

COOPERATIVE AGREEMENT

THIS AGREEMENT, made by and between **JACKSON COUNTY, MISSOURI**, a Constitutional Home Rule Charter County of the First Class of the State of Missouri, hereinafter referred to as "the County" and a Missouri not-for-profit corporation, **SETON CENTER, INC., 2816 E. 23RD STREET, KANSAS CITY, MO 64127**, hereinafter referred to as "Organization".

WHEREAS, the County recognizes its statutory obligations to the indigent under sections 205.210 et seq. and 205.580 et seq., RSMo, and recognizes the problems associated with the economically disadvantaged in receiving proper access to health care; and,

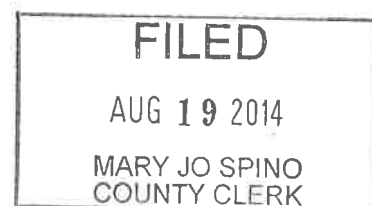
WHEREAS, Organization currently provides dental services to indigent families and desires to continue providing these services; and,

NOW THEREFORE, in consideration of the foregoing and the terms and provisions herein contained, the County and Organization respectively promise, covenant, and agree with each other as follows:

NOW, THEREFORE, it is agreed by and between the parties as follows:

1. **Services**. Organization will provide dental services to the indigent in central city neighborhoods in Jackson County as more fully described in the attached proposal marked Exhibit A. As used in this Agreement, the term "indigent person" means a person who is eligible for free care or care at a reduced rate on the basis of income at Truman Medical Center - Lakewood and West.

2. The budget Organization submitted as part of Exhibit A is considered final and non-changeable. If Organization encounters unforeseen circumstances that require



a change to Organization's budget, Organization shall submit a written request to the Jackson County Legislative Auditor's no later than October 31, 2014. Any changes to the budget must be approved by the Jackson County Legislature.

3. **Terms Of Payment.** The County agrees to pay Organization the total amount of **\$35,000.00** in quarterly installments of **\$8,750.00**, with the payment for the first and second quarter to be made upon execution of this Agreement. The remaining payments shall be made upon the County's receipt of the reports as set forth in paragraph 3 hereof. The County reserves the right to audit all invoices and to reject any invoice for good cause. The County retains the right to deduct from an invoice of Organization any overpayment made by the County on a prior invoice. The County retains the right to make invoice corrections/changes. The County will not reimburse sales tax expense.

4. **Reports/Other Documentation.** Within 30 days after the conclusion of each calendar quarter under this Agreement, Organization shall submit a quarterly report, including cancelled checks and/or a copy of the face of the check and corresponding bank statements, invoices, and any other documents requested by the Director of Finance and Purchasing, to establish that the funds provided pursuant to this Agreement were used for the purposes set forth herein. The reports for the first and second quarters shall be submitted within 30 days after the execution of this Agreement. The last quarter's report shall include an annual report which shall summarize all of Organization's activities pursuant to this Agreement. Organization's failure to submit this annual report shall disqualify Organization from future funding by the County.

Organization must notify the County in writing on Organization's letterhead, within five working days of the following changes:

- a. Organization name, address, telephone number, administration, or board of directors
- b. Organization funding that will affect the program under this contract
- c. Liability insurance coverage
- d. Management or staff responsible for providing services pursuant to this contract
- e. Any proposed or actual merger or acquisition either taken by the Organization or toward the Organization

5. **Submission Of Documents**. No payment shall be made under this Agreement unless Organization shall have submitted to the County's Director of Finance and Purchasing: (1) a written proposal setting out in detail the intended use of the County's funding, including the target population to be served; (2) Organization's IRS Form 990 from the previous fiscal or calendar year; (3) a statement of Organization's total budget for its most recent fiscal year; and (4) a detailed explanation of actual expenditures of the County's funds (pertains to final payments and payments on contracts for future years). If Organization has previously received funding from the County, to be eligible for future payments, Organization must submit either an audited financial statement for Organization's most-recent fiscal or calendar year by March 31 of the following year, or a certified public accountant's program audit of the County's funds by January 31 of the following year. Any documents described herein which were submitted to the Director of Finance and Purchasing as a part of an application for funding need not be resubmitted to qualify for payment. No payment shall be made if Organization is out of compliance on any other County contract, or has not paid county taxes on all properties owned by Organization and assessed by the County.

6. **Equal Opportunity.** Organization shall maintain policies of employment as follows:

A. Organization and Organization's subcontractor(s) shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, age, disability, or national origin. Organization shall take affirmative action as set forth to ensure that applicants are employed and employees are treated without regard to their race, religion, color, sex, age, disability, or national origin. Such action shall include, but not be limited, to the following: recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Organization agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the policies of non-discrimination.

B. Organization and Organization's subcontractor(s) shall, in all solicitation or advertisements for employees placed by them or on their behalf, state that all qualified applicants will receive consideration for employment without regard to race, religion, color, sex, age, disability, or national origin.

7. **Employment Of Unauthorized Aliens Prohibited.** Pursuant to §285.530.1, RSMo, Organization assures that it does not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri and/or Jackson County, and shall affirm, by sworn affidavit and provision of documentation, its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. Further, Organization shall sign an affidavit, attached hereto and incorporated herein as

Exhibit B, affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services.

8. **Audit.** The parties agree that the County may, for any reason and at any given time, examine and audit the books and records of Organization pertaining to its finances and operations. Further, Organization agrees to establish and adopt such accounting standards and forms as recommended by the County prior to receipt of the County's first distribution of funds under the terms of this Agreement. The forms used to document expenditure of these funds may be changed from time to time by the County.

9. **Default.** If Organization shall default in the performance or observation of any covenant, term or condition herein contained to be performed by Organization, the County shall give Organization ten days written notice, setting forth the default. If said default shall continue and not be corrected by Organization within ten days after receipt of notice from the County, the County may, at its election, terminate this Agreement and withhold any payments not yet made to Organization. Said election shall not, in any way, limit the County's rights to sue for breach of this Agreement.

10. **Appropriation Of Funds.** Organization and the County recognize that the County intends to satisfy its financial obligation to Organization hereunder out of funds annually appropriated for that purpose by the County. County promises and covenants to make its best efforts to appropriate funds in accordance with this Agreement. In the event no funds or insufficient funds are appropriated and budgeted, or are otherwise unavailable by any means whatsoever for payment due hereunder, County shall immediately notify Organization of this occurrence and this Agreement shall terminate

on the last day for which appropriations were received, without penalty or expense to the County of any kind whatsoever, except as to the portions of the payment amounts herein agreed upon for which funds shall have been appropriated and budgeted or are otherwise available, or at any time after the last date that County has paid for the Services, if earlier.

County further agrees:

A. That any funds authorized or appropriated for services rendered under this Agreement shall be applied to the payments hereunder until all such funds are exhausted.

B. That County will use its best efforts to obtain authorization and appropriation of such funds including, without limitation, the inclusion in its annual budget, a request for adequate funds to meet its obligation under this Agreement in full.

11. **Conflict Of Interest.** Organization 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 Agreement.

12. **Severability.** If any covenant or other provision of this Agreement is invalid, or incapable of being enforced by reason of any rule of law or public policy, all other conditions and provisions of this Agreement shall, nevertheless, remain in full force and effect; and no covenant or provision shall be deemed dependent upon any other covenant or provision unless so expressed herein.

13. **Indemnification.** Organization shall indemnify, defend and hold the County harmless from any and all claims, liabilities, damages, and costs (including reasonable

attorney's fees directly related thereto) including but not limited to violation of civil rights and/or bodily injury to or death of any person and for damage to or destruction of property if and to the extent caused by the negligence, willful misconduct or omissions of Organization during the performance of this Agreement.

14. **insurance**. Organization shall maintain the following insurance coverage during the term of this Agreement.

A. Organization shall maintain Commercial General Bodily Injury and Property Damage Liability insurance, each in a combined single limit of One Million Dollars (\$1,000,000) each occurrence for bodily injury and property damage liability.

B. Organization shall maintain, if any motor vehicles are used in the performance of the Services, Commercial General Bodily Injury and Property Damage Liability insurance, and Automobile Liability insurance including owned, non-owned, or hired vehicles, each in a combined single limit of One Million Dollars (\$1,000,000) each occurrence for bodily injury and property damage liability.

C. Organization agrees to provide the County with certificates of insurance evidencing the above described coverage prior to the start of Services, and annually thereafter, if required by the County. Such certificates shall provide that the applicable insurance policies have been endorsed to provide a minimum of thirty days advance notice to the County in the event of cancellation, non-renewal, or reduction in limits by endorsement.

15. **Term**. The term of this Agreement shall commence January 1, 2014, and

shall continue until December 31, 2014, unless sooner terminated pursuant to paragraph 8, 15, or 19 hereof. If this Agreement is terminated by either party, the County shall pay only for those services actually performed by Organization as verified by the County's audit.

16. **Termination**. This Agreement may be terminated for any reason or no reason by either of the parties upon thirty (30) days' written notice to the other party's designated fiscal representative. All services and payments shall continue through the effective date of termination. Termination of this Agreement shall not constitute a waiver of the rights or obligations which the County or Organization may be entitled to receive as provided in this Agreement, or be obligated to perform under this Agreement for services prior to the date of termination. Should this Agreement terminate, all County written materials of any kind must be delivered and returned by Organization to the County within ten (10) days of the termination of this Agreement.

17. **Standard Of Care**. Organization shall exercise the same degree of care, skill, and diligence in the performance of the Services as is ordinarily possessed and exercised by professionals operating under similar circumstances.

18. **Financial Contact**. Organization shall designate a fiscal representative to act as a liaison between the parties to resolve any problems, complaints, or special circumstances encountered in the billing of the services agreed upon here.

Fiscal Representative
Q. Troy Thomas
415 E. 12th Street, Suite 100
Kansas City, MO 64106

Seton Center
Julie Cogley
2816 E. 23rd Street
Kansas City, MO 64127
(816) 231-3955

19. **Compliance**. The performance of this Agreement shall be subject to

review by the County. The County Compliance Review Officer shall review this contract according to his responsibilities as set out in Chapter 6 of the Jackson County Code. Organization shall file quarterly compliance reports as required by the County Compliance Review Office. The County warrants that all books, records, accounts, and any other documents in the possession of the County relating to this Agreement are public records open for inspection in accordance with Chapter 610, RSMo.

20. **Remedies For Breach.** Organization agrees to faithfully observe and perform all of the terms, provisions, and requirements of this Agreement, and Organization's failure to do so constitutes a breach of this Agreement. In such event, Organization consents and agrees as follows:

A. The County may, without prior notice to Organization, immediately terminate this Agreement; and

B. The County shall be entitled to collect from Organization all payments made by the County to Organization for which Organization has not yet rendered services in accordance with this Agreement, and to collect the County's reasonable attorney's fees, court costs and service fees if it is necessary to bring action to recover such payments.

21. **Transfer And Assignment.** Organization shall not assign or transfer any portion or the whole of this Agreement without the prior written consent of the County.

22. **Organization Identity.** If Organization is merged or purchased by another entity, the County reserves the right to terminate this Agreement. Organization shall immediately notify the county in the event it is merged or purchases by any other entity.

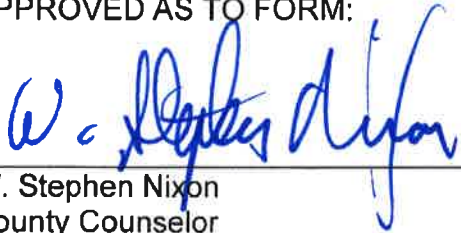
23. **Confidentiality.** Organization's records concerning the identities of those

participating in its programs shall be strictly confidential; the County shall be entitled to examine said records in performing its audit and review functions, but shall not disclose said identities to any third party in any fashion.

24. **Incorporation.** This Agreement incorporates the entire understanding and agreement of the parties.

IN WITNESS WHEREOF, the County and Organization have executed this Agreement this 19 day of August, 2014.

APPROVED AS TO FORM:



W. Stephen Nixon
County Counselor

JACKSON COUNTY, MISSOURI

By 

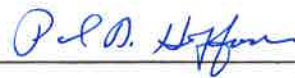
Michael D. Sanders
County Executive

ATTEST:



Mary Jo Spino
Clerk of the Legislature

SETON CENTER, INC.

By 

Title CHIEF FINANCIAL OFFICER
Federal Tax I.D. 43-0926003

REVENUE CERTIFICATE

I hereby certify that there is a balance otherwise unencumbered to the credit of the appropriation to which this Agreement is chargeable, and a cash balance otherwise unencumbered in the treasury from which payment is to be made, each sufficient to meet the obligation of \$35,000.00, which is hereby authorized.

August 13, 2014

Date



Director of Finance and Purchasing
Account No. 002-7903-56789

DC 79032014001



OUTSIDE AGENCY FUNDING REQUEST FORM 2014 BUDGET

415 E 12th Street, 2nd Floor
Kansas City, MO 64106

Email: auditor@jacksongov.org

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Section A: Organization or Agency Information

Name: Seton Center, Inc.

Address: 2816 E. 23rd St., Kansas City, MO

Zip Code: 64127

Phone No: 816-231-3955

Fax: 816-231-7455

Website Address: www.setonkc.org

Federal Tax ID No: 43-0926003

Fiscal Year Cycle: FY14

Executive Director:

Sister Loretto Marie Colwell

Name and Title of Principal Contact Person:

Julie Cogley

Phone No: 816-581-4722

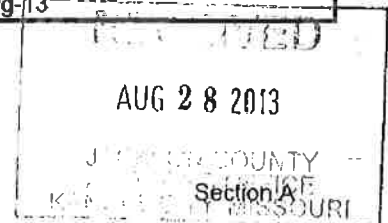
Email Address: jcogley@setonkc.org

Submittal of this request has been authorized by:

Sister Loretto Marie Colwell (*electronic signature*)

Date:

27-Aug-13



Section B: Agency's 2013 and 2014 Revenue Information

Agency's 2014 Projected Revenue Information

Funding Entity	Agency's 2014 Total Projected Revenue Source You Will Request 2013 Funding From	Projected Amount	% of Total Revenue
Federal		\$ -	0
State		\$ -	0
Jackson County	Jackson County Health Fund	\$ 50,000	2
Other Counties		\$ -	0
City		\$ -	0
Charity/Donations	Donations, etc.	\$ 1,274,520	58
Fundraisers		\$ 30,000	1
Other	Fees from Dental patients	\$ 831,670	38
2014 Total Projected Revenue		\$ 2,186,190	

Agency's 2013 Revenue Information

Funding Entity	Agency's 2013 Total Revenue Source You Received Funding From	Amount	% of Total Revenue
Federal		\$ -	0
State		\$ -	0
Jackson County	Jackson County Health fund	\$ 35,000	2
Other Counties		\$ -	0
City		\$ -	0
Charity/Donations	Donations	\$ 1,367,577	65
Fundraisers		\$ 28,500	1
Other (please list)	Fees from Dental patients	\$ 677,737	32
2013 Total Revenue		\$ 2,108,814	

If your agency received funding from Jackson County in 2013, please identify the funding source, amount and program name below.

Jackson County Funding Source	Yes	No	Amount	Program Name
COMBAT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Mental Health Levy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Board of Services for Developmentally Disabled	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Domestic Violence Board	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Housing Resources Commission	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Outside Agency Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 35,000	Jackson County Health Fund
2013 Total Jackson County Funding			\$ 35,000	AUG 28 2013

Did your agency receive funding or resources in 2013 from either of the following?

Mid America Regional Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 36,960	Neighbors Helping, Dollar Aid
Harvesters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 37,500	commodities for re-distribution

Section C: *REVISED* 2014 Program Budget

Complete a separate program budget for each program your agency is applying for funding.

Agency Name: Seton Center, Inc.

Program Name: Indigent funds for Jackson County Residents' Dental Care

Personal Services			
For each salary request below please attach a job description or duties.			
Position / Title	Annual Salary	% of Salary to be funded by Jackson Co.	Amount of Salary to be funded by Jackson County
			\$ -
			\$ -
			\$ -
			\$ -
			0
			N/A
Total Salaries			\$ -
Total Fringe Benefits			\$ -
Total Personal Services			\$ -
Indigent Funds for Jackson County residents' dental care (to meet increased demand for services).			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Contractual Services			\$ 35,000
Supplies			
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Supplies			\$ -

RECEIVED

DEC 19 2013

JACKSON COUNTY
AUDITORS OFFICE
KANSAS CITY, MISSOURI

Total Program Request \$ 35,000

Section D: 2014 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: Seton Center, Inc.

Program Name: Indigent funds for Jackson County Residents' Dental Care

Proposed Program

Detail functions to be performed by each program.

Seton Center will provide oral health education and general dentistry for an indigent population from Jackson County, Missouri - that population to include adults and children with mental illness and/or physical disabilities and/or who or whose families are by definition indigent-poor and unable to pay. Services will include teeth cleaning, extractions, root canals, crowns and full or partial dentures. These services are carried out with what we call "needy funds" - donations that cover the cost of oral health care, which Seton Center delivers at a rate that is generally from 72% to 50% below traditional and customary charges for our coverage area. Each applicant for needy funds is asked to complete an intake document with income, demographic, sociographic, health history, and other pertinent information. For minor children and those who are unable to complete the information, parents, caregivers, nurses, or social workers are asked to complete the information and provide the documentation, or Seton Dental Services personnel offer assistance. The information provided is verified and the client is given a dental assessment that includes x-rays and an oral exam to determine the extent of need, potential remedies, and approximate time and costs involved with the services.

Patients are then scheduled for necessary procedures and asked to commit to as many treatments as necessary to resolve the identified oral health issues. Careful records are kept on each patient in accordance with HIPPA and other required recordkeeping for oral health care - even those who are transient or homeless - a population that comprises a part of our client base. Adult clients are asked to make some investment in his or her treatment because our experience has been that a sense of investment is incentive for the client to care for his or her teeth, to keep follow up appointments, and to value the investment others have made on his or her behalf. Even if that investment is only a few dollars paid over a range of time, we encourage recipients to feel they are a part of their own oral health care.

Often indigent patients who come to Seton Dental for services have waited until their oral health care is in critical condition before they seek remedy for oral health issues. We frequently must delay treatment to get infections and/or accompanying hypertension under control before we can begin to address periodontal disease, dental cavities, and other needs. These associative steps drive up the cost of oral health care and increase the number of visits required to successfully treat the patient. Seton Dental staff provide an invaluable community service in that we serve patients who have no other recourse for oral health care and whom others are reluctant to serve. Our services keep these cases out of the hospital emergency room system, saving the community untold thousands of dollars.

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AUG 28 2013

JACKSON COUNTY
COMMUNITY DEVELOPMENT
KANSAS CITY, MISSOURI
Section D

Section D: 2014 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: Seton Center, Inc.

Program Name: Indigent funds for Jackson County Residents' Dental Care

Participants

Identify the number of participants by County that each program serves.

Jackson, MO	57 percent
Clay, Platte, Cass, MO	10 percent
Wyandotte, Johnson, KS	33 percent
Other Missouri	N/A

Target Population

Describe target population and demographics to be served by each program.

The population served by Seton Dental Services is primarily comprised of people who are unable to pay for oral health care at traditional and customary service rates. Most patients to Dental Services have no dental insurance, many have no job, or work at jobs that fail to pay a living wage and that offer no dental insurance. A percentage of Seton Dental Services patients are homeless and/or suffer other debilitating illnesses (diabetes, heart disease, HIV/AIDS, chronic hypertension). Another percentage presents with urgent care needs: potentially life-threatening conditions secondary to poor oral health (abscess /infection, unchecked diabetes or hypertension). The patient population is 40% - African American, 20% - Latino/Hispanic, 10% - "other ethnicity" (including Samoan, native American), 30% Caucasian. Children make up 40% and 30% are seniors. The Indigent Fund program serves both adults and children

Would you provide these services to anyone at your door? We offer dental services to anyone.

Is anyone denied services? For this program, only Jackson County residents who are indigent qualify.

What level of indigents ? People who have no insurance, income or financial resources.

Please classify your program from the following types by percentage of your agency's overall service

Senior Program	%
Indigent Program (Below Poverty Level)	70 %
Senior Indigent Program	30%

What criteria do you have for the clients you serve?

Seton Center offers Dental services to anyone who wishes to pay drastically reduced costs. For the purposes of this program, only people who can prove Jackson County residency and indigence may apply.

AUG 28 2013

JACKSON COUNTY
MISSOURI
Section D

Section D: 2014 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: Seton Center, Inc.

Program Name: Indigent funds for Jackson County Residents' Dental Care

Approach & Method

List the top three (3) objectives for each program.

1. The Indigent Funds for Jackson County Residents' Dental Care program will provide diagnostic and preventative oral health care services for people who would not otherwise be able to receive such care because of a lack of funds and lack of dental insurance coverage.

2. The Indigent Funds for Jackson County Residents' Dental Care program will provide critical care services for people who are suffering serious oral health issues that would be cost prohibitive were it not for these financial resources that make it possible for them to receive expert treatment.

3. The Indigent Funds for Jackson County Residents' Dental Care program will provide comprehensive care for people who are impoverished, people who have physical or cognitive disabilities, people who are mentally ill, people serving time in a correctional facility, people with HIV/AIDS, diabetes, heart disease, and other chronic illness. The program will also give children from families without financial or insurance resources an opportunity to have oral health care issues addressed at an early age, lessening the impact of needs from this population overall as they grow older and establishing good oral hygiene habits early in life.

Detail specific methods you will use to achieve these objectives.

1. Seton Dental Services employs the best people to effectively do the job. The Seton Dental Services professional, skilled dentists and compassionate, caring staff are unique in that they exhibit a calling to work with a population that is challenging in many aspects, such as the indigent population of Jackson County. They are firm and respectful as they treat and counsel patients on the importance of oral health care.
2. Seton Dental Services commits to all of the necessary equipment and resources to run a professional dental facility that is in full compliance with all government, health, and occupational standards. Seton Center solicits support to ensure that our Dental Services department operates with the best possible, state-of-the-art facility that affords those who are thought of as the least in society the opportunity to have competent oral health care with as little discomfort as possible.
3. Seton Dental Services is dedicated to addressing the oral health care needs of children whose families lack the financial resources to make this important health care issue a priority in their lives. Seton Center goes into area public schools to conduct screenings, and then brings children who need follow up care to Seton Center to receive that care at no cost.

AUG 28 2013

JACKSON COUNTY
PUBLIC HEALTH OFFICE
KANSAS Section D FOUR

WORK AUTHORIZATION AFFIDAVIT

As a condition for any service provided to the County, a business entity shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services.

Business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit.

Every such business entity shall complete the following affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services. The completed affidavit must be returned as a part of the contract documentation.

This affidavit affirms that **Seton Center, Inc.** is enrolled in, and is currently participating in, E-verify or any other equivalent electronic verification of work authorization operated by the United States Department of Homeland Security under the Immigration Reform and Control Act of 1986 (IRCA); and, **Seton Center, Inc.** does not knowingly employ any person who is an unauthorized alien in conjunction with the contracted services.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

[Signature]
Authorized Representative's Signature
CHIEF FINANCIAL OFFICER
Title

PAUL D. HOFFMAN
Printed Name
7/28/2014
Date

Subscribed and sworn before me this 28 day of July, 2014. I am commissioned as a notary public within the County of Jackson, State of Missouri, and my commission expires on 09-05-2017.

[Signature]
Signature of Notary

07/28/2014
Date

