BID SIGNATURE PAGE Type or Print the following information. PROSPECTIVE CONTRACTOR'S INFORMATION Four Season's Civil Process Company: Address: 111 TENNESSE ST. City: West Helena State: Ar Zip Code: 72390 Sole Proprietorship ☐ Individual Business ☐ Public Service Corp Designation: □ Partnership ☐ Corporation □ Nonprofit □ Not Applicable ☐ American Indian □ Service Disabled Veteran Minority and ☑ African American ☐ Hispanic American □ Women-Owned Women-Owned □ Asian American ☐ Pacific Islander American Designation*: AR Certification #: * See Minority and Women-Owned Business Policy PROSPECTIVE CONTRACTOR CONTACT INFORMATION Provide contact information to be used for bid solicitation related matters. John H Hoff Ir. Contact Person: Title: Owner OWNER 870-753-8826 Phone: Alternate Phone: 870-816-5328 JH HOFF 64 O YAhoo. COM Email: CONFIRMATION OF REDACTED COPY YES, a redacted copy of submission documents is enclosed. □ NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested. Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information. ILLEGAL IMMIGRANT CONFIRMATION By signing and submitting a response to this Bid Solicitation, a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract. ISRAEL BOYCOTT RESTRICTION CONFIRMATION By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.

Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this Bid Solicitation will cause the Prospective Contractor's bid to be rejected:

Authorized Signature:

Use Ink Only.

Printed/Typed Name:

Date: 3-24-20

Official Bid Price Sheet SP-19-0050 Process Server Services

STATEWIDE COVERAGE

Service Type	Cast Per Successful Service	Estimated Successful Serves Per Year	Cost Per Unsuccessful Service	Estimated Unsuccessful Serves Per Year	Extended Cost
Standard Service	50.00	2800 140,677	3500	1900 106,45	\$0.00
Rush Service	8500	30025,501	7000	20014.574	\$0.00
Expedited Service	8500	300	7000	200	\$0.00
Urgent Service	8500	300	7000	200	\$0.00
			Estimated Total for	r Table A	\$0.00
ole B: Secondary S (To be us	ervice Types ed in determining	lowest cost.)			
Service Type	Cost Per Add-On to the Primary Service Type	Estimated Number of Add-Ons Per Year		Extended Cost	
Substitute Service	5000	200 10		\$0.00	
Standby Service	5000	200 10		\$0.00	
Juitiple Address Service	5000	400 2.0		\$0.00	
	Estir	nated Total for Table 6		\$0.00	
timated Grand Tot (Totals	al for the Initial C combined from T			\$0.00	
ble C: Other Servi		ermining lowest cos			
	Service Type			Cost Per Service	
Skip	Trace / Attempt to Loc	ate			
			+		

REGION SELECTION CHECKLIST

<u>For Statewide Coverage</u>: Check the blue box next to <u>Statewide Coverage</u> below if your company intends to serve legal process in all Regions.

<u>For Regional Coverage:</u> Check each blue box in the <u>Selected Region(s)</u> column for each Region in which your company intends to serve legal process.

Statewide Coverage			
Selected Region(s)	Region Number	Counties included in Region	Judicial Districts included in Region
	1	Benton, Carroll, Washington, Madison (only Sherriff can serve Madison County)	4, 19W, 19E
	2	Boone, Newton, Marion, Baxter	14
	3	Fulton, Izard, Stone, Cleburne, Independence	16
	- 4	Sharp, Randolph, Lawrence, Jackson	3
	5	Clay, Greene, Craighead, Poinsett, Mississippi, Crittenden	2
	6	Crawford, Sebastian, Franklin, Johnson, Pope	5, 12, 21
	7	Searcy, Van Buren, Faulkner	20
,	8/	White, Lonoke, Prairie	17, 23
9	V 9	Woodruff, Monroe, Cross, St. Francis, Lee, Phillips	1
	10	Logan, Scott, Yell, Conway	15
	11	Perry, Saline, Pulaski	6, 22
	12	Polk, Montgomery, Garland, Hot Spring, Grant	7, 18W, 18E
	13	Jefferson, Arkansas, Lincoln	11W, 11E
	14	Little River, Sevier, Howard, Pike, Clark	9W, 9E
	15	Miller, Lafayette, Hempstead, Nevada	8S, 8N
	16	Dallas, Cleveland, Ouachita, Calhoun, Columbia, Union	13
	17	Bradley, Drew, Desha, Ashley, Chicot	10

IN THE CIRCUIT COURTS OF THE FIRST JUDICIAL CIRCUIT OF ARKANSAS DIVISIONS I, II, III, IV, AND V

IN THE MATTER OF THE APPOINTMENT OF:

TO SERVE	LEGAL PRO	DCESS IN	
THE FIRST	JUDICIAL O	CIRCUIT OF	ARKANSAS

1JCPS- 2006 01

RENEWAL ORDER OF APPOINTMENT AS PROCESS SERVER IN THE FIRST JUDICIAL CIRCUIT OF ARKANSAS

Pursuant to Rule 4(a), Arkansas Rules of Civil Procedure, and in accordance with the Orders filed in the First Judicial Circuit, the Judges of the above-captioned courts having considered the renewal application submitted for appointment to serve legal process in the First Judicial Circuit of Arkansas, find that the application is hereby approved in accordance with the provisions of that order. The above-named individual is hereby appointed to serve civil process in the First Judicial Circuit until 11:59 p.m., December 31, 2020, unless terminated earlier by court order.

The name, process server number, address, phone numbers, et cetera, are as follows:

Name of Process Server: Jc K/7 17: 170

Process Server Number 22 standard

III me Tennessa, West Helena, Ar 72390

Address:

Phone number: 870-753-8826

Fax number:

Electronic mail address: JHHUFF 64 Q YAha Com

Page 1 of 2

The approved applicant listed above shall comply with all the terms of the Courts' orders entered in Case Number 1JCPS-2003-1 and shall include the number designated above as the "Process Server Number" on all returns.

That the undersigned Circuit Judge has the authority to sign for the other four Circuit Judges of the First Judiciał Circuit.

Entered this 31 day of December, 2018.

CHRISTOPHER W. MORLEDGE, CIRQUIT JUDGI

DIVISION 3

Post Office Box 1225 Forrest City, AR 72336

PROCESS SERVER INFORMATION FORM

- Complete <u>all</u> information for the Process Servers who will provide services under a resulting contract.
- List <u>all</u> Judicial Districts, corresponding counties, and Regions in which the Process Server is qualified to serve process.
- Provide this information even if your company is not submitting a bid response for all Regions in which the Process Server is qualified to serve.

Process Server Name	Email	Phone Number	Judicial District(s) Serviced	Counties Serviced	Regions Serviced
John H Hoff Jr.	JH Huff 640 Yahoo	753-8826	1_	Phillips, Lee, Monroe Wooduff, Cross, ST Francis	9

STATEWIDE COVERAGE

Service Type	Cost Per Successful Service	Estimated Successful Serves Per Year	Cost Per Unsuccessful Service	Estimated Unsuccessful Serves Per Year	Extended Cost
Standard Service	50.00	2800	35 ª×	1900	\$0.00
Rush Service	8500	300	70 °°	200	\$0.00
Expedited Service	8500	300	70-00	200	\$0.00
Urgent Service	85-00		.71 03		40.00
Organit Service	10.3	300	Fortunated Faculty	Z00	\$0.00
ble B: Secondary			Estimated Total fo		\$0.00
ble B: Secondary	Service Types	lowest cost.)	Estimated Total fo		\$0.00
ble B: Secondary: (To be us	Service Types sed in determining Cost Per Add-On to the Primary Service Type	lowest cost.) Estimated Number of	Estimated Total fo	r Table A	\$0.00
ble B: Secondary (To be us Service Type	Service Types ed in determining Cost Per Add-On to the Primary Service Type 50 99	lowest cost.) Estimated Number of Add-Ons Per Year	Estimated Total fo	r Table A Extended Co	\$0.00
Substitute Service	Service Types red in determining Cost Per Add-On to the Primary Service Type 50 50	Estimated Number of Add-Ons Per Year	Estimated Total fo	Extended Co:	\$0.00

Table C: Other Service Types (NQT to be used in determining lowest cost.)					
Service Type	Cast Per Service				
Skip Trace / Attempt to Locate					
Court Hearing / Testimony					

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

				contract, lea	se, purcha	se agreement, or grant award with any Arkansas State Ag	ency.
SUBCONTRACTOR SU	JBCONTRAC	CTOR NAM	E:				
☐ Tes ☑NO	_	_	IS THIS FOR:		_		
TAXPAYER ID NAME: 429	- 43-	1211	Goods	?	U S	ervices? Both?	
YOUR LAST NAME: HUFF	, J.		FIRST NAME:	John	1	M.L.: H.	
ADDRESS: 111 Te	NNESSE						
DITY: West HeleNA			STATE: A		ZIP COL	DE: 72390 COU	INTRY:
	BTAIN	VING, E	EXTENDING, AMENDING,	OR REI	NEWING	A CONTRACT, LEASE, PURCHASE AG	REEMENT,
						ING INFORMATION MUST BE DISCLOSE	
			For	TALD	T 77 T 7	UALS*	
in roots v							
ndicate below if: you, your spou Member, or State Employee:	ise or the	brother,	sister, parent, or child of you or you	r spouse is	a current or	former: member of the General Assembly, Constitutional	Officer, State Board or Com
Position Held	Ma	rk (√)	Name of Position of Job Held (senator, representative, name of	For Ho	w Long?	What is the person(s) name and how are the [i.e., Jane Q. Public, spouse, John Q. Public	
	Current	Former	board/ commission, data entry, etc.]	From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly		1					
Constitutional Officer							
State Board or Commission Member							
State Employee		10.0					
None of the above appl	ies						
			FOR AN E	NTI	гү (Business)*	
Officer, State Board or Commissi	ion Memb	er, State	ent or former, hold any position of co Employee, or the spouse, brother, seans the power to direct the purchas	sister, parer	nt, or child o	ship interest of 10% or greater in the entity; member of the far member of the General Assembly, Constitutional Office the management of the entity.	e General Assembly, Constit er, State Board or Commission
Position Held	Mai	rk (√)	Name of Position of Job Held	For Ho	w Long?	What is the person(s) name and what is his/her % of c what is his/her position of control	
r osmon ried	Current	Former	board/commission, data entry, etc.]	From MM/YY	To MM/YY	Person s Namers	Ownership Position of Iterest (%) Control
General Assembly							
Constitutional Officer						1 1	
State Board or Commission Member							
State Employee							
None of the above appli	inc	-	· · · · · · · · · · · · · · · · · · ·				

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

- Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a
 CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM. Subcontractor shall mean any person or entity with whom I enter an agreement
 whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms
 of my contract with the state agency.
- 2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a
copy of the CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM completed by the subcontractor and a statement containing the dollar
amount of the subcontract to the state agency.

that I agree to	h H HH Ja	conditions stated he	 Server	Date 3- 24- 20 Phone No. 870-753 88.	
Agency use only Agency Number	Agency Name	Agency Contact Person	Contact Phone No	Contract or Grant No	

Attachment C Example Service Type Menu Form

- Authorized Entity must include this form in the Referral for Service Packet sent to the Contractor.
- Authorized Entity must indicate one (1) Primary Service Type.
- Authorized Entity may indicate one (1) or more Secondary Service Types when a Primary Service Type is chosen above.
- Contractors must provide Service Attempts for Secondary Service Types in accordance with the Requirements of the Primary Service Type chosen.

Pri	mary Serv	ice Types
	Standard S	
	>	Includes three (3) Service Attempts within ten (10) calendar days of Contractor's receipt of the Referral for Service Packet.
4	Rush Serv	ice
	×	Includes three (3) Service Attempts within five (5) calendar days of Contractor's receipt of the Referral for Service Packet.
	Expedited	Service
	×	Includes three (3) Service Attempts within eight (8) to twenty-four (24) hours of Contractor's receipt of the Referral for Service Packet.
	Urgent Ser	vice
	>	Includes three (3) Service Attempts within zero (0) to eight (8) hours of Contractor's receipt of the Referral for Service Packet.
Se	condary Se	ervice Types
\int	Substitute	Service
	×	Substitutes service from the originally intended recipient of the legal process documents whereby Contractor leaves a copy of the legal process documents with a person who is at least eighteen (18) years of age, is related to the individual listed in the Referral for Service Packet, and resides in the same place as the originally intended recipient of the legal process documents.
	Standby S	ervice
		Number of 15 Minute Increments
	×	After each unsuccessful Service Attempt, Contractor waits for the recipient of the documents in 15-minute increments as instructed by the Authorized Entity.
	Multiple Ad	ddress Service
		Number of additional addresses (Primary address not included in total.)
	×	Provides an option for providing Service Attempts to address(s) in addition to the one (1) address included in a Primary Service Type.
	×	Authorized Entity should list additional addresses on the Service Information Form included in the Referral for Service Packet.
	Skip Trace	Attempt to Locate Services
	A	Includes services to attempt to locate a person.

STATE OF ARKANSAS



Asa Hutchinson

Governor

Department of Career Education Arkansas Rehabilitation Services D. Alan McClain, Commissioner

Charisse Childers, Ph.D. Director

Equal Opportunity Policy Disclaimer

ATTENTION VENDORS

Act 2157 of 2005 of the Arkansas Regular Legislative Session requires that any business or person bidding, who is responding to a formal bid request, Request for Qualifications or qualifications, or negotiating a contract with the state for professional or consultant services, submit their most current equal opportunity policy (EO Policy).

Although bidders are encouraged to have a viable equal opportunity policy, a written response stating the bidder does not have such an EO Policy will be considered that bidder's response and will be acceptable in complying with the requirement of Act 2157.

Note: This is a mandatory requirement when submitting an offer as described above. If you have any questions regarding this requirement, please contact by calling 501-296-1666.

Company Name or Individual:	Four Sa	Ason's Civil Process	
Title: Process Server	_ Date	3-24-20	
Signature John H Hoff Jr.			



VILTERN SURATY COMPANY , ONE OF AMERICA'S DECEST EQUING COMPANIES

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond	l No. 70053115 briefly
described as PROCESS SERVER	
for JOHN HENRY HUFF JR.	•
	, as Principal,
in the sum of \$ TEN THOUSAND AND NO/100	Dollars, for the term beginning
	January 01 , 2021 , subject to all
the covenants and conditions of the original bond referred to	above.
This continuation is issued upon the express condition	that the liability of Western Surety Company
under said Bond and this and all continuations thereof shall	not be cumulative and shall in no event exceed
the total sum above written.	
Dated this <u>19th</u> day of <u>September</u> , <u>20</u> 1	1 <u>9</u> .
W E By _	STERN SURETY COMPANY Paul T. Bruffat, Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

WESTERN SURETY COMPANY , ONE OF ANSRICA'S GLOEST BONDING COMPANIES

Form 90-A-8-2012

Hon - Welcome Agency - Login

Submission Confirmation

Thank you for your submission. This submission is valid for one year.

We have recorded your submission. Please click here to return to the home page.

Print Disclosure Submission

Disclosure forms are valid for one year.

Vendor: Four season'Civil process

Tax ID: 4188

Disclosure Statement: I certify that I DO NOT employ or contract with an illegal immigrant.

Contact E-mail: jhhuff64@yahoo.com

Submitted on: 03-30-20

Valid through: 03-29-21