, or vendor, shall, by reason of race, creed, or color, discriminate against the person or persons who are citizens of the United States or resident aliens who are qualified and available to perform the work to which the employment relates; (2) That no contractor, material supplier, or vendor, shall, in any manner, discriminate against, or intimidate, or prevent the employment of any person or persons identified in clause (1) of this section, or on being hired, prevent, or conspire to prevent, the person or persons from the performance of work under any contract on account of race, creed, or color; (3) That a violation of this section is a misdemeanor; and (4) That this contract may be canceled or terminated by the state, county, city, town, school board, or any other person authorized to grant the contracts for employment, and all money due, or to become due under the contract, may be forfeited for a second or any subsequent violation of the terms or conditions of this contract.

17 Termination

17.1 ***Termination by the State.*** The State or commissioner of Administration may cancel this master contract and any work order contracts at any time, with or without cause, upon 30 days' written notice to the Contractor. Upon termination, the Contractor will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed.

17.2 ***Termination for Insufficient Funding.*** The State may immediately terminate this master contract and any work order contract if it does not obtain funding from the Minnesota legislature or other funding source; or if funding cannot be continued at a level sufficient to allow for the payment of the services covered here. Termination must be by written or fax notice to the Contractor. The State is not obligated to pay for any services that are provided after notice and effective date of termination. However, the Contractor will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed to the extent that funds are available. The State will not be assessed any penalty if the master contract or work order is terminated because of the decision of the Minnesota legislature or other funding source, not to appropriate funds. The State must provide the Contractor notice of the lack of funding within a reasonable time of the State's receiving that notice.

18 Data Disclosure

Under Minnesota Statute § 270C.65, Subdivision 3 and other applicable law, the Contractor consents to disclosure of its social security number, federal employer tax identification number, and/or Minnesota tax identification number, already provided to the State, to federal and state agencies and state personnel involved in the payment of state obligations. These identification numbers may be used in the enforcement of federal and state laws which could result in action requiring the Contractor to file state tax returns, pay delinquent state tax liabilities, if any, or pay other state liabilities.

19 E-Verify Certification (In accordance with Minn. Stat. §16C.075)

For services valued in excess of $50,000, Contractor certifies that as of the date of services performed on behalf of the State, Contractor and all its subcontractors will have implemented or be in the process of implementing the federal E-Verify program for all newly hired employees in the United States who will perform work on behalf of the State. Contractor is responsible for collecting all subcontractor certifications and may do so utilizing the E-Verify Subcontractor Certification Form available at http://www.mmd.admin.state.mn.us/doc/EverifySubCertForm.doc. All subcontractor certifications must be kept on file with Contractor and made available to the State upon request.

20 Schedule of Exhibits

The following exhibits are attached and incorporated into this Master Contract.
Exhibit A: Sample Work Order
Exhibit B: Fee Schedule
Exhibit C: Consultant's Categories of Service and Experience
Exhibit D: State Insurance Requirements
Exhibit E: Affirmative Action Certification
Exhibit F: Certification Regarding Lobbying
Exhibit G: Not Used
Exhibit H: Not Used
Exhibit I: Affidavit of Noncollusion

1. CONTRACTOR – Chosen Valley Testing, Inc.
The Contractor certifies that the appropriate person(s) have executed the contract on behalf of the Contractor as required by applicable articles or bylaws.

By: _____

Title: President

Date: 12/8/14

2. STATE AGENCY – Department of Administration

By: _____
(with delegated authority)

Title: _____

Date: 12/10/14

3. COMMISSIONER OF ADMINISTRATION
As delegated to Materials Management Division

By: _____

Date: 12/22/2014

40702

Exhibit A

SAMPLE STATE OF MINNESOTA
PROFESSIONAL AND TECHNICAL SERVICES
WORK ORDER CONTRACT

This work order contract is between the State of Minnesota, acting through its _____ ("State") and _____("Contractor"). This work order contract is issued under the authority of Master Contract T-Number 15ATI, SWIFT Number _____, and is subject to all provisions of the master contract which is incorporated by reference.

Work Order Contract

1 Term of Contract

1.1 ***Effective date*:** _____, or the date the State obtains all required signatures under Minnesota Statute§ 16C.05, subdivision 2, whichever is later.

The Contractor must not begin work under this contract until this contract is fully executed and the Contractor has been notified by the State's Authorized Representative to begin the work.

1.2 ***Expiration date*:** _____, or until all obligations have been satisfactorily fulfilled, whichever occurs first.

2 Contractor's Duties

The Contractor, who is not a state employee, will: _____.

3 Consideration and Payment

3.1 ***Consideration.*** The State will pay for all services performed by the Contractor under this work order contract as follows:

(A) ***Compensation.*** The Contractor will be paid ____.

(B) ***Travel Expenses.*** Reimbursement for travel and subsistence expenses actually and necessarily incurred by the Contractor as a result of this work order contract will not exceed $_____.

(C) ***Total Obligation.*** The total obligation of the State for all compensation and reimbursements to the Contractor under this work order contract will not exceed $_____.

3.2. ***Invoices.*** The State will promptly pay the Contractor after the Contractor presents an itemized invoice for the services actually performed and the State's Authorized Representative accepts the invoiced services. Invoices must be submitted timely and according to the following schedule:

4 Project Managers

The State's Project Manager is _____. The State's Authorized Representative will certify acceptance on each invoice submitted for payment.

The Contractor's Project Manager is _____. If the Contractor's Project Manager changes at any time during this work order contract, the Contractor must immediately notify the State.

SIGNATURES AS REQUIRED BY THE STATE.

Exhibit B

Chosen Valley Testing

Chosen Valley Testing Fee Schedule

Services		Code	Description	Rate
Engineering & Administrative	Hourly and Unit Rates	E01	Engineering Technician, per hour	$45.00
		E02	Engineering Assistant, per hour	$55.00
		E03	E.I.T. Geotechnical Engineer, per hour	$80.00
		E04	Licensed Prof. Engineer, per hour	$100.00
		E05	Geologist, per hour	$100.00
		E06	Principle Engineer	$125.00
		E10	Engineer - Litigation (base rate x 1.5)	$150.00 - $187.50
		E20	Engineering, Analysis & Report	$800.00
		A01	Secretarial, per hour	$35.00
		Trip	Vehicle Trip Charge	$0.50/mile
Drilling	Hourly Testing	D01	Manual Drilling, per hour	$60.00
		D02	2-Person Drill Crew, drilling & sampling	$150.00
		D03	Staking & Utility Clearance, per hour	$60.00
		D10	Drilling & Sampling	lump sum
	Per Unit Testing	DT01	Drill Rig & Support Vehicle, per day	$300.00
		DT01A	Drill Rig & Support Vehicle, per mile	$2.00
		DT02	Drilling & Sampling, per foot to 50 ft.	$12.00
		DT03	Bore Hole Abandonment, per foot	$3.00
Soil & Aggregate	Hourly Testing	S01	Soil Sample Pick-up, per hour	$45.00
		S02	Compaction Testing, per hour	$45.00
		S03	Excavation Evaluation, per hour	$55.00
		ST01	Standard Proctor (A or B method) per test	$110.00
		ST02	Standard Proctor (C method) per test	$110.00
		ST03	Modified Proctor (A or B method) per test	$125.00
		ST04	Modified Proctor (C method) per test	$125.00
	Aggregate Gradation Tests	ST11	Coarse & Fine Gradation with 200 Wash	$90.00
		ST12	Coarse Aggregate only	$55.00
		ST13	Fine Aggregate only	$55.00
		ST14	Fine Aggregate with 200 Wash	$75.00
		ST15	200 Wash, fine only	$35.00
		ST16	200 Wash, coarse only	$35.00
	Moisture & Permeability Tests	ST40	Moisture Content, per test	$5.00
		ST41	Moisture/Dry Density, per test	$15.00
		ST42	Organic Content, per test	$35.00
		ST43	Hydrometer Analysis, per test	$90.00
		ST44	200 Wash, per test	$65.00
		ST45	Atterberg Limit, per test	$65.00
		ST47	Unconfined Compression, per test	$65.00
		ST48	Consolidation Test - sub out, per test	$600.00
		ST50	Falling Head Perm (clay), per test	$225.00
		ST51	Constant Head Perm (sand), per test	$200.00

Exhibit B

Chosen Valley Testing

Chosen Valley Testing Fee Schedule

Services		Code	Description	Rate
Concrete, Bituminous & Masonry	Hourly Testing	C01	Cylinder Pick-up, per hour	$45.00
		C02	Concrete Testing, per hour	$45.00
		C20	Concrete Reinforcement Testing, per hour	$55.00
		C30	Special Inspections (bolt & weld inspec), per hr	$70.00
		C40	Floor Flatness, per hour	$80.00
		C50	PCC Plant Monitoring, per hour	$60.00
		B01	Bituminous Sample Pick-up, per hour	$45.00
		B02	Bituminous Testing, per hour	$55.00
		M01	Masonry Observation, per hour	$55.00
		M02	Masonry Testing, per hour	$55.00
	Concrete Testing	CT01	Concrete Compressive Strength, per cylinder	$14.00
		CT04	Floor Flatness, per test	$20.00
		CT05	Sawing of Concrete Unit, per unit	$20.00
		CT06	Flexural Strength Testing, per beam	$40.00
		CT07	Coring Compressive Strength, per core	$25.00
		CT08	Concrete Vapor Emission Test, per kit	$20.00
	Bituminous Testing	CR02	Coring Machine Rental, per day	$110.00
		CR03	Core Barrel Bit Wear, per inch	$5.00
		BT01	Bituminous Gyratory Testing, per test	$265.00
		BT03	Bituminous Core Testing, per core	$25.00
	Masonry Testing	MT01	Mortar Compressive Strength, per cube	$15.00
		MT02	Grout Prism Compressive Strength, per unit	$25.00
		MT03	CMU Compressive Strength, per block	$125.00
		MT04	CMU Prism Compressive Strength, per unit	$375.00
Structural Steel & Fireproofing	Hourly Testing	FP100	Fireproofing Inspections, per hour	$55.00
	Hourly Testing	ST100	Structural Steel - Visual Inspections, per hour	$80.00
		ST101	Structural Steel - Mag. Particle Testing, per hr	$80.00
		ST102	Structural Stell - Ultrasonic Testing, per hour	$120.00

Section 4.1 fee, hourly rates, travel and reimbursable expense requirements take precedence in the event of a conflict. CTV

SV

Exhibit C

CONSTRUCTION TESTING AND INSPECTION SERVICES

Name of Firm ___Chosen Valley Testing, Inc.
Proposal Dated_October 6, 2014

Responder shall indicate by checking the boxes below the categories of tests and inspections for which the firm is qualified.

***Attach project experience and reference information for each bolded category of service selected; a minimum of three (3) project references for each bolded category of service selected is required (see RFP Selection Process items 2 and 3 for further information).**

Geotechnical Services

- ☒ Pre-construction Soil Exploration and Testing
- ☐ Percolation Tests, Recommendations for Septic Systems
- ☒ Foundation and Pavement Design Recommendations
- ☒ Observation and Testing of Existing Soils during Excavation and Grading
- ☒ Laboratory Testing of Proposed Fill Material
- ☒ Observation and Testing of Fill and Backfill for Moisture, Compaction
- ☒ Other__Double Ring Infiltrometer Testing, and other specialty tests on soil.

Concrete Testing and Inspection Services

- ☐ Concrete, Grout Mix Design
- ☒ Observe and Document Formwork Construction
- ☒ Observe and Document Placement of Reinforcing Steel
- ☒ Slump, Temperature, and Air Entrainment Tests of Fresh Concrete
- ☒ Cast, Cure and Test Concrete Cylinders for Compressive Strength
- ☒ Other Inspection of Post-Tensioned Reinforcement, Floor Flatness Testing

Masonry Testing and Inspection Services

- ☐ Mortar, Masonry Fill Mix Design
- ☒ Laboratory Tests on Masonry Prisms
- ☒ Laboratory Test of Mortar and Core-fill for Compressive Strength and Bond Strength
- ☒ Special Inspection of Structural Masonry Construction (Continuous__x__/ Periodic_x___)
- ☐ Other_____

Structural Steel Testing and Inspection

- ☒ Strength Testing of Embedded Bolts
- ☒ Observe and Test Welded and Bolted Connections during Structural Steel and Precast Concrete Erection
- ☒ Observe and Test Welding and Screw Fastening during Metal Deck Installation
- ☐ Other_____

Pavement Testing and Inspection

- ☒ Observe and Test Rolling Operations on Subgrade Soils
- ☒ Field and Laboratory Tests on Aggregate Base
- ☒ Field and Laboratory Tests during Bituminous Paving (Continuous____/Periodic____)
- ☐ Other_____

Fireproofing / Firestopping Testing and Inspection

- ☒ Test Installed Spray-on Fireproofing for Thickness, Density, Adhesion
- ☐ Observe and Document Installation of Fire-Resistive Joint Systems
- ☐ Other_____

Other

- ☐ Window/Curtain Wall Testing and Inspection
- ☐ Roofing/Waterproofing Testing and Inspection

Phase I Archaeological Resources Investigation

- ☐ Determine whether cultural resources are present within the project area, and whether these resources are potentially eligible for the National Register of Historic Places (NRHP).
- ☐ All field methods and reporting of the Phase I Archaeological Resources Investigation will comply with the Minnesota State Historic Preservation Office guidelines as well as federal guidelines, and will meet the requirements of the Secretary of the Interior's Standards.
- ☐ If an archaeological site is found, wash, analyze, and catalogue all recovered artifacts. Laboratory and curation procedures will follow appropriate standard guidelines
- ☐ Curate the artifacts at the Minnesota Historical Society under Contractor's curation agreement. Contractor's lab director will ensure that the cataloging and curation meet the requirements of Minnesota's repository guidelines.
- ☐ Other_____

Phase II Archaeological Resources Investigation

- ☐ Excavate and document designated features in accordance with Minnesota State Historic Preservation Office guidelines as well as federal guidelines, and will meet the requirements of the Secretary of the Interior's Standards.
- ☐ Record excavation data on standardized forms and in the log book of the principal investigator including location and methods of testing; the numbers, types, and locations of recovered cultural materials; the depth and thickness of excavated soil layers; soil textures and inclusions; and soil color according to Munsell color charts.
- ☐ Take up to 5 radiocarbon samples if suitable materials are encountered and complete standard radiometric analysis.
- ☐ Clean, catalogue, label and bag all recovered artifacts in accordance with professional standards and submit recovered materials to the Minnesota Historical Society for curation.
- ☐ Other_____

Phase I Environmental Investigation

- ☐ Complete a Phase I Environmental Site Assessment in a manner consistent with the American Society of Testing and Materials standard for a Phase I ESA and the Minnesota Pollution Control Agency Voluntary Investigation and Cleanup Program Guidance Document #8.
- ☐ Conduct a visual (existing structures) assessment for typical suspect asbestos containing materials (ACM).

- ☐ Assess the presence of PCBs at the subject site.
- ☐ Collect and evaluate available historical information to determine if evidence exists indicating an existing release, a past release, or a material threat of a release of hazardous substances, hazardous materials or petroleum products to the Property.
- ☐ Other_____

Phase II Environmental Investigation

- ☐ Prepare a workplan the Phase II Investigation in a manner consistent with the American Society of Testing and Materials standard for a Phase I ESA and the Minnesota Pollution Control Agency Voluntary Investigation and Cleanup Program Guidance Document #11 to determine if potential sources of contamination identified during the Phase I Investigation are causing a release or threatened release of hazardous substances, contaminants or pollutants to the soil, surface water and ground water on the property in question.
- ☐ Prepare a site safety and contingency plan in a manner consistent with the American Society of Testing and Materials standard for a Phase I ESA and the Minnesota Pollution Control Agency Voluntary Investigation and Cleanup Program Guidance Document #10.
- ☐ Conduct Phase II Environmental Investigation in accordance with approved work plan and in a manner consistent with the American Society of Testing and Materials standard for a Phase I ESA and the Minnesota Pollution Control Agency Voluntary Investigation and Cleanup Program Guidance Documents.
- ☐ Other_____

Remediation Services

- ☐ Prepare and, upon approval, implement the Response Action Plan (RAP) and in a manner consistent with the American Society of Testing and Materials standard for a Phase I ESA and the Minnesota Pollution Control Agency Voluntary Investigation and Cleanup Program Guidance Documents.
- ☐ Following completion of the RAP, prepare an Implementation Report for submission to the MPCA for review and approval in a manner consistent with the American Society of Testing and Materials standard for a Phase I ESA and the Minnesota Pollution Control Agency Voluntary Investigation and Cleanup Program Guidance Documents.
- ☐ Other_____

Comments:

A. Describe Responder's qualifications, including unique qualifications:

B. For <u>each</u> bolded category of service checked, a minimum of three (3) project references is required (pass/fail). Include the following for each project reference:

1. **Project title**
2. **Scope**
3. **Dates started and completed**
4. **Name and number of years experience of Responder's staff member supervising the project (must be minimally 5 years of experience and must be registered or certified in the State of MN)**
5. **Client's company name, mailing address**
6. **Client's contact person name, position title, telephone and fax numbers**

Exhibit C **Chosen Valley Testing, Inc.**

Geotechnical Services

1	1	Project Title	Olmsted Medical Women's Health Pavillion		Rochester, MN		
	2	Scope:	Soil Borings, Geotechnical Engineering, Foundation and Pavement Recommendations, Laboratory Testing, Observations Earthwork and Testing of Fill and Backfill				
	3	Dates	Start	2012	Completed	2014	
	4	CVT Supervisor	Colby T. Verdegan, PE	Years Experience	30		
	5	Client Info	Name		Address		
			Olmsted Medical/Weis Builders Construction Manager		2227 NW 7th Street, Rochester, MN 55901		
	6	Client Contact	Name	Title	Phone	Fax	
		Client	Chris Stroud	Project Manager	(507) 288-2041	(507) 288-7979	
2	1	Project Title	U.S. Army Reserve Training Center		St. Joseph, MN		
	2	Scope:	Soil Borings, Geotechnical Engineering, Foundation and Pavement Recommendations, Laboratory Testing, Observations Earthwork and Testing of Fill and Backfill				
	3	Dates	Start	2012	Completed	2014	
	4	CVT Supervisor	Colby T. Verdegan, PE	Years Experience	30		
	5	Client Info	Name		Address		
			LS Black Constructors, Inc. Const. Mgr		1959 Sloan Place ,St. Paul, MN 55917		
	6	Client Contact	Name	Title	Phone	Fax	
		Client	Mr. Jim French	VP-Project Manager	(651)-774-9695	(651)-789-2905	
3	1	Project Title	Houston County Criminal Justice Center		Caledonia, MN		
	2	Scope:	Soil Borings, Geotechnical Engineering, Foundation and Pavement Recommendations, Laboratory Testing, Observations Earthwork and Testing of Fill and Backfill				
	3	Dates	Start	2009	Completed	2011	
	4	CVT Supervisor	Colby T. Verdegan, PE	Years Experience	30		
	5	Client Info	Name		Address		
			Houston County/Knutson Construction -Const. Mgr		5985 Bandel Road NW, Rochester, MN 55901		
	6	Client Contact	Name	Title	Phone	Fax	
		Client	Mr. Rich Reding	Project Manager	507) 280-9788	507) 280-9797	

Exhibit C **Chosen Valley Testing, Inc.**

Concrete Testing and Inspection

1	1	Project Title	Olmsted Medical Women's Health Pavillion		Rochester, MN		
	2	Scope:	Observe and Document Formwork, Observe and Document Placement of Reinforcing Steel, Slump, Temperature and Air Entrainment Tests of Fresh Concrete, Cast Cure and Test concrete Cylinders for Compressive Strength				
	3	Dates	Start	2012	Completed	2014	
	4	CVT Supervisor	Colby T. Verdegan, PE	Years Experience	30		
	5	Client Info	Name		Address		
			Olmsted Medical/Weis Builders Construction Manager		2227 NW 7th Street, Rochester, MN 55901		
	6	Client Contact	Name	Title	Phone	Fax	
		Client	Chris Stroud	Project Manager	(507) 288-2041	(507) 288-7979	
2	1	Project Title	U.S. Army Reserve Training Center		St. Joseph, MN		
	2	Scope:	Observe and Document Formwork, Observe and Document Placement of Reinforcing Steel, Slump, Temperature and Air Entrainment Tests of Fresh Concrete, Cast Cure and Test concrete Cylinders for Compressive Strength				
	3	Dates	Start	2012	Completed	2014	
	4	CVT Supervisor	Colby T. Verdegan, PE	Years Experience	30		
	5	Client Info	Name		Address		
			LS Black Constructors, Inc. Const. Mgr		1959 Sloan Place ,St. Paul, MN 55917		
	6	Client Contact	Name	Title	Phone	Fax	
		Client	Mr. Jim French	VP-Project Manager	(651)-774-9695	(651)-789-2905	
3	1	Project Title	Houston County Criminal Justice Center		Caledonia, MN		
	2	Scope:	Observe and Document Formwork, Observe and Document Placement of Reinforcing Steel, Slump, Temperature and Air Entrainment Tests of Fresh Concrete, Cast Cure and Test concrete Cylinders for Compressive Strength				
	3	Dates	Start	2009	Completed	2011	
	4	CVT Supervisor	Colby T. Verdegan, PE	Years Experience	30		
	5	Client Info	Name		Address		
			Houston County/Knutson Construction -Const. Mgr		5985 Bandel Road NW, Rochester, MN 55901		
	6	Client Contact	Name	Title	Phone	Fax	
		Client	Mr. Rich Reding	Project Manager	507) 280-9788	507) 280-9797	
4	1	Project Title	Richard O. Jacobson Proton Building		Rochester, MN		
	2	Scope:	Observe and Document Formwork, Observe and Document Placement of Reinforcing Steel, Slump, Temperature and Air Entrainment Tests of Fresh Concrete, Cast Cure and Test concrete Cylinders for Compressive Strength - included testing for 5,000 yard concrete pour				
	3	Dates	Start	2013	Completed	2014	
	4	CVT Supervisor	Colby T. Verdegan, PE	Years Experience	30		
	5	Client Info	Name		Address		
			Mayo Foundation/Gilbane-Knutson Construction -Const.		5985 Bandel Road NW, Rochester, MN 55901		
	6	Client Contact	Name	Title	Phone	Fax	
		Client	Mr. Nate Sherburne	Project Manager	507) 280-9788	507) 280-9797	

Exhibit C **Chosen Valley Testing, Inc.**
Masonry Testing and Inspection

1	1	Project Title	Olmsted Medical Women's Health Pavillion		Rochester, MN		
	2	Scope:	Laboratory Tests on Masonry Prisms, Laboratory Tests of Mortar and Core-fill for Compressive Strength, Special Inspections or Structural Masonry				
	3	Dates	Start	2012	Completed	2014	
	4	CVT Supervisor	Colby T. Verdegan, PE	Years Experience	30		
	5	Client Info	Name		Address		
			Olmsted Medical/Weis Builders Construction Manager		2227 NW 7th Street, Rochester, MN 55901		
	6	Client Contact	Name	Title	Phone	Fax	
		Client	Chris Stroud	Project Manager	(507) 288-2041	(507) 288-7979	
2	1	Project Title	U.S. Army Reserve Training Center		St. Joseph, MN		
	2	Scope:	Laboratory Tests on Masonry Prisms, Laboratory Tests of Mortar and Core-fill for Compressive Strength, Special Inspections or Structural Masonry				
	3	Dates	Start	2012	Completed	2014	
	4	CVT Supervisor	Colby T. Verdegan, PE	Years Experience	30		
	5	Client Info	Name		Address		
			LS Black Constructors, Inc. Const. Mgr		1959 Sloan Place ,St. Paul, MN 55917		
	6	Client Contact	Name	Title	Phone	Fax	
		Client	Mr. Jim French	VP-Project Manager	(651)-774-9695	(651)-789-2905	
3	1	Project Title	Houston County Criminal Justice Center		Caledonia, MN		
	2	Scope:	Laboratory Tests on Masonry Prisms, Laboratory Tests of Mortar and Core-fill for Compressive Strength, Special Inspections or Structural Masonry				
	3	Dates	Start	2009	Completed	2011	
	4	CVT Supervisor	Colby T. Verdegan, PE	Years Experience	30		
	5	Client Info	Name		Address		
			Houston County/Knutson Construction -Const. Mgr		5985 Bandel Road NW, Rochester, MN 55901		
	6	Client Contact	Name	Title	Phone	Fax	
		Client	Mr. Rich Reding	Project Manager	507) 280-9788	507) 280-9797	
4	1	Project Title	Richard O. Jacobson Proton Building		Rochester, MN		
	2	Scope:	Laboratory Tests on Masonry Prisms, Laboratory Tests of Mortar and Core-fill for Compressive Strength, Special Inspections or Structural Masonry				
	3	Dates	Start	2013	Completed	2014	
	4	CVT Supervisor	Colby T. Verdegan, PE	Years Experience	30		
	5	Client Info	Name		Address		
			Mayo Foundation/Gilbane-Knutson Construction -Const.		5985 Bandel Road NW, Rochester, MN 55901		
	6	Client Contact	Name	Title	Phone	Fax	
		Client	Mr. Nate Sherburne	Project Manager	507) 280-9788	507) 280-9797	

Exhibit C **Chosen Valley Testing, Inc.**

Structural Steel Testing and Inspection

1	1	Project Title	Richard O. Jacobson Proton Building		Rochester, MN		
	2	Scope:	Observe and Test Welded and Bolted Connections during Structural Steel and Precast Concrete Erection, Observe and Test Welding and Screw Fastening during Metal Deck Installation				
	3	Dates	Start	2013	Completed	2014	
	4	CVT Supervisor	Colby T. Verdegan, PE	Years Experience	30		
	5	Client Info	Name		Address		
			Mayo Foundation/Gilbane-Knutson Construction -C		5985 Bandel Road NW, Rochester, MN 55901		
	6	Client Contact	Name	Title	Phone	Fax	
		Client	Mr. Nate Sherburne	Project Manager	507) 280-9788	507) 280-9797	
2	1	Project Title	Houston County Criminal Justice Center		Caledonia, MN		
	2	Scope:	Observe and Test Welded and Bolted Connections during Structural Steel and Precast Concrete Erection, Observe and Test Welding and Screw Fastening during Metal Deck Installation				
	3	Dates	Start	2009	Completed	2011	
	4	CVT Supervisor	Colby T. Verdegan, PE	Years Experience	30		
	5	Client Info	Name		Address		
			Houston County/Knutson Construction -Const. Mgr		5985 Bandel Road NW, Rochester, MN 55901		
	6	Client Contact	Name	Title	Phone	Fax	
		Client	Mr. Rich Reding	Project Manager	507) 280-9788	507) 280-9797	
3	1	Project Title	U.S. Army Reserve Training Center		St. Joseph, MN		
	2	Scope:	Observe and Test Welded and Bolted Connections during Structural Steel Erection, Observe and Test Welding and Screw Fastening during Metal Deck Installation				
	3	Dates	Start	2012	Completed	2014	
	4	CVT Supervisor	Colby T. Verdegan, PE	Years Experience	30		
	5	Client Info	Name		Address		
			LS Black Constructors, Inc. Const. Mgr		1959 Sloan Place ,St. Paul, MN 55917		
	6	Client Contact	Name	Title	Phone	Phone	
		Client	Mr. Jim French	VP-Project Manager	Project Manager	(651)-789-2905	
4	1	Project Title	Olmsted Medical Women's Health Pavillion		Rochester, MN		
	2	Scope:	Observe and Test Welded and Bolted Connections during Structural Steel Erection, Observe and Test Welding and Screw Fastening during Metal Deck Installation				
	3	Dates	Start	2012	Completed	2014	
	4	CVT Supervisor	Colby T. Verdegan, PE	Years Experience	30		
	5	Client Info	Name		Address		
			Olmsted Medical/Weis Builders Construction Mana		2227 NW 7th Street, Rochester, MN 55901		
	6	Client Contact	Name	Title	Phone	Fax	
		Client	Chris Stroud	Project Manager	(507) 288-2041	(507) 288-2041	

Exhibit C **Chosen Valley Testing, Inc.**
Pavement Testing and Inspection

1	1	Project Title	SP 004-606-005 Street Improvements		Bemidji, MN		
	2	Scope:	Observe Test Rolling Operations and Subgrade Soils, Field and Laboratory Tests on Aggregate Base, Field and Laboratory Tests during Bituminous Paving				
	3	Dates	Start	2013	Completed	2014	
	4	CVT Supervisor	Don Surma	Years Experience	30		
	5	Client Info	Name		Address		
			City of Bemidji		318 4th St. NW, Bemidji, MN 56002		
	6	Client Contact	Name	Title	Phone	Phone	
		Client	Shon Snopl	Project Manager	(218) 333-1852	(218) 333-3724	
2	1	Project Title	U.S. Army Reserve Training Center		St. Joseph, MN		
	2	Scope:	Observe Test Rolling Operations and Subgrade Soils, Field and Laboratory Tests on Aggregate Base, Field and Laboratory Tests during Bituminous Paving				
	3	Dates	Start	2012	Completed	2014	
	4	CVT Supervisor	Don Surma	Years Experience	30		
	5	Client Info	Name		Address		
			LS Black Constructors, Inc. Const. Mgr		1959 Sloan Place ,St. Paul, MN 55917		
	6	Client Contact	Name	Title	Phone	Fax	
		Client	Mr. Jim French	VP-Project Manager	(651)-774-9695	(651)-789-2905	
3	1	Project Title	2013 Pierz Streets		Pierz, MN		
	2	Scope:	Observe Test Rolling Operations and Subgrade Soils, Field and Laboratory Tests on Aggregate Base, Field and Laboratory Tests during Bituminous Paving				
	3	Dates	Start	2014	Completed	2014	
	4	CVT Supervisor	Don Surma	Years Experience	30		
	5	Client Info	Name		Address		
			C & L Excavating		P.O. Box 99, St.Joseph, MN		
	6	Client Contact	Name	Title	Phone	Fax	
		Client	Mr. Brent Lahr	Project Manager	(320) 363-1221	(320) 252-2380	(302) 363-8386

Exhibit C **Chosen Valley Testing, Inc.**

Fireproofing/Firestopping Testing and Inspection

1	1	Project Title	Olmsted Medical NW Clinic		Rochester, MN		
	2	Scope:	Test Installed Spray-on Fireproofing for Thickness, Density, Adhesion				
	3	Dates	Start	2010	Completed	2011	
	4	CVT Supervisor	Colby T. Verdegan, PE	Years Experience	30		
	5	Client Info	Name		Address		
			Olmsted Medical/Weis Builders Construction Manager		2227 NW 7th Street, Rochester, MN 55901		
	6	Client Contact	Name	Title	Phone	Fax	
		Client	Todd Severson	Project Manager	(507) 288-2041	(507) 288-7979	
2	1	Project Title	Houston County Criminal Justice Center		Caledonia, MN		
	2	Scope:	Test Installed Spray-on Fireproofing for Thickness, Density, Adhesion				
	3	Dates	Start	2009	Completed	2011	
	4	CVT Supervisor	Colby T. Verdegan, PE	Years Experience	30		
	5	Client Info	Name		Address		
			Houston County/Knutson Construction -Const. Mgr		5985 Bandel Road NW, Rochester, MN 55901		
	6	Client Contact	Name	Title	Phone	Fax	
		Client	Mr. Rich Reding	Project Manager	507) 280-9788	507) 280-9797	
3	1	Project Title	Richard O. Jacobson Proton Building		Rochester, MN		
	2	Scope:	Test Installed Spray-on Fireproofing for Thickness, Density, Adhesion				
	3	Dates	Start	2013	Completed	2014	
	4	CVT Supervisor	Colby T. Verdegan, PE	Years Experience	30		
	5	Client Info	Name		Address		
			Mayo Foundation/Gilbane-Knutson Construction -Const. M		5985 Bandel Road NW, Rochester, MN 55901		
	6	Client Contact	Name	Title	Phone	Fax	
		Client	Mr. Nate Sherburne	Project Manager	507) 280-9788	507) 280-9797	

Exhibit D1

State/Consultant Basic Services
Insurance Requirements

A. Contractor shall not commence work under the contract until they have obtained all the insurance described below and the State of Minnesota has approved such insurance. Contractor shall maintain such insurance in force and effect throughout the term of the contract.

B. Contractor is required to maintain and furnish satisfactory evidence of the following insurance policies:

1. **Workers' Compensation Insurance:** Except as provided below, Contractor must provide Workers' Compensation insurance for all its employees and, in case any work is subcontracted, Contractor will require the subcontractor to provide Workers' Compensation insurance in accordance with the statutory requirements of the State of Minnesota, including Coverage B, Employer's Liability. Insurance **minimum** limits are as follows:

   $100,000 – Bodily Injury by Disease per employee
   $500,000 – Bodily Injury by Disease aggregate
   $100,000 – Bodily Injury by Accident

   If Minnesota Statute 176.041 exempts Contractor from Workers' Compensation insurance or if the Contractor has no employees in the State of Minnesota, Contractor must provide a written statement, signed by an authorized representative, indicating the qualifying exemption that excludes Contractor from the Minnesota Workers' Compensation requirements.

   If during the course of the contract the Contractor becomes eligible for Workers' Compensation, the Contractor must comply with the Workers' Compensation Insurance requirements herein and provide the State of Minnesota with a certificate of insurance.

2. **Commercial General Liability Insurance:** Contractor is required to maintain insurance protecting it from claims for damages for bodily injury, including sickness or disease, death, and for care and loss of services as well as from claims for property damage, including loss of use which may arise from operations under the Contract whether the operations are by the Contractor or by a subcontractor or by anyone directly or indirectly employed by the Contractor under the contract. Insurance **minimum** limits are as follows:

   $2,000,000 – per occurrence
   $2,000,000 – annual aggregate
   $2,000,000 – annual aggregate – Products/Completed Operations

   The following coverages shall be included:

   Premises and Operations Bodily Injury and Property Damage
   Personal and Advertising Injury
   Blanket Contractual Liability
   Products and Completed Operations Liability
   Other; if applicable, please list_____
   State of Minnesota named as an Additional Insured

3. **Commercial Automobile Liability Insurance:** Contractor is required to maintain insurance protecting it from claims for damages for bodily injury as well as from claims for property damage resulting from the ownership, operation, maintenance or use of all owned, hired, and non-owned autos which may arise from operations under this contract, and in case any work is subcontracted the contractor will require the subcontractor to maintain Commercial Automobile Liability insurance. Insurance **minimum** limits are as follows:

$2,000,000 – per occurrence Combined Single limit for Bodily Injury and Property Damage

In addition, the following coverages should be included:

Owned, Hired, and Non-owned Automobile

4. **Professional/Technical, Errors and Omissions, and/or Miscellaneous Liability Insurance**

This policy will provide coverage for all claims the contractor may become legally obligated to pay resulting from any actual or alleged negligent act, error, or omission related to Contractor's professional services required under the contract.

Contractor is required to carry the following **minimum** limits:

$2,000,000 – per claim or event
$2,000,000 – annual aggregate

Any deductible will be the sole responsibility of the Contractor and may not exceed $50,000 without the written approval of the State. If the Contractor desires authority from the State to have a deductible in a higher amount, the Contractor shall so request in writing, specifying the amount of the desired deductible and providing financial documentation by submitting the most current audited financial statements so that the State can ascertain the ability of the Contractor to cover the deductible from its own resources.

The retroactive or prior acts date of such coverage shall not be after the effective date of this Contract and Contractor shall maintain such insurance for a period of at least three (3) years, following completion of the work. If such insurance is discontinued, extended reporting period coverage must be obtained by Contractor to fulfill this requirement.

C. Additional Insurance Conditions:

- Contractor's policy(ies) shall be primary insurance to any other valid and collectible insurance available to the State of Minnesota with respect to any claim arising out of Contractor's performance under this contract;
- If Contractor receives a cancellation notice from an insurance carrier affording coverage herein, Contractor agrees to notify the State of Minnesota within five (5) business days with a copy of the cancellation notice, unless Contractor's policy(ies) contain a provision that coverage afforded under the policy(ies) will not be cancelled without at least thirty (30) days advance written notice to the State of Minnesota;
- Contractor is responsible for payment of Contract related insurance premiums and deductibles;
- If Contractor is self-insured, a Certificate of Self-Insurance must be attached;
- Contractor's policy(ies) shall include legal defense fees in addition to its liability policy limits, with the exception of B.4 above;
- Contractor shall obtain insurance policy(ies) from insurance company(ies) having an "AM BEST" rating of A- (minus); Financial Size Category (FSC) VII or better, and authorized to do business in the State of Minnesota; and

Exhibit D1

- An Umbrella or Excess Liability insurance policy may be used to supplement the Contractor's policy limits to satisfy the full policy limits required by the Contract.

D. The State reserves the right to immediately terminate the contract if the contractor is not in compliance with the insurance requirements and retains all rights to pursue any legal remedies against the contractor. All insurance policies must be open to inspection by the State, and copies of policies must be submitted to the State's authorized representative upon written request.

E. The successful responder is required to submit Certificates of Insurance acceptable to the State of MN as evidence of insurance coverage requirements prior to commencing work under the contract.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/11/2014

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	CONTACT NAME: Kimberly South
Dennis J. Linder & Associates An affiliate of American Agency, Inc. 731 Bielenberg Drive, Suite 204 Woodbury MN 55125	PHONE (A/C, No, Ext): 651.621.8982 FAX (A/C, No): 651.621.8989 E-MAIL ADDRESS: kims@djlinder.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: R L I Insurance Company — 13056
INSURED Chosen Valley Testing, Inc. 1410 7th Street NW Rochester MN 55901	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						☐ WC STATU-TORY LIMITS ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N ☐ (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Architects/Engineers Professional Liability			RDP0017563 Claims Made & Reported	11/8/2014	11/8/2015	$2,000,000. Per Claim $2,000,000. Aggregate	

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

^Master Contract for Testing and Inspection Services

Retroactive Date: 11-8-1995

Continued on Page 2

This policy covers the PROFESSIONAL SERVICES of the named insured for all projects & the limit of liability shown shall not be construed to be applied to this project only.

CERTIFICATE HOLDER

State of Minnesota
Real Estate and Construction Services
Attn: Sherry Van Horn
309 Administration Building
50 Sherburne Ave
St. Paul, MN 55155

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

Dennis Linder/KVS

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COMMENTS/REMARKS

Page 2

Blanket Notice Endorsement has been issued for the policy evidenced on page 1 of this certificate of insurance, which allows us to evidence the following Notice of Cancellation to facilitate compliance with the written Contract referenced on the page 1 of this certificate per form RDP 663 (04/11)

"If the Insurer cancels or chooses to nonrenew this Policy for any reason other than nonpayment of premium the Insurer will provide written notice at least 30 day before the effective date of the cancellation or nonrenewal to the certificate holder named on page 1, at the address shown.

Such proof of notice will be sent via the US Mail address listed on the certificate. Proof of mailing will be sufficient proof of notice."

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/11/2014

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	CONTACT NAME: Kimberly South
Dennis J. Linder & Associates An affiliate of American Agency, Inc. 731 Bielenberg Drive, Suite 204 Woodbury MN 55125	PHONE (A/C, No, Ext): 651.621.8982 FAX (A/C, No): 651.621.8989 E-MAIL ADDRESS: kims@djlinder.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Continental Casualty Company	20443
INSURER B: American Cas Co of Reading PA	20427
INSURER C: Transportation Insurance Co	20494
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Chosen Valley Testing, Inc.
1410 7th Street NW
Rochester MN 55901

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU X Broad Form PD GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO-JECT X LOC			2067807561 Includes: Operations of Subs - Contingent Liability, Contractual Liability	3/9/2014	3/9/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			2071888513	3/9/2014	3/9/2015	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
C	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			2067807642	3/9/2014	3/9/2015	EACH OCCURRENCE AGGREGATE	$ 3,000,000 $ 3,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		2082851711	3/9/2014	3/9/2015	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
^Master Contract for Testing and Inspection Services

Continued on Page 2

CERTIFICATE HOLDER

State of Minnesota
Real Estate and Construction Services
Attn: Sherry Van Horn
309 Administration Building
50 Sherburne Ave
St. Paul, MN 55155

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

Dennis Linder/KVS

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COMMENTS/REMARKS

Page 2

Additional Insured as respects General Liability, Automobile Liability and Umbrella follows form, if required by written contract: State of Minnesota, per the GL Blanket Additional Insured Endorsement and the Blanket Additional Insured provision included in the Business Auto Extended Coverage Endorsement and the Umbrella follows form as respects the additional insured status on the underlying policies.

Coverage is primary.

Blanket Notice Endorsements have been issued for each of the policies evidenced on page 1 of this certificate of insurance, which allows us to evidence the following Notice of Cancellation for this certificate of insurance to facilitate compliance with the written Contract referenced on the page 1 of this certificate:

In the event of cancellation (except for non-payment of premium), the issuing company will mail 30 days prior written notice of cancellation to the certificate holder named on page 1, at the address shown.

If notice is mailed, then proof of mailing to the last known mailing address of the Certificate holder on file with the Agent of Record will be sufficient to prove notice.

Any failure by us to notify such persons or organizations will not extend or invalidate such cancellation, or impose any liability or obligation upon us or the Agent of Record.

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Exhibit E

State Of Minnesota – Affirmative Action Certification

BOX A – For companies which have employed more than 40 full-time employees within Minnesota on any single working day during the previous 12 months. All other companies proceed to BOX B.

Your response will be rejected unless your business:

has a current Certificate of Compliance issued by the Minnesota Department of Human Rights (MDHR)

–or–

has submitted an affirmative action plan to the MDHR, which the Department received prior to the date and time the responses are due.

Check one of the following statements if you have employed more than 40 full-time employees in Minnesota on any single working day during the previous 12 months:

- ☐ We have a current Certificate of Compliance issued by the MDHR. **Proceed to BOX C. Include a copy of your certificate with your response.**
- ☐ We do not have a current Certificate of Compliance. However, we submitted an Affirmative Action Plan to the MDHR for approval, which the Department received on _____ (date). [If the date is the same as the response due date, indicate the time your plan was received: _____ (time). **Proceed to BOX C.**
- ☐ We do not have a Certificate of Compliance, nor has the MDHR received an Affirmative Action Plan from our company. **We acknowledge that our response will be rejected. Proceed to BOX C. Contact the Minnesota Department of Human Rights for assistance.** (See below for contact information.)

Please note: Certificates of Compliance must be issued by the Minnesota Department of Human Rights. Affirmative Action Plans approved by the Federal government, a county, or a municipality must still be received, reviewed, and approved by the Minnesota Department of Human Rights before a certificate can be issued.

BOX B – For those companies not described in BOX A

Check below.

- ☒ **We have not employed more than 40 full-time employees on any single working day in Minnesota within the previous 12 months.** Proceed to **BOX C.**

BOX C – For all companies

By signing this statement, you certify that the information provided is accurate and that you are authorized to sign on behalf of the responder. You also certify that you are in compliance with federal affirmative action requirements that may apply to your company. (These requirements are generally triggered only by participating as a prime or subcontractor on federal projects or contracts. Contractors are alerted to these requirements by the federal government.)

Name of Company: Chosen Valley Testing, Inc. Date 10/6/2014

Authorized Signature: [signature] Telephone number: (507) 281-0968

Printed Name: Colby T. Verdegan Title: President

For assistance with this form, contact:

Minnesota Department of Human Rights, Compliance Services Section

Mail:	190 East 5th St., Suite 700 St. Paul, MN 55101	TC Metro:	(651) 296-5663	Toll Free:	800-657-3704
Web:	www.humanrights.state.mn.us	Fax:	(651) 296-9042	TTY:	(651) 296-1283
Email:	employerinfo@therightsplace.net				

Exhibit F

CERTIFICATION REGARDING LOBBYING
For State of Minnesota Contracts and Grants over $100,000

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 Federal 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 Form to Report Lobbying in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients 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 31 U.S.C. 1352. 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.

Chosen Valley Testing, Inc.
Organization Name

Colby T. Verdegan, President
Name and Title of Official Signing for Organization

By: _____
Signature of Official

10/6/2014
Date

Exhibit I

Affidavit of Noncollusion

State of Minnesota
Request for Proposals

Firm Name:

Instructions: Please return your completed form as part of the Response submittal.

I swear (or affirm) under the penalty of perjury:

1. That I am the Responder (if the Responder is an individual), a partner in the company (if the Responder is a partnership), or an officer or employee of the responding corporation having authority to sign on its behalf (if the Responder is a corporation).
2. That the attached proposal submitted in response to the <insert name> Request for Proposals has been arrived at by the Responder independently and has been submitted without collusion with and without any agreement, understanding or planned common course of action with, any other Responder of materials, supplies, equipment, or services described in the Request for Proposals, designed to limit fair and open competition.
3. That the contents of the proposal have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any such persons prior to the official opening of the proposals.
4. That I am fully informed regarding the accuracy of the statements made in this affidavit.

Authorized Signature

Responder's firm name: Chisen Valley Testing, Inc.

Print authorized representative name: Colby Verdejan Title: President

Authorized signature: [signature] Date (mm/dd/yyyy): 10/6/2014

Notary Public

Subscribed and sworn to before me this:

6th day of OCTOBER, 2014

[signature]
Notary Public signature

JANUARY 31, 2017
Commission expires (mm/dd/yyyy)

JONATHAN DAVID ORTH
Notary Public-Minnesota
My Commission Expires Jan 31, 2017