

FORM 1
VENDOR'S STATEMENT OF ORGANIZATION

1. Full Name of Business Concern (VENDOR):

Principal Business Address:

2. Principal Contact Person(s):

3. Form of Business Concern (Corporation, Partnership, Joint Venture, Other):

4. Provide names of partners or officers as appropriate and indicate if the individual has the authority to sign in name of VENDOR. Provide proof of the ability of the individuals so named to legally bind the VENDOR.

Name	Address	Title
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If a corporation, in what state incorporated: _____

Date Incorporated: _____
 Month Day Year

If a Joint Venture or Partnership, date of Agreement: _____

5. List all firms participating in this project (including subcontractors, etc.):

Name	Address	Title
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1. _____
2. _____
3. _____
4. _____