

Davis Vision, Inc. "NYS Vision Plan Services" Administrative Proposal

REQUESTED REDACTIONS



April 2011

DAVISVISION®
SEE LIFE

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A. Exhibit I.S. Formal Offer Letter

Ms. Linda Burk
Procurement Manager
Employee Benefits Division, Room 641
NYS Department of Civil Service
Alfred E. Smith State Office Building
Albany, New York 12239

**RE: "New York State Health Insurance Program
"New York State Vision Plan Services" RFP
Firm Offer to the State of New York**

Davis Vision hereby submits this firm and binding offer to the State of New York in response to New York State Department of Civil Service Request for Proposals entitled "**New York State Vision Plan Services**" (RFP). The Proposal hereby submitted meets or exceeds all terms, conditions, and requirements set forth in the above-referenced RFP and in the manner set forth in this RFP.

Davis Vision accepts the terms and conditions as set forth in RFP, Section VII and Appendices A, B and C, and agrees to satisfy the comprehensive programmatic duties and responsibilities outlined in this RFP in the manner set forth in this RFP.

Davis Vision agrees to execute a contractual agreement composed substantially of the terms and conditions set forth in the draft contract included in the RFP, and accepts as non-negotiable the terms and conditions set forth in Appendices A, B, and C to the draft contract.

Davis Vision further agrees, if selected as a result of the RFP, to comply with 1) the provisions of Tax Law Section 5-a, Certification Regarding Sales and Compensating Use Tax; and 2) the Workers' Compensation Law as set forth in Section II.B.9 of the RFP.

This formal offer will remain firm and non-revocable for a minimum period of 365 days from the Proposal Due Date as set forth in the RFP. In the event that a contract is not approved by the NYS Comptroller within the 365 day period, this offer shall remain firm and binding beyond the 365 day period and until a contract is approved by the NYS Comptroller, unless **Davis Vision** delivers to the Department of Civil Service written notice of withdrawal of its Proposal.

Davis Vision's complete offer is set forth as follows:

Administrative Proposal: Total of twelve (12) hard copy volumes [two (2) original and ten (10) copies] and one (1) electronic copy on CD.

Technical Proposal: Total of twelve (12) hard copy volumes [two (2) original and ten (10) copies] and one (1) electronic copy on CD.

Cost Proposal: Total of twelve (12) hard copy volumes [two (2) original and ten (10) copies] and one (1) electronic copy on CD.

The undersigned affirms and swears s/he has the legal authority and capacity to sign and make this offer on behalf of, **Davis Vision** and possesses the legal authority and capacity to act on behalf of **Davis Vision** to execute a contract with the State of New York.

The undersigned affirms and swears as to the truth and veracity of all documents included in this offer.

Date: April 20, 2011

Davis

By:

(signature)

STEPHEN HOLDEN

(name)

PRESIDENT

(title)

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF New York }
COUNTY OF Nassau } : SS.:

On the 20 day of April in the year 2011, before me personally appeared: **STEVE HOLDEN**, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he resides at 255 Asharoken Avenue, Town of Northport, County of Suffolk, State of New York; and further that:

[Check One]

If a corporation): he is the President of Davis Vision, Inc., the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

If a partnership): he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.



Lauren Godoy
Notary Public, State of New York
No. 01G08214131
Qualified in Nassau County
Commission Expires Nov. 30, 2013



B. Minimum Mandatory Requirements

April 20, 2011

An authorized representative of the Offeror who is legally authorized to certify the information requested in the name of and on behalf of the Offeror is required to complete and sign the Offeror Attestations and provide all requested information. Offeror's authorized representative must certify as to the truth of the representations made by signing where indicated, below.

CERTIFICATION:

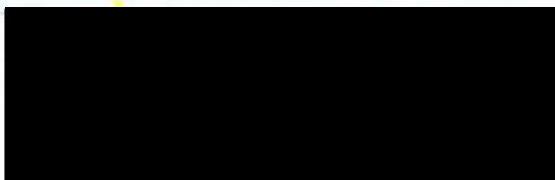
The Offeror (1) recognizes that the following representations are submitted for the express purpose of assisting the State of New York in making a determination to award a contract; (2) acknowledges and agrees by submitting the Attestation, that the State may at its discretion, verify the truth and accuracy of all statements made herein; (3) certifies that the information submitted in this certification and any attached documentation is true, accurate and complete.

Name of Business Entity Submitting Bid:		DAVIS VISION, INC.
Entity's Legal Form:		<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
No.	RFP Ref.	RFP Requirement:
1.	Section III.B.1	At time of Proposal Due Date, Offeror represents and warrants that it: <input checked="" type="checkbox"/> possesses <input type="checkbox"/> does not possess the legal capacity to enter into a contract with the President of the New York State Civil Service Commission ("Commissioner").
2.	Section III.B.2	At time of Proposal Due Date, Offeror represents and warrants that it: <input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest will permanently forfeit at least fifty percent (50%) of its Monthly Administrative Fees until all Implementation and Start-Up activities are complete.
3.	Section III.B.3	At time of Proposal Due Date, Offeror represents and warrants that it: <input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest its principal place of business is not located in a state that penalizes New York State vendors and that, if selected goods or services provided under the Agreement will not be substantially produced or performed in such a state (refer to Section II.B.2).

April 20, 2011

4.	Section III.B.4	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>it's currently providing vision services, similar to those as set forth in the RFP, for a minimum of five hundred thousand (500,000) covered lives in total and with at least one current client with one hundred (100,000) covered lives, and demonstrate that the Offeror meets or exceeds these requirements to the satisfaction of the Department. To demonstrate that the Offeror, as of the Proposal Due Date, meets the minimum requirement of five hundred thousand (500,000) covered lives in total and at least one client with one hundred (100,000) covered lives, the Offeror must provide a list of current clients with the number of covered lives for each. In determining covered lives, the Offeror should:</p> <ul style="list-style-type: none"> a. Include both at-risk and fee-for-service business; and b. Count all lives [i.e., an employee, a spouse and two (2) eligible dependents counts as four (4)].
5.	Section III.B.5	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>has an existing Participating Provider Network, that will provide services under the terms of the contract resulting from this RFP that meets the following Minimum Access Standards within NYS:</p> <ul style="list-style-type: none"> a. Eighty percent (80%) of Enrollees in urban areas will have at least one (1) Participating Provider within five (5) miles of an Enrollee's home; b. Eighty percent (80%) of Enrollees in suburban areas will have at least one (1) Participating Provider within fifteen (15) miles of an Enrollee's home; and c. Eighty percent (80%) of Enrollees in rural areas will have at least one (1) Participating Provider within thirty (30) miles of an Enrollee's home.
6.	Section III.B.6	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>will, under the Agreement, maintain and make available as required by the State, a complete and accurate set of records as may be required by the State to be produced for review by the State pursuant to the terms and conditions of RFP, Appendices A and B, and including any and all financial records as deemed necessary by the State to discharge its fiduciary responsibilities to Plan participants and to ensure that public dollars are spent appropriately</p>

Date: April 20, 2011



Signature

Stephen Holden
President
Davis Vision, Inc.

April 20, 2011

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF **New York** }
 : **SS.:**
COUNTY OF **Nassau** }

On the 20 day of April in the year 2011, before me personally appeared: **STEPHEN HOLDEN**, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he resides at 255 Asharoken Avenue, Town of Northport, County of Suffolk, State of New York; and further that:

[Check One]

If a corporation): he is the President of Davis Vision, Inc., the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

If a partnership): he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.



Lauren Godoy
Notary Public, State of New York
No. 01GO6214131
Qualified in Nassau County
Commission Expires Nov. 30, 2013

TABLE OF EXHIBITS

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C. Exhibits

Exhibit I.A Proposal Submission Requirement Checklist

Please indicate by checkmark that your Proposal meets **each** of the following submission requirements:

- 1. TIMELY SUBMISSION:** Proposal submitted to assure receipt by the Department of Civil Service no later than 3:00 p.m. ET on the Proposal Due Date as indicated in RFP Section II.A.1.
- 2. FORMATTING REQUIREMENTS:** The Offeror's Proposal must be organized in three parts: Administrative Proposal; Technical Proposal and Cost Proposal and each part must each comply with the formatting requirements stated in Section II.A.7.a and II.A.7.b of this RFP.
 - a. Twelve (12) separately bound hardcopies -- two (2) Originals each of the Administrative Proposal, Technical Proposal and Cost Proposal containing original documents (i.e., original signatures, no photocopies) and marked and numbered (i.e., "ORIGINAL #1," "ORIGINAL #2"), ten (10) copies of each Administrative Proposal, Technical Proposal and Cost Proposal marked and numbered (i.e., "COPY #1," "COPY #2," etc.) and a separate CD for the Administrative, Technical and Cost Proposal.
 - b. Proposals must be prepared in Adobe Acrobat, as applicable.
 - c. Each Administrative, Technical and Cost Proposal must be separately bound and externally labeled with "Vision Plan Services" and Offeror's name(s). (No cost information [i.e., \$ quotes] can be referenced in the Administrative or Technical Proposal.
 - d. Table of Contents
 - e. Index Tabs
 - f. Pagination
 - N/A g. Updates/Corrections
 - h. Required Content of Proposals - The Proposal shall consist of three parts: the Administrative Proposal must contain the documentation required in Section III of this RFP. The Technical Proposal must be responsive to the programmatic duties and responsibilities set forth in Section IV of this RFP. The Cost Proposal must demonstrate a commitment to perform all programmatic duties and responsibilities in accordance with Section V of this RFP.
- 3. REQUIRED CONTENT OF THE ADMINISTRATIVE PROPOSAL:** The Administrative Proposal must contain the following information, in the order enumerated below:
 - A. **Formal Offeror Letter:** The Offeror must submit a formal offer in the form of the "Formal Offer Letter" as set forth in RFP, Exhibit I.S in accordance with the requirements set forth in RFP, Section III.A
 - B. **Minimum Mandatory Requirements:** The Offeror must submit a completed Exhibit I.T "Offeror Attestations Form" containing the representations and warranties set forth therein.
 - C. **Exhibits:** The Offeror must complete and submit the Exhibits specified in Section III.C as follows:
 - Exhibit I.A Proposal Submission Requirement Checklist
 - Exhibit I.C Freedom of Information Law – Request for Redaction Chart

Exhibit I.A Proposal Submission Requirement Checklist

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- Exhibit I.D MacBride Statement and Non-Collusive Bidding Certification

 - Exhibit I.G Equal Employment Opportunity (EEO) Obligations – Offeror Certification of Compliance
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 - Exhibit I.T Offeror Attestations Form
 - Exhibit I.U Key Subcontractors
 - Exhibit I.V Client References
 - Exhibit I.Y Participating Provider Network Access Prerequisite Worksheet
 - Exhibit I.Y.1 Offeror’s Current Participating Provider Network File (CD)
- D. **Key Subcontractors:** The Offeror must provide a statement identifying all Key Subcontractors, if any, that the Offeror will be contracting with to provide Vision Plan Services and must, for each such key subcontractor identified, complete and submit Exhibit I.U “Key Subcontractors” in accordance with the requirements set forth in RFP, Section III.D. (Note: If the Offeror will not be subcontracting with any Key Subcontractor(s) to provide Vision Plan Services, the Offeror must provide a statement to that effect.)
- E. **Client References:** The Offeror must list five (5) client references comprised of a combination of both current and at least one former client(s) for whom the Offeror has supplied vision services similar to those described in this RFP. For each client reference provided, the Offeror must complete and submit **Exhibit I.V “Client References”** in accordance with the requirements set forth in RFP, Section III.E.
- F. **Financial Statements:** The Offeror must provide a copy of the Offeror’s last issued GAAP annual audited financial statement. A complete set of statements, not just excerpts, must be provided. Additionally, for each Key Subcontractor, if any, that provides any of the Vision Plan services; provide the most recent GAAP annual audited statement. If the Offeror, or a Key Subcontractor, is a privately held business and is unwilling to provide copies of their annual audited financial statements as part of their Proposal, the Offeror/Key Subcontractor must make arrangements for the procurement evaluation team to review the financial statements. **Note:** If financial statements have not been prepared and/or audited, the Offeror must provide a letter from a bank reference attesting to the Offeror’s financial viability and creditworthiness as part of its Administrative Proposal.

✓ **4. REQUIRED CONTENT OF THE TECHNICAL PROPOSAL:** The Technical Proposal must be responsive to the duties and responsibilities and submission requirements set forth in Section IV of this RFP and it must contain the following information, in accordance with the submissions associated requirements, and in the order enumerated below:

✓ A. **Plan Administration**

✓ 1. **Executive Summary**

✓ 2. **General Qualifications**

✓ B. **Program Services**

✓ 1. **Account Team**

✓ 2. **Plan Implementation**

✓ 3. **Customer Service**

✓ 4. **Member Communication Support**

✓ 5. **Enrollment Management**

✓ 6. **Reporting**

✓ 7. **Consulting**

✓ 8. **Transition and Termination of Contract**

✓ 9. **Network Management**

✓ 10. **Claims Processing**

✓ 11. **Frame and Lens Selections**

✓ 12. **Contact Lens Selections**

✓ 13. **Occupational Vision Program**

✓ 14. **Medical Exception Program**

✓ 15. **Upgrade Program**

✓ **5. REQUIRED CONTENT OF THE COST PROPOSAL:** The Cost Proposal evaluation will analyze the relative impact of each Offeror's financial proposal on Plan claim costs and administrative costs. Each Offeror may submit ONLY ONE cost proposal.

✓ A. Exhibit IV.A Participating Provider and Laser Vision Correction Surgery Fee Schedule

✓ B. Exhibit IV.B Monthly Administrative Fees and Communications Fee Schedule



**Exhibit I.D MacBride Statement
and Non-Collusive
Bidding Certification**



State of New York
Department of Civil Service
Albany, NY 12239

MacBride Statement and
Non-Collusive Bidding Certification

ADM-990 (1/07)

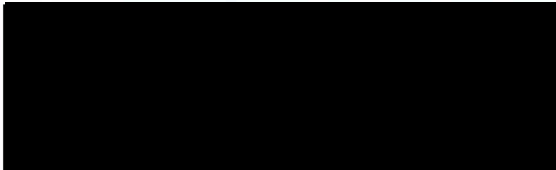
NON-DISCRIMINATION IN EMPLOYMENT IN NORTHERN IRELAND
MACBRIDE FAIR EMPLOYMENT PRINCIPLES

In accordance with Chapter 807 of the Laws of 1992 the bidder, by submission of this bid, certifies that it or any individual or legal entity in which the bidder holds a 10% or greater ownership interest, or any individual or legal entity that holds a 10% or greater ownership interest in the bidder, either (answer "yes" or "no" to one or both of the following, as applicable):

- 1. Have business operations in Northern Ireland. Yes _____ or No X

If yes:

- 2. Shall take lawful steps in good faith to conduct any business operations they have in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of their compliance with such Principles.



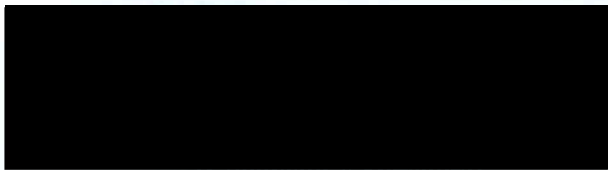
Date: April 20, 2011

DAVIS VISION, INC.
(Name of Business)

NON-COLLUSIVE BIDDING CERTIFICATION

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his knowledge and belief:

- 1. The prices in this bid have been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
- 2. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
- 3. No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.



(Contractor's Signature)

DAVIS VISION, INC.
(Name of Business)



**Exhibit I.G Equal Employment
Opportunity (EEO)
Obligations - Offeror
Certification of
Compliance**



State of New York
Department of Civil Service
Albany, NY 12239

**Equal Employment Opportunity (EEO)
Obligations – Offeror Certification of Compliance**

ADM-988 (1/07)

The Offeror must demonstrate its compliance with the Equal Employment Opportunity Act (EEO) by affirming to the Department that the Offeror’s EEO Policy Statement contains, at a minimum, language consistent with the provisions of numbered paragraphs 1, 2, 3, and 4. Failure to comply with this provision will result in rejection of the Offeror’s proposal.

1. The Offeror shall not discriminate against any employee or applicant for employment because of race, creed, color, national origin, gender, age, disability, or marital status; shall undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination; and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on the Agreement.
2. The Offeror shall state in all solicitations or advertisements for employees that, in the performance of the Agreement, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, gender, age, disability, or marital status.
3. The Offeror shall not do business with any employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other Agreement or understanding, that discriminates on the basis of race, creed, color, national origin, gender, age, disability, or marital status.
4. At the request of the DCS, the Offeror agrees to require any employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other Agreement or understanding to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, gender, age, disability, or marital status and that such union of representative will affirmatively cooperate in the implementation of the Offeror’s obligation under the agreement.

The undersigned states that the affirmative statements contained in this certification are true, accurate and complete.

DAVIS VISION, INC.

April 20, 2011

Name of Offeror

Date of Submission

[Redacted Signature]

(Print)

Authorized Signature



Exhibit I.H

**Workforce
Employment
Utilization Report**

Exhibit I.H Workforce Employment Utilization Report

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State of New York
Department of Civil Service
 Albany, NY 12239

Workforce Employment Utilization Report
Service and/or Consultant Firms

ADM-989
(1/07)

Agency: TBD /Code _____ Reporting period: _____
 Check One: Quarterly Semi-Annual Report

Contractor/Firm Name: DAVIS VISION, INC. Address: PLAINVIEW NEW YORK 11803
 City State Zip

Type of Report: Contract Specific Work Force Total Work Force Check if NOT-For-Profit:

Federal ID/Payee ID No. 11-3051991 Contract No. TBD Location of Work TBD
 County Zip

Check One: Prime Contractor Subcontractor

Product/Service Provided: VISION PLAN SERVICES

Contract Amount: \$ TBD Contract Start Date: JANUARY 1, 2012

Percent of Job Completed 0%

Federal Occupational Category	Number of Employees										Total Percent Minority Employees	Total Percent Female Employees
	Total Number of Employees		Black (Not of Hispanic origin)		Hispanic		Asian or Pacific Islander		Native American/ Alaskan Native			
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Officials/Admin.	64	55	3	4	8	1	1	0	0	0	14%	57%
Professionals	51	51	1	2	1	1	3	6	0	0	14%	67%
Technicians	0	0	0	0	0	0	0	0	0	0	0%	0%
Sales Worker	6	14	1	3	0	0	0	0	0	0	25%	75%
Office & Clerical	65	247	10	31	4	4	1	6	0	1	22%	76%
Craft Workers	8	0	0	0	3	3	0	0	0	0	38%	0%
Operatives	109	53	36	7	48	48	6	1	0	0	85%	16%
Laborers	40	53	13	7	16	16	1	1	0	0	83%	35%
Service Workers	8	0	0	0	6	6	0	0	0	0	75%	0%
TOTALS	351	473	64	54	86	86	12	14	0	1	40%	46%

Company Official's Name: _____ Title: PRESIDENT
 Company Official Signature: _____ Date: APRIL 18, 2011
 Telephone Number: (800) 328-4728




Exhibit I.I **New York State
Department of Civil
Service Vendor
Responsibility
Questionnaire**

Printed By: Dale Paustian
Date Printed: Apr 14, 2011

Vendor Responsibility For-Profit v2 Form

Status: Certified

Note: The content of any attached documents will not print with this page. To view or print an attached document, you must open it separately by clicking the corresponding hyperlink in the "Uploaded Files" section of a question.

Basic Vendor Data

Legal Business Entity Name: Davis Vision, Inc
TIN (EIN or SSN): 113051991
Principal Place of Business: 159 Express Street
Plainview, NY 11803
United States
Telephone: (800)328-4728
Fax: (516)932-7551
Website: www.davisvision.com
Email:

Business Entity Information

Business Type: For-Profit
Business Activity: Non-Construction

Authorized Contacts

Name: Dale Paustian
Title: SVP, Client Management & Product Development
Address: 159 Express Street
Plainview, NY 11803
United States
Telephone: (800)328-4728
Email: dpaustian@davisvision.com

Name: Stephen Holden
Title: President
Address: 159 Express Street
Plainview, NY 11803
United States
Telephone: (800)328-4728
Email: sholden@davisvision.com

I. Legal Business Entity Information

1.0 Legal Business Entity type - Check appropriate box and provide additional information:

- Corporation (including PC)
- Limited Liability Company (LLC or PLLC)
- Limited Liability Partnership
- Limited Partnership
- General Partnership
- Sole Proprietor
- Other

Date of Incorporation

02/26/1991

1.1 Was the Legal Business Entity formed or incorporated in New York State?

- Yes
- No

1.2 Is the Legal Business Entity publicly traded?

- Yes
- No

1.3 Does the Legal Business Entity have a DUNS Number?

- Yes
 No

Enter DUNS number

627745276

1.4 If the Legal Business Entity's Principal Place of Business is *not* in New York State, does the Legal Business Entity maintain an office in New York State?

Note: Select "N/A" if Principal Place of Business is in New York State

- Yes
 No
 N/A

1.5 Is the Legal Business Entity a New York State certified Minority-Owned Business Enterprise (MIBE), Women-Owned Business Enterprise (WBE), New York State Small Business (SB), or federally certified Disadvantaged Business Enterprise (DBE)?

- Yes
 No

1.6 Identify Officials and Principal Owners, if applicable.

Note: If more than four (4) Officials or Principal Owners need to be listed, select "Attach Document" as the response

If applicable, reference to relevant SEC filing(s) containing the required information is optional

Select method for providing this information

Enter Below

Attach Document(s)

Name

HVHC Inc

Title

Parent Company	
% of Ownership (Enter 0%, if not applicable)	100
Add another?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Name	Stephen L. Holden
Title	President
% of Ownership (Enter 0%, if not applicable)	0
Add another?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Last Modified: Mar 29, 2011
Modified By: Dale Patustan

II. Reporting Entity Information

2.0 The Reporting Entity for this questionnaire is:

(Note: Select only one)

Legal Business Entity

Organizational Unit within and operating under the authority of the Legal Business Entity

Last Modified: Mar 23, 2011
Modified By: Dale Paustian

III. Leadership Integrity

Within the past five (5) years, has any current or former Reporting Entity Official or any individual currently or formerly having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of the Reporting entity with any government entity been

3.0 Sanctioned relative to any business or professional permit and/or license?

- Yes
 No
 Other

3.1 Suspended, debarred or disqualified from any government contracting process?

- Yes
 No
 Other

3.2 The subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation for any business-related conduct?

- Yes
 No
 Other

3.3 Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for:

- a. Any business-related activity; or
b. Any crime, whether or not business-related, the underlying conduct of which is related to truthfulness?

- Yes
 No
 Other

IV. Integrity - Contract Bidding

Within the past five (5) years, has the Reporting Entity

4.0 Been suspended or debarred from any government contracting process or been disqualified on any government procurement, permit, license, concession, franchise or lease including, but not limited to, debarment for a violation of New York State Workers' Compensation or Prevailing Wage laws or New York State Procurement Lobbying Law?

Yes

No

4.1 Been subject to a denial or revocation of a government prequalification?

Yes

No

4.2 Been denied a contract award or had a bid rejected based on a non-responsibility finding by a government entity?

Yes

No

4.3 Had a low bid rejected on a government contract for failure to make good faith efforts on any Minority-Owned Business Enterprise, Women-Owned Business Enterprise or Disadvantaged Business Enterprise goal or statutory affirmative action requirements on a previously held contract?

Yes

No

4.4 Agreed to a voluntary exclusion from bidding/contracting with a government entity?

Yes

No

4.5 Initiated a request to withdraw a bid submitted to a government entity in lieu of responding to an information request or subsequent to a formal request to appear before the government entity?

- Yes
- No

Last Modified: Mar 23, 2011
Modified By: Dale Paustian

V. Integrity - Contract Award

Within the past five (5) years, has the Reporting Entity:

5.0 Been suspended, cancelled or terminated for cause on any government contract including, but not limited to, a non-responsibility finding?

- Yes
 No

5.1 Been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any government contract?

- Yes
 No

5.2 Entered into a formal monitoring agreement as a condition of a contract award from a government entity?

- Yes
 No

Last Modified: Mar 23, 2011
Modified By: Dale Paustian

VI. Certification/Licenses

Within the past five (5) years, has the Reporting Entity

6.0 Had a revocation, suspension or disbarment of any business or professional permit and/or license?

Yes

No

6.1 Had a denial, decertification, revocation or forfeiture of New York State certification of Minority-Owned Business Enterprise, Women-Owned Business Enterprise or federal certification of Disadvantaged Business Enterprise status for other than a change ownership?

Yes

No

Last Modified: Mar 23, 2011
Modified By: Dale Paustian

VII. Legal Proceedings

Within the past five (5) years, has the Reporting Entity:

7.0 Been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation?

Yes

No

7.1 Been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime?

Yes

No

7.2 Received any OSHA citation and Notification of Penalty containing a violation classified as serious or willful?

Yes

No

7.3 Had a government entity find a willful prevailing wage or supplemental payment violation or any other willful violation of New York State Labor Law?

Yes

No

7.4 Entered into a consent order with the New York State Department of Environmental Conservation or received an enforcement determination by any government entity involving a violation of federal, state or local environmental laws?

Yes

No

7.5 Other than the previously disclosed:

- a. Been subject to fines or penalties imposed by government entities which in the aggregate total \$25,000 or more; or
- b. Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any government entity?

Yes
 No

Last Modified: Mar 28, 2011
Modified By: Dale Paustan

VIII. Financial and Organizational Capacity

8.0 Within the past five (5) years, has the Reporting Entity received any formal unsatisfactory performance assessment(s) from any government entity on any contract?

- Yes
 No

8.1 Within the past five (5) years, has the Reporting Entity had any liquidated damages assessed over \$25,000?

- Yes
 No

8.2 Within the past five (5) years, have any liens or judgments (not including UCC filings) over \$25,000 been filed against the Reporting Entity which remain undischarged?

- Yes
 No

8.3 In the last seven (7) years, has the Reporting Entity initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?

- Yes
 No

8.4 During the past three (3) years, has the Reporting Entity failed to file or pay any tax returns required by federal, state or local tax laws?

- Yes
 No

8.5 During the past three (3) years, has the Reporting Entity failed to file or pay any New York State unemployment insurance returns?

Yes
 No

8.6 During the past three (3) years, has the Reporting Entity had any government audit(s) completed?

Yes
 No

Last Modified: Mar 29, 2011
Modified By: Dale Paustian

IX. Associated Entities

This section pertains to any entity(ies) that either controls or is controlled by the Reporting Entity.
(See definition of "Associated Entity" for additional information to complete this section.)

9.0 Does the Reporting Entity have any Associated Entities?

Note: The response must be "Yes" if the Reporting Entity is either

- An Organizational Unit, or
- The entire Legal Business Entity which controls, or is controlled by, any other entity(ies)

Yes
 No

Last Modified: Mar 28, 2011
Modified By: Dale Paustian

X. Freedom of Information Law (FOIL)

10.0 Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL)

Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.

- Yes
 No

Last Modified: Mar 28, 2011
Modified By: Dale Paustian

Certification

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State contracting entities in making responsibility determinations regarding an award of a contract or approval of a subcontract; (2) recognizes that the Office of the State Comptroller (OSC) will rely on information disclosed in the questionnaire in making responsibility determinations and in approving a contract or subcontract; (3) acknowledges that the New York State contracting entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (4) acknowledges that intentional submission of false or misleading information may constitute a misdemeanor or felony under New York State Penal Law, may be punishable by a fine and/or imprisonment under Federal Law, and may result in a finding of non-responsibility, contract suspension or contract termination.

The undersigned certifies that he/she:

- is knowledgeable about the submitting Business Entity's business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity's responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity, and
- is under obligation to update the information provided herein to include any material changes to the Business Entity's responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State contracting entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Legal Business Name: Davis Vision, Inc

Certifier's Name: Dale Paustun

Certifier's Title: Senior VP, Client Management & Product Development

Certification Date: Mar 29, 2011



Exhibit I.I

**New York State
Department of Civil
Service Vendor
Responsibility
Questionnaire**



**Exhibit I.K Offeror's Affirmation
of Understanding
and Agreement**



Exhibit I.K

Pursuant to the RFP requirements,
Davis Vision submitted Exhibit I.K via e-mail to
2012VisionPlanRFP@cs.state.ny.us
on Friday, March 4, 2011.

Please find a copy of this signed document
enclosed for your convenience.

Exhibit I.K Procurement Lobbying Offeror's Affirmation of Understanding & Agreement



State of New York
Department of Civil Service
Albany, NY 12239

ADMINISTRATION DIVISION
Procurement Lobbying
Offeror's Affirmation of Understanding & Agreement

ADM-982(12/06)

Instructions:

Pursuant to State Finance Law §§139-j and 139-k, this solicitation imposes certain procurement lobbying limitations. Offerors are restricted from making contacts during the procurement's "Restricted Period" (from the issuance of the solicitation document until the date of the contract's final approval by the State Comptroller) to other than designated staff, unless the contact falls within certain statutory exceptions ("permissible contacts"). DCS employees are required to obtain certain information from Offerors and others whenever there is a contact about the procurement during the Restricted Period, and are required to make a determination of the Offeror's responsibility that addresses the Offeror's compliance with the statutes' requirements. Findings of non-responsibility result in rejection for contract award, and if an Offeror is subject to two non-responsibility findings within four years the Offeror also will be determined ineligible to submit a proposal on or be awarded a contract for four years from the date of the second non-responsibility finding. Further information about these requirements can be found at: <http://www.ogs.state.ny.us/aboutOGS/regulations/defaultAdvisoryCouncil.html>.

As a prerequisite for participating in this procurement, an Offeror must provide the following Affirmation of Understanding and Agreement to comply with these procurement lobbying restrictions in accordance with State Finance Law §§139-j and 139-k.

Offeror Affirmation and Agreement

The Offeror affirms that it understands the procurement lobbying requirements set forth in State Finance Law §§139-j and 139-k, and agrees to comply with the DCS' procedures regarding permissible contacts as required thereby.

Name of Offeror: DAVIS VISION, INC.

By: [Redacted Signature]
(Signature)

Name: DALE PAUSTIAN

Title: SVP, CLIENT MANAGEMENT & PRODUCT DEVELOPMENT

Address: 159 EXPRESS STREET
PLAINVIEW, NY 11803

Date: MARCH 4, 2011



**Exhibit I.M Compliance with
Public Officers Law
Requirements**

Exhibit I.M Compliance with Public Officers Law Requirements
Page 1
April 20, 2011



State of New York
Department of Civil Service
Alfred E. Smith State Office Building
Albany, NY 12239

Compliance with Public Officers Law Requirements

ADM-992 (1/07)

The New York State Public Officers Law ("POL"), particularly POL Sections 73 and 74, as well as all other provisions of New York State law, rules and regulations, and policy establishes ethical standards for current and former State employees. In submitting its Proposal, the Offeror must guarantee knowledge and full compliance with such provisions for purposes of this RFP and any other activities including, but not limited to, contracts, bids, offers, and negotiations. Failure to comply with these provisions may result in disqualification from the procurement process, termination, suspension or cancellation of the contract and criminal proceedings as may be required by law.

The Offeror hereby submits its affirmative statement as to the existence of, absence of, or potential for conflict of interest on the part of the Offeror because of prior, current, or proposed contracts, engagements, or affiliations.

Please provide below an affirmative statement as to the existence of, absence of, or potential for conflict of interest on the part of the Offeror because of prior, current, or proposed contracts, engagements, or affiliations. Please attach additional pieces of paper as necessary.

There is no conflict of interest on the part of the Offeror because of prior contracts, engagements or affiliations.

Name of Offeror: DAVIS VISION, INC.

Name & Title of Representative: STEPHEN HOLDEN, PRESIDENT

Signature

Date: April 20, 2011



**Exhibit I.N Compliance with
Americans with
Disabilities Act**

Exhibit I.N Compliance with Americans with Disabilities Act
Page 1
April 20, 2011



State of New York
Department of Civil Service
Albany, NY 12239

Compliance with Americans with Disabilities Act

ADM-987 (1/07)

The Offeror hereby provides assurance of its compliance with the Americans With Disabilities Act (42 USC§12101 et. seq.), in that any services and programs provided during the course of performance of the Agreement resultant from this RFP shall be accessible under Title II of the Americans With Disabilities Act, and as otherwise may be required under the Americans With Disabilities Act.

Name of Offeror: DAVIS VISION, INC.

Name & Title: _____

Signature: _____

Date: April 20, 2011



Exhibit I.O

**Omnibus
Procurement Act
Statement of
Acceptance**

Exhibit I.O Omnibus Procurement Act Statement of Acceptance
Page 1
April 20, 2011



State of New York
Department of Civil Service
Albany, NY 12239

Omnibus Procurement Act Statement of Acceptance

ADM-991 (1/07)

Offerors are hereby notified that, if their principal place of business is located in a foreign or domestic jurisdiction that penalizes New York State vendors, and if the goods or services they offer would be produced or performed substantially outside New York State, the Omnibus Procurement Act of 1994 and its 2000 amendments require that they be denied contracts which they otherwise could obtain.

A current list of jurisdictions subject to this provision is available from the New York State Department of Economic Development, or on-line at http://www.nyscr.com/pub_omnibus.aspx.

The Offeror must submit this Statement of Acceptance of the terms and conditions of the Omnibus Procurement Act with its proposal.

Name of Offeror: DAVIS VISION, INC.

Name & Title

Signature:

Date: April 20, 2011



Exhibit I.P

**Certification of
Compliance
Pursuant to State
Finance Law § 139•k**



State of New York
Department of Civil Service
Albany, NY 12239

ADMINISTRATION DIVISION
Procurement Lobbying
Offeror's Certification of Compliance

ADM-983(12/06)

Instructions:

New York State Finance Law (SFL) §139-k(5) requires that every contract award subject to the provisions of SFL §§139-k or 139-j shall contain a certification by the Offeror that all information provided to the DCS with respect to SFL §139-k is complete, true and accurate.

At the time an Offer or Bid is submitted to the DCS, the Offeror/Bidder must provide the following certification that the information it has and will provide to the DCS pursuant to SFL §139-k is complete, true and accurate including, but not limited to, disclosures of findings of non-responsibility made within the previous four years by any State governmental entity where such finding of non-responsibility was due to a violation of SFL §139-j or due to the intentional provision of false or incomplete information to a State governmental entity.

Offeror Certification

I certify that all information provided to the Governmental Entity with respect to State Finance Law §139-k is complete, true and accurate.

Name of
Offeror:

DAVIS VISION, INC

By:

(Signature)

Name:

STEPHEN HOLDEN

Title:

PRESIDENT

Address:

159 EXPRESS STREET

PLAINVIEW, NY 11803

Date:

April 20, 2011



**Exhibit I.Q Article IS-A of the
Executive Law**

Exhibit I.Q Article 15-A of the Executive Law
Page 1
April 20, 2011

Subject to the requirements of Article 15-A of the Executive Law, and based on vendor availability, the Department of Civil Service has not established a goal for the MWBE participation for this project.

OFFERORS PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Are you a New York State resident business: YES _____ NO

2. Total number of people employed by your business: 812

3. Total number of people employed by your business in New York State: 632

4. Is your company independently owned and operated: _____ YES NO

Is your firm at least 51% owned and controlled by women: _____ YES NO

and/or,

51% owned and controlled by minority group members: _____ YES NO
(i.e., Black, Hispanic, Asian, Pacific Islander, American Indian, Alaskan Native)?

If yes, have you been certified or registered? _____ YES _____ NO

List certification or registration authority: _____

5. Place(s) where type(s) of service(s) bid are provided:

(Please indicate Yes or No for A and B)

A. All within NYS _____ YES _____ NO

B. Both within and outside NYS _____ YES NO

If yes to B above, location (State) where more than one-half the value of the bid services are provided: Not applicable
State of _____

6. Offeror's principal place of business: (i.e., the location of the primary control, direction, and management of the enterprise.) State of NEW YORK



Exhibit I.S Formal Offer Letter

Ms. Linda Burk
Procurement Manager
Employee Benefits Division, Room 641
NYS Department of Civil Service
Alfred E. Smith State Office Building
Albany, New York 12239

**RE: "New York State Health Insurance Program
"New York State Vision Plan Services" RFP
Firm Offer to the State of New York**

Davis Vision hereby submits this firm and binding offer to the State of New York in response to New York State Department of Civil Service Request for Proposals entitled "**New York State Vision Plan Services**" (RFP). The Proposal hereby submitted meets or exceeds all terms, conditions, and requirements set forth in the above-referenced RFP and in the manner set forth in this RFP.

Davis Vision accepts the terms and conditions as set forth in RFP, Section VII and Appendices A, B and C, and agrees to satisfy the comprehensive programmatic duties and responsibilities outlined in this RFP in the manner set forth in this RFP.

Davis Vision agrees to execute a contractual agreement composed substantially of the terms and conditions set forth in the draft contract included in the RFP, and accepts as non-negotiable the terms and conditions set forth in Appendices A, B, and C to the draft contract.

Davis Vision further agrees, if selected as a result of the RFP, to comply with 1) the provisions of Tax Law Section 5-a, Certification Regarding Sales and Compensating Use Tax; and 2) the Workers' Compensation Law as set forth in Section II.B.9 of the RFP.

This formal offer will remain firm and non-revocable for a minimum period of 365 days from the Proposal Due Date as set forth in the RFP. In the event that a contract is not approved by the NYS Comptroller within the 365 day period, this offer shall remain firm and binding beyond the 365 day period and until a contract is approved by the NYS Comptroller, unless **Davis Vision** delivers to the Department of Civil Service written notice of withdrawal of its Proposal.

Davis Vision's complete offer is set forth as follows:

Administrative Proposal: Total of twelve (12) hard copy volumes [two (2) original and ten (10) copies] and one (1) electronic copy on CD.

Technical Proposal: Total of twelve (12) hard copy volumes [two (2) original and ten (10) copies] and one (1) electronic copy on CD.

Cost Proposal: Total of twelve (12) hard copy volumes [two (2) original and ten (10) copies] and one (1) electronic copy on CD.

The undersigned affirms and swears s/he has the legal authority and capacity to sign and make this offer on behalf of, **Davis Vision** and possesses the legal authority and capacity to act on behalf of **Davis Vision** to execute a contract with the State of New York.

The undersigned affirms and swears as to the truth and veracity of all documents included in this offer.

Date: April 20, 2011

Davis

By:

(signature)

STEPHEN HOLDEN

(name)

PRESIDENT

(title)

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF New York }
COUNTY OF Nassau } : SS.:

On the 20 day of April in the year 2011, before me personally appeared: **STEVE HOLDEN**, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he resides at 255 Asharoken Avenue, Town of Northport, County of Suffolk, State of New York; and further that:

[Check One]

If a corporation: he is the President of Davis Vision, Inc., the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

If a partnership: he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.

Notary Public
[Redacted Signature]

Lauren Godoy
Notary Public, State of New York
No. 01GO6214131
Qualified in Nassau County
Commission Expires Nov. 30, 2013



Exhibit I.T Offeror Attestations Form

Exhibit I.T Offeror Attestations Form

Page 1

April 20, 2011

An authorized representative of the Offeror who is legally authorized to certify the information requested in the name of and on behalf of the Offeror is required to complete and sign the Offeror Attestations and provide all requested information. Offeror's authorized representative must certify as to the truth of the representations made by signing where indicated, below.

CERTIFICATION:

The Offeror (1) recognizes that the following representations are submitted for the express purpose of assisting the State of New York in making a determination to award a contract; (2) acknowledges and agrees by submitting the Attestation, that the State may at its discretion, verify the truth and accuracy of all statements made herein; (3) certifies that the information submitted in this certification and any attached documentation is true, accurate and complete.

Name of Business Entity Submitting Bid:		DAVIS VISION, INC.
Entity's Legal Form:		<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
No.	RFP Ref.	RFP Requirement:
1.	Section III.B.1	At time of Proposal Due Date, Offeror represents and warrants that it: <input checked="" type="checkbox"/> possesses <input type="checkbox"/> does not possess the legal capacity to enter into a contract with the President of the New York State Civil Service Commission ("Commissioner").
2.	Section III.B.2	At time of Proposal Due Date, Offeror represents and warrants that it: <input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest will permanently forfeit at least fifty percent (50%) of its Monthly Administrative Fees until all Implementation and Start-Up activities are complete.
3.	Section III.B.3	At time of Proposal Due Date, Offeror represents and warrants that it: <input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest its principal place of business is not located in a state that penalizes New York State vendors and that, if selected goods or services provided under the Agreement will not be substantially produced or performed in such a state (refer to Section II.B.2).

4.	Section III.B.4	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>it's currently providing vision services, similar to those as set forth in the RFP, for a minimum of five hundred thousand (500,000) covered lives in total and with at least one current client with one hundred (100,000) covered lives, and demonstrate that the Offeror meets or exceeds these requirements to the satisfaction of the Department. To demonstrate that the Offeror, as of the Proposal Due Date, meets the minimum requirement of five hundred thousand (500,000) covered lives in total and at least one client with one hundred (100,000) covered lives, the Offeror must provide a list of current clients with the number of covered lives for each. In determining covered lives, the Offeror should:</p> <ol style="list-style-type: none"> Include both at-risk and fee-for-service business; and Count all lives [i.e., an employee, a spouse and two (2) eligible dependents counts as four (4)].
5.	Section III.B.5	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>has an existing Participating Provider Network, that will provide services under the terms of the contract resulting from this RFP that meets the following Minimum Access Standards within NYS:</p> <ol style="list-style-type: none"> Eighty percent (80%) of Enrollees in urban areas will have at least one (1) Participating Provider within five (5) miles of an Enrollee's home; Eighty percent (80%) of Enrollees in suburban areas will have at least one (1) Participating Provider within fifteen (15) miles of an Enrollee's home; and Eighty percent (80%) of Enrollees in rural areas will have at least one (1) Participating Provider within thirty (30) miles of an Enrollee's home.
6.	Section III.B.6	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input checked="" type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>will, under the Agreement, maintain and make available as required by the State, a complete and accurate set of records as may be required by the State to be produced for review by the State pursuant to the terms and conditions of RFP, Appendices A and B, and including any and all financial records as deemed necessary by the State to discharge its fiduciary responsibilities to Plan participants and to ensure that public dollars are spent appropriately</p>

Date: April 20, 2011



Signature

Stephen Holden
President
Davis Vision, Inc,

April 20, 2011

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

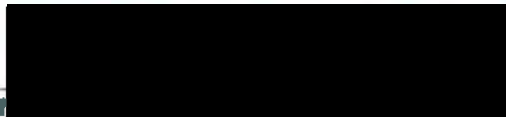
STATE OF New York }
 : SS.:
COUNTY OF Nassau }

On the 20 day of April in the year 2011, before me personally appeared: **STEPHEN HOLDEN**, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he resides at 255 Asharoken Avenue, Town of Northport, County of Suffolk, State of New York; and further that:

[Check One]

If a corporation: he is the President of Davis Vision, Inc., the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

If a partnership: he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.



Lauren Godoy
Notary Public, State of New York
No. 01GO6214131
Qualified in Nassau County
Commission Expires Nov. 30, 2013



Exhibit I.U Key Subcontractors

The Offeror must complete and submit this Exhibit as part of its Administrative Proposal. A separate form should be completed for each Key Subcontractor, if any. If the Offeror will not be subcontracting with any Key Subcontractor(s) to provide any of the services required under the RFP, the Offeror must complete and submit a single Exhibit I.U to that affect.

INSTRUCTION: Prepare this form for each Key Subcontractor	
Offeror's Name:	DAVIS VISION, INC.
The Offeror: <ul style="list-style-type: none"> <input type="checkbox"/> is <input checked="" type="checkbox"/> is not proposing to utilize the services of a subcontractor(s) to provide Program Services	
Subcontractor's Legal Name:	
Business Address:	
Subcontractor's Legal Form:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
As of the date of the Offeror's Proposal, a subcontract <ul style="list-style-type: none"> <input type="checkbox"/> has <input type="checkbox"/> has not been executed between the Offeror and the subcontractor(s) for services to be provided by such subcontractor(s) relating to the Vision Plan Services.	
In the space provided below, describe the Subcontractor's role(s) and responsibilities regarding Program Services to be provided by the subcontractor:	
Relationship between Offeror and Subcontractor for Current Engagements: (Complete items 1 through 5 for each client engagement identified)	
1. Client:	
2. Client Reference Name and Phone #	
3. Project Title:	
4. Project Start Date:	
5. In the space provided below, Project Status:	
6. In the space provided below, describe the roles and responsibilities of the Offeror and subcontractor in regard to the project identified in 3, above:	



Exhibit I.V Client References

Reference #: 1

Abstract	
Customer For Whom Services Were Performed: [REDACTED]	
Customer Address: [REDACTED]	
Program Description: (The Offeror should submit specific details concerning the program identified in satisfaction of the requirements in RFP, Section III.E. This information should be provided as an attachment to this form and the information provided should support the Offeror's ascertain that it can successfully undertake and complete a project of the scope and complexity as that as set forth in this RFP.)	
Client Contact References: (Required And Will Be Verified) (Attach Additional References If Desired)	
Contact Name: [REDACTED]	Contact Title: [REDACTED]
Phone Number: [REDACTED]	E-Mail Address: [REDACTED]
Contact Name: _____	Contact Title: _____
Phone Number: _____	E-Mail Address: _____

Reference #: 1

Program Description:

[REDACTED]

[REDACTED]

[REDACTED]

Reference #: 2

Abstract	
Customer For Whom Services Were Performed: [REDACTED]	
Customer Address: [REDACTED]	
Program Description: (The Offeror should submit specific details concerning the program identified in satisfaction of the requirements in RFP, Section III.E. This information should be provided as an attachment to this form and the information provided should support the Offeror's ascertain that it can successfully undertake and complete a project of the scope and complexity as that as set forth in this RFP.)	
Client Contact References: (Required And Will Be Verified) (Attach Additional References If Desired)	
Contact Name: [REDACTED]	Contact Title: [REDACTED]
Phone Number: [REDACTED]	E-Mail Address: [REDACTED]
Contact Name: [REDACTED]	Contact Title: [REDACTED]
Phone Number: [REDACTED]	E-Mail Address: [REDACTED]

Reference #: 2

Program Description:



Reference #: 3

Abstract	
Customer For Whom Services Were Performed: [REDACTED]	
Customer Address: [REDACTED]	
Program Description: (The Offeror should submit specific details concerning the program identified in satisfaction of the requirements in RFP, Section III.E. This information should be provided as an attachment to this form and the information provided should support the Offeror's ascertain that it can successfully undertake and complete a project of the scope and complexity as that as set forth in this RFP.)	
Client Contact References: (Required And Will Be Verified) (Attach Additional References If Desired)	
Contact Name: [REDACTED]	Contact Title: [REDACTED]
Phone Number: [REDACTED]	E-Mail Address: [REDACTED]
Contact Name: _____	Contact Title: _____
Phone Number: _____	E-Mail Address: _____

Reference #: 3

Program Description:



Reference #: 4

Abstract	
Customer For Whom Services Were Performed: [REDACTED]	
Customer Address: [REDACTED]	
Program Description: (The Offeror should submit specific details concerning the program identified in satisfaction of the requirements in RFP, Section III.E. This information should be provided as an attachment to this form and the information provided should support the Offeror's ascertain that it can successfully undertake and complete a project of the scope and complexity as that as set forth in this RFP.)	
Client Contact References: (Required And Will Be Verified) (Attach Additional References If Desired)	
Contact Name: [REDACTED]	Contact Title: [REDACTED]
Phone Number: [REDACTED]	E-Mail Address: [REDACTED]
Contact Name: _____	Contact Title: _____
Phone Number: _____	E-Mail Address: _____

Reference #: 4

Program Description:

[REDACTED]

[REDACTED]

[REDACTED]

Reference #: 5

Abstract	
Customer For Whom Services Were Performed: [REDACTED]	
Customer Address: [REDACTED]	
Program Description: (The Offeror should submit specific details concerning the program identified in satisfaction of the requirements in RFP, Section III.E. This information should be provided as an attachment to this form and the information provided should support the Offeror's ascertain that it can successfully undertake and complete a project of the scope and complexity as that as set forth in this RFP.)	
Client Contact References: (Required And Will Be Verified) (Attach Additional References If Desired)	
Contact Name: [REDACTED]	Contact Title: [REDACTED]
Phone Number: [REDACTED]	E-Mail Address: [REDACTED]
Contact Name: _____	Contact Title: _____
Phone Number: _____	E-Mail Address: _____

Reference #: 5

Program Description:

[REDACTED]

[REDACTED]

Reference #: 6 - Terminated

Abstract	
Customer For Whom Services Were Performed: [REDACTED]	
Customer Address: [REDACTED]	
Program Description: (The Offeror should submit specific details concerning the program identified in satisfaction of the requirements in RFP, Section III.E. This information should be provided as an attachment to this form and the information provided should support the Offeror's ascertain that it can successfully undertake and complete a project of the scope and complexity as that as set forth in this RFP.)	
Client Contact References: (Required And Will Be Verified) (Attach Additional References If Desired)	
Contact Name: [REDACTED]	Contact Title: [REDACTED]
Phone Number: [REDACTED]	E-Mail Address: [REDACTED]
Contact Name: [REDACTED]	Contact Title: [REDACTED]
Phone Number: [REDACTED]	E-Mail Address: [REDACTED]

Reference #: 6 - Terminated

Program Description:

[REDACTED]

[REDACTED]

[REDACTED]



Exhibit I.Y

**Participating
Provider Network
Access Prerequisite
Worksheet**

State Column (1)	Location Column (2)	# of NYS Vision Plan Enrollees		Total Vision Plan Enrollees (Column 5)	% With Access
		With Access (Column 3)	Without Access (Column 4)		
NYS	Urban				
	Suburban				
	Rural				
	Total NYS				
Out-Of-State	Urban				
	Suburban				
	Rural				
	Total Out-of-State				
	Total				

- A. Enter the number of NYS Vision Plan enrollees who meet the minimum access requirements from your GeoAccess Accessibility Summaries (column 3)
- B. Enter the number of NYS Vision Plan enrollees who do not meet the minimum access requirements from your GeoAccess Accessibility Summaries. (column 4)
- C. Column (5) equals Column (3) plus Column (4).
- D. Column (6) equals Column (3) divided by Column (5).
- E. The average NYS access % in column (6) must equal, at a minimum, 80% in order to meet the Network Access Prerequisite required to submit a proposal.



**Exhibit I.Y.1 Offeror's Current
Participating
Provider Network
File (CD)**

REDACTED

DAVISVISIONSM

SEE LIFE

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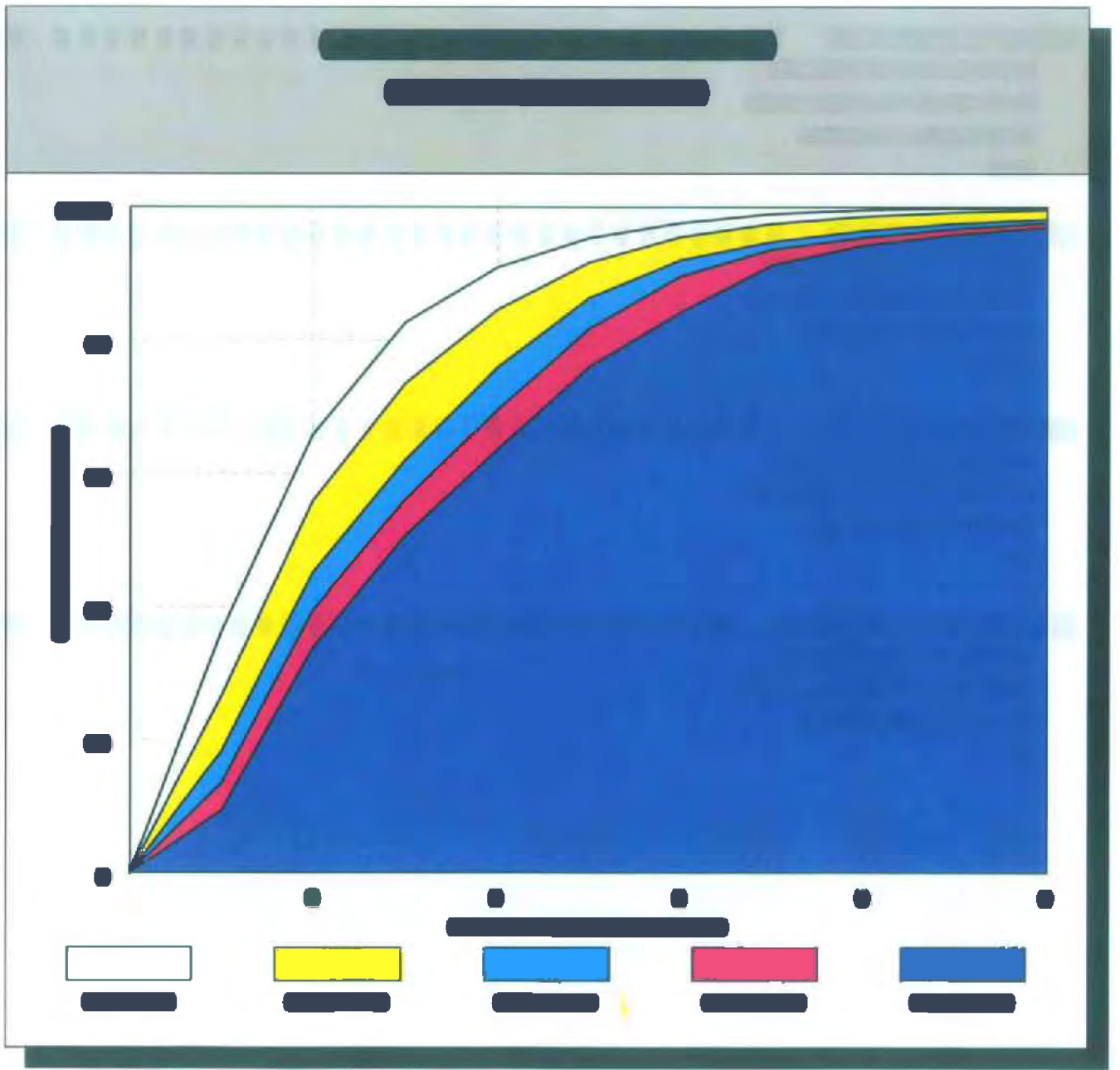
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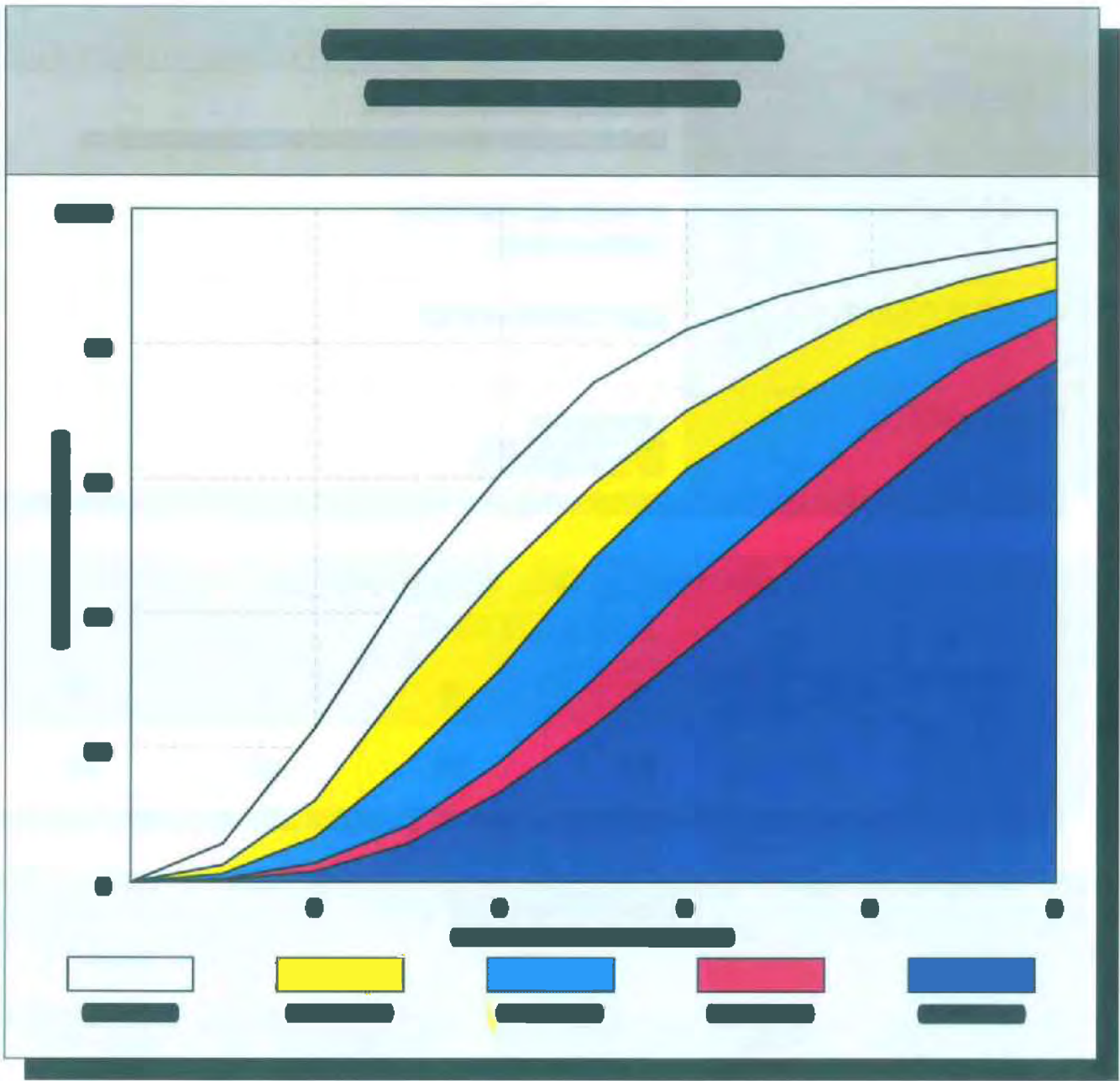
Item	Inventory					
	Quantity	Unit Cost	Total Cost	Quantity	Unit Cost	Total Cost
101	100	1.00	100.00	100	1.00	100.00
102	200	2.00	400.00	200	2.00	400.00
103	50	5.00	250.00	50	5.00	250.00
104	150	1.50	225.00	150	1.50	225.00
105	300	3.00	900.00	300	3.00	900.00
106	80	8.00	640.00	80	8.00	640.00
107	120	1.20	144.00	120	1.20	144.00
108	250	2.50	625.00	250	2.50	625.00
109	70	7.00	490.00	70	7.00	490.00
110	180	1.80	324.00	180	1.80	324.00
111	40	4.00	160.00	40	4.00	160.00
112	220	2.20	484.00	220	2.20	484.00
113	90	9.00	810.00	90	9.00	810.00
114	160	1.60	256.00	160	1.60	256.00
115	350	3.50	1225.00	350	3.50	1225.00
116	60	6.00	360.00	60	6.00	360.00
117	280	2.80	784.00	280	2.80	784.00
118	110	1.10	121.00	110	1.10	121.00
119	210	2.10	441.00	210	2.10	441.00
120	75	7.50	562.50	75	7.50	562.50
121	190	1.90	361.00	190	1.90	361.00
122	45	4.50	202.50	45	4.50	202.50
123	230	2.30	529.00	230	2.30	529.00
124	85	8.50	722.50	85	8.50	722.50
125	170	1.70	289.00	170	1.70	289.00
126	380	3.80	1444.00	380	3.80	1444.00
127	65	6.50	422.50	65	6.50	422.50
128	260	2.60	676.00	260	2.60	676.00
129	105	1.05	110.25	105	1.05	110.25
130	205	2.05	420.25	205	2.05	420.25
131	78	7.80	608.40	78	7.80	608.40
132	185	1.85	340.25	185	1.85	340.25
133	48	4.80	230.40	48	4.80	230.40
134	245	2.45	600.25	245	2.45	600.25
135	92	9.20	846.40	92	9.20	846.40
136	165	1.65	272.25	165	1.65	272.25
137	360	3.60	1296.00	360	3.60	1296.00
138	58	5.80	336.40	58	5.80	336.40
139	275	2.75	756.25	275	2.75	756.25
140	115	1.15	132.25	115	1.15	132.25
141	215	2.15	462.25	215	2.15	462.25
142	72	7.20	518.40	72	7.20	518.40
143	195	1.95	380.25	195	1.95	380.25
144	42	4.20	176.40	42	4.20	176.40
145	235	2.35	552.25	235	2.35	552.25
146	88	8.80	774.40	88	8.80	774.40
147	175	1.75	306.25	175	1.75	306.25
148	370	3.70	1369.00	370	3.70	1369.00
149	55	5.50	302.50	55	5.50	302.50
150	265	2.65	702.25	265	2.65	702.25
151	102	1.02	104.04	102	1.02	104.04
152	202	2.02	408.04	202	2.02	408.04
153	75	7.50	562.50	75	7.50	562.50
154	192	1.92	368.64	192	1.92	368.64
155	45	4.50	202.50	45	4.50	202.50
156	242	2.42	585.64	242	2.42	585.64
157	95	9.50	902.50	95	9.50	902.50
158	162	1.62	262.44	162	1.62	262.44
159	355	3.55	1260.25	355	3.55	1260.25
160	62	6.20	384.40	62	6.20	384.40
161	272	2.72	741.44	272	2.72	741.44
162	108	1.08	116.64	108	1.08	116.64
163	208	2.08	432.64	208	2.08	432.64
164	78	7.80	608.40	78	7.80	608.40
165	188	1.88	353.44	188	1.88	353.44
166	48	4.80	230.40	48	4.80	230.40
167	248	2.48	615.04	248	2.48	615.04
168	92	9.20	846.40	92	9.20	846.40
169	172	1.72	295.84	172	1.72	295.84
170	375	3.75	1406.25	375	3.75	1406.25
171	58	5.80	336.40	58	5.80	336.40
172	278	2.78	772.84	278	2.78	772.84
173	112	1.12	125.44	112	1.12	125.44
174	212	2.12	449.44	212	2.12	449.44
175	75	7.50	562.50	75	7.50	562.50
176	195	1.95	380.25	195	1.95	380.25
177	42	4.20	176.40	42	4.20	176.40
178	232	2.32	538.24	232	2.32	538.24
179	85	8.50	722.50	85	8.50	722.50
180	168	1.68	282.24	168	1.68	282.24
181	365	3.65	1332.25	365	3.65	1332.25
182	55	5.50	302.50	55	5.50	302.50
183	262	2.62	686.44	262	2.62	686.44
184	105	1.05	110.25	105	1.05	110.25
185	205	2.05	420.25	205	2.05	420.25
186	78	7.80	608.40	78	7.80	608.40
187	182	1.82	331.24	182	1.82	331.24
188	45	4.50	202.50	45	4.50	202.50
189	245	2.45	600.25	245	2.45	600.25
190	92	9.20	846.40	92	9.20	846.40
191	172	1.72	295.84	172	1.72	295.84
192	372	3.72	1385.44	372	3.72	1385.44
193	58	5.80	336.40	58	5.80	336.40
194	275	2.75	756.25	275	2.75	756.25
195	115	1.15	132.25	115	1.15	132.25
196	212	2.12	449.44	212	2.12	449.44
197	75	7.50	562.50	75	7.50	562.50
198	192	1.92	368.64	192	1.92	368.64
199	42	4.20	176.40	42	4.20	176.40
200	235	2.35	552.25	235	2.35	552.25

Account Name	Financial Statement						
	Income Statement			Balance Sheet			
	Revenue	Expenses	Net Income	Assets	Liabilities	Equity	Total
Revenue	100	0	100	100	0	100	200
Cost of Goods Sold	0	60	(60)	40	0	40	40
Gross Profit	100	(60)	40	40	0	40	40
Operating Expenses	0	20	(20)	20	0	20	20
Operating Income	100	(80)	20	20	0	20	20
Interest Expense	0	5	(5)	15	5	10	15
Interest Revenue	0	0	0	0	5	0	5
Other Income	0	0	0	0	0	0	0
Income Before Taxes	100	(85)	15	15	5	10	20
Taxes	0	15	(15)	0	10	0	10
Net Income	100	(100)	0	0	0	0	0
Dividends	0	0	0	0	0	0	0
Retained Earnings	0	0	0	0	0	0	0
Assets	0	0	0	100	0	0	100
Liabilities	0	0	0	0	100	0	100
Equity	0	0	0	0	0	100	100
Total	100	100	0	100	100	100	200

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Description	Financial Data					
	Revenue	Expenses	Net Income	Assets	Liabilities	
					Current	Long-term
Item 1	100	50	50	50	50	0
Item 2	200	100	100	100	100	0
Item 3	300	150	150	150	150	0
Item 4	400	200	200	200	200	0
Item 5	500	250	250	250	250	0
Item 6	600	300	300	300	300	0
Item 7	700	350	350	350	350	0
Item 8	800	400	400	400	400	0
Item 9	900	450	450	450	450	0
Item 10	1000	500	500	500	500	0
Item 11	1100	550	550	550	550	0
Item 12	1200	600	600	600	600	0
Item 13	1300	650	650	650	650	0
Item 14	1400	700	700	700	700	0
Item 15	1500	750	750	750	750	0
Item 16	1600	800	800	800	800	0
Item 17	1700	850	850	850	850	0
Item 18	1800	900	900	900	900	0
Item 19	1900	950	950	950	950	0
Item 20	2000	1000	1000	1000	1000	0

Date	BANK OF AMERICA					
	Description	Withdrawals	Deposits	Balance	Interest	
					Rate	Amount
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Accessibility summary

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[REDACTED]	[REDACTED]
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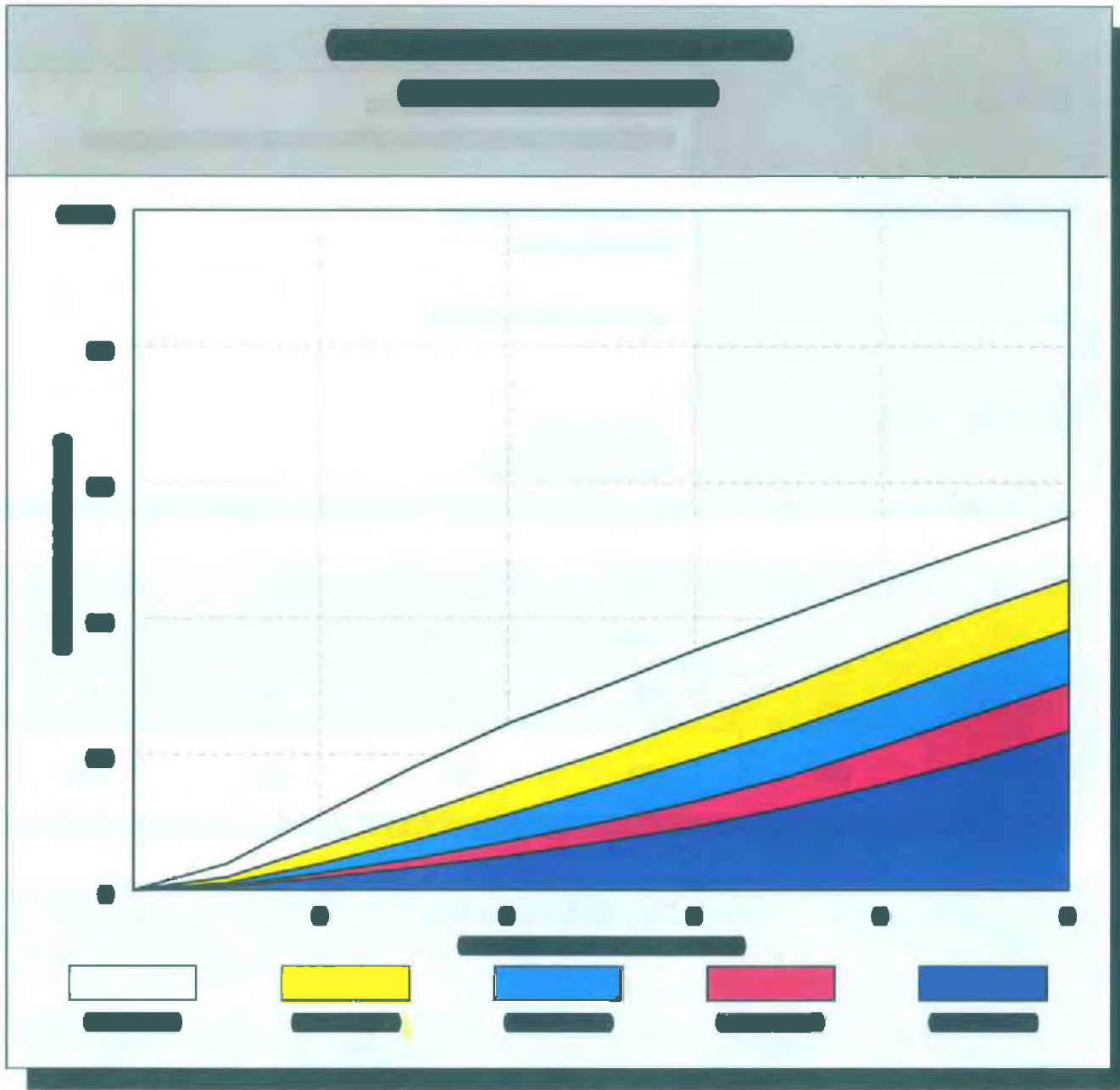
Date	Description	Particulars			Balance	
		Debit	Credit	Debit	Credit	
2018						
1-1	Balance					
1-31						
2-1						
2-28						
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10-31						
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12-31						
2019						
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3-31						
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4-30						
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10-31						
11-1						
11-30						
12-1						
12-31						

Description	Quantity	Unit	Material	Description	Cost	
					Quantity	Rate
001.000	1	m	Steel plate	1	15.00	
001.001	1	m	Steel plate	1	15.00	
001.002	1	m	Steel plate	1	15.00	
001.003	1	m	Steel plate	1	15.00	
001.004	1	m	Steel plate	1	15.00	
001.005	1	m	Steel plate	1	15.00	
001.006	1	m	Steel plate	1	15.00	
001.007	1	m	Steel plate	1	15.00	
001.008	1	m	Steel plate	1	15.00	
001.009	1	m	Steel plate	1	15.00	
001.010	1	m	Steel plate	1	15.00	
001.011	1	m	Steel plate	1	15.00	
001.012	1	m	Steel plate	1	15.00	
001.013	1	m	Steel plate	1	15.00	
001.014	1	m	Steel plate	1	15.00	
001.015	1	m	Steel plate	1	15.00	
001.016	1	m	Steel plate	1	15.00	
001.017	1	m	Steel plate	1	15.00	
001.018	1	m	Steel plate	1	15.00	
001.019	1	m	Steel plate	1	15.00	
001.020	1	m	Steel plate	1	15.00	
001.021	1	m	Steel plate	1	15.00	
001.022	1	m	Steel plate	1	15.00	
001.023	1	m	Steel plate	1	15.00	
001.024	1	m	Steel plate	1	15.00	
001.025	1	m	Steel plate	1	15.00	
001.026	1	m	Steel plate	1	15.00	
001.027	1	m	Steel plate	1	15.00	
001.028	1	m	Steel plate	1	15.00	
001.029	1	m	Steel plate	1	15.00	
001.030	1	m	Steel plate	1	15.00	
001.031	1	m	Steel plate	1	15.00	
001.032	1	m	Steel plate	1	15.00	
001.033	1	m	Steel plate	1	15.00	
001.034	1	m	Steel plate	1	15.00	
001.035	1	m	Steel plate	1	15.00	
001.036	1	m	Steel plate	1	15.00	
001.037	1	m	Steel plate	1	15.00	
001.038	1	m	Steel plate	1	15.00	
001.039	1	m	Steel plate	1	15.00	
001.040	1	m	Steel plate	1	15.00	



Description	Quantity	Unit	Rate	Amount	Tax	
					IGST	CGST
Item 1	100	kg	1000	100000	10000	10000
Item 2	200	kg	2000	400000	40000	40000
Item 3	300	kg	3000	900000	90000	90000
Item 4	400	kg	4000	1600000	160000	160000
Item 5	500	kg	5000	2500000	250000	250000
Item 6	600	kg	6000	3600000	360000	360000
Item 7	700	kg	7000	4900000	490000	490000
Item 8	800	kg	8000	6400000	640000	640000
Item 9	900	kg	9000	8100000	810000	810000
Item 10	1000	kg	10000	10000000	1000000	1000000
Item 11	1100	kg	11000	12100000	1210000	1210000
Item 12	1200	kg	12000	14400000	1440000	1440000
Item 13	1300	kg	13000	16900000	1690000	1690000
Item 14	1400	kg	14000	19600000	1960000	1960000
Item 15	1500	kg	15000	22500000	2250000	2250000
Item 16	1600	kg	16000	25600000	2560000	2560000
Item 17	1700	kg	17000	28900000	2890000	2890000
Item 18	1800	kg	18000	32400000	3240000	3240000
Item 19	1900	kg	19000	36100000	3610000	3610000
Item 20	2000	kg	20000	40000000	4000000	4000000
Item 21	2100	kg	21000	44100000	4410000	4410000
Item 22	2200	kg	22000	48400000	4840000	4840000
Item 23	2300	kg	23000	52900000	5290000	5290000
Item 24	2400	kg	24000	57600000	5760000	5760000
Item 25	2500	kg	25000	62500000	6250000	6250000
Item 26	2600	kg	26000	67600000	6760000	6760000
Item 27	2700	kg	27000	72900000	7290000	7290000
Item 28	2800	kg	28000	78400000	7840000	7840000
Item 29	2900	kg	29000	84100000	8410000	8410000
Item 30	3000	kg	30000	90000000	9000000	9000000





	1	2	3	4	5
White	0.1	0.2	0.3	0.4	0.5
Yellow	0.1	0.2	0.3	0.4	0.5
Blue	0.1	0.2	0.3	0.4	0.5
Red	0.1	0.2	0.3	0.4	0.5
Blue	0.1	0.2	0.3	0.4	0.5

[Redacted]

[Redacted]	
[Redacted]	[Redacted]
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[Redacted]					
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

[Redacted]			
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

[Redacted]	
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]

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[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

[Redacted]	[Redacted]	[Redacted]		
		[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
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[Redacted header information]

[Redacted Title]	
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[Redacted Title]					
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
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[Redacted Title]				
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Date	Description	Debit	Credit	Balance	Total	
					Debit	Credit
1/1	Opening Balance					
1/2	...					
1/3	...					
1/4	...					
1/5	...					
1/6	...					
1/7	...					
1/8	...					
1/9	...					
1/10	...					
1/11	...					
1/12	...					
1/13	...					
1/14	...					
1/15	...					
1/16	...					
1/17	...					
1/18	...					
1/19	...					
1/20	...					
1/21	...					
1/22	...					
1/23	...					
1/24	...					
1/25	...					
1/26	...					
1/27	...					
1/28	...					
1/29	...					
1/30	...					
1/31	...					

Description	Financial Data					
	Amount	Percentage	Amount	Percentage	Total	
					Amount	Percentage
Item 1	100	100%	100	100%	200	100%
Item 2	100	100%	100	100%	200	100%
Item 3	100	100%	100	100%	200	100%
Item 4	100	100%	100	100%	200	100%
Item 5	100	100%	100	100%	200	100%
Item 6	100	100%	100	100%	200	100%
Item 7	100	100%	100	100%	200	100%
Item 8	100	100%	100	100%	200	100%
Item 9	100	100%	100	100%	200	100%
Item 10	100	100%	100	100%	200	100%
Item 11	100	100%	100	100%	200	100%
Item 12	100	100%	100	100%	200	100%
Item 13	100	100%	100	100%	200	100%
Item 14	100	100%	100	100%	200	100%
Item 15	100	100%	100	100%	200	100%
Item 16	100	100%	100	100%	200	100%
Item 17	100	100%	100	100%	200	100%
Item 18	100	100%	100	100%	200	100%
Item 19	100	100%	100	100%	200	100%
Item 20	100	100%	100	100%	200	100%
Item 21	100	100%	100	100%	200	100%
Item 22	100	100%	100	100%	200	100%
Item 23	100	100%	100	100%	200	100%
Item 24	100	100%	100	100%	200	100%
Item 25	100	100%	100	100%	200	100%
Item 26	100	100%	100	100%	200	100%
Item 27	100	100%	100	100%	200	100%
Item 28	100	100%	100	100%	200	100%
Item 29	100	100%	100	100%	200	100%
Item 30	100	100%	100	100%	200	100%
Item 31	100	100%	100	100%	200	100%
Item 32	100	100%	100	100%	200	100%
Item 33	100	100%	100	100%	200	100%
Item 34	100	100%	100	100%	200	100%
Item 35	100	100%	100	100%	200	100%
Item 36	100	100%	100	100%	200	100%
Item 37	100	100%	100	100%	200	100%
Item 38	100	100%	100	100%	200	100%
Item 39	100	100%	100	100%	200	100%
Item 40	100	100%	100	100%	200	100%
Item 41	100	100%	100	100%	200	100%
Item 42	100	100%	100	100%	200	100%
Item 43	100	100%	100	100%	200	100%
Item 44	100	100%	100	100%	200	100%
Item 45	100	100%	100	100%	200	100%
Item 46	100	100%	100	100%	200	100%
Item 47	100	100%	100	100%	200	100%
Item 48	100	100%	100	100%	200	100%
Item 49	100	100%	100	100%	200	100%
Item 50	100	100%	100	100%	200	100%

Item	Category	Value 1	Value 2	Value 3	Value 4	Sub-category	
						Sub-value 1	Sub-value 2
Item 1
Item 2
Item 3
Item 4
Item 5
Item 6
Item 7
Item 8
Item 9
Item 10
Item 11
Item 12
Item 13
Item 14
Item 15
Item 16
Item 17
Item 18
Item 19
Item 20
Item 21
Item 22
Item 23
Item 24
Item 25
Item 26
Item 27
Item 28
Item 29
Item 30
Item 31
Item 32
Item 33
Item 34
Item 35
Item 36
Item 37
Item 38
Item 39
Item 40

Item No.	Item Name	QTY	UNIT	EST. PRICE	TOTAL	REMARKS	
						PARTICULARS	AMOUNT
1		
2		
3		
4		
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98		
99		
100		

Kategorie	Anzahl	Menge		Gesamt	Prozent	
		Einheit	Wert		Anteil	Veränderung
A	100	...	...	...	...	...
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

Description	Financial Data					
	Revenue	Expenses	Net Income	Assets	Liabilities	
					Current	Long-term
Item 1	100	50	50	50	50	0
Item 2	150	75	75	75	75	0
Item 3	200	100	100	100	100	0
Item 4	250	125	125	125	125	0
Item 5	300	150	150	150	150	0
Item 6	350	175	175	175	175	0
Item 7	400	200	200	200	200	0
Item 8	450	225	225	225	225	0
Item 9	500	250	250	250	250	0
Item 10	550	275	275	275	275	0
Item 11	600	300	300	300	300	0
Item 12	650	325	325	325	325	0
Item 13	700	350	350	350	350	0
Item 14	750	375	375	375	375	0
Item 15	800	400	400	400	400	0
Item 16	850	425	425	425	425	0
Item 17	900	450	450	450	450	0
Item 18	950	475	475	475	475	0
Item 19	1000	500	500	500	500	0
Item 20	1050	525	525	525	525	0
Item 21	1100	550	550	550	550	0
Item 22	1150	575	575	575	575	0
Item 23	1200	600	600	600	600	0
Item 24	1250	625	625	625	625	0
Item 25	1300	650	650	650	650	0
Item 26	1350	675	675	675	675	0
Item 27	1400	700	700	700	700	0
Item 28	1450	725	725	725	725	0
Item 29	1500	750	750	750	750	0
Item 30	1550	775	775	775	775	0
Item 31	1600	800	800	800	800	0
Item 32	1650	825	825	825	825	0
Item 33	1700	850	850	850	850	0
Item 34	1750	875	875	875	875	0
Item 35	1800	900	900	900	900	0
Item 36	1850	925	925	925	925	0
Item 37	1900	950	950	950	950	0
Item 38	1950	975	975	975	975	0
Item 39	2000	1000	1000	1000	1000	0
Item 40	2050	1025	1025	1025	1025	0
Item 41	2100	1050	1050	1050	1050	0
Item 42	2150	1075	1075	1075	1075	0
Item 43	2200	1100	1100	1100	1100	0
Item 44	2250	1125	1125	1125	1125	0
Item 45	2300	1150	1150	1150	1150	0
Item 46	2350	1175	1175	1175	1175	0
Item 47	2400	1200	1200	1200	1200	0
Item 48	2450	1225	1225	1225	1225	0
Item 49	2500	1250	1250	1250	1250	0
Item 50	2550	1275	1275	1275	1275	0
Item 51	2600	1300	1300	1300	1300	0
Item 52	2650	1325	1325	1325	1325	0
Item 53	2700	1350	1350	1350	1350	0
Item 54	2750	1375	1375	1375	1375	0
Item 55	2800	1400	1400	1400	1400	0
Item 56	2850	1425	1425	1425	1425	0
Item 57	2900	1450	1450	1450	1450	0
Item 58	2950	1475	1475	1475	1475	0
Item 59	3000	1500	1500	1500	1500	0
Item 60	3050	1525	1525	1525	1525	0
Item 61	3100	1550	1550	1550	1550	0
Item 62	3150	1575	1575	1575	1575	0
Item 63	3200	1600	1600	1600	1600	0
Item 64	3250	1625	1625	1625	1625	0
Item 65	3300	1650	1650	1650	1650	0
Item 66	3350	1675	1675	1675	1675	0
Item 67	3400	1700	1700	1700	1700	0
Item 68	3450	1725	1725	1725	1725	0
Item 69	3500	1750	1750	1750	1750	0
Item 70	3550	1775	1775	1775	1775	0
Item 71	3600	1800	1800	1800	1800	0
Item 72	3650	1825	1825	1825	1825	0
Item 73	3700	1850	1850	1850	1850	0
Item 74	3750	1875	1875	1875	1875	0
Item 75	3800	1900	1900	1900	1900	0
Item 76	3850	1925	1925	1925	1925	0
Item 77	3900	1950	1950	1950	1950	0
Item 78	3950	1975	1975	1975	1975	0
Item 79	4000	2000	2000	2000	2000	0
Item 80	4050	2025	2025	2025	2025	0
Item 81	4100	2050	2050	2050	2050	0
Item 82	4150	2075	2075	2075	2075	0
Item 83	4200	2100	2100	2100	2100	0
Item 84	4250	2125	2125	2125	2125	0
Item 85	4300	2150	2150	2150	2150	0
Item 86	4350	2175	2175	2175	2175	0
Item 87	4400	2200	2200	2200	2200	0
Item 88	4450	2225	2225	2225	2225	0
Item 89	4500	2250	2250	2250	2250	0
Item 90	4550	2275	2275	2275	2275	0
Item 91	4600	2300	2300	2300	2300	0
Item 92	4650	2325	2325	2325	2325	0
Item 93	4700	2350	2350	2350	2350	0
Item 94	4750	2375	2375	2375	2375	0
Item 95	4800	2400	2400	2400	2400	0
Item 96	4850	2425	2425	2425	2425	0
Item 97	4900	2450	2450	2450	2450	0
Item 98	4950	2475	2475	2475	2475	0
Item 99	5000	2500	2500	2500	2500	0
Item 100	5050	2525	2525	2525	2525	0

Date	Description	Account Balances					
		10/1	10/2	10/3	10/4	10/5	10/6
10/1	Balance	100.00					
10/2	Deposit		50.00				
10/3	Withdrawal			20.00			
10/4	Deposit				30.00		
10/5	Withdrawal					10.00	
10/6	Balance						150.00

	GROSS					NET		TAXES & CHARGES
	QUANTITY	UNIT PRICE	AMOUNT	UNIT PRICE	AMOUNT	DISCOUNTS		
						PERCENT	AMOUNT	
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	1	2	3	4	5	
					6	7
1	1	2	3	4	5	6
2	1	2	3	4	5	6
3	1	2	3	4	5	6
4	1	2	3	4	5	6
5	1	2	3	4	5	6
6	1	2	3	4	5	6
7	1	2	3	4	5	6
8	1	2	3	4	5	6
9	1	2	3	4	5	6
10	1	2	3	4	5	6
11	1	2	3	4	5	6
12	1	2	3	4	5	6
13	1	2	3	4	5	6
14	1	2	3	4	5	6
15	1	2	3	4	5	6
16	1	2	3	4	5	6
17	1	2	3	4	5	6
18	1	2	3	4	5	6
19	1	2	3	4	5	6
20	1	2	3	4	5	6
21	1	2	3	4	5	6
22	1	2	3	4	5	6
23	1	2	3	4	5	6
24	1	2	3	4	5	6
25	1	2	3	4	5	6
26	1	2	3	4	5	6
27	1	2	3	4	5	6
28	1	2	3	4	5	6
29	1	2	3	4	5	6
30	1	2	3	4	5	6
31	1	2	3	4	5	6
32	1	2	3	4	5	6
33	1	2	3	4	5	6
34	1	2	3	4	5	6
35	1	2	3	4	5	6
36	1	2	3	4	5	6
37	1	2	3	4	5	6
38	1	2	3	4	5	6
39	1	2	3	4	5	6
40	1	2	3	4	5	6
41	1	2	3	4	5	6
42	1	2	3	4	5	6
43	1	2	3	4	5	6
44	1	2	3	4	5	6
45	1	2	3	4	5	6
46	1	2	3	4	5	6
47	1	2	3	4	5	6
48	1	2	3	4	5	6
49	1	2	3	4	5	6
50	1	2	3	4	5	6
51	1	2	3	4	5	6
52	1	2	3	4	5	6
53	1	2	3	4	5	6
54	1	2	3	4	5	6
55	1	2	3	4	5	6
56	1	2	3	4	5	6
57	1	2	3	4	5	6
58	1	2	3	4	5	6
59	1	2	3	4	5	6
60	1	2	3	4	5	6
61	1	2	3	4	5	6
62	1	2	3	4	5	6
63	1	2	3	4	5	6
64	1	2	3	4	5	6
65	1	2	3	4	5	6
66	1	2	3	4	5	6
67	1	2	3	4	5	6
68	1	2	3	4	5	6
69	1	2	3	4	5	6
70	1	2	3	4	5	6
71	1	2	3	4	5	6
72	1	2	3	4	5	6
73	1	2	3	4	5	6
74	1	2	3	4	5	6
75	1	2	3	4	5	6
76	1	2	3	4	5	6
77	1	2	3	4	5	6
78	1	2	3	4	5	6
79	1	2	3	4	5	6
80	1	2	3	4	5	6
81	1	2	3	4	5	6
82	1	2	3	4	5	6
83	1	2	3	4	5	6
84	1	2	3	4	5	6
85	1	2	3	4	5	6
86	1	2	3	4	5	6
87	1	2	3	4	5	6
88	1	2	3	4	5	6
89	1	2	3	4	5	6
90	1	2	3	4	5	6
91	1	2	3	4	5	6
92	1	2	3	4	5	6
93	1	2	3	4	5	6
94	1	2	3	4	5	6
95	1	2	3	4	5	6
96	1	2	3	4	5	6
97	1	2	3	4	5	6
98	1	2	3	4	5	6
99	1	2	3	4	5	6
100	1	2	3	4	5	6

Account Name	Debit	Credit	Debit	Credit	Total	
					Debit	Credit
Accounts Receivable	100		100		100	
Accounts Payable		100		100		100
Inventory	200		200		200	
Prepaid Insurance	100		100		100	
Equipment	500		500		500	
Accumulated Depreciation		100		100		100
Land	300		300		300	
Buildings	400		400		400	
Depreciation Expense		100	100			100
Cost of Sales	100		100		100	
Retained Earnings		100		100		100
Common Stock		100		100		100
Dividends	100			100		100
Interest Expense	100		100			100
Interest Revenue		100		100		100
Income Tax Expense	100		100			100
Income Tax Payable		100		100		100
Net Income		100	100			100
Retained Earnings (Closing)		100		100		100

Date	Description	Financial Data					
		Revenue	Costs	Expenses	Profit	Net Income	Balance
2023-01-01	Opening Balance	1000	0	0	1000	1000	1000
2023-01-05	Sales	500	0	0	500	500	1500
2023-01-10	Cost of Goods Sold	0	300	0	-300	200	1200
2023-01-15	Salaries	0	0	200	-200	0	1000
2023-01-20	Utilities	0	0	50	-50	0	950
2023-01-25	Inventory	0	0	0	0	0	950
2023-02-01	Closing Balance	1000	300	250	450	450	950

TABLE 1

Variable	Model					
	(1)	(2)	(3)	(4)	(5)	(6)
Constant	1.23	1.23	1.23	1.23	1.23	1.23
Age	0.02	0.02	0.02	0.02	0.02	0.02
Gender	0.15	0.15	0.15	0.15	0.15	0.15
Education	0.05	0.05	0.05	0.05	0.05	0.05
Income	0.03	0.03	0.03	0.03	0.03	0.03
Health	0.01	0.01	0.01	0.01	0.01	0.01
Married	0.08	0.08	0.08	0.08	0.08	0.08
Urban	0.04	0.04	0.04	0.04	0.04	0.04
Region	0.02	0.02	0.02	0.02	0.02	0.02
Year	0.01	0.01	0.01	0.01	0.01	0.01
Observations	100	100	100	100	100	100
R-squared	0.15	0.15	0.15	0.15	0.15	0.15

Date	Particulars	Debit					Credit	
		Rs.	P.	A.	Rs.	P.	A.	
1/1	Balance b/d	100						
2/1	By Cash	50						
3/1	To Cash				50			
4/1	By Cash	20						
5/1	To Cash				20			
6/1	By Cash	30						
7/1	To Cash				30			
8/1	By Cash	40						
9/1	To Cash				40			
10/1	By Cash	10						
11/1	To Cash				10			
12/1	By Cash	20						
13/1	To Cash				20			
14/1	By Cash	30						
15/1	To Cash				30			
16/1	By Cash	40						
17/1	To Cash				40			
18/1	By Cash	50						
19/1	To Cash				50			
20/1	By Cash	60						
21/1	To Cash				60			
22/1	By Cash	70						
23/1	To Cash				70			
24/1	By Cash	80						
25/1	To Cash				80			
26/1	By Cash	90						
27/1	To Cash				90			
28/1	By Cash	100						
29/1	To Cash				100			
30/1	By Cash	110						
31/1	To Cash				110			
1/2	By Cash	20						
2/2	To Cash				20			
3/2	By Cash	30						
4/2	To Cash				30			
5/2	By Cash	40						
6/2	To Cash				40			
7/2	By Cash	50						
8/2	To Cash				50			
9/2	By Cash	60						
10/2	To Cash				60			
11/2	By Cash	70						
12/2	To Cash				70			
13/2	By Cash	80						
14/2	To Cash				80			
15/2	By Cash	90						
16/2	To Cash				90			
17/2	By Cash	100						
18/2	To Cash				100			
19/2	By Cash	110						
20/2	To Cash				110			

Description	Summary					
	Quantity	Unit Price	Total Price	Quantity	Unit Price	Total Price
[REDACTED]	1	100.00	100.00	1	100.00	100.00
[REDACTED]	1	200.00	200.00	1	200.00	200.00
[REDACTED]	1	300.00	300.00	1	300.00	300.00
[REDACTED]	1	400.00	400.00	1	400.00	400.00
[REDACTED]	1	500.00	500.00	1	500.00	500.00
[REDACTED]	1	600.00	600.00	1	600.00	600.00
[REDACTED]	1	700.00	700.00	1	700.00	700.00
[REDACTED]	1	800.00	800.00	1	800.00	800.00
[REDACTED]	1	900.00	900.00	1	900.00	900.00
[REDACTED]	1	1000.00	1000.00	1	1000.00	1000.00
[REDACTED]	1	1100.00	1100.00	1	1100.00	1100.00
[REDACTED]	1	1200.00	1200.00	1	1200.00	1200.00
[REDACTED]	1	1300.00	1300.00	1	1300.00	1300.00
[REDACTED]	1	1400.00	1400.00	1	1400.00	1400.00
[REDACTED]	1	1500.00	1500.00	1	1500.00	1500.00
[REDACTED]	1	1600.00	1600.00	1	1600.00	1600.00
[REDACTED]	1	1700.00	1700.00	1	1700.00	1700.00
[REDACTED]	1	1800.00	1800.00	1	1800.00	1800.00
[REDACTED]	1	1900.00	1900.00	1	1900.00	1900.00
[REDACTED]	1	2000.00	2000.00	1	2000.00	2000.00
[REDACTED]	1	2100.00	2100.00	1	2100.00	2100.00
[REDACTED]	1	2200.00	2200.00	1	2200.00	2200.00
[REDACTED]	1	2300.00	2300.00	1	2300.00	2300.00
[REDACTED]	1	2400.00	2400.00	1	2400.00	2400.00
[REDACTED]	1	2500.00	2500.00	1	2500.00	2500.00
[REDACTED]	1	2600.00	2600.00	1	2600.00	2600.00
[REDACTED]	1	2700.00	2700.00	1	2700.00	2700.00
[REDACTED]	1	2800.00	2800.00	1	2800.00	2800.00
[REDACTED]	1	2900.00	2900.00	1	2900.00	2900.00
[REDACTED]	1	3000.00	3000.00	1	3000.00	3000.00
[REDACTED]	1	3100.00	3100.00	1	3100.00	3100.00
[REDACTED]	1	3200.00	3200.00	1	3200.00	3200.00
[REDACTED]	1	3300.00	3300.00	1	3300.00	3300.00
[REDACTED]	1	3400.00	3400.00	1	3400.00	3400.00
[REDACTED]	1	3500.00	3500.00	1	3500.00	3500.00
[REDACTED]	1	3600.00	3600.00	1	3600.00	3600.00
[REDACTED]	1	3700.00	3700.00	1	3700.00	3700.00
[REDACTED]	1	3800.00	3800.00	1	3800.00	3800.00
[REDACTED]	1	3900.00	3900.00	1	3900.00	3900.00
[REDACTED]	1	4000.00	4000.00	1	4000.00	4000.00
[REDACTED]	1	4100.00	4100.00	1	4100.00	4100.00
[REDACTED]	1	4200.00	4200.00	1	4200.00	4200.00
[REDACTED]	1	4300.00	4300.00	1	4300.00	4300.00
[REDACTED]	1	4400.00	4400.00	1	4400.00	4400.00
[REDACTED]	1	4500.00	4500.00	1	4500.00	4500.00
[REDACTED]	1	4600.00	4600.00	1	4600.00	4600.00
[REDACTED]	1	4700.00	4700.00	1	4700.00	4700.00
[REDACTED]	1	4800.00	4800.00	1	4800.00	4800.00
[REDACTED]	1	4900.00	4900.00	1	4900.00	4900.00
[REDACTED]	1	5000.00	5000.00	1	5000.00	5000.00
[REDACTED]	1	5100.00	5100.00	1	5100.00	5100.00
[REDACTED]	1	5200.00	5200.00	1	5200.00	5200.00
[REDACTED]	1	5300.00	5300.00	1	5300.00	5300.00
[REDACTED]	1	5400.00	5400.00	1	5400.00	5400.00
[REDACTED]	1	5500.00	5500.00	1	5500.00	5500.00
[REDACTED]	1	5600.00	5600.00	1	5600.00	5600.00
[REDACTED]	1	5700.00	5700.00	1	5700.00	5700.00
[REDACTED]	1	5800.00	5800.00	1	5800.00	5800.00
[REDACTED]	1	5900.00	5900.00	1	5900.00	5900.00
[REDACTED]	1	6000.00	6000.00	1	6000.00	6000.00
[REDACTED]	1	6100.00	6100.00	1	6100.00	6100.00
[REDACTED]	1	6200.00	6200.00	1	6200.00	6200.00
[REDACTED]	1	6300.00	6300.00	1	6300.00	6300.00
[REDACTED]	1	6400.00	6400.00	1	6400.00	6400.00
[REDACTED]	1	6500.00	6500.00	1	6500.00	6500.00
[REDACTED]	1	6600.00	6600.00	1	6600.00	6600.00
[REDACTED]	1	6700.00	6700.00	1	6700.00	6700.00
[REDACTED]	1	6800.00	6800.00	1	6800.00	6800.00
[REDACTED]	1	6900.00	6900.00	1	6900.00	6900.00
[REDACTED]	1	7000.00	7000.00	1	7000.00	7000.00
[REDACTED]	1	7100.00	7100.00	1	7100.00	7100.00
[REDACTED]	1	7200.00	7200.00	1	7200.00	7200.00
[REDACTED]	1	7300.00	7300.00	1	7300.00	7300.00
[REDACTED]	1	7400.00	7400.00	1	7400.00	7400.00
[REDACTED]	1	7500.00	7500.00	1	7500.00	7500.00
[REDACTED]	1	7600.00	7600.00	1	7600.00	7600.00
[REDACTED]	1	7700.00	7700.00	1	7700.00	7700.00
[REDACTED]	1	7800.00	7800.00	1	7800.00	7800.00
[REDACTED]	1	7900.00	7900.00	1	7900.00	7900.00
[REDACTED]	1	8000.00	8000.00	1	8000.00	8000.00
[REDACTED]	1	8100.00	8100.00	1	8100.00	8100.00
[REDACTED]	1	8200.00	8200.00	1	8200.00	8200.00
[REDACTED]	1	8300.00	8300.00	1	8300.00	8300.00
[REDACTED]	1	8400.00	8400.00	1	8400.00	8400.00
[REDACTED]	1	8500.00	8500.00	1	8500.00	8500.00
[REDACTED]	1	8600.00	8600.00	1	8600.00	8600.00
[REDACTED]	1	8700.00	8700.00	1	8700.00	8700.00
[REDACTED]	1	8800.00	8800.00	1	8800.00	8800.00
[REDACTED]	1	8900.00	8900.00	1	8900.00	8900.00
[REDACTED]	1	9000.00	9000.00	1	9000.00	9000.00
[REDACTED]	1	9100.00	9100.00	1	9100.00	9100.00
[REDACTED]	1	9200.00	9200.00	1	9200.00	9200.00
[REDACTED]	1	9300.00	9300.00	1	9300.00	9300.00
[REDACTED]	1	9400.00	9400.00	1	9400.00	9400.00
[REDACTED]	1	9500.00	9500.00	1	9500.00	9500.00
[REDACTED]	1	9600.00	9600.00	1	9600.00	9600.00
[REDACTED]	1	9700.00	9700.00	1	9700.00	9700.00
[REDACTED]	1	9800.00	9800.00	1	9800.00	9800.00
[REDACTED]	1	9900.00	9900.00	1	9900.00	9900.00
[REDACTED]	1	10000.00	10000.00	1	10000.00	10000.00

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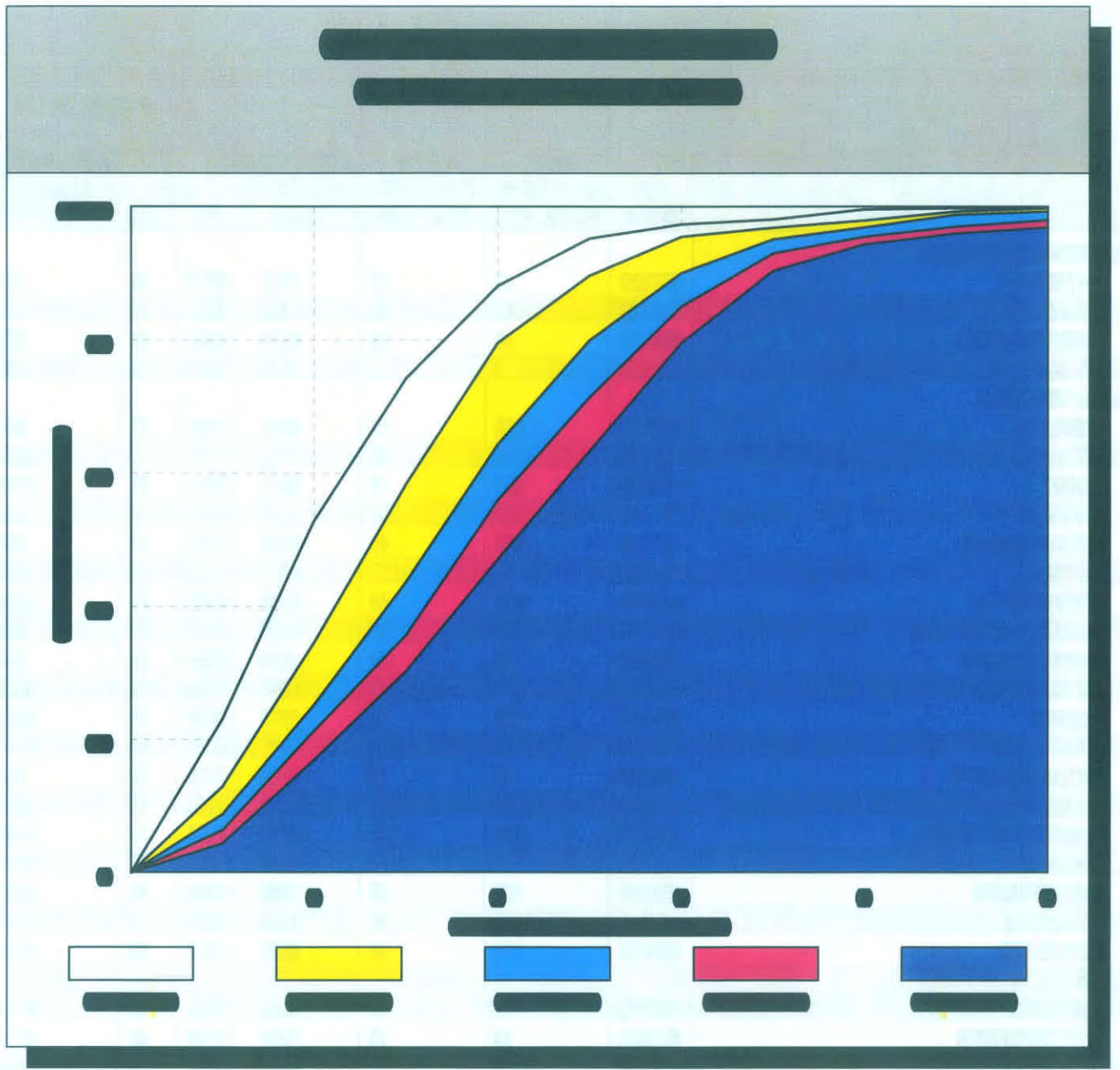
No.	Description	Particulars					Total	
		Rs.	P.	A.	Rs.	P.	Total	
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No.	Description	Particulars					Total	
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Account Name	Debit	Credit	Debit	Credit	Total	
					Debit	Credit
Accounts Receivable	100		100		100	100
Accounts Payable		100		100		100
Inventory	200		200		200	200
Prepaid Insurance	100		100		100	100
Equipment	500		500		500	500
Accumulated Depreciation		100		100		100
Common Stock		1,000			1,000	1,000
Retained Earnings		1,000			1,000	1,000
Revenue		1,000		1,000		1,000
Cost of Sales	500		500		500	500
Salaries Expense	100		100		100	100
Advertising Expense	50		50		50	50
Depreciation Expense	50		50		50	50
Insurance Expense	50		50		50	50
Interest Expense	20		20		20	20
Income Tax Expense	30		30		30	30
Net Income		200			200	200
Retained Earnings (Closing)		200			200	200
Retained Earnings (Opening)		800			800	800
Retained Earnings (Total)		1,000			1,000	1,000

Description	Financial Data					
	Revenue	Expenses	Net Income	Assets	Liabilities	
					Current	Long-term
Item 1	100	50	50	50	50	0
Item 2	150	75	75	75	75	0
Item 3	200	100	100	100	100	0
Item 4	250	125	125	125	125	0
Item 5	300	150	150	150	150	0
Item 6	350	175	175	175	175	0
Item 7	400	200	200	200	200	0
Item 8	450	225	225	225	225	0
Item 9	500	250	250	250	250	0
Item 10	550	275	275	275	275	0
Item 11	600	300	300	300	300	0
Item 12	650	325	325	325	325	0
Item 13	700	350	350	350	350	0
Item 14	750	375	375	375	375	0
Item 15	800	400	400	400	400	0
Item 16	850	425	425	425	425	0
Item 17	900	450	450	450	450	0
Item 18	950	475	475	475	475	0
Item 19	1000	500	500	500	500	0
Item 20	1050	525	525	525	525	0
Item 21	1100	550	550	550	550	0
Item 22	1150	575	575	575	575	0
Item 23	1200	600	600	600	600	0
Item 24	1250	625	625	625	625	0
Item 25	1300	650	650	650	650	0
Item 26	1350	675	675	675	675	0
Item 27	1400	700	700	700	700	0
Item 28	1450	725	725	725	725	0
Item 29	1500	750	750	750	750	0
Item 30	1550	775	775	775	775	0
Item 31	1600	800	800	800	800	0
Item 32	1650	825	825	825	825	0
Item 33	1700	850	850	850	850	0
Item 34	1750	875	875	875	875	0
Item 35	1800	900	900	900	900	0
Item 36	1850	925	925	925	925	0
Item 37	1900	950	950	950	950	0
Item 38	1950	975	975	975	975	0
Item 39	2000	1000	1000	1000	1000	0
Item 40	2050	1025	1025	1025	1025	0
Item 41	2100	1050	1050	1050	1050	0
Item 42	2150	1075	1075	1075	1075	0
Item 43	2200	1100	1100	1100	1100	0
Item 44	2250	1125	1125	1125	1125	0
Item 45	2300	1150	1150	1150	1150	0
Item 46	2350	1175	1175	1175	1175	0
Item 47	2400	1200	1200	1200	1200	0
Item 48	2450	1225	1225	1225	1225	0
Item 49	2500	1250	1250	1250	1250	0
Item 50	2550	1275	1275	1275	1275	0
Item 51	2600	1300	1300	1300	1300	0
Item 52	2650	1325	1325	1325	1325	0
Item 53	2700	1350	1350	1350	1350	0
Item 54	2750	1375	1375	1375	1375	0
Item 55	2800	1400	1400	1400	1400	0
Item 56	2850	1425	1425	1425	1425	0
Item 57	2900	1450	1450	1450	1450	0
Item 58	2950	1475	1475	1475	1475	0
Item 59	3000	1500	1500	1500	1500	0
Item 60	3050	1525	1525	1525	1525	0
Item 61	3100	1550	1550	1550	1550	0
Item 62	3150	1575	1575	1575	1575	0
Item 63	3200	1600	1600	1600	1600	0
Item 64	3250	1625	1625	1625	1625	0
Item 65	3300	1650	1650	1650	1650	0
Item 66	3350	1675	1675	1675	1675	0
Item 67	3400	1700	1700	1700	1700	0
Item 68	3450	1725	1725	1725	1725	0
Item 69	3500	1750	1750	1750	1750	0
Item 70	3550	1775	1775	1775	1775	0
Item 71	3600	1800	1800	1800	1800	0
Item 72	3650	1825	1825	1825	1825	0
Item 73	3700	1850	1850	1850	1850	0
Item 74	3750	1875	1875	1875	1875	0
Item 75	3800	1900	1900	1900	1900	0
Item 76	3850	1925	1925	1925	1925	0
Item 77	3900	1950	1950	1950	1950	0
Item 78	3950	1975	1975	1975	1975	0
Item 79	4000	2000	2000	2000	2000	0
Item 80	4050	2025	2025	2025	2025	0
Item 81	4100	2050	2050	2050	2050	0
Item 82	4150	2075	2075	2075	2075	0
Item 83	4200	2100	2100	2100	2100	0
Item 84	4250	2125	2125	2125	2125	0
Item 85	4300	2150	2150	2150	2150	0
Item 86	4350	2175	2175	2175	2175	0
Item 87	4400	2200	2200	2200	2200	0
Item 88	4450	2225	2225	2225	2225	0
Item 89	4500	2250	2250	2250	2250	0
Item 90	4550	2275	2275	2275	2275	0
Item 91	4600	2300	2300	2300	2300	0
Item 92	4650	2325	2325	2325	2325	0
Item 93	4700	2350	2350	2350	2350	0
Item 94	4750	2375	2375	2375	2375	0
Item 95	4800	2400	2400	2400	2400	0
Item 96	4850	2425	2425	2425	2425	0
Item 97	4900	2450	2450	2450	2450	0
Item 98	4950	2475	2475	2475	2475	0
Item 99	5000	2500	2500	2500	2500	0
Item 100	5050	2525	2525	2525	2525	0

Description	2023		2022		2021		
	Amount	%	Amount	%	Amount	%	%
Operating income	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Finance income	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Finance expense	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Share of profit of associates	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Income tax expense	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other income	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other expense	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Profit before tax	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Income tax expense	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Profit after tax	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Profit attributable to equity holders of the parent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Profit attributable to non-controlling interests	0.0	0.0	0.0	0.0	0.0	0.0	0.0



[Redacted Title]					
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[REDACTED]	
[REDACTED]	[REDACTED] 26,304 providers at 12,364 locations (based on 26,304 records)
[REDACTED]	[REDACTED] 1,278 employees
[REDACTED]	[REDACTED]
[REDACTED] [REDACTED]	1,277 (99.9%)

[REDACTED]					
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]		
		[REDACTED]	[REDACTED]	[REDACTED] to 1 provider
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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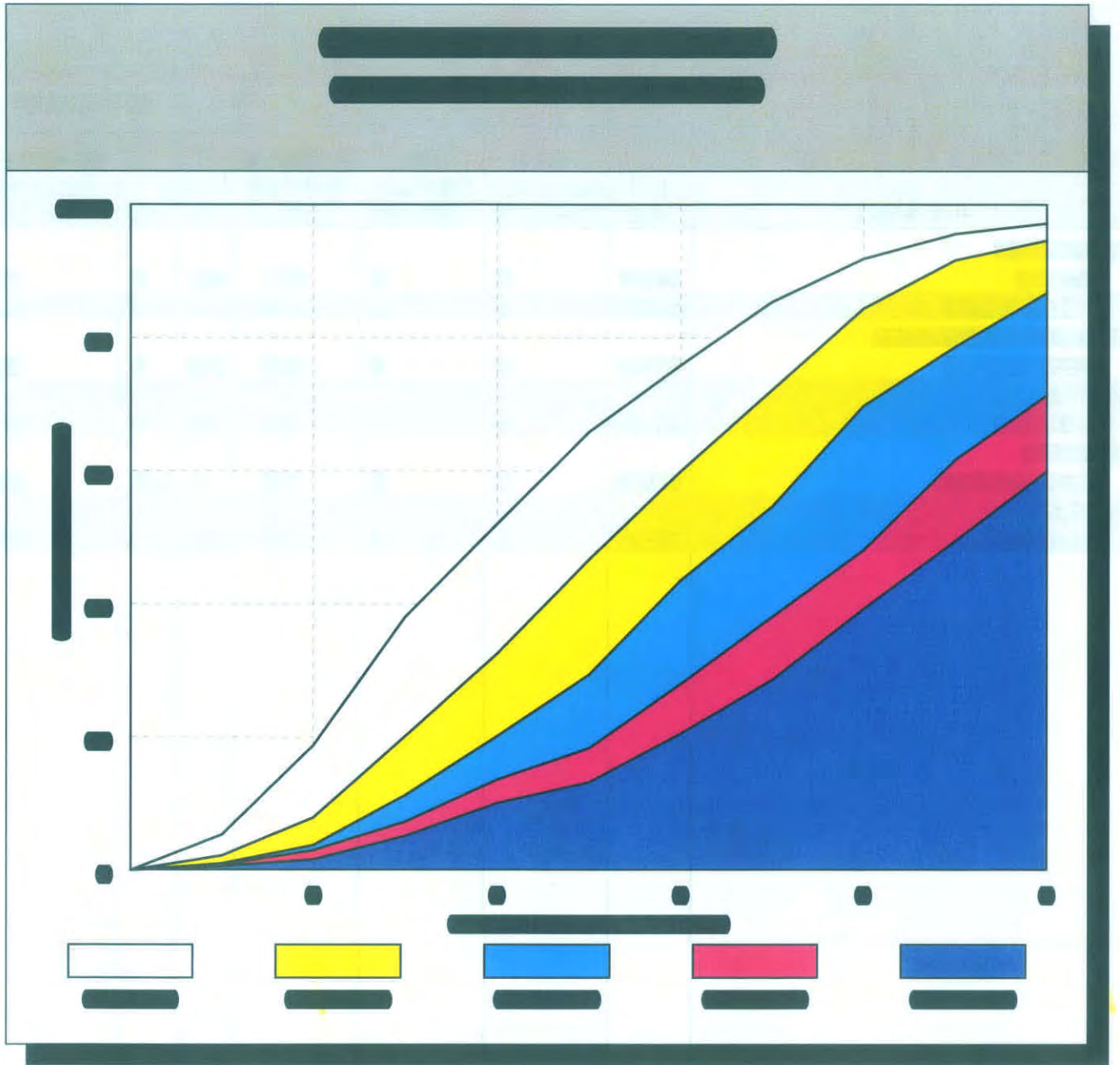
[Redacted]				
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Table with multiple columns and rows, containing various data points and possibly a legend or header at the top. The table is rotated 90 degrees clockwise. The header row includes columns for "Area", "Year", "Value", "Unit", "Source", "Method", "Notes", "Footnote", "Reference", and "Date". The data rows follow a similar structure, with values and units provided for each area across different years. Some cells contain specific values like "1.2" or "0.5", while others are blank or contain symbols like "x" or "y".

Description	Unit	2018					2017	
		Budget	Actual	Variance	Budget	Actual	2017	
							Budget	Actual
Salaries		100	100	0	100	100	0	
Wages		100	100	0	100	100	0	
Benefits		100	100	0	100	100	0	
Travel		100	100	0	100	100	0	
Supplies		100	100	0	100	100	0	
Repairs		100	100	0	100	100	0	
Utilities		100	100	0	100	100	0	
Depreciation		100	100	0	100	100	0	
Insurance		100	100	0	100	100	0	
Advertising		100	100	0	100	100	0	
Professional Fees		100	100	0	100	100	0	
Interest		100	100	0	100	100	0	
Income Tax		100	100	0	100	100	0	
Other		100	100	0	100	100	0	
Total		1000	1000	0	1000	1000	0	

Description	Financial Data						
	A	B	C	D	E		F
					G	H	
Item 1	100	200	300	400	500	600	700
Item 2	100	200	300	400	500	600	700
Item 3	100	200	300	400	500	600	700
Item 4	100	200	300	400	500	600	700
Item 5	100	200	300	400	500	600	700
Item 6	100	200	300	400	500	600	700
Item 7	100	200	300	400	500	600	700
Item 8	100	200	300	400	500	600	700
Item 9	100	200	300	400	500	600	700
Item 10	100	200	300	400	500	600	700
Item 11	100	200	300	400	500	600	700
Item 12	100	200	300	400	500	600	700
Item 13	100	200	300	400	500	600	700
Item 14	100	200	300	400	500	600	700
Item 15	100	200	300	400	500	600	700
Item 16	100	200	300	400	500	600	700
Item 17	100	200	300	400	500	600	700
Item 18	100	200	300	400	500	600	700
Item 19	100	200	300	400	500	600	700
Item 20	100	200	300	400	500	600	700
Item 21	100	200	300	400	500	600	700
Item 22	100	200	300	400	500	600	700
Item 23	100	200	300	400	500	600	700
Item 24	100	200	300	400	500	600	700
Item 25	100	200	300	400	500	600	700
Item 26	100	200	300	400	500	600	700
Item 27	100	200	300	400	500	600	700
Item 28	100	200	300	400	500	600	700
Item 29	100	200	300	400	500	600	700
Item 30	100	200	300	400	500	600	700
Item 31	100	200	300	400	500	600	700
Item 32	100	200	300	400	500	600	700
Item 33	100	200	300	400	500	600	700
Item 34	100	200	300	400	500	600	700
Item 35	100	200	300	400	500	600	700
Item 36	100	200	300	400	500	600	700
Item 37	100	200	300	400	500	600	700
Item 38	100	200	300	400	500	600	700
Item 39	100	200	300	400	500	600	700
Item 40	100	200	300	400	500	600	700
Item 41	100	200	300	400	500	600	700
Item 42	100	200	300	400	500	600	700
Item 43	100	200	300	400	500	600	700
Item 44	100	200	300	400	500	600	700
Item 45	100	200	300	400	500	600	700
Item 46	100	200	300	400	500	600	700
Item 47	100	200	300	400	500	600	700
Item 48	100	200	300	400	500	600	700
Item 49	100	200	300	400	500	600	700
Item 50	100	200	300	400	500	600	700

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					[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
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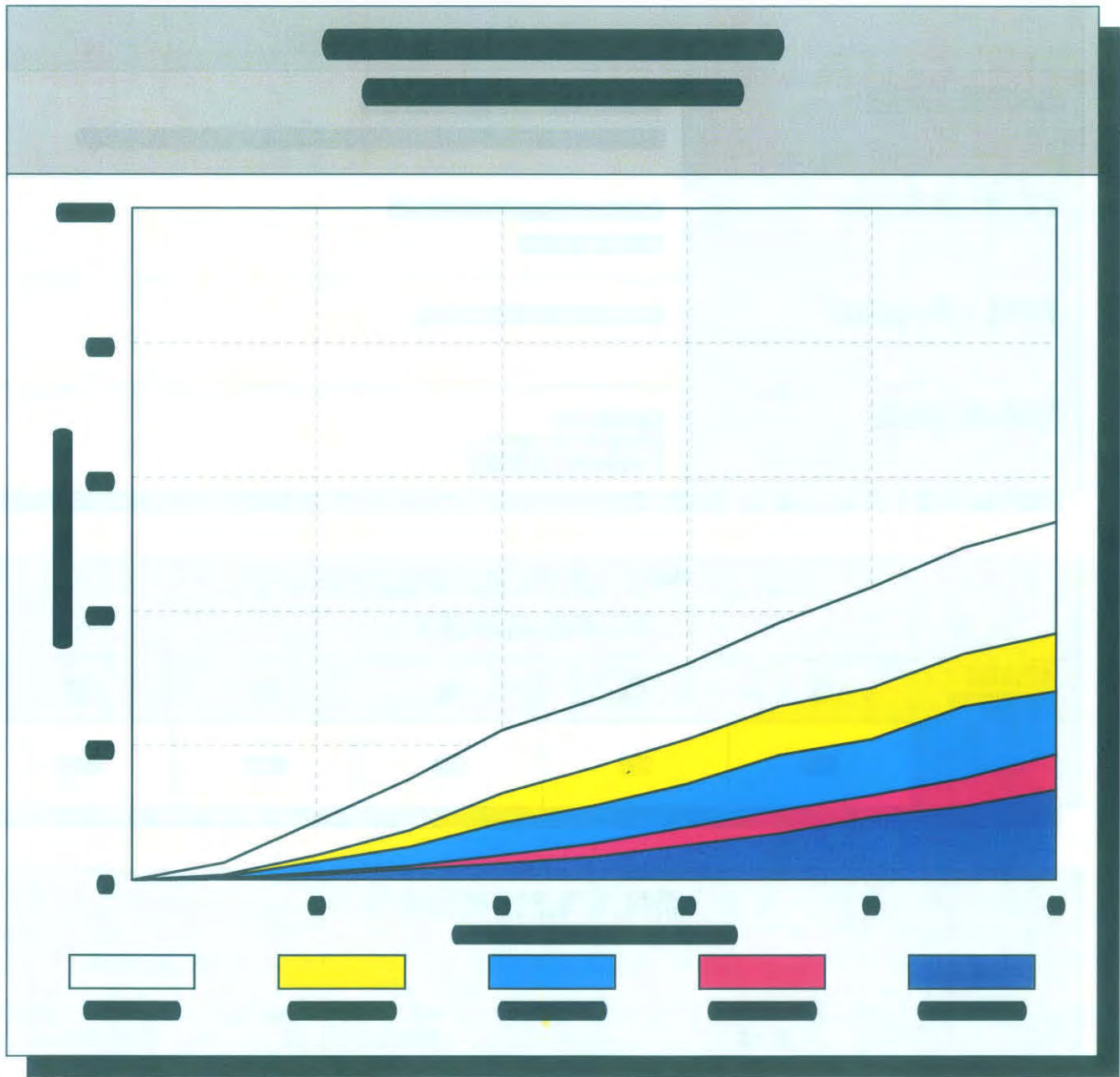
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Description	Quantity	Unit	Rate	Amount	Total	
					Quantity	Amount
1.000	1	kg
2.000	2	kg
3.000	3	kg	...	...	...	...
4.000	4	kg	...	...	...	...
5.000	5	kg	...	...	...	...
6.000	6	kg	...	...	...	...
7.000	7	kg	...	...	...	...
8.000	8	kg	...	...	...	...
9.000	9	kg	...	...	...	...
10.000	10	kg	...	...	...	...
11.000	11	kg	...	...	...	...
12.000	12	kg	...	...	...	...
13.000	13	kg	...	...	...	...
14.000	14	kg	...	...	...	...
15.000	15	kg	...	...	...	...
16.000	16	kg	...	...	...	...
17.000	17	kg	...	...	...	...
18.000	18	kg	...	...	...	...
19.000	19	kg	...	...	...	...
20.000	20	kg	...	...	...	...
21.000	21	kg	...	...	...	...
22.000	22	kg	...	...	...	...
23.000	23	kg	...	...	...	...
24.000	24	kg	...	...	...	...
25.000	25	kg	...	...	...	...
26.000	26	kg	...	...	...	...
27.000	27	kg	...	...	...	...
28.000	28	kg	...	...	...	...
29.000	29	kg	...	...	...	...
30.000	30	kg	...	...	...	...

[REDACTED]							
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
					[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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Table with 7 columns and 25 rows, containing various data points and charts. The columns appear to be: 1. Identification/Category, 2. Metric 1, 3. Metric 2, 4. Metric 3, 5. Sub-Metric A, 6. Sub-Metric B, 7. Metric 4. The table contains numerical data, percentages, and bar chart visualizations. The content is largely obscured by heavy black redaction bars.

	Income Statement						
	Revenue	Cost of Sales	Gross Profit	Operating Expenses	Operating Profit	Income Tax	
						Income Tax Expense	Income Tax Credit
Revenue	100						
Cost of Sales		60					
Gross Profit			40				
Operating Expenses				20			
Operating Profit					20		
Income Tax Expense						6	
Income Tax Credit							6
							12
							8
							4
							2
							1
							0.5
							0.5
							1
							1
							1
							1
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							1
							1

Description	Financial Data					
	Value	Percentage		Value	Percentage	
		Start	End		Start	End
Item 1	100	0	0	100	0	100
Item 2	100	0	0	100	0	100
Item 3	100	0	0	100	0	100
Item 4	100	0	0	100	0	100
Item 5	100	0	0	100	0	100
Item 6	100	0	0	100	0	100
Item 7	100	0	0	100	0	100
Item 8	100	0	0	100	0	100
Item 9	100	0	0	100	0	100
Item 10	100	0	0	100	0	100
Item 11	100	0	0	100	0	100
Item 12	100	0	0	100	0	100
Item 13	100	0	0	100	0	100
Item 14	100	0	0	100	0	100
Item 15	100	0	0	100	0	100
Item 16	100	0	0	100	0	100
Item 17	100	0	0	100	0	100
Item 18	100	0	0	100	0	100
Item 19	100	0	0	100	0	100
Item 20	100	0	0	100	0	100
Item 21	100	0	0	100	0	100
Item 22	100	0	0	100	0	100
Item 23	100	0	0	100	0	100
Item 24	100	0	0	100	0	100
Item 25	100	0	0	100	0	100
Item 26	100	0	0	100	0	100
Item 27	100	0	0	100	0	100
Item 28	100	0	0	100	0	100
Item 29	100	0	0	100	0	100
Item 30	100	0	0	100	0	100
Item 31	100	0	0	100	0	100
Item 32	100	0	0	100	0	100
Item 33	100	0	0	100	0	100
Item 34	100	0	0	100	0	100
Item 35	100	0	0	100	0	100
Item 36	100	0	0	100	0	100
Item 37	100	0	0	100	0	100
Item 38	100	0	0	100	0	100
Item 39	100	0	0	100	0	100
Item 40	100	0	0	100	0	100
Item 41	100	0	0	100	0	100
Item 42	100	0	0	100	0	100
Item 43	100	0	0	100	0	100
Item 44	100	0	0	100	0	100
Item 45	100	0	0	100	0	100
Item 46	100	0	0	100	0	100
Item 47	100	0	0	100	0	100
Item 48	100	0	0	100	0	100
Item 49	100	0	0	100	0	100
Item 50	100	0	0	100	0	100
Item 51	100	0	0	100	0	100
Item 52	100	0	0	100	0	100
Item 53	100	0	0	100	0	100
Item 54	100	0	0	100	0	100
Item 55	100	0	0	100	0	100
Item 56	100	0	0	100	0	100
Item 57	100	0	0	100	0	100
Item 58	100	0	0	100	0	100
Item 59	100	0	0	100	0	100
Item 60	100	0	0	100	0	100
Item 61	100	0	0	100	0	100
Item 62	100	0	0	100	0	100
Item 63	100	0	0	100	0	100
Item 64	100	0	0	100	0	100
Item 65	100	0	0	100	0	100
Item 66	100	0	0	100	0	100
Item 67	100	0	0	100	0	100
Item 68	100	0	0	100	0	100
Item 69	100	0	0	100	0	100
Item 70	100	0	0	100	0	100
Item 71	100	0	0	100	0	100
Item 72	100	0	0	100	0	100
Item 73	100	0	0	100	0	100
Item 74	100	0	0	100	0	100
Item 75	100	0	0	100	0	100
Item 76	100	0	0	100	0	100
Item 77	100	0	0	100	0	100
Item 78	100	0	0	100	0	100
Item 79	100	0	0	100	0	100
Item 80	100	0	0	100	0	100
Item 81	100	0	0	100	0	100
Item 82	100	0	0	100	0	100
Item 83	100	0	0	100	0	100
Item 84	100	0	0	100	0	100
Item 85	100	0	0	100	0	100
Item 86	100	0	0	100	0	100
Item 87	100	0	0	100	0	100
Item 88	100	0	0	100	0	100
Item 89	100	0	0	100	0	100
Item 90	100	0	0	100	0	100
Item 91	100	0	0	100	0	100
Item 92	100	0	0	100	0	100
Item 93	100	0	0	100	0	100
Item 94	100	0	0	100	0	100
Item 95	100	0	0	100	0	100
Item 96	100	0	0	100	0	100
Item 97	100	0	0	100	0	100
Item 98	100	0	0	100	0	100
Item 99	100	0	0	100	0	100
Item 100	100	0	0	100	0	100

Description	Financial Data						
	Value	Change		Value	Change		Value
		Start	End		Start	End	
Item 1	100	0	0	100	0	0	100
Item 2	200	0	0	200	0	0	200
Item 3	300	0	0	300	0	0	300
Item 4	400	0	0	400	0	0	400
Item 5	500	0	0	500	0	0	500
Item 6	600	0	0	600	0	0	600
Item 7	700	0	0	700	0	0	700
Item 8	800	0	0	800	0	0	800
Item 9	900	0	0	900	0	0	900
Item 10	1000	0	0	1000	0	0	1000
Item 11	1100	0	0	1100	0	0	1100
Item 12	1200	0	0	1200	0	0	1200
Item 13	1300	0	0	1300	0	0	1300
Item 14	1400	0	0	1400	0	0	1400
Item 15	1500	0	0	1500	0	0	1500
Item 16	1600	0	0	1600	0	0	1600
Item 17	1700	0	0	1700	0	0	1700
Item 18	1800	0	0	1800	0	0	1800
Item 19	1900	0	0	1900	0	0	1900
Item 20	2000	0	0	2000	0	0	2000
Item 21	2100	0	0	2100	0	0	2100
Item 22	2200	0	0	2200	0	0	2200
Item 23	2300	0	0	2300	0	0	2300
Item 24	2400	0	0	2400	0	0	2400
Item 25	2500	0	0	2500	0	0	2500
Item 26	2600	0	0	2600	0	0	2600
Item 27	2700	0	0	2700	0	0	2700
Item 28	2800	0	0	2800	0	0	2800
Item 29	2900	0	0	2900	0	0	2900
Item 30	3000	0	0	3000	0	0	3000

Description	Financial Data					
	Value	Unit	Rate	Rate	Percentage	
					Value	Unit
Item 1	100	%	100	100	100	100
Item 2	200	%	200	200	200	200
Item 3	300	%	300	300	300	300
Item 4	400	%	400	400	400	400
Item 5	500	%	500	500	500	500
Item 6	600	%	600	600	600	600
Item 7	700	%	700	700	700	700
Item 8	800	%	800	800	800	800
Item 9	900	%	900	900	900	900
Item 10	1000	%	1000	1000	1000	1000
Item 11	1100	%	1100	1100	1100	1100
Item 12	1200	%	1200	1200	1200	1200
Item 13	1300	%	1300	1300	1300	1300
Item 14	1400	%	1400	1400	1400	1400
Item 15	1500	%	1500	1500	1500	1500
Item 16	1600	%	1600	1600	1600	1600
Item 17	1700	%	1700	1700	1700	1700
Item 18	1800	%	1800	1800	1800	1800
Item 19	1900	%	1900	1900	1900	1900
Item 20	2000	%	2000	2000	2000	2000
Item 21	2100	%	2100	2100	2100	2100
Item 22	2200	%	2200	2200	2200	2200
Item 23	2300	%	2300	2300	2300	2300
Item 24	2400	%	2400	2400	2400	2400
Item 25	2500	%	2500	2500	2500	2500
Item 26	2600	%	2600	2600	2600	2600
Item 27	2700	%	2700	2700	2700	2700
Item 28	2800	%	2800	2800	2800	2800
Item 29	2900	%	2900	2900	2900	2900
Item 30	3000	%	3000	3000	3000	3000
Item 31	3100	%	3100	3100	3100	3100
Item 32	3200	%	3200	3200	3200	3200
Item 33	3300	%	3300	3300	3300	3300
Item 34	3400	%	3400	3400	3400	3400
Item 35	3500	%	3500	3500	3500	3500
Item 36	3600	%	3600	3600	3600	3600
Item 37	3700	%	3700	3700	3700	3700
Item 38	3800	%	3800	3800	3800	3800
Item 39	3900	%	3900	3900	3900	3900
Item 40	4000	%	4000	4000	4000	4000
Item 41	4100	%	4100	4100	4100	4100
Item 42	4200	%	4200	4200	4200	4200
Item 43	4300	%	4300	4300	4300	4300
Item 44	4400	%	4400	4400	4400	4400
Item 45	4500	%	4500	4500	4500	4500
Item 46	4600	%	4600	4600	4600	4600
Item 47	4700	%	4700	4700	4700	4700
Item 48	4800	%	4800	4800	4800	4800
Item 49	4900	%	4900	4900	4900	4900
Item 50	5000	%	5000	5000	5000	5000

Table 1: Financial Statement Data

Item	Account	Balance Sheet			Income Statement		
		Assets	Liabilities	Equity	Revenue	Expenses	Net Income
1	Current Assets	120	0	120	150	80	70
2	Non-Current Assets	180	0	180	100	50	50
3	Accounts Payable	0	80	0	0	10	0
4	Long-Term Debt	0	100	0	0	30	0
5	Common Stock	120	0	120	0	0	0
6	Retained Earnings	0	0	0	0	0	0
7	Depreciation Expense	0	0	0	50	50	0
8	Interest Expense	0	0	0	30	30	0
9	Income Tax Expense	0	0	0	20	20	0
10	Net Income	0	0	0	0	0	70

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[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]		
					[Redacted]	[Redacted]	[Redacted]
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External V - Client References



E. Exhibit I.V - Client References

The Offeror must complete and submit this Exhibit as part of its Administrative Proposal. A separate form should be completed for each Key Subcontractor, if any. If the Offeror will not be subcontracting with any Key Subcontractor(s) to provide any of the services required under the RFP, the Offeror must complete and submit a single Exhibit I.U to that affect.

INSTRUCTION: Prepare this form for each Key Subcontractor	
Offeror's Name:	DAVIS VISION, INC.
The Offeror: <input type="checkbox"/> is <input checked="" type="checkbox"/> is not proposing to utilize the services of a subcontractor(s) to provide Program Services	
Subcontractor's Legal Name:	
Business Address:	
Subcontractor's Legal Form:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____
As of the date of the Offeror's Proposal, a subcontract <input type="checkbox"/> has <input type="checkbox"/> has not been executed between the Offeror and the subcontractor(s) for services to be provided by such subcontractor(s) relating to the Vision Plan Services.	
In the space provided below, describe the Subcontractor's role(s) and responsibilities regarding Program Services to be provided by the subcontractor:	
Relationship between Offeror and Subcontractor for Current Engagements:	
(Complete items 1 through 5 for each client engagement identified)	
1. Client:	
2. Client Reference Name and Phone #	
3. Project Title:	
4. Project Start Date:	
5. In the space provided below, Project Status:	
6. In the space provided below, describe the roles and responsibilities of the Offeror and subcontractor in regard to the project identified in 3, above:	



Abstract	
Customer For Whom Services Were Performed: [REDACTED]	
Customer Address: [REDACTED]	
Program Description: (The Offeror should submit specific details concerning the program identified in satisfaction of the requirements in RFP, Section III.E. This information should be provided as an attachment to this form and the information provided should support the Offeror's ascertain that it can successfully undertake and complete a project of the scope and complexity as that as set forth in this RFP.)	
Client Contact References: (Required And Will Be Verified) (Attach Additional References If Desired)	
Contact Name: [REDACTED]	Contact Title: [REDACTED]
Phone Number: [REDACTED]	E-Mail Address: [REDACTED]
Contact Name: _____	Contact Title: _____
Phone Number: _____	E-Mail Address: _____

Reference #: 1

Program Description:

[REDACTED]

[REDACTED]

[REDACTED]

■

Abstract	
Customer For Whom Services Were Performed: [REDACTED]	
Customer Address: [REDACTED]	
Program Description: (The Offeror should submit specific details concerning the program identified in satisfaction of the requirements in RFP, Section III.E. This information should be provided as an attachment to this form and the information provided should support the Offeror's ascertain that it can successfully undertake and complete a project of the scope and complexity as that as set forth in this RFP.)	
Client Contact References: (Required And Will Be Verified) (Attach Additional References If Desired)	
Contact Name: [REDACTED]	Contact Title: [REDACTED]
Phone Number: [REDACTED]	E-Mail Address: [REDACTED]
Contact Name: [REDACTED]	Contact Title: [REDACTED]
Phone Number: [REDACTED]	E-Mail Address: [REDACTED]

Reference #: 2

Program Description:





Abstract	
Customer For Whom Services Were Performed: [REDACTED]	
Customer Address: [REDACTED]	
Program Description: (The Offeror should submit specific details concerning the program identified in satisfaction of the requirements in RFP, Section III.E. This information should be provided as an attachment to this form and the information provided should support the Offeror's ascertain that it can successfully undertake and complete a project of the scope and complexity as that as set forth in this RFP.)	
Client Contact References: (Required And Will Be Verified) (Attach Additional References If Desired)	
Contact Name: [REDACTED]	Contact Title: [REDACTED]
Phone Number: [REDACTED]	E-Mail Address: [REDACTED]
Contact Name: _____	Contact Title: _____
Phone Number: _____	E-Mail Address: _____

Reference #: 3

Program Description:



■

Abstract	
Customer For Whom Services Were Performed: [REDACTED]	
Customer Address: [REDACTED]	
Program Description: (The Offeror should submit specific details concerning the program identified in satisfaction of the requirements in RFP, Section III.E. This information should be provided as an attachment to this form and the information provided should support the Offeror's ascertain that it can successfully undertake and complete a project of the scope and complexity as that as set forth in this RFP.)	
Client Contact References: (Required And Will Be Verified) (Attach Additional References If Desired)	
Contact Name: [REDACTED]	Contact Title: [REDACTED]
Phone Number: [REDACTED]	E-Mail Address: [REDACTED]
Contact Name: _____	Contact Title: _____
Phone Number: _____	E-Mail Address: _____

Reference #: 4

Program Description:

[REDACTED]

[REDACTED]

[REDACTED]

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Abstract	
Customer For Whom Services Were Performed: [REDACTED]	
Customer Address: [REDACTED]	
Program Description: (The Offeror should submit specific details concerning the program identified in satisfaction of the requirements in RFP, Section III.E. This information should be provided as an attachment to this form and the information provided should support the Offeror's ascertain that it can successfully undertake and complete a project of the scope and complexity as that as set forth in this RFP.)	
Client Contact References: (Required And Will Be Verified) (Attach Additional References If Desired)	
Contact Name: [REDACTED]	Contact Title: [REDACTED]
Phone Number: [REDACTED]	E-Mail Address: [REDACTED]
Contact Name: _____	Contact Title: _____
Phone Number: _____	E-Mail Address: _____

Reference #: 5

Program Description:

[REDACTED]

[REDACTED]



Abstract
Customer For Whom Services Were Performed: [REDACTED]
Customer Address: [REDACTED]
Program Description: (The Offeror should submit specific details concerning the program identified in satisfaction of the requirements in RFP, Section III.E. This information should be provided as an attachment to this form and the information provided should support the Offeror's ascertain that it can successfully undertake and complete a project of the scope and complexity as that as set forth in this RFP.)
Client Contact References: (Required And Will Be Verified) (Attach Additional References If Desired)
Contact Name: [REDACTED] Contact Title: [REDACTED]
Phone Number: [REDACTED] E-Mail Address: [REDACTED]
Contact Name: [REDACTED] Contact Title: [REDACTED]
Phone Number: [REDACTED] E-Mail Address: [REDACTED]

Reference #: 6 - Terminated

Program Description:

[REDACTED]

[REDACTED]

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Exhibit I.V - Client References

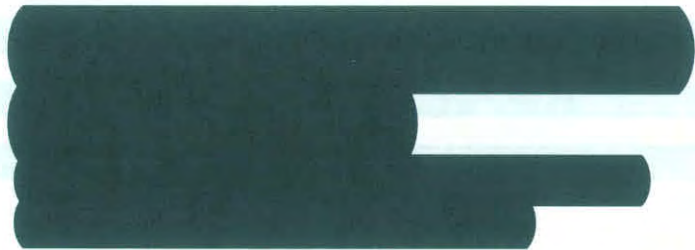


E. Exhibit I.V - Client References



F. Financial Statements

F. Financial Statements



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Davis Vision, Inc. and Subsidiaries

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Fair Value Measurements and Disclosures.

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