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(Check one)	Yes	No V	Initials	Mi	nimum order,	, if applica	able\$			<u></u> .	
			O BID ARE EX								
been approve	d by the	County Co	unselor's Off	ice. Si	gnature of	vendor as i	ndicated b	elow MUST	BE COMPL	ETED	before
contract can	be awarg	led:	0. 1 1				0.0		1-6		
CONTRACTOR'S	NAME:	1955	rao inc			PHO	NE NO: 415	5-1W4-4	שמו		
ADDRESS: 42	5 N R	awhite.	Pad Inc.	10600	i —	F/	ax no: 913	-764-9	200	_	
NAME OF AUTH	ORIZED AG	ENT (prin	or type	TODA LEE	. Winkelm)N	DATE: 3/	25/11			
SIGNATURE OF	AUTHORIZ	ED AGENT:	1460 C	·	- · · · · ·	TITLE	· Marga	ov.			
EMAIL ADDRES	S OF AUTH	ORIZED AG	ENT: toddows	SONTARS	oca labaline	<u> </u>					
FEDERAL ID N	o: 48-1	<i>101</i> 075	1	and/or	SCCIAL SECU	RITY NO:					
SPECIFY: MI	NORITY OW	NED (MBE)	WOM	AN OWNED	(WBE):	(Check]	If Applical	ole)			
			* * * * * *						* * * *	* * *	* * *
JACKSON COUN	TY MISSOU	RI BY Q.	iroy)thomas,_	ACTING D	IRECTOR OF F	INANCE AND	PURCHASING	3			
SIGNATURE OF	Q. TROY	THOMAS:	Din	2116	ronu	DATE:	April 1	5, 2011			

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(Check one) Yes No X Initials און Initials און בארן (Check one) Yes No X Initials און
ALL PAGES OF THIS INVITATION TO BID ARE EXPRESSLY MADE A PART OF THIS CONTRACT. The format of this Contract has
peen approved by the County Counselor's Office. Signature of vendor as indicated below MUST BE COMPLETED before
contract can be awarded:
CONTRACTOR'S NAME: Helena Chemical Company - John Sheeh PHONE NO: 913 - 441-0676
ADDRESS: BAIT Hedre Low Terrace Showner, ES 66227 FAX NO: 913-441-0522
NAME OF AUTHORIZED AGENT (print or type): John K. Sheeke DATE: 3/24/11
NAME OF AUTHORIZED AGENT (print or type): John K. Sheeke DATE: 3/29/11 SIGNATURE OF AUTHORIZED AGENT: Office TITLE: Sales Representative
EMAIL ADDRESS OF AUTHORIZED AGENT: Sheehei@helenzchenical.com
rederal id No: 71-0293688 and/or social security No:
SPECIFY: MINORITY OWNED (MBE): WOMAN OWNED (WBE): (Check If Applicable)
JACKSON COUNTY MISSOURI BY Q. TROY-THOMAS, ACTING DIRECTOR OF FINANCE AND PURCHASING
SIGNATURE OF Q. TROY THOMAS: Work (Conc. DATE: April 18, 2011

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(Check one) Yes No Initials . Minimum order, if applicable\$ N4
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CONTRACTOR'S NAME: SUPPLEME TURE PROBULTS TOG PHONE NO: 913 329-3611
ADDRESS: 19975E W. 1612 St., DIATUR VS 1660.7 FAX NO: 913 979-3611
NAME OF AUTHORIZED AGENT (print or type): South A Nucl. DATE: 3/24/11
SIGNATURE OF AUTHORIZED AGENT: TITLE: SALES KEP
EMAIL ADDRESS OF AUTHORIZED AGENT: Supremeturity & Stratotal net FEDERAL ID NO: 43-1248580 and/or SOCIAL SECURITY NO:
SPECIFY: MINORITY OWNED (MBE): WOMAN OWNED (WBE): (Check If Applicable)
* * * * * * * * * * * * * * * * * * *
JACKSON COUNTY MISSOURI BY Q. TWON THOMAS, ACTING DIRECTOR OF FINANCE AND PURCHASING
SIGNATURE OF Q. TROY THOMAS: DATE: April 18, 2011

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Contractor warrants that no officer or employee of the County, whether elected or appointed, shall in any manner whatsoever be interested in or receive any benefit from the profits or emoluments of this contract. If the County awarded you the proposed Contract, would you sell under the prices and terms of this Contract to any Municipal, County, Public Utility, Hospital, or Educational Institution having membership in the Mid-America Council of Public Purchasing and located within the greater Kansas City Metropolitan Trade Area? (All deliveries are to be F.O.B. Destination and there shall be no obligation on the part of any member of such Council to utilize this Contract).

(Check one) Yes X No Initials $\frac{r}{RT}$. Minimum order, if applica	able\$ 100.00 WHEN POSSIBLE .
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	ME NO: 318-425-5944 NX NO: 318-220-9609
NAME OF AUTHORIZED AGENT (print or type): Royal M. Tyler, Jr. D. SIGNATURE OF AUTHORIZED AGENT: (SHALLWILL) TITLE:	Product Manager
EMAIL ADDRESS OF AUTHORIZED AGENT: foyal.tyler@rrsi.com FEDERAL ID NO: 72-1115450 and/or SOCIAL SECURITY NO: SPECIFY: MINORITY OWNED (MBE): WOMAN OWNED (WBE): (Check I	f Applicable)
SPECIFY: MINORITY OWNED (MBE): WOMAN OWNED (WBE): Check I * * * * * * * * * * * * * * * * * * *	PURCHASING * * RECEIVED *
SIGNATURE OF Q. TROY THOMAS: DATE:	April 18, 2011 JUN 3 0 2011

MARY JO SPINO COUNTY CLERK

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(Check one) Yes \sqrt{No} No Initials \sqrt{NO} . Minimum order, if applicable\$ \sqrt{SOO} .
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CONTRACTOR'S NAME: REINNERS, INC. PHONE NO: 913-397-0080 NAMES : 19942 W. 162 ST OLATHE, KS 66071 FAX NO: 913-397-0085
NAME OF AUTHORIZED AGENT (print or type): DENNIA WHITEFORD DATE: 2-11-11 SIGNATURE OF AUTHORIZED AGENT: Whiteford TITLE: TERRITORY MANAGER
EMAIL ADDRESS OF AUTHORIZED AGENT: dwhitelyd@reinders, com FEDERAL ID NO: 39-0762349 and/or SOCIAL SECURITY NO:
SPECIFY: MINORITY OWNED (MBE): WOMAN OWNED (WBE): (Check If Applicable) * * * * * * * * * * * * * * * * * * *
JACKSON COUNTY MISSOURI BY Q. TROW THOMAS, ACTING DIRECTOR OF FINANCE AND PURCHASING
SIGNATURE OF Q. TROY THOMAS: April 18, 2011