

REVISED COST SHEET
BID #15/16-3, DOCUMENT SCANNING SERVICES

Cost Sheet

Cost shall be provided based on the following. These are estimates on potential volumes but all bids will be evaluated on the following overall quantities with the overall cost being the determining factor.

Description	Estimated Quantity	Unit Cost per Image\Keystroke	Total Cost
8x11 B/W Scan	60,000	0.045	2,700.00
8x11 Color Scan	10,000	0.045	450.00
11x17 B/W Scan	20,000	0.045	900.00
11x17 Color Scan	2,500	0.045	112.50
24x26 B/W Scan	10,000	0.46	4,600.00
24x36 Color Scan	1,000	0.47	470.00
36x44 B/W Scan	2,000	0.46	920.00
36x44 Color Scan	200	0.47	94.00
Pickup and Return per Trip	100	28	2,800.00
Indexing of file (Keystrokes)	912,800	0.007	6,389.60

Total Cost of all items above per scope of services on pages 13 & 14: \$19,436.10

Total Cost Written in Words: Nineteen Thousand and Four Hundred and Thirty Six and Ten Cents

(Bid based on above total) Proposals require a five (5%) percent bid bond and may not be withdrawn after the scheduled opening time for a period of thirty (30) days.

Notes:

Pick up will be considered per location (address). If multiple departments are at one address this will be considered one Trip. Additional stops will be considered additional trips.

This contract and pricing shall be applied to any department or entity in Clay County.

COMPANY NAME: IMAGE STORE HOUSE LLC

BID #15/16-3, DOCUMENT SCANNING SERVICES

CORPORATE DETAILS:

Failure to complete all fields may result in your bid being rejected as non-responsive.

COMPANY NAME: IMAGE STOREHOUSE LLC
ADDRESS: 8131 BAYMEADOWS CIRCLE WEST STE 202
JACKSONVILLE, FL 32256

TELEPHONE: 904-861-2430

FAX #: 904-861-2437

E-MAIL: GH.SORIANO@IMAGESTOREHOUSE.COM

Name of Person submitting Bid: GERARD H. SORIANO

Title: VICE PRESIDENT

Signature: Gerard H. Soriano

Date: 11/15/15

ADDENDA ACKNOWLEDGMENT:

Bidder acknowledges receipt of the following addendum:

Addendum No. 1 Date: 11/18/15 Acknowledged by: Gerard H. Soriano
Addendum No. Date: Acknowledged by:
Addendum No. Date: Acknowledged by:



HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

Bank

IMAGESTOREHOUSE.COM, LLC.


11/23/2015

52-0133
112

CLAY COUNTY OF FLORIDA

Nine Hundred Seventy One AND 81/100

131.01



Security
Features
Details on
Back

AUTHORIZED SIGNATURE

7574121 15330210 1076935929

ImageStoreHouse

END TO END DOCUMENT MANAGEMENT SOLUTIONS

Cover Page

BID Number: 15/16-3
Issue Date: 10/29/2015
Title: Document Scanning Services
Customer: Clay County Board of Commissioners
Issuing Department: Purchasing Division
Submitted To: Donna Fish

Vendor Name: ImageStoreHouse, LLC.
Mailing Address: 8131 Baymeadows Circle West, Suite 202
Jacksonville, Florida 32256
Contact Information: Gerard Soriano
ghsoriano@imagestorehouse.com
Phone: (904) 403-5601
Web: www.imagestorehouse.com

For Official Use Only – Source Selection Sensitive

Nondisclosure Statement: This proposal includes data that shall not be disclosed outside the Government and shall not be duplicated, used, or disclosed—in whole or in part—for any purpose other than to evaluate this proposal. If, however, a contract is awarded to this offeror as a result of—or in connection with—the submission of this data, the Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting contract. This restriction does not limit the Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction is contained on all pages within this volume as marked.

END TO END

Document Management Solutions



Cover Letter

Ms. Donna Fish
Purchasing Division
Clay County of Florida

Dear Ms. Fish

On behalf of ImageStoreHouse, LLC, I am pleased to present our proposal for Document Scanning Services BID# 15/16-3. We enthusiastically look forward to providing Clay County the same quality services that ImageStoreHouse provides its other customers.

Thank you for the opportunity to participate in this solicitation. ImageStoreHouse will comply with all RFP and contract provisions. Furthermore, the support of this contract does not present a conflict of interest for the client or ImageStoreHouse. We take no exceptions to the County contract general terms and conditions of this solicitation, resulting contract, and acknowledge receipt of all amendments. If there are any questions about this submittal, or if I can assist you in any way, please contact me at (904) 861-2430, ext 101. This opportunity means a great deal to ImageStoreHouse, LLC.

Description	Premier company in Data Digitations
History	Same individual ownership for the entire 15 years
Years in Business	15
Type of Service	Document Conversion & Workflow Solutions
Legal Status	LLC
Federal Tax ID	59-3692634
Liability Insurance	1195451

Sincerely,

Rami Rawdah
CEO

Executive Summary

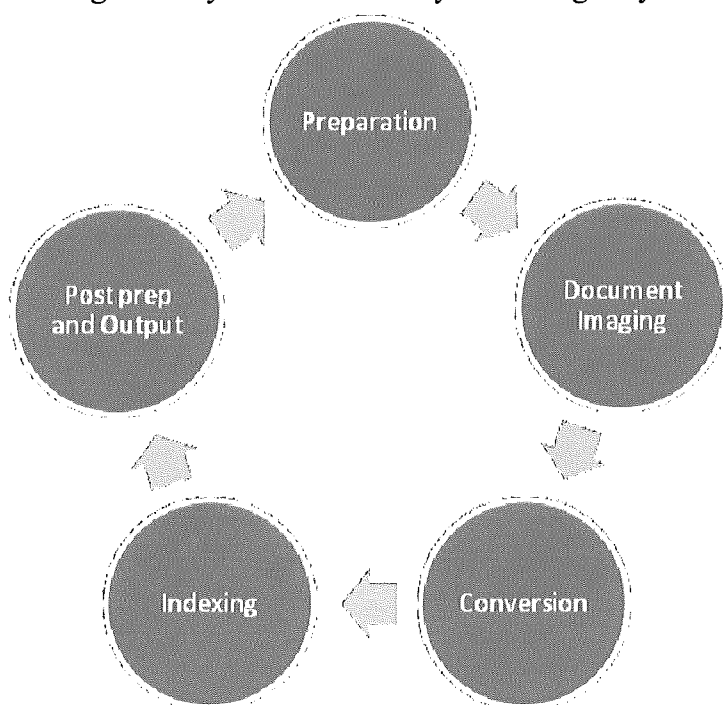
ImageStoreHouse ("ISH") is a leader in the development and implementation of turn-key document management and indexing solutions for multi-national corporations, government agencies and privately-held businesses throughout North America

High Level Overview of Our Approach

ImageStoreHouse provides comprehensive, all-inclusive Electronic Document Imaging and Management Systems and Services to firms and agencies in a wide variety of industries – from healthcare to legal – financial to transportation – insurance to manufacturing and beyond. As one of the most respected names in the industry, ISH is a value-added reseller (VAR) of Kodak, Canon, Fujitsu, Kofax and Böwe Bell+Howell imaging products, software, and maintenance services.

ImageStoreHouse offers complete management, workflow and imaging conversion services for any type and/or size of document. With a single keystroke from any computer connected to the Internet, the ImageStoreHouse data storage and management system immediately recalls digitally stored business information. Through our firewalls and security systems, our clients have the power to view, print or electronically transmit "exact" copies of their secure, filed information.

The seasoned specialists at ImageStoreHouse are accomplished professionals with decades of information technology experience and a track record of project success. Our mission statement and company vision reflect our personal and corporate ethics, business direction and uncompromising values. We believe that we are the best at what we do and strive to provide the finest services at a fair and equitable cost.



Distinguishing Characteristics of Our Proposal

We at ISH take true pride in our offerings. Since our founding in 1999 and incorporation in 2000, Data Conversion is at the heart of what we do. It is the “core” of our business, and we are cognizant of that fact, that is why we have the best of people, equipment and software. Some of our clients CSX, Swisher Cigars and Duval County have been with us since our incorporation. Jacksonville Orthopedic Institute has selected us as their repository of their patient files since 1999. They utilize our “scanning on demand” service which means that each of those stored files can be retrieved, scanned and sent to their host system within one (1) hour. As you can tell, our mantra is “the customer is at the center” of all we do. These vital records are at the heart of their company. We embrace this fact and have given everyone of our clients superior service for the last 15 years.

Importance of this Project to Our Operation

It is obvious that the winning of the award, would have a significant positive impact on our financial position. However, the winning goes beyond that in terms of finances.

While we take pride in our solutions and demonstrated successes over the years with all of our clients, the public sectors hold a special sense of pride for us. When the Duval and St. Johns Counties selected us as the company they entrust the scanning and digitizing of their vital, sensitive and confidential drawings of all of the schools in their respective districts, it means that we as a company we understand the criticality of providing protection, safekeeping and complete “chain of custody” of these records. This project we hope to be selected for, has the same challenges as these counties. The Clay County’s requirements is equally sensitive, in protection against unauthorized use or access. We at ISH are prepared to comply to the fullest in the handling and processing of your vital records.

Features and Benefits of Our Approach

- **Protection of the customer’s information**
- **Secure accessibility to documents**
- **Search ability and rapid access of information**
- **100% quality control**
- **15 Years of directly relevant experience**

We are an experienced, stable company with high standards on quality that is totally focused on client satisfaction

Vendor Qualifications

Since our inception, over 15 years ago, ImageStoreHouse offers complete management, work flow and imaging conversion services for any document. With a single keystroke from any computer connected to the Internet, the ImageStoreHouse data storage and management system immediately recalls digitally stored business information. Through our firewalls and security systems, our clients have the power to view, print or electronically transmit “exact” copies of their secure, filed information.

Data storage and document indexing are custom-designed to meet the exacting needs of each of our clients, allowing them the flexibility to file and retrieve their data via client-defined, simple (or complex) definitions and designations. Any file can be indexed and retrieved via any number of client-defined “field” criteria (i.e., date, name, invoice number, etc.).

Document Management

ImageStoreHouse is unique in that we are the only company that provides a comprehensive, end-to-end electronic document management solution. We perform all of the requisite services to transform your paper documents, electronic files, photographs, charts, blueprints, etc. from their original, cumbersome form into digitally stored files. Electronic document storage allows our clients the ease and convenience of accessing their documents from any web-enabled computer by a few simple keystrokes.

At ImageStoreHouse, our business is service beyond technology. That is why we continuously strive to provide the best service possible and are completely responsible to you, our client, for the accuracy, timelines and delivery of each of our applications. Because we manage and control the entire digital storage process, we have complete flexibility in our service offerings – providing our services bundled or unbundled; at our facilities, at yours or a hybrid.

100% Quality Control on Every Document, Every Time.

While other vendors rely on random, statistical sampling for their quality control, ISH raises the bar by incorporating hands-on review of each facet of the prepping/scanning/imaging operation.

ISH's Quality Assurance Program (IQAP) utilizes visual examinations of the imaged documents by multiple individuals to ensure accuracy and readability on a 100% image-for-image basis. During the prepping and scanning stages of the process, one ISH team performs the initial function, immediately followed by a separate ISH QC team that thoroughly reviews the completed work to ensure that it complies with the instructions and requirements of the Client.

Then, as the final stage of the quality assurance program, the entire process is quality controlled from start-to-finish. This final QC Team verifies that (1) there are no missing pages within the document; (2) the data was captured successfully; and (3) proper indexing codes are assigned.

This final IQAP process ensures that all batches have been scanned and verified and that all documents have been indexed per the requirements.

BID #15/16-3, DOCUMENT SCANNING SERVICES

REFERENCES:

Agency Name	ALACHUA COUNTY PUBLIC SCHOOLS
Address	3700 N.E. 53 RD AVE
City, State, Zip	GAINESVILLE, FL 32609
Contact Person	VICKI McGRATH DIRECTOR OF COMMUNITY PLANNING
Telephone	352-955-7400 X1423
Dates of Service	ON GOING
Types of Service	DOCUMENT SCANNING AND CONVERSION OF ALL OF THE SCHOOL'S DRAWINGS OF THEIR SCHOOLS
Comments	WE CONVERTED OVER 20,000 OF THEIR DRAWING AND AND SEGMENTED THEM IN CATEGORIES PLUMBING, ELECTRICAL, ETC
Agency Name	ST. JOHNS COUNTY SHERIFF'S OFFICE
Address	4015 LEWIS SPEEDWAY
City, State, Zip	ST AUGUSTINE, FL 32084
Contact Person	JASON SHEFFIELD DEPUTY DIRECTOR
Telephone	904-209-2146
Dates of Service	ON GOING
Types of Service	DOCUMENT CONVERSION OF HUMAN RESOURCE & BENEFITS RECORDS AS WELL AS ALL ARREST RECORDS GOING BACK OVER 50 YEARS
Comments	THE R&I ARREST RECORDS COMPRISED OF OVER 900 BOXES OF PAGES
Agency Name	JACKSONVILLE ORTHOPEDIC INSTITUTE
Address	1325 SAN MARCO BLVD # 200
City, State, Zip	JACKSONVILLE, FL 32207
Contact Person	MARY ANN HUDSON OFFICE MANAGER
Telephone	904-858-6405
Dates of Service	ON GOING
Types of Service	DOCUMENT CONVERSION OF ALL PATIENT RECORDS USING OUR "SCAN ON DEMAND" FEATURE WHEREBY PATIENT RECORDS HOUSED BY US ARE SCANNED AND AVAILABLE WITHIN HOUR
Comments	CUSTOMER SINCE 2000

The submission of a responsive bid will include at a minimum three (3) recent verifiable corporate, commercial, or government agency references where similar work has been completed within the last year.

**Certification Regarding Debarment, Suspension,
Ineligibility and Voluntary Exclusion Form**

- (1) The prospective Vendor, IMAGESTOREHOUSE, LLC, certifies, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or Agency.
- (2) Where the Vendor is unable to certify to the above statement, the prospective Vendor shall attach an explanation to this form.

Vendor:

IMAGESTOREHOUSE LLC

By: Gerard H. Soriano
Signature

GERARD H. SORIANO VP
Name and Title

8131 BAYMEADOWS CIRCLE WEST STE 202
Street Address

JACKSONVILLE, FL, 32256
City, State, Zip

11/15/15
Date

Client#: 1195451

68IMAGE

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

11/19/2015

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 BB&T - Landrum Yaeger 3375-B Capital Circle, NE PO Box 14099 Tallahassee, FL 32317		CONTACT NAME: PHONE (A/C, No, Ext): 850 386-2143 FAX (A/C, No): 8883281326 E-MAIL ADDRESS:																						
INSURED Imagestorehouse.com LLC 8131 Baymeadows Circle West Suite 202 Jacksonville, FL 32256		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>St Paul Fire & Marine Ins Compa</td> <td>24767</td> </tr> <tr> <td>INSURER B:</td> <td>Phoenix Insurance Company</td> <td>25623</td> </tr> <tr> <td>INSURER C:</td> <td>Travelers Indemnity Company</td> <td>25658</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	St Paul Fire & Marine Ins Compa	24767	INSURER B:	Phoenix Insurance Company	25623	INSURER C:	Travelers Indemnity Company	25658	INSURER D:			INSURER E:			INSURER F:		
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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
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			ZPP12T651781415	03/28/2015	03/28/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$250,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BA7382X79815TEC	03/28/2015	03/28/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	HNUB7403X38115	03/28/2015	03/28/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

**** Workers Comp Information ****

Other States Coverage

CERTIFICATE HOLDER**CANCELLATION**

For Information Purposes Only

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

Scott Jay

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Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
ImageStoreHouse.com LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC
☐ C Corporation
☒ S Corporation
☐ Partnership
☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
8131 Baymeadows Circle W Ste 202

6 City, state, and ZIP code
Jacksonville, FL 32256

7 List account number(s) here (optional)

8 Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
5	9	-	3	6	9	2	6	3 4

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ 

Date ▶ 11/20/2015

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK



OFFICIAL CHECK

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

RE:

IMAGESTOREHOUSE.COM, LLC.

DATE:

11/23/2015

PAY TO THE
ORDER OF

CLAY COUNTY OF FLORIDA
Nine Hundred Seventy One AND 81/100

\$971.81

75744112-4

52-0133
112

DRAWER: TD BANK, N.A.


AUTHORIZED SIGNATURE



⑈75744112⑈ ⑆011201335⑆ 6265069404⑈

ImageStoreHouse
END TO END DOCUMENT MANAGEMENT SOLUTIONS

8131 Baymeadows Circle West, Suite 202
Jacksonville, Florida 32256

RECEIVED
PURCHASING DIVISION

015 NOV 23 P 12:50

CLAY COUNTY BOARD OF
COMMISSIONERS

Image Store House

Clay County Purchasing Division
477 Houston Street
P.O. Box 1366
Green Cove Springs, FL 32043
904-278-3761

Receipt for Bid #: 15/16-3

AY COUNTY

CHASING DIVISION

) # 15/16-3 DOCUMENT SCANNING SER