



AMENDMENT NO. 9

This Amendment modifies Contract No. 12-23-241, for Online Legal Research Services by and between the County of Cook, Illinois, herein referred to as "County" and LexisNexis, a division of RELX, Inc. & LexisNexis Risk Solutions FL, Inc., authorized to do business in the State of Illinois hereinafter referred to as "Contractor":

RECITALS

Whereas, the County and Contractor have entered into a Contract approved by the County Board on March 20, 2013, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Online Legal Research Services (hereinafter referred to as the "Services") from April 1, 2013 through March 31, 2016 in an amount not to exceed \$1,587,600.00, with two (2) one-year renewal options; and

Whereas, Amendment No. 1 was authorized by the County Board on October 23, 2013 for an increase of \$1,300,000.00 for the inclusion of the Cook County Assessor's Office utilization of this Contract, and a Total Revised Contract Amount of \$2,887,600.00; and

Whereas, Amendment No. 2 was executed by the Chief Procurement Officer on February 9, 2015 for an increase of \$138,792.00 for additional services for the Department of Revenue and the Office of the Sheriff, and a Total Revised Contract Amount of \$3,026,392.00; and

Whereas, Amendment No. 3 was authorized by the County Board on April 1, 2015 for an increase of \$600,000.00, and a Total Revised Contract Amount of \$3,626,392.00; and

Whereas, Amendment No. 4 was authorized by the County Board on February 10, 2016 for a twelve (12) month renewal from April 1, 2016 through March 31, 2017 and an increase of \$1,237,000.00, and a Total Revised Contract Amount of \$4,863,392.00; and

Whereas, Amendment No. 5 was authorized by the County Board on April 12, 2017 for a twelve (12) month renewal from April 1, 2017 through March 31, 2018, and an increase of \$1,254,000.00, and a Total Revised Contract Amount of \$6,117,392.00, and for a name change; and

Whereas, Amendment No. 6 was authorized by the County Board on March 14, 2018 for a twelve (12) month extension from April 1, 2018 through March 31, 2019, and an increase of \$1,254,000.00, and a Total Revised Contract Amount of \$7,371,392.00; and

Whereas, Amendment No. 7 was authorized by the County Board on March 21, 2019 for a twelve (12) month extension from April 1, 2019 through March 31, 2020, and an increase of \$1,254,000.00, and a Total Revised Contract Amount of \$8,625,392.00; and

Whereas, Amendment No. 8 was executed by the Chief Procurement Officer on March 17, 2020 for a three (3) month extension from April 1, 2020 through June 30, 2020; and

Whereas, the Contract will expire June 30, 2020, and the agreed upon Services are still required; and

Whereas, pursuant to Article 10.C of the Contract, the County and Contractor desire to extend the Contract for up to three (3) months beginning on July 1, 2020 through September 30, 2020.

Contract No. 12-23-241 Amendment No.9 Vendor Name: LexisNexis, a division of RELX, Inc. & LexisNexis Risk Solutions FL, Inc.

Now therefore, in consideration of mutual covenants contained herein, it is agreed by and between the parties to amend the Contract as follows:

- 1. The Contract is extended through September 30, 2020.
- 2. The attached updated Identification of Sub-Contractors/Suppliers/Sub-Consultants Form, MBE/WBE Utilization Plan forms, certificate of insurance, and Economic Disclosures Statement under Attachment A are incorporated and made a part of this Contract.
- 3. All other terms and conditions remain as stated in the Contract.

In witness whereof, and pursuant to authority of the Chief Procurement Officer, the County and Contractor have caused this Amendment No. 9 to be executed on the date and year last written below.

County of Cook, Illinois	LexisNexis, a division of RELX, Inc.
By: Raffi Sarrafian Chief Procurement Officer	adrew Former Signed
Date:8.7.20	Andy Fonner
	Type or print name
By: Beligratis State's Attorney (if applicable)	Segment Manager Title
otato o Attornoy (ii applicable)	
Type or print name (if applicable)	
Date:	Date: 6/26/20
	LexisNexis Risk Solutions FL, Inc.
	Haywood Pared/E J.W. Signed
	Haywood Talcove
	Type or print name
	CEO, LNSSI
	Title
	Date: 6/22/2020

Contract No. 12-23-241 Amendment No.9 Vendor Name: LexisNexis, a division of RELX, Inc. & LexisNexis Risk Solutions FL, Inc.

Attachment A

Cook County Office of the Chief Procurement Officer Identification of Subcontractor/Supplier/Subconsultant Form

_	OCPO ONLY:	
	Disqualification	
$\overline{\mathbf{v}}$	Check Complete	

The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract. In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

Bid/RFP/RFQ No.: 12-23-241 Amendment #9	Date: 6/25/2020
Total Bid or Proposal Amount: N/A	Contract Title: Online Legal Research Services
Contractor: LexisNexis Risk Solutions FL Inc.	Subcontractor/Supplier/ Subconsultant to be N/A added or substitute:
Authorized Contact for Contractor: Dottie Heilgeist	Authorized Contact for Subcontractor/Supplier/ N/A Subconsultant:
Email Address (Contractor): Dottie.Heilgeist@lexisnexisrisk.com	Email Address (Subcontractor): N/A
Company Address ¹⁰⁰⁰ Alderman Dr. (Contractor):	Company Address ^{N/A} (Subcontractor):
City, State and Zip (Contractor): Alpharetta, GA 30005	City, State and Zip N/A (Subcontractor):
Telephone and Fax (Contractor): Phone: 937-247-1608	Telephone and Fax N/A (Subcontractor):
Estimated Start and Completion Dates 7/1/2020 to 9/30/2020 (Contractor):	Estimated Start and Completion Dates N/A (Subcontractor):

Note: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO,

Description of Services or Supplies	<u>Total Price of</u> <u>Subcontract for</u> <u>Services or Supplies</u>
N/A	N/A

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.

LexisNexis Risk Solutions FL Inc.		
Contractor		
Micah Asch		
Name		
Manager, Proposal Development		
Title Michael asov	6/25/2020	
Prime Contractor Signature	Date	



TONI PRECKWINKLE

PRESIDENT

Cook County Board of Commissioners

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15th District

FRANK AGUILAR 16th District

SEAN M. MORRISON 17th District OFFICE OF CONTRACT COMPLIANCE

EDWARD H. OLIVIERI

CONTRACT COMPLIANCE DIRECTOR

118 N. Clark, County Building, Room 1020 ● Chicago, Illinois 60602 ● (312) 603-5502

July 8, 2020

Mr. Raffi Sarrafian Chief Procurement Officer 118 N. Clark Street County Building-Room 1018 Chicago, IL 60602

Re: Contract No.: 12-23-241 (Amendment No. 9)
On-Line Legal Research Services
State's Attorney's Office

Dear Mr. Sarrafian:

The Office of Contract Compliance is in receipt of the above-referenced contract amendment and has reviewed this contract for compliance with the Minority- and Women- owned Business Enterprises (MBE/WBE) Ordinance. After careful review it has been determined the vendor is in compliance with the MBE/WBE Ordinance.

Sincerely,

Edward H. Olivieri
Contract Compliance Director
EHO/smp

cc: Jorge Robles, OCPO
James Fitzpatrick, State's Attorney's Office

MBE/WBE UTILIZATION PLAN - FORM 1

BIDDER/PROPOSER HEREBY STATES that all MBE/WBE firms included in this Plan are certified MBEs/WBEs by at least one of the entities listed in the General Conditions - Section 19.

I.	BIDDER/	PROPOSER MBE/WBE STATUS: (check the appropriate line)
		Bidder/Proposer is a certified MBE or WBE firm. (If so, attach copy of current Letter of Certification)
		Bidder/Proposer is a Joint Venture and one or more Joint Venture partners are certified MBEs or WBEs. (If so, attach copies of Letter(s) of Certification, a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the Joint Venture and a completed Joint Venture Affidavit – available online at www.cookcountyil.gov/contractcompliance)
	\checkmark	Bidder/Proposer is not a certified MBE or WBE firm, nor a Joint Venture with MBE/WBE partners, but will utilize MBE and WBE firms either directly or indirectly in the performance of the Contract. (If so, complete Sections II below and the Letter(s) of Intent – Form 2).
II.		Direct Participation of MBE/WBE Firms Indirect Participation of MBE/WBE Firms
achieve achieve	Direct P	als have not been achieved through direct participation, Bidder/Proposer shall include documentation outlining efforts to articipation at the time of Bid/Proposal submission. Indirect Participation will only be considered after all efforts to articipation have been exhausted. Only after written documentation of Good Faith Efforts is received will Indirect considered.
	MBEs/W	BEs that will perform as subcontractors/suppliers/consultants include the following:
		MBE/WBE Firm:Nassaw Douglass & Associates, Ltd., d/b/a McFarlane Douglass & Companies
		Address: 143 Tower Dr.Burr Ridge, IL, 60527
		E-mail: jennifer.ramos@mcfarlanedouglass.com
		Contact Person: Jennifer Ramos Phone: 630-325-5335
		Dollar Amount Participation: \$71,580 (aggregate from amendments 1 to 9)
		Percent Amount of Participation: 1.02% (aggregate from amendments 1 to 9) %
		*Letter of Intent attached? Yes X No *Current Letter of Certification attached? Yes x No
		MBE/WBE Firm: Datum Software, Inc.
		Address: 12000 Findley Rd., Johns Creek, GA 30097
		E-mail: Ram.Ganeshan@datumsoftware.com
		Contact Person: Ram Ganeshan Phone: 678-740-0263
		Dollar Amount Participation: \$_15,876
		Percent Amount of Participation: 1%
		*Letter of Intent attached? Yes No X No X No X No X
		Attach additional sheets as needed.
		* Letter(s) of Intent and current Letters of Certification <u>must</u> be submitted at the time of bid.

M/WBE Utilization Plan - Form 1

Revised: 01/29/2014

MBE/WBE LETTER OF INTENT - FORM 2

The state of the s	nanies Certifying Agency: Oity Oi Oillougo
Contact Person: Jennifer Ramos	panies Certifying Agency: City of Chicago Certification Expiration Date: Feb. 1, 2022
Address: 143 Tower Dr.	Ethnicity: Minority Owned Business Enterprise (MBE)
City/State: Burr Ridge, IL Zip: 60527	Bid/Proposal/Contract #: 12-23-241
Phone: 630-325-5335 Fax: 630-325-2399	
Email: jennifer.ramos@mcfarlanedouglass.com	FEIN #.
Participation: Direct Indirect	
	panions of this contract to another firm?
Will the M/WBE firm be subcontracting any of the goods or	
	Subcontractor(s):
The undersigned M/WBE is prepared to provide the followin more space is needed to fully describe M/WBE Firm's proposed so	g Commodities/Services for the above named Project/ Contract: (If cope of work and/or payment schedule, attach additional sheets)
Interior landscaping services	
-	
vork, conditioned upon (1) the Bidder/Proposer's receipt Subcontractor remaining compliant with all relevant creder County, and the State to participate as a MBE/WBE firm for lid not affix their signatures to this document until all areas or	Intent will become a binding Subcontract Agreement for the above of a signed contract from the County of Cook; (2) Undersigned nitials, codes, ordinances and statutes required by Contractor, Cook or the above work. The Undersigned Parties do also certify that they under Description of Service/Supply and Exc/Cost were regarded by
20000	andre Form
Signature (M/WBE)	Andrew Tan Signature (Prime Bidder/Proposer)
Signature (M/WBE) Jennifer Ramos Print Name	Signature (Prime Bidder/Proposer) Andy Fonner Print Name
Signature (M/WBE) Jennifer Ramos Print Name Nassaw Douglass & Associates, LTD	Signature (Prime Bidder/Proposer) Andy Fonner Print Name LexisNexis, a division of RELX Inc., and
Signature (M/WBE) Jennifer Ramos Print Name Nassaw Douglass & Associates, LTD d/b/a McFarlane Douglass and Companies Firm Name	Signature (Prime Bidder/Proposer) Andy Fonner Print Name
Jennifer Ramos Print Name Nassaw Douglass & Associates, LTD d/b/a McFarlane Douglass and Companies Firm Name	Signature (Prime Bidder/Proposer) Andy Fonner Print Name LexisNexis, a division of RELX Inc., and LexisNexis Risk Solutions FL Inc. Firm Name
Signature (M/WBE) Jennifer Ramos Print Name Nassaw Douglass & Associates, LTD d/b/a McFarlane Douglass and Companies Firm Name Date	Signature (Prime Bidder/Proposer) Andy Fonner Print Name LexisNexis, a division of RELX Inc., and LexisNexis Risk Solutions FL Inc. Firm Name 6/2-6/20 Date
Jennifer Ramos Print Name Nassaw Douglass & Associates, LTD d/b/a McFarlane Douglass and Companies Firm Name Date	Signature (Prime Bidder/Proposer) Andy Fonner Print Name LexisNexis, a division of RELX Inc., and LexisNexis Risk Solutions FL Inc. Firm Name 6/26/20 Date Subscribed and sworn before me
Signature (M/WBE) Jennifer Ramos Print Name Nassaw Douglass & Associates, LTD d/b/a McFarlane Douglass and Companies Firm Name Subscribed and sworn before me	Signature (Prime Bidder/Proposer) Andy Fonner Print Name LexisNexis, a division of RELX Inc., and LexisNexis Risk Solutions FL Inc. Firm Name 6/26/20 Date Subscribed and sworn before me this 26 day of June 2020.
Signature (M/WBE) Jennifer Ramos Print Name Nassaw Douglass & Associates, LTD d/b/a McFarlane Douglass and Companies Firm Name C 1 35 30 Date Subscribed and sworn before me this 2 day of March 12020 Notary Public Microsoft	Signature (Prime Bidder/Proposer) Andy Fonner Print Name LexisNexis, a division of RELX Inc., and LexisNexis Risk Solutions FL Inc. Firm Name 6/26/20 Date Subscribed and sworn before me
Signature (M/WBE) Jennifer Ramos Print Name Nassaw Douglass & Associates, LTD d/b/a McFarlane Douglass and Companies Firm Name C 35 30 Date Subscribed and sworn before me this 2 day of March 12020 Notary Public March 12020 OFFICIAL SEAL LUCINA NUNEZ SEAL	Signature (Prime Bidder/Proposer) Andy Fonner Print Name LexisNexis, a division of RELX Inc., and LexisNexis Risk Solutions FL Inc. Firm Name 6/26/20 Date Subscribed and sworn before me this 21 day of June 2020. Notary Public Mical Advances MICAH S ASCH, Notary Pulsikal
Jennifer Ramos Trint Name Nassaw Douglass & Associates, LTD d/b/a McFarlane Douglass and Companies irm Name Locate Abstract Jacob Jacob official SEAL LUCINA NUNEZ NOTARY PUBLIC, STATE OF ILLINOIS	Signature (Prime Bidder/Proposer) Andy Fonner Print Name LexisNexis, a division of RELX Inc., and LexisNexis Risk Solutions FL Inc. Firm Name 6/26/20 Date Subscribed and sworn before me this 2 C day of Tune 2020. Notary Public Mical Accusions ASCH, Notary Pulsikal In and for the State of Ohio
Jennifer Ramos Print Name Nassaw Douglass & Associates, LTD d/b/a McFarlane Douglass and Companies Firm Name Subscribed and sworn before me his 2 day of first 1 2020 Notary Public Cicia 1 2020 OFFICIAL SEAL LUCINA NUNEZ	Signature (Prime Bidder/Proposer) Andy Fonner Print Name LexisNexis, a division of RELX Inc., and LexisNexis Risk Solutions FL Inc. Firm Name 6/26/20 Date Subscribed and sworn before me this 21 day of June 2020. Notary Public Mical Additional States of Mical States of



DEPARTMENT OF PROCUREMENT SERVICES CITY OF CHICAGO

FEB 1 6 2017

Douglas N. Giebel Nassaw/Douglass & Associates, Ltd., d/b/a McFarlane/Douglass and Co. 143 Tower Drive Burr Ridge, IL 60527

Dear Douglas N. Giebel:

We are pleased to inform you that Nassaw/Douglass & Associates, Ltd., d/b/a McFarlane/Douglass and Co. has been recertified as a Minority-Owned Business Enterprise ("MBE") by the City of Chicago ("City"). This (MBE) certification is valid until 2/1/2022; however your firm's certification must be revalidated annually. In the past the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. As a consequence, we require you to be even more diligent in filing your annual No-Change Affidavit 60 days before your annual anniversary date.

It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification during the five year period stated above, you must file an annual No-Change Affidavit. Your firm's annual No-Change Affidavit is due by 2/1/2018, 2/1/2019, 2/1/2020, and 2/1/2021. Please remember, you have an affirmative duty to file your No-Change Affidavit 60 days prior to the date of expiration. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.

Your firm's five year certification will expire on 2/1/2022. You have an affirmative duty to file for recertification 60 days prior to the date of the five year anniversary date. Therefore, you must file for recertification by 12/1/2021.

It is important to note that you also have an ongoing affirmative duty to notify the City of any changes in ownership or control of your firm, or any other fact affecting your firm's eligibility for certification within 10 days of such change. These changes may include but are not limited to a change of address, change of business structure, change in ownership or ownership structure, change of business operations, gross receipts and or personal net worth that exceed the program threshold. Failure to provide the City with timely notice of such changes may result in the suspension or rescission of your certification. In addition, you may be liable for civil penalties under Chapter 1-22, "False Claims", of the Municipal Code of Chicago.



Nassaw/Douglass & Associates, Ltd., d/b/a McFarlane/Douglass & Co.

Page 2 of 2

Please note – you shall be deemed to have had your certification lapse and will be ineligible to participate as a (MBE) if you fail to:

- File your annual No-Change Affidavit within the required time period;
- Provide financial or other records requested pursuant to an audit within the required time period;
- Notify the City of any changes affecting your firm's certification within 10 days of such change; or
- File your recertification within the required time period.

Please be reminded of your contractual obligation to cooperate with the City with respect to any reviews, audits or investigation of its contracts and affirmative action programs. We strongly encourage you to assist us in maintaining the integrity of our programs by reporting instances or suspicions of fraud or abuse to the City's Inspector General at chicagoinspectorgeneral.org, or 866-IG-TIPLINE (866-448-4754).

Be advised that if you or your firm is found to be involved in certification, bidding and/or contractual fraud or abuse, the City will pursue decertification and debarment. In addition to any other penalty imposed by law, any person who knowingly obtains, or knowingly assists another in obtaining a contract with the City by falsely representing the individual or entity, or the individual or entity assisted is guilty of a misdemeanor, punishable by incarceration in the county jail for a period not to exceed six months, or a fine of not less than \$5,000 and not more than \$10,000 or both.

Your firm's name will be listed in the City's Directory of Minority and Women-Owned Business Enterprises in the specialty area(s) of:

NAICS Code(s):

561730 - Landscape contractors (except construction)

561730 - Landscape installation services

541410 - Decorating consulting services, interior

Your firm's participation on City contracts will be credited only toward **Minority-Owned Business Enterprise** goals in your area(s) specialty. While your participation on City contracts is not limited to your area of specialty, credit toward goals will be given only for work that is self-performed and providing a commercially useful function that is done in the approved specialty category.

Thank you for your interest in the City's Minority and Women-Owned Business Enterprise (MBE/WBE) Program.

Sincerely,

Rich Butler

First Deputy Procurement Officer

RB/lj



Cook County Government M/WBE Reciprocal Certification Affidavit

Firm Name Nassaw Douglass & Associa	ates, LTD., d/b/a McFarlane Douglass and Companies
Address 143 Tower Dr.	City Burr Ridge
***	IL Zip 60527
Phone (630) 325-5335	Email douglas.sisson@mcfarlanedouglass.com
Edward Giebel	Vice President
(Authorized Representative)	(Print Title)
of McFarlane Douglass and Com	npanies do hereby affirm:
	mpanies is a Minority and/or Women Business Enterprise
business.	o as: Black- Hispanic- Asian- Woman-owned
2) With respect to McFarlane Douglass (Name of F	s and Companies the personal net worth of the qualifying
M/WBE firm and the equity of the own of Chapter 34, Article IV of the Cook Cook County Procurement Code, an in	2,210,847, excluding the individual's ownership interest in the er's primary residence, and otherwise meets the requirements. County Procurement Code. (As per Section 34-263 of the adividual's personal net worth includes only his or her own unity/marital property with the individual's spouse.)
3) The average annual gross receipts of	McFarlane Douglass and Companies
as derived from tax filings over the five Standards published by the U.S. Small E	(Name of Firm) most recent years, does not exceed the Small Business Size Business Administration found in Title 13, Code of Federal gov/content/small-business-size-standards)
Opon penany or perjury, I	affirm that, to the best of my
knowledge and belief, the information herei	n is true and accurate.
Signature	Title_Vice President_Date_2/28/18
Subscribed and sworn to before me this	
(Notary's Signature)	LUCINA NUNEZ Venumblary's S'Official Seal" State of My Commission Expires August 7, 2019
My Commission Expires	1

PETITION FOR REDUCTION/WAIVER OF MBE/WBE PARTICIPATION - FORM 3

A. BIDDER/PROPOSER HEREBY REQUESTS:
FULL MBE WAIVER FULL WBE WAIVER
X REDUCTION (PARTIAL MBE and/or WBE PARTICIPATION)
% of Reduction for MBE Participation*See paragraph at bottom% of Reduction for WBE Participation *See paragraph at bottom
B. REASON FOR FULL/REDUCTION WAIVER REQUEST
Bidder/Proposer shall check each item applicable to its reason for a waiver request. Additionally, supporting documentation shall be submitted with this request.
(1) Lack of sufficient qualified MBEs and/or WBEs capable of providing the goods or services required by the contract. (Please explain) *See paragraph at bottom
(2) The specifications and necessary requirements for performing the contract make it impossible or economically infeasible to divide the contract to enable the contractor to utilize MBEs and/or WBEs in accordance with the applicable participation. (Please explain) *See paragraph at bottom
(3) Price(s) quoted by potential MBEs and/or WBEs are above competitive levels and increase cost of doing business and would make acceptance of such MBE and/or WBE bid economically impracticable, taking into consideration the percentage of total contract price represented by such MBE and/or WBE bid. (Please explain)
(4) There are other relevant factors making it impossible or economically infeasible to utilize MBE and/or WBE firms. (Please explain) *See paragraph at bottom
C. GOOD FAITH EFFORTS TO OBTAIN MBE/WBE PARTICIPATION
(1) Made timely written solicitation to identified MBEs and WBEs for utilization of goods and/or services; and provided MBEs and WBEs with a timely opportunity to review and obtain relevant specifications, terms and conditions of the proposal to enable MBEs and WBEs to prepare an informed response to solicitation. (Attach of copy written solicitations made)
(2) Used the services and assistance of the Office of Contract Compliance staff. (Please explain)
(3) Timely notified and used the services and assistance of community, minority and women business organizations. (Attach of copy written solicitations made)
(4) Followed up on initial solicitation of MBEs and WBEs to determine if firms are interested in doing business. (Attach supporting documentation)
(5) Engaged MBEs & WBEs for direct/indirect participation. (Please explain) *See paragraph at bottom

D. OTHER RELEVANT INFORMATION

Attach any other documentation relative to Good Faith Efforts in complying with MBE/WBE participation.

Revised: 01/29/14

^{*} Contractor proposes an estimated 1% indirect use of an MBE for this amendment. Direct participation is not possible because Contractor does not use subcontractors in our highly specialized field of providing electronic research services. We propose indirect participation of McFarlane Douglass & Co. for interior landscaping services.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 12/31/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

			-7-			
PRODUCER Aon Risk Services Northeast, Inc.		CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 (A/C. No. Ext): (800) 363-0105				
on Risk Services Northeast, Inc. oston MA Office 3 State Street uite 2201 oston MA 02109 USA						
Suite 2201	ADI	DDRESS:				
Boston MA 02109 USA			INSURER(S) AFFORDING COV	ERAGE	NAIC#	
INSURED	INSL	INSURER A: Zurich American Ins Co			16535	
LexisNexis, a Division of RELX Inc.	INSU	ME: ONE C. No. Ext): (866) 28 MAIL DORESS: INSUR SURER A: Zurich SURER B: ACE Am SURER C: XL Ins SURER D: Lloyd' SURER E:	ACE American Insurance	E American Insurance Company		
Miamisburg OH 45342 USA	INSU	SURER C:	XL Insurance Company S		AA1121547	
7	INSU	SURERD: Lloyd's Syndicate No. 2623			AA1128623	
	INSU	SURER E:				
	INSU	SURER F:				
COVERAGES CERTIFICAT	E NUMBED: 570070034882		DEVISION	NIIMPED.		

OVERAGES	CERTIFICATE NUMBER: 570079934882	REVISION NUMBER

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requeste

	-			LIMITS SHOWN MAT HAVE BEET		POLICYEXP	Limita and	own are as requested
NSR LTR	TYPE OF INSURANCE	INSD	SUBR		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
В	X COMMERCIAL GENERAL LIABILITY			OGLG46663160	01/01/2020	01/01/2021	EACH OCCURRENCE	\$1,000,00
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,00
							MED EXP (Any one person)	\$5,00
							PERSONAL & ADV INJURY	\$2,000,00
- [GEN'L AGGREGATE LIMIT APPLIES PER:			l'			GENERAL AGGREGATE	\$2,000,00
	POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$2,000,00
	OTHER:						Host Liquor Liab	\$5,000,00
A	AUTOMOBILE LIABILITY			8376848 21	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,00
- 1	X ANYAUTO						BODILY INJURY (Per person)	
ł	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	
ł	HIRED AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	
3	X Collision Ded \$1,000 X Comp Ded \$1,000						I or addicestly	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
İ	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
İ	DED RETENTION							
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			837684521	01/01/2020	01/01/2021	X PER STATUTE OTH-	
	ANY PROPRIETOR / PARTNER / EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$1,000,00
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	11/2					E.L. DISEASE-EA EMPLOYEE	\$1,000,00
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$1,000,00
D	E&O-PL-Primary			FSCE2000015 SIR applies per policy ter	01/01/2020 rms & condi	12/31/2020 ions	Aggregate Limit	\$2,000,00
	DIRTION OF OREDATIONS / LOCATIONS / VEHICL							

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

Cook County, Illinois is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDE	

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Cook County, Illinois 118 N. Clark Street, R. 1018 Chicago IL 60602 USA

AUTHORIZED REPRESENTATIVE

Son Risk Services Northeast, Inc

AGENCY CUSTOMER ID: 570000055869 LOC #:



ADDITIONAL REMARKS SCHEDULE

Page	of
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	(4) (4)		
AGENCY		NAMED INSURED	
Aon Risk Services Northeast, Inc.		LexisNexis, a Division of RELX Inc.	
POLICY NUMBER			
See Certificate Number: 570079934882			
CARRIER	NAIC CODE		
See Certificate Number: 570079934882		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL	REMARKS F	ORM IS A SCHE	DULE TO ACORD FORM,			T
FORM NUMBER:	ACORD 25	FORM TITLE:	Certificate of Liability Insurance			
						$\overline{}$

FORM NUMBER: ACORD 25	FORM TITLE: Ce	rtificate of Liab	ility Insurance				
		Compani	es Affordin	g coverage			
LINE OF BUSINESS DESCRIPTION	POLICY NUMBER		POLICY EXPIRATION DATE (MM/DD/YYYY)	COMPANY	NAIC	PRIMARY (Y/N) FLAG	PERCENTAGE OF RISK
Workers Compensation	837684521	1/1/2020	1/1/2021	Zurich American Ins Co	16535	Υ	100
Business Auto Coverage	8376848 21	1/1/2020	1/1/2021	Zurich American Ins Co	16535	Y	100
E&O - Professional Liability - Primary	FSCE2000015	1/1/2020	12/31/2020	Lloyd's Syndicate No. 2623	AA11286	Υ	82
E&O - Professional Liability - Primary	FSCE2000015	1/1/2020	12/31/2020	Lloyd's Syndicate No. 623	AA11266	N	18
E&O - Professional Liability - Excess	FSCE2000059	1/1/2020	12/31/2020	XL Insurance Company SE	AA11215	Υ	100
General Liability Coverage	OGLG46663160	1/1/2020	1/1/2021	ACE American Insurance Company	22667	Υ	100
		2					

The Subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 12/31/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endors

certificate does not come rigi	its to the certificate holder in field of such	chuoracmen	ι(ə).		
PRODUCER	Too	CONTACT NAME:			
Aon Risk Services Northeast, Boston MA Office	InC.	PHONE (A/C. No. Ext):	(866) 283-7122	FAX (A/C. No.): (800) 363-01	L05
53 State Street Suite 2201		E-MAIL ADDRESS:			
Boston MA 02109 USA			INSURER(S) AFFORDING CO	VERAGÉ	NAIC#
INSURED		INSURER A:	Zurich American Ins Co		16535
LexisNexis Risk Solutions FL 1000 Alderman Drive	Inc	INSURER B:	ACE American Insurance	Company	22667
Alpharetta GA 30005 USA		INSURER C:	XL Insurance Company S	Ε	AA1121547
		INSURER D:	Lloyd's Syndicate No.	2623	AA1128623
		INSURER E:			
	F-MAIL ADDRESS: 9 USA INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Zurich American Ins Co Insurer B: ACE American Insurance Company 22667 INSURER C: XL Insurance Company SE AA1121547 INSURER D: Lloyd's Syndicate No. 2623 AA1128623				
COVERAGES	CERTIFICATE NUMBER: 5700799348	81	REVISION	NUMBER:	

COVERAGES	CERTIFICATE NUMBER: 570079934881	REVISION NUMBER:
COVERAGES	CENTIFICATE NUMBER: 370079934001	REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICYEFF	POLICY EXP (MM/DD/YYYY)	LIMITS	
LTR B		INSD	WVD	OGLG46663160	(MM/DD/YYYY)	(MM/DD/YYYY) 01/01/2021		
ь	X COMMERCIAL GENERAL LIABILITY			UGLG46663160	01/01/2020	01/01/2021	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	POLICY PRO-						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:						Host Liquor Liab	\$5,000,000
Α	AUTOMOBILE LIABILITY			8376848 21	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
1	X ANY AUTO						BODILY INJURY (Per person)	
	OWNED SCHEDULED						BODILY INJURY (Per accident)	
1	AUTOS ONLY AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	
	ONLY						(i di accident)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
1	DED RETENTION							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			837684521	01/01/2020	01/01/2021	X PER STATUTE OTH-	
	ANY PROPRIETOR / PARTNER / EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$1,000,000
D	E&O-PL-Primary			FSCE2000015 SIR applies per policy ter	01/01/2020 ms & condi		Aggregate Limit	\$2,000,000

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

Cook County, Illinois is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE	HOL	DER
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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE

AUTHORIZED REPRESENTATIVE

Aon Rish Services Northeast, Inc

Cook County, Illinois 118 N. Clark Street, R. 1018 Chicago IL 60602 USA

AGENCY CUSTOMER ID: 570000055869 LOC #:



ADDITIONAL REMARKS SCHEDULE

Page	of
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AGENCY		NAMED INSURED
Aon Risk Services Northeast, Inc.		LexisNexis Risk Solutions FL Inc.
POLICY NUMBER		
See Certificate Number: 570079934881		
CARRIER	NAIC CODE	
See Certificate Number: 570079934881		EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

		Compani	es Affordin	g coverage			
INE OF BUSINESS DESCRIPTION	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COMPANY	NAIC	PRIMARY (Y/N) FLAG	PERCENTAC OF RISK
Workers Compensation	837684521	1/1/2020	1/1/2021	Zurich American Ins Co	16535	Y	100
Business Auto Coverage	8376848 21	1/1/2020	1/1/2021	Zurich American Ins Co	16535	Υ	100
_iability - Primary	FSCE2000015			Lloyd's Syndicate No. 2623	AA11286	Υ	82
E&O - Professional Liability - Primary	FSCE2000015			Lloyd's Syndicate No. 623	AA11266	N	18
E&O - Professional Liability - Excess	FSCE2000059	1/1/2020	12/31/2020	XL Insurance Company SE	AA11215	Y	100
General Liability Coverage	OGLG46663160	1/1/2020	1/1/2021	ACE American Insurance Company	22667	Υ	100

The Subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.



Cook County Office of the Chief Procurement Officer

Economic Disclosure Statement Recertification Affidavit

Applicant/Holder Name: LexisNexis, a division of RELX Inc.

Contract #: 12-23-241, Amendment 9

Address: 9443 Springboro Pike

City: Miamisburg

County: Montgomery County, OH

State: Ohio

Zip: 45342

Phone: 800-227-9597 Email: rfp@lexisnexis.com

Instructions

If the Applicant is a corporation, the President must execute this affidavit. If executed by someone other than the President, attach hereto a certified copy of that section of the Corporate By-Laws or other authorization, satisfactory to the County that permits the person to execute this affidavit for the corporation.

If the Applicant is a partnership or joint venture, all partners or joint venturers must execute this affidavit, unless one partner or joint venturer has been authorized to sign.

If the Applicant is a member-managed LLC all members must execute this affidavit, unless otherwise provided in the operating agreement, resolution or other corporate documents.

If the Applicant is a Sole Proprietorship, the sole proprietor must execute this affidavit.

This recertification is being submitted in connection with

Contract Name: Online Legal Research Services

Under penalty of perjury, the person signing below: (1) warrants that he/she is authorized to execute this Economic Disclosure Statement ("EDS") recertification on behalf of the Applicant/Holder, (2) warrants that all certifications and statements contained in the Applicant/Holder's original EDS dated March 10-2020 March 6, 2019 are true, accurate and complete as of the date furnished to the County and continue to be true, accurate and complete as of the date of this recertification, and (3) reaffirms its acknowledgments.

Recertification of:
✓ Certifications (SECTION 2)
☑ Economic and Other Disclosures (SECTION 3)
☑ Cook County Child Support Affidavit (Please submit any additional Child Support Obligations as an attachment to this form)
☑ Cook County Disclosure of Ownership Interest Statement
☑ Cook County Board of Ethics Familial Relationship Disclosure Form As updated for Amendment 8 on 3/16/20
✓ Cook County Affidavit for Wage Theft Ordinance (SECTION 4)
IMPORTANT: If you are unable to re-certify any section(s) of your previous EDS, please submit a truthful, fully updated version of that section(s) of the EDS including separate signatures where required.
By: LexisNexis, a division of RELX Inc. (Print or type legal name of Applicant/Holder) Address President or authorized signatory (Signature)
Print or type name of President or authorized signatory:
Andy Fonner
Title of signatory:
Segment Manager
Subscribed and sworn to before me on this 26 day of 30 day of 30
MICAH S ASCH, Notary Public In and for the State of Ohio 2 My Commission Expires Nov. 2, 2020

Ver. 12-13-2019

Certificate of Authority

I, Kermit F. Lowery, certify that I am the Assistant Secretary of RELX Inc., a corporation duly organized and in good standing in the State of Massachusetts; that Andrew Fonner has authority to execute legally binding documents on behalf of the corporation in connection with that certain contract for the licensing of services by Cook County, Illinois; and that such authority is in full force and effect on the date hereof.

Assistant Secretary

STATE OF OHIO

I SS:

COUNTY OF MONTGOMERY |

On this day of February, 2019, before me personally appeared Kermit F. Lowery, whose signature appears above, to me known, and known to me to be the Assistant Secretary of RELX Inc., the corporation described in and which executed the above certificate.

Notary Public

MICAH S ASCH, Notary Public In and for the State of Ohlo My Commission Expires Nov. 2, 2020

COOK COUNTY BOARD OF ETHICS FAMILIAL RELATIONSHIP DISCLOSURE FORM

7 t t t t t t t t t t t t t t t t t t t	EERSON DOING OR SEEKING TO DO BUSINESS WITH THE COUNTY
is.	Name of Person Doing Business with the County: LevisNexts, a division of BELX lay.
	Address of Person Doing Business with the County: 2449 Springbore Pice, Manustring, OH 46342.
75	Phone number of Person Doing Business with the County: \$17.4/4-8128
15	Email address of Person Doing Business with the County, Molly Heighnar Dispussed com
t.,	If Person Doing Business with the County is a Business Builty, provide the name, this and contact information for the individual completing this disclosure on behalf of the Person Doing Business with the County.
	Micali Asch, Manager, Phoposel Day, 9443 Springhom Pike, Marnisburg, CH 45242, production of the produ
53 53 53	DESCRIPTION OF BUSINESS WITH THE COUNTY Append additional pages as needed and for each County lease, contrast, purchase or sale sought and/or obtained during the calendar year of this disclosure (or the proceeding calendar year if disclosure is made on January I), identify:
æ	The lease number, contract number, purchase order number, request for proposal number and/or request for qualification number associated with the husiness you are doing or acaking to do with the County:
	Course No. 12 20 See Amendment No. 8
¥	The aggregate dollar value of the business you are doing or seeking to do with the County: \$3,002,006.
2 ⁷ 7	The name, title and contact information for the County official(s) or employee(s) involved in negotiating the business you are doing or seeking to do with the County:
· si	Jorge Robles Jorge robles 2@cookcountyll gov, 312-606-6828
э я т	The name, title and contact information for the County official(s) or employee(s) involved in managing the business you are doing or eaching to do with the County
	Mohammad A. Easa, Budget Analyst, Mohammad easa@cookcountyiligov, 312-503-4757
ij	DISCROBURE OF SAMILIST RELATIONSHIPS WITH COUNTY EMPLOY SERIOR STATES COUNTY SEE
r.	Check the box that applies and provide related information where needed
is i	The Person Doing Business with the County is an Individual and there is no familial relationship between this individual and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.
9 2	The Person Doing Business with the County is a business entity and there is no familial relationship between any member of this business entity a board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity or employees directly engaged in contractual work with the County on behalf of the business entity, and any Cook County employee or any person holding elective office in the Stare of Illinois, Cook County, or any municipality within Cook County.

COOK COUNTY BOARD OF ETHICS FAMILIAL RELATIONSHIP DISCLOSURE FORM

and at least one Coo	k County employee and/or a p	individual and there is a familial person or persons holding elective of anty. The familial relationships a	relationship between this individual office in the State of Illinois, Cook re as follows:
Name of Individual Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship [*]
Not applicable		×	
If more space is needed, attac	ch an additional sheet followin	ng the above format.	
member of this businentity, agents author contractual work with and/or a person hold	ness entity's board of directors ized to execute documents on th the County on behalf of the	s, officers, persons responsible for behalf of the business entity and/or business entity, on the one hand, a e of Illinois, Cook County, and/or a	ilial relationship between at least one general administration of the business remployees directly engaged in and at least one Cook County employee my municipality within Cook County, o
Name of Member of Board of Director for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship [*]
Not applicable			
Name of Officer for Business Entity Doing Business with the County Not applicable	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
		-	-

Name of Person Responsible for the General Administration of the Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
Not applicable			
Name of Agent Authorized to Execute Documents for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
Not applicable			
Name of Employee of Business Entity Directly Engaged in Doing Business with the County Not applicable	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship [*]
J.	f more space is needed, attach	an additional sheet following the	above format.
VERIFICATION: To the backnowledge that an inaccura	pest of my knowledge, the info ate or incomplete disclosure is	ormation I have provided on this dis	sclosure form is accurate and complete. In the limited to fines and debarment.
mild and	-	3/16/2020	
Signature of Recipient		Date	

SUBMIT COMPLETED FORM TO:

Cook County Board of Ethics

69 West Washington Street, Suite 3040, Chicago, Illinois 60602

Office (312) 603-4304 - Fax (312) 603-9988 CookCounty.Ethics@cookcountyil.gov

^{*} Spouse, domestic partner, civil union partner or parent, child, sibling, aunt, uncle, niece, nephew, grandparent or grandchild by blood, marriage (i.e. in laws and step relations) or adoption.

COOK COUNTY ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT INDEX

Section	Description	Pages,
. 1	Instructions for Completion of EDS	EDS I - II
2	Certifications	EDS 1-2
3	Economic and Other Disclosures, Affidavit of Child Support Obligations, Disclosure of Ownership Interest and Familial Relationship Disclosure Form	EDS 3 – 12
4	Cook County Affidavit for Wage Theft Ordinance	EDS 13-14
5	Contract and EDS Execution Page	EDS 15
.6	Cook County Signature Page	EDS 16

SECTION 1 INSTRUCTIONS FOR COMPLETION OF ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT

This Economic Disclosure Statement and Execution Document ("EDS") is to be completed and executed by every Bidder on a County contract, every Proposer responding to a Request for Proposels, and every Respondent responding to a Request for Qualifications, and others as required by the Chief Procurement Officer. The execution of the EDS shall serve as the execution of a contract awarded by the County. The Chief Procurement Officer reserves the right to request that the Bidder or Proposer, or Respondent provide an updated EDS on an annual basis.

Definitions. Terms used in this EDS and not otherwise defined herein shall have the meanings given to such terms in the instructions to Bidders, General Conditions, Request for Proposals, Request for Qualifications, as applicable:

Affiliate means a person that directly or indirectly through one or more intermediaries, Controls is Controlled by, or is under common Control with the Person specified.

Applicant means a person who executes this EDS.

Bidder means any person who submits a Bid.

Code means the Code of Ordinances, Cook County, lifinois available on municode.com.

Contract shall include any written document to make Procurements by or on behalf of Cook County.

Confractor or Contracting Party means a person that enters into a Contract with the County.

Control means the unfettered authority to directly or indirectly manage governance, administration, work, and all other aspects of a business.

EDS means this complete Economic Disclosure Statement and Execution Document, including all sections listed in the Index and any attachments.

Joint Venture means an association of two or more Persons proposing to perform a forprofit business enterprise. Joint Ventures must have an agreement in writing specifying the terms and conditions of the relationship between the partners and their relationship and respective responsibility for the Contract

Lobby or lobbying means to, for compensation, attempt to influence a County official or County employee with respect to any County matter.

Lobbyist means any person who lobbles.

Person of Persons means any individual, corporation, partnership, Joint Venture, trust, association, Limited Liability Company, sole proprietorship or other legal entity.

Prohibited Acts means any of the actions or occurrences which form the basis for disqualification under the Code, or under the Certifications hereinafter set forth.

Proposal means a response to an RFP.

Proposer means a person submitting a Proposal.

Response means response to an RFQ.

Respondent means a person responding to an RFQ.

RFP means a Request for Proposals issued pursuant to this Procurement Code.

RFQ means a Request for Qualifications issued to obtain the qualifications of interested parties.

INSTRUCTIONS FOR COMPLETION OF SECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT

Section 1: Instructions. Section 1 sets forth the instructions for completing and executing this EDS.

Section 2: Certifications. Section 2 sets forth certifications that are required for contracting parties under the Code and other applicable laws. Execution of this EDS constitutes a warranty that all the statements and certifications contained, and all the facts stated, in the Certifications are true, correct and complete as of the date of execution.

Section 3: Economic and Other Disclosures Statement. Section 3 is the County's required Economic and Other Disclosures Statement form. Execution of this EDS constitutes a warranty that all the information provided in the EDS is true, correct and complete as of the date of execution, and binds the Applicant to the warranties; representations, agreements and acknowledgements contained therein.

Required Updates. The Applicant is required to keep all information provided in this EDS current and accurate, in the event of any change in the information provided, including but not limited to any change which would render inaccurate or incomplete any certification or statement made in this EDS, the Applicant shall supplement this EDS up to the time the County takes action, by filling an amended EDS or such other documentation as is required.

Additional Information. The County's Governmental Ethics and Campaign Financing Ordinances Impose certain duties and obligations on persons or entitles seeking County contracts, work, business, or transactions, and the Applicant is expected to comply fully with these ordinances. For further information-please contact the Director of Ethics at (312) 603-4304 (89 W. Washington St. Suite 3040, Chicago, IL. 80602) or visit the web-site at cookcountyll gov/ethics-board-of.

Authorized Signers of Contract and EDS Execution Page. If the Applicant is a corporation, the President and Secretary must execute the EDS. In the event that this EDS is executed by someone other than the President, attach hereto a certified copy of that section of the Corporate By-Laws or other authorization by the Corporation, satisfactory to the County that permits the person to execute EDS for said corporation. If the corporation is not registered in the State of Illinois, a copy of the Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

If the Applicant is a partnership or joint venture, all partners or joint venturers must execute the EDS, unless one partner or joint venture has been authorized to sign for the partnership or joint venture, in which case, the partnership agreement, resolution or evidence of such authority satisfactory to the Office of the Chief Procurement Officer must be submitted with this Signature Page.

If the Applicant is a member-managed LLC all members must execute the EDS, unless otherwise provided in the operating agreement, resolution or other corporate documents. If the Applicant is a manager-managed LLC, the manager(s) must execute the EDS. The Applicant must attach either a certified copy of the operating agreement, resolution or other authorization, satisfactory to the County, demonstrating such person has the authority to execute the EDS on behalf of the LLC. If the LLC is not registered in the State of Illinois, a copy of a current Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

If the Applicant is a Sole Proprietorship, the sole proprietor must execute the EDS.

A "Partnership" "Joint Venture" or "Sole Proprietorship" operating under an Assumed Name must be registered with the Illinois county in which it is located, as provided in 805 ILCS 405 (2012); and documentation evidencing registration must be submitted with the EDS.

Effective October 1, 2016 all foreign corporations and LLCs must be registered with the illinois Secretary of State's Office unless a statutory exemption applies to the applicant. Applicants who are exempt from registering must provide a written statement explaining why they are exempt from registering as a foreign entity with the Illinois Secretary of State's Office.

SECTION 2

CERTIFICATIONS

THE FOLLOWING CERTIFICATIONS ARE MADE PURSUANT TO STATE LAW AND THE CODE. THE APPLICANT IS CAUTIONED TO CAREFULLY READ THESE CERTIFICATIONS PRIOR TO SIGNING THE SIGNATURE PAGE. SIGNING THE SIGNATURE PAGE SHALL CONSTITUTE A WARRANTY BY THE APPLICANT THAT ALL THE STATEMENTS, CERTIFICATIONS AND INFORMATION SET FORTH WITHIN THESE CERTIFICATIONS ARE TRUE, COMPLETE AND CORRECT AS OF THE DATE THE SIGNATURE PAGE IS SIGNED. THE APPLICANT IS NOTIFIED THAT IF THE COUNTY LEARNS THAT ANY OF THE FOLLOWING CERTIFICATIONS WERE FALSELY MADE, THAT ANY CONTRACT ENTERED INTO WITH THE APPLICANT SHALL BE SUBJECT TO TERMINATION.

A. PERSONS AND ENTITIES SUBJECT TO DISQUALIFICATION

No person or business entity shall be awarded a contract or sub-contract, for a period of five (5) years from the date of conviction or entry of a plea or admission of guilt, civil or criminal, if that person or business entity.

- 1) Has been convicted of an act committed, within the State of Illinois, of bribery or attempting to bribe an officer or employee of a unit of state, federal or local government or action district in the State of Illinois in that officer's or employee's official capacity;
- 2) Has been convicted by federal; state or local government of an act of bid-rigging or attempting to rig bids as defined in the Sherman Anti-Trust Act and Clayton Act. Act. 15 U.S.C. Section 1 et seq.;
- 3) Has been convicted of bid-rigging or attempting to rig bids under the laws of federal; state or local government;
- 4) Has been convicted of an act committed, within the State, of price-fixing or attempting to fix prices as defined by the Sherman Anti-Trust Act and the Clayton Act. 15. U.S.C. Section 1, et seq.;
- Has been convicted of price-fixing or attempting to fix prices under the laws the State;
- Has been convicted of defrauding or attempting to defraud any unit of state or local government or school district within the State of tillnois;
- 7) Has made an admission of guilt of such conduct as set forth in aubsections (1) through (6) above which admission is a matter of record, whether or not such person or business entity was subject to prosecution for the offense or offenses admitted to; or
- 8) Has entered a plea of noto contenders to charge of bribery, price-fixing, bid-rigging, or fraud, as set forth in sub-paragraphs (1) through (6) above.

In the case of bribery or attempting to bribe, a business entity may not be awarded a contract if an official, agent or employee of such business entity committed the Prohibited Act on behalf of the business entity and pursuant to the direction or authorization of an officer, director or other responsible official of the business entity, and such Prohibited Act occurred within three years prior to the award of the contract. In addition, a business entity shall be disqualified if an owner, partner or shareholder controlling, directly or indirectly, 20% or more of the business entity, or an officer of the business entity has performed any Prohibited Act within five years prior to the award of the Contract.

THE APPLICANT HEREBY CERTIFIES THAT: The Applicant has read the provisions of Section A. Persons and Entities Subject to Disqualification, that the Applicant has not committed any Prohibited Act set forth in Section A, and that award of the Contract to the Applicant would not violate the provisions of such Section or of the Code.

B. BID-RIGGING OR BID ROTATING

THE APPLICANT HEREBY CERTIFIES THAT: In accordance with 720 ILCS 5/33 E-11, neither the Applicant nor any Affiliated Entity is barred from award of this Contract as a result of a conviction for the violation of State laws prohibiting bid-rigging or bid rotating.

C. DRUG FREE WORKPLACE ACT

THE APPLICANT HEREBY CERTIFIES THAT: The Applicant will provide a drug free workplace, as required by (30 ILCS 580/3).

D. DELINQUENCY IN PAYMENT OF TAXES

THE APPLICANT HEREBY CERTIFIES THAT: The Applicant is not an owner or a party responsible for the payment of any tax or fee administered by Cook County, such as bar award of a contract or subcontract pursuant to the Code, Chapter 34, Section 34-171.

E, HUMAN RIGHTS ORDINANCE

No person who is a party to a contract with Cook County ("County") shall engage in unlawful discrimination or sexual harassment against any individual in the terms or conditions of employment, credit, public accommodations, housing, or provision of County facilities, services or programs (Code Chapter 42, Section 42-30 et seq.).

E. ILLINOIS HUMAN RIGHTS ACT

THE APPLICANT HEREBY CERTIFIES THAT: It is in compliance with the Illinois Human Rights Act (775 ILCS 5/2-105), and agrees to abide by the requirements of the Act as part of its contractual obligations.

G. INSPECTOR GENERAL (COOK COUNTY CODE, CHAPTER 34, SECTION 34-174 and Section 34-250)

The Applicant has not willfully failed to cooperate in an investigation by the Cook County independent inspector General or to report to the independent inspector General any and all information concerning conduct which they know to involve complion, or other criminal activity, by another county employee or official, which concerns his or her office of employment or County related transaction.

The Applicant has reported directly and without any undue delay any suspected or known fraudulent activity in the County's Procurement process to the Office of the Cook County Inspector General.

H. CAMPAIGN CONTRIBUTIONS (COOK COUNTY CODE, CHAPTER 2, SECTION 2-585)

THE APPLICANT CERTIFIES THAT: It has read and shall comply with the Cook County's Ordinance concerning campaign contributions, which is codified at Chapter 2, Division 2, Subdivision II, Section 585, and can be read in its entirety at www.municode.com.

GIFT BAN, (COOK COUNTY CODE, CHAPTER 2, SECTION 2-574)

THE APPLICANT CERTIFIES THAT: If has read and shall comply with the Cook County's Ordinance concerning receiving and soliciting gifts and favors, which is codified at Chapter 2, Division 2, Subdivision II, Section 574, and can be read in its entirety at www.municade.com.

J. LIVING WAGE ORDINANCE PREFERENCE (COOK COUNTY CODE, CHAPTER 34, SECTION 34-160;

Unless expressly waived by the Cook County Board of Commissioners, the Code requires that a living wage must be paid to individuals employed by a Contractor which has a County Contract and by all subcontractors of such Contractor under a County Contract, throughout the duration of such County Contract. The amount of such living wage is annually by the Chief Financial Officer of the County; and shall be posted on the Chief Procurement Officer's website.

The term "Contract" as used in Section 4, I, of this EDS, specifically excludes contracts with the following:

- Not-For Profit Organizations (defined as a corporation having tax exempt status under Section 501(C)(3) of the United State Informal Revenue Code and recognized under the Itlinois State not-for-profit law);
- Community Development Block Grants;
- Cook County Works Department;
- 4) Sheriff's Work Alternative Program; and
- 5) Department of Correction inmates.

SECTION 3

REQUIRED DISCLOSURES

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oes not, at in	e time of the Bid subm	nittal, have such a bona fic	le establishment within the C	ounty.		
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THE (Yes TOURT ENF	No. ORCEMENT ORDINANO		CTION 34-172)	ant is entitled to rec	alve o

4. REAL ESTATE OWNERSHIP DISCLOSURES.

The Applicant must indicate by checking the appropriate provision below and providing all required information that eith	eithe
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The following is a complete list of all real estate owned by the Applicant in Cook County:

PERMANENT INDEX NUMBER(S)

NONE

(ATTACH SHEET IF NECESSARY TO LIST ADDITIONAL INDEX NUMBERS)

OR;

b) The Applicant owns no real estate in Cook County.

5. EXCEPTIONS TO CERTIFICATIONS OR DISCLOSURES.

If the Applicant is unable to certify to any of the Certifications or any other statements contained in this EDS and not explained elsewhere in the EDS; the Applicant must explain below:

N/A

If the tetters, "NA", the word "None" or "No Response" appears above, or if the space is left blank, it will be conclusively presumed that the Applicant certifications and other statements contained in this EDS.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 et seq.) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all Information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing. County reserves the right to request additional information to verify veracity of information contained in this statement. If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A fallure to fully comply with the ordinance may result in the action aken by the County Board or County Agency being volded. "Applicant" means any Entity or person making an application to the County for any County Action, "County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or safe or "Person" "Entity" or "Legal Entity" means a sole proprietorable, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof. This Disclosure of Ownership Interest Statement must be submitted by: An Applicant for County Action and 2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under Ownership Interest Declaration. Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers. This Statement is being made by the [Applicant or Stock/Beneficial Interest Holder This Statement is an: Original Statement or Amended Statement Identifying Informations: Name LexisNexis, a division of RELX Inc. FEIN # Only: 52-1471842 Street Attaress 9443 Springbare Pike City: Miamisburg State: OH Zip Code: 45342 Phone No.: 800-227-9597 Email: Holly.Hardman@lexisnexis.com Fax Number: Cook County Business Registration Number: N/A (Sole Proprietor, Joint Venture Partnership) Corporate File Number (if applicable): 5456662 Form of Legal Entity: Sole Proprietor Partnership Corporation Trustee of Land Trust **Business Trust** Estate Association Joint Venture

Other (describe)

Ownership	Interest	Declar	ation:
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lame	•	Address		Percentage Interest in Applicant/Holder	
RELX	U.S. Holdings Inc 11	05 N. Market St., Ste.	501, Wilmington, DE 198	01 - parent company	100%
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Name o None	f Agent/Nominee	Name of Pr		Principal's Address	
	to the Applicant constru	dively controlled by sac	other person or Legal Entity?	? [[] Yes []	INo
3.		address and percentage	of beneficial interest of such		ip under which s
Name	Addr			نُوه مه د∸	
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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Marcy Lisle	Sr. Proposal Writer
Name of Authorized Applicant/Holder Representative (please print or type)	Title 3/1/19
Signature	Date
Holly.Hardman@lexisnexis.com	317-414-6125
E-mail address	Phone Number

Subscribed to and sworn before me this 5 12 day of Mary, 2011.

Notary Public Signature

MICAH S ASCH, Notary Public In and for the State of Ohio My Commission Expires Nov. 2, 2020 My commission expires?



COOK COUNTY BOARD OF ETHICS 69 W. WASHINGTON STREET, SUITE 3040 CHICAGO, ILLINOIS 60602 312/603-4304 Office 312/603-9988 Fax

FAMILIAL RELATIONSHIP DISCLOSURE PROVISION

Nepatism Disclosure Requirement:

Doing a significant amount of husiness with the County requires that you disclose to the Board of Ethics the existence of any familial relationships with any County employee or any person holding elective office in the State of Illinois, the County, or in any municipality within the County. The Ethics Ordinance defines a significant amount of business for the purpose of this disclosure requirement as more than \$25,000 in aggregate County leases, contracts, purchases or sales in any calendar year.

If you are unsure of whether the business you do with the County or a County agency will cross this threshold, err on the side of caution by completing the attached familial disclosure form because, among other potential penalties, any person found guilty of failing to make a required disclosure or knowingly filing a false, misleading, or incomplete disclosure will be prohibited from doing any business with the County for a period of three years. The required disclosure should be filed with the Board of Ethics by January 1 of each calendar year in which you are doing business with the County and again with each bid/proposal/quotation to do business with Cook County. The Board of Ethics may assess a late filing fee of \$100 per day after an initial 30-day grace period.

The person that is doing business with the County must disclose his or her familial relationships. If the person on the County lease or contract or purchasing from or selling to the County is a business entity, then the business entity must disclose the familial relationships of the individuals who are and, during the year prior to doing business with the County, were:

- its board of directors,
- its officers.
- its employees or independent contractors responsible for the general administration of the entity,
- its agents authorized to execute documents on behalf of the entity, and
- its employees who directly engage or engaged in doing work with the County on behalf of the critity.

Do not hesitate to contact the Board of Effics at (312) 603-4304 for assistance in determining the scope of any required familial relationship disclosure.

Additional Definitions:

" F	amilial relationship" means a person who is a spouse, domestic partner or civil union partner of a County emplo	Wes
Co	unty or municipal official, or any person who is related to such an employee or official, whether by blood, marriage or	ryuu
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	Aunt Stepbrother	- 4
	Uncle. Daughterin-law Stepsister	•
	Niece Brotherin-law Halfbrother	
	Nephew Sister-in-law Halfsister	• •
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COOK COUNTY BOARD OF ETHICS FAMILIAL RELATIONSHIP DISCLOSURE FORM

A.	PERSON DOING OR SEEKING TO DO BUSINESS WITH THE COUNTY
	Name of Person Doing Business with the County: LexisNexis, a division of RELX Inc.
	Address of Person Doing Business with the County: 9443 Springboro Pike, Miamisburg, OH 45342
	Phone number of Person Doing Business with the County: 317-414-6125
	Email address of Person Doing Business with the County: Holly.Hardman@lexisnexis.com
	If Person Doing Business with the County is a Business Entity, provide the name, title and contact information for the individual completing this disclosure on behalf of the Person Doing Business with the County:
	Micah Asch, Manager, Proposal Dev., 9443 Springboro Pike, Miamisburg, OH 45342, micah asch@lexisnexis.com, 937-247-3173
В.	DESCRIPTION OF BUSINESS WITH THE COUNTY Append additional pages as needed and for each County lease, contract, purchase or sale sought and/or obtained during the calendar year of this disclosure (or the proceeding calendar year if disclosure is made on January 1), identify:
	The lease number, contract number, purchase order number, request for proposal number and/or request for qualification number associated with the business you are doing or seeking to do with the County:
	Contract No. 12-23-241 Amendment 7
	The aggregate dollar value of the business you are doing or seeking to do with the County: \$4.312,696
	The name, title and contact information for the County official(s) or employee(s) involved in negotiating the business you are doing or seeking to do with the County:
	Michael Schieve, Contract Negoliator, Michael.Schieve@CookCountyll.gov, 312-603-6707
	The name, title and contact information for the County official(s) or employee(s) involved in managing the business you are doing or seeking to do with the County:
	Oynthia Park, Deputy Procurement Officer, Cynthia.Park@cookcountyll.gov, 312-603-3075
C.	DISCLOSURE OF FAMILIAL RELATIONSHIPS WITH COUNTY EMPLOYEES OR STATE, COUNTY OR MUNICIPAL ELECTED OFFICIALS
	Check the box that applies and provide related information where needed
Ō	The Person Doing Business with the County is an individual and there is no familial relationship between this individual and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.
N/	The Person Doing Business with the County is a business entity and there is no familial relationship between any member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity or employees directly engaged in contractual work with the County on behalf of the business entity, and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

COOK COUNTY BOARD OF ETHICS FAMILIAL RELATIONSHIP DISCLOSURE FORM

Name of Individual Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship	•
Not applicable				
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Name of Person Responsible for the General Administration of the Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship	
Not applicable	The section of the se			
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Name of Agent Authorized to Execute Documents for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship	
Not applicable				•
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lame of Employee of Justness Entity Directly lagaged in Doing Business with the County	Name of Related County Employee or State; County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Pamilial Relationship	
Not applicable			A CONTRACTOR CONTRACTOR OF A CONTRACTOR	
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PERIFICATION: To the becknowledge that an inaccura	est of my knowledge, the info ate or incomplete disclosure is	ormation I have provided on this dispunishable by law, including but	sclosure form is accurant limited to fines and	ate and complete debarment.
ignature of Recipient		Date	A A A A A A A A A A A A A A A A A A A	
SUBMIT COMPLETED F	69 West Was Office (312)	Board of Ethics hington Street, Suite 3040; Chicago 503-4304 – Pax (312) 603-9988 Ethics@cookcountyil.gov	o, Illinois 60602	

Spouse, domestic partner, civil union partner or parent, child, sibling, aunt, uncle, niece, nephew, grandparent or grandchild by blood, marriage (i.e. in laws and step relations) or adoption.

SECTION 4

COOK COUNTY AFFIDAVIT FOR WAGE THEFT ORDINANCE

Effective New 1, 2018, every Person: Including Substantial Owners: spekings Contract with Cook County miles comply with the Cook County Wage Theft Ordinance set forth in Chapter 34, Article IV, Section 179. Any Person/Substantial Owner, who fails to comply with Cook County Wage Theft Ordinance, may request that the Chief Procurement Officer grant a reduction or waiver in accordance with Section 34-179(d).

"Contract" means any written document to make Procurements by or on behalf of Cook County.

"Person" means any individual, corporation, partnership, Joint Venture, trust, association, limited liability company, sole proprietorship or other legal entity.

"Procurement" means obtaining supplies, equipment, goods, or services of any kind.

"Substantial Owner" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an included or sole proprietorship, Substantial Owner means that individual or sole proprietor.

All Persons/Substantial Owners are required to complete this affidavit and comply with the Cook County Wage That Ordinance before any Contract is awarded. Signature of this form constitutes a certification the information provided below is correct and complete, and that the individual(s) signing this form has/have personal knowledge of such information. County reserves the right to request additional information to verify veracity of information contained in this Affidavit.

**	Agir Marial Mattati						
Contra	t Number: 12-23-241 Amendment 7						
County	Using Agency (requesting Procurement): Office of the Chief Procurement Officer						
11.	Person/Substantial Owner Information:						
Person	(Corporate Entity Name): LexisNexis, a division of RELX Inc.						
Substa	ntial Owner Complete Name: RELX U.S. Holdings Inc.	:					
FEIN#	52-1471842						
Date of	Birth: N/A E-mail address: Holly.Hardman@lexisnexis.com						
Street	Address: 9443 Springboro Pike						
City:	Mlamisburg State: OH Zipt 45342	2255					
Home I	Plone:						
in.	Compliance with Wage Laws:						
bies' w	he past five years has the Person/Substantial Owner, in any judicial or administrative proceeding, been convicted of, entere ade an admission of guilt or liability, or had an administrative finding made for committing a repeated or willful violation of an wing laws:	ed a y of					
	Illinois Wage Payment and Collection Act, 820 ILCS 115/1 et seq., YES or NO	÷,					
	Illinois Minimum Wage Act, 820 ILCS 105/1 et seq., YES or NO	,					
	Illinois Worker Adjustment and Retraining Notification Act, 820 ILCS 65/1 et seq., YES or NO						
	Employee Classification Act, 820 ILCS 185/1 et seq., YES or NO	• .					
•	Fair Labor Standards Act of 1938, 29 U.S.C. 201, et seq., YES or NO						
	Any comparable state statute or regulation of any state, which governs the payment of wages. YES or NO						

if the Person/Substantial Owner answered "Yes" to any of the questions above, it is ineligible to enter into a Contract with Cook County, but can request a reduction or waiver under Section IV.

IV. Request for Waiver or Reduction

If Person/Substantial Owner answered "Yes" to any of the questions above, it may request a reduction or waiver in accordance with Section 34-179(d), provided that the request for reduction of waiver is made on the basis of one or more of the following actions that have taken place:

There has been a bona fide change in ownership or Control of the Ineligible Person or Substantial Owner YES or WO

Disciplinary action has been taken against the individual(s) responsible for the acts giving rise to the violation YES or VO

Remedial action has been taken to prevent a recurrence of the acts giving rise to the disqualification or default YES or NO

Other factors that the Person or Substantial Owner believe are relevant. YES or NO

The Person Bubstanile). Owner, must submit documentation to support the tracis of its request for a reduction or waiver. The Chief Procument Officer reserves the fight to make additional inquiries and request additional accumentation.

			**		•
V.	Affirmation				
-	The Person/S	ubstantial Owner affirms that all statements contained it	n the Affidavil a	are true, accurate	and complete,
	Signature:	Marandel		Date:	
	olgnature:	A TOTAL STATE OF THE STATE OF T	is a fill father and the second of the second	Date:	

Name of Person signing (Print): Marcy Lisle

Subscribed and sworm to before me this 5 T day of MA-4, 2019

Notary Public Signature

Notary S

Note: The above information is subject to verification prior to the award of the Carb

MICAH S ASCH, Notary Public In and for the State of Ohio My Commission Expires Nov. 2, 2020

CONTRACT AND EDS EXECUTION PAGE

PLEASE EXECUTE THREE ORIGINAL PAGES OF EDS.

The Applicant hereby certifies and warrants that all of the statements, certifications and representations set forth in this EDS are true, complete and points; that the Applicant is in full compilates and will continue to be in compilates throughout the term of the Contract of County Phyloge tested to the Applicant with all the policies and requirements set forth in this EDS; and that all facts and information provided by the Applicant in this EDS are true, compilate and contact. The Applicant agrees to Inform the Chief Programment Officer in writing if any of such statements, certifications, representations, facts or information becomes or is found to be untrie, incompilate of incorrect during the term of the Contract or County Reviers.

Ex	ecusion by Corporation
LexisNexis, a division of RELX Inc	
Conoration's Name 317-414-6125 (Holly Herdman, Client Manager	The state of the s
Talinghora.	Email 2/1/19
Santany Simplific	Date:
	Execution by LLC
LLC Name	Member/Manager Printed Name and Signature
Date	Telephone and Email
	n.by Parkership/Joint Venture
Partnership/Joint Venture Name	Partner/Joint Venturer Printed Name and Signature
Date	Telephone and Emali
Exect	utlon by Bole Proprietorship
Printed Name Signature	Assumed Name (if applicable)
Date	Telephone and Email
Subscribed and sworn to before me this day of MACCL, 2017.	MICAH'S ASCH, Notary Public
mile de la company de la compa	My commission expires: In and for the State of Ohio My Commission Expires Nov. 2, 2020
Noteny Public Signature	Notary Seal
"If the operating agreement, partnership agreement of partners, or joint venturers, please complete and execu	governing describing have been been investigated in the second of the se
EDS:15	

Certificate of Authority

	1, Kermit F. Lowery, certify that I am the Assistant Secretary of RELX Inc., a corporation
dulv	organized and in good standing in the State of Massachusetts; that Andrew Fonner has
	prity to execute legally binding documents on behalf of the corporation in connection with
	certain contract for the licensing of services by Cook County, Illinois; and that such
	ority is in full force and effect on the date hereof.

V: Assistant Socretary

STATE OF OHIO

] \$5:

COUNTY OF MONTGOMERY]

On this 2 day of February, 2019, before me personally appeared Kermit F. Lowery, whose signature appears above, to me known, and known to me to be the Assistant Secretary of RELX Inc., the corporation described in and which executed the above certificate.

Notary Public

MICAH S ASCH, Notary Public In and for the State of Ohio My Commission Expires Nov. 2, 2020



Cook County Office of the Chief Procurement Officer

Economic Disclosure Statement Recertification Affidavit

Applicant/Holder Name: LexisNexis Risk Solutions FL Inc.

Contract #: 12-23-241, Amendment 9

Address: 1000 Alderman Dr.

City: Alpharetta

County: Fulton County, GA

State: Georgia

Zip: 30005

Phone: 678-694-6000

Email: rfprisk@lexisnexis.com

Instructions

If the Applicant is a corporation, the President must execute this affidavit. If executed by someone other than the President, attach hereto a certified copy of that section of the Corporate By-Laws or other authorization, satisfactory to the County that permits the person to execute this affidavit for the corporation.

If the Applicant is a partnership or joint venture, all partners or joint venturers must execute this affidavit, unless one partner or joint venturer has been authorized to sign.

If the Applicant is a member-managed LLC all members must execute this affidavit, unless otherwise provided in the operating agreement, resolution or other corporate documents.

If the Applicant is a Sole Proprietorship, the sole proprietor must execute this affidavit.

This recertification is being submitted in connection with

Contract Name: Online Legal Research Services

Under penalty of perjury, the person signing below: (1) warrants that he/she is authorized to execute this Economic Disclosure Statement ("EDS") recertification on behalf of the Applicant/Holder, (2) warrants that all certifications and statements contained in the Applicant/Holder's original EDS dated March 9, 2020 March 4, 2019 are true, accurate and complete as of the date furnished to the County and continue to be true, accurate and complete as of the date of this recertification, and (3) reaffirms its acknowledgments.

Recertification of:	
✓ Certifications (SECTION 2)	
☑ Economic and Other Disclosures (SECTION 3)	
✓ Cook County Child Support Affidavit (Please submit any additional Child Support Obligations as attachment to this form)	s an
✓ Cook County Disclosure of Ownership Interest Statement	
Cook County Board of Ethics Familial Relationship Disclosure Form As updated for Amendmen	nt 8 on 3/16/20
✓ Cook County Affidavit for Wage Theft Ordinance (SECTION 4)	
IMPORTANT: If you are unable to re-certify any section(s) of your previous EDS, please submit a truthful, fully updated version of that section(s) of the EDS including separate signatures where required.	
By: LexisNexis Risk Solutions FL Inc. Date: June 22, 2020	
(Print or type legal name of Applicant/Holder)	
11. 4 1	
President or authorized signatory (Signature)	
Print or type name of President or authorized signatory:	
Haywood Talcove	
Title of signatory:	
CEO, LNSSI	
Subscribed and sworn to before me on this 22nd day of	
MARY PURA	
STIGHT ARY PUBLIC STATES	
otary Public Signature:	
EXPIRES (1) 11/30/2020	
2	

COOK COUNTY BOARD OF ETHICS PAMILIAL RELATIONSHIP DISCLOSURE FORM

	PERSON DOING OR SEEKING TO DO BUSINESS WITH THE COUNTY	ė
	Name of Person Doing Business with the County: LexisNexis risk Soutons FL inc.	,si
*	Address of Person Doing Business with the County: 1000 Aldeman Dr., Alpharens, GA 30005	35 36
2	Phone number of Person Doing Business with the County: 937-884-6010	
	Roull address of Person Doing Business with the County: scot alleguestern state on	4 3
(67) (9)	If Person Doing Business with the County is a Business Entity, provide the name, title and contact information for individual completing this disclosure on behalf of the Person Doing Business with the County: Mich. Asch, Proposal Manager, 9443 Springson Pike, Maintshurg, OH 46842, mich. actnownissensisson, 837-247-3173	ibe 3
_		
7 .	DESCRIPTION OF BUSINESS, MITH THE COUNTY Append additional pages as needed and for each County lease, contract, purchase or sale sought and/or obtained during the calendar year of this disclosure (or the proceeding calendar year (f disclosure is made on January 1), identify:	e F *
lgil Pr	The lease number, contract number, purchase order number, sequest for proposal number and/or request for qualification number associated with the business you are doing or seeking to do with the County:	अर्थ स इ
ıU"	County No. 12:23:241 Amendment 8	
ě.	The aggregate dollar value of the business you are doing or seeking to do with the County: \$4304588	9
1) 12 -3	The name, title and context information for the County official(s) or employee(s) involved in negotiating the business you a doing or seaking to do with the County: Jorge Robles OCPO, JorgeRobles 2@cookcounty:	71841
!	The name; title and contact information for the County official(s) or employer(s) involved in managing the business you ar	
	doing or seeking to do with the County. Mighammad A, Easa, Budget Analyst, Mohammad.easa@coekcountyil.gov, 312-503-4757	e E
	DISCLOSURE OF FAMILIAL RELATIONSHIPS WITH COUNTY EMPLOYEES OR STATE, COUNTY OR	
Dis	MUNCHALLERENDONGIALS	
	Check the box that applies and provide related information where needed	
	The Person Doing Business with the County is an Individual and there is no familial relationship between this individual and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.) (X)
. 4	The Person Doing Business with the County is a business entity and there is no familial relationship between any mamber of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity or employees directly engaged in contractual work with the County on behalf of the business entity, and any Cook County employee or any person holding elective office in its State of Illinois, Cook County, or any municipality within Cook County.	e En

COOK COUNTY BOARD OF ETHICS FAMILIAL RELATIONSHIP DISCLOSURE FORM

and at least one Coo	k County employee and/or a p	individual and there is a familial person or persons holding elective of anty. The familial relationships a	relationship between this individual office in the State of Illinois, Cook re as follows:
Name of Individual Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship [*]
Not applicable		×	
If more space is needed, attac	ch an additional sheet followin	ng the above format.	
member of this businentity, agents author contractual work with and/or a person hold	ness entity's board of directors ized to execute documents on th the County on behalf of the	s, officers, persons responsible for behalf of the business entity and/or business entity, on the one hand, a e of Illinois, Cook County, and/or a	ilial relationship between at least one general administration of the business remployees directly engaged in and at least one Cook County employee my municipality within Cook County, o
Name of Member of Board of Director for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship [*]
Not applicable			
Name of Officer for Business Entity Doing Business with the County Not applicable	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
		-	-

Name of Person Responsible for the General Administration of the Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
Not applicable			
Name of Agent Authorized to Execute Documents for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
Not applicable			
Name of Employee of Business Entity Directly Engaged in Doing Business with the County Not applicable	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship [*]
J.	f more space is needed, attach	an additional sheet following the	above format.
VERIFICATION: To the backnowledge that an inaccura	pest of my knowledge, the info ate or incomplete disclosure is	ormation I have provided on this dis	sclosure form is accurate and complete. In the limited to fines and debarment.
mild and	-	3/16/2020	
Signature of Recipient		Date	

SUBMIT COMPLETED FORM TO:

Cook County Board of Ethics

69 West Washington Street, Suite 3040, Chicago, Illinois 60602

Office (312) 603-4304 - Fax (312) 603-9988 CookCounty.Ethics@cookcountyil.gov

^{*} Spouse, domestic partner, civil union partner or parent, child, sibling, aunt, uncle, niece, nephew, grandparent or grandchild by blood, marriage (i.e. in laws and step relations) or adoption.

COOK COUNTY ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT INDEX

Section	Description	Pages
The second secon		
1	Instructions for Completion of EDS	EDS 1-1
2	Certifications	EDS 1-2
3	Economic and Other Disclosures, Affidavit of Child Support Obligations, Disclosure of Ownership Interest and Familial Relationship Disclosure Form	EDS 3-12
. 4	Cook County Affidavit for Wage Theft Ordinance	EDS 13-14
5	Contract and EDS Execution Page	ED\$ 15
6	Cook County Signature Page	EDS 16

SECTION 1 INSTRUCTIONS FOR COMPLETION OF ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT.

This Economic Disclosure Statement and Execution Document ("EDS") is to be completed and executed by every Bidder on a County contract, every Proposer responding to a Request for Proposels, and every Respondent responding to a Request for Qualifications, and others as required by the Chief Procurement Officer. The execution of the EDS shall serve as the execution of a contract awarded by the County. The Chief Procurement Officer reserves the right to request that the Bidder or Proposer, or Respondent provide an updated EDS on an annual basis.

Definitions. Terms used in this EDS and not otherwise defined herein shall have the meanings given to such terms in the instructions to Bidders, General Conditions, Request for Proposals, Request for Qualifications, as applicable.

Affiliate means a person that directly or indirectly through one or more intermediantes, Controls is Controlled by, or is under common Control with the Person specified:

Applicant means a person who executes this EDS.

Bidder means any person who submite a Bid.

Code means the Code of Ordinances, Cook County, Illinois available on municode.com.

Contract shall include any written document to make Procurements by or on behalf of Cook County.

Contractor or Contracting Party means a person that enters into a Contract with the County:

Control means the unfettered authority to directly or indirectly manage governance, administration, work, and all other aspects of a business.

EDS means this complete Economic Disclosure Statement and Execution Document, including all sections listed in the Index and any attachments.

Joint Venture means an association of two or more Persons proposing to perform a forprofit business enterprise. Joint Ventures must have an agreement in writing specifying the terms and conditions of the relationship between the partners and their relationship and respective responsibility for the Contract

Lobby or lobbying means to, for compensation, attempt to influence a County official or County employee with respect to any County matter.

Lobbyist means any person who tobbles.

Person or Persons means any individual, corporation, partnership, Joint Venture, trust, association, Limited Liability Company, sole proprietorship or other legal entity.

Prohibited Acts means any of the actions or occurrences which form the basis for disqualification under the Code, or under the Cartifications hereinafter set forth.

Proposal means a response to an RFP.

Proposer means a person submitting a Proposal.

Response means response to an RFQ.

Respondent means a person responding to an RFQ.

RFP means a Request for Proposals issued pursuant to this Procurement Code.

RFQ means a Request for Qualifications issued to obtain the qualifications of interested parties.

INSTRUCTIONS FOR COMPLETION OF ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT

Section 1: Instructions. Section 1 sets forth the instructions for completing and executing this EDS.

Section 2: Certifications. Section 2 sets forth certifications that are required for contracting parties under the Code and other applicable laws. Execution of this EDS constitutes a warranty that all the statements and certifications contained, and all the facts stated, in the Certifications are true, correct and complete as of the date of execution.

Section 3: Economic and Other Disclosures Statement. Section 3 is the County's required Economic and Other Disclosures Statement form. Execution of this EDS constitutes a warranty that all the information provided in the EDS is true, correct and complete as of the date of execution, and binds the Applicant to the warranties, representations, agreements and acknowledgements contained therein.

Required Updates. The Applicant is required to keep all information provided in this EDS current and accurate in the event of any change in the information provided, including but not limited to any change which would render inaccurate or incomplete any certification or statement made in this EDS, the Applicant shall supplement this EDS up to the time the County takes action, by filing an amended EDS or such other documentation as is required.

Additional Information. The County's Governmental Ethios, and Campaign Financing Ordinances Impose certain duties and obligations on persons or entities seeking County contracts, work, business, or transactions, and the Applicant is expected to comply fully with these ordinances. For further information please contact the Director of Ethios at (312) 603-4304 (69 W. Washington St. Suite 3040, Chicago, IL 60602) or visit the web-site at cookcountyil.gov/ethics-board-of.

Authorized Signers of Contract and EDS Execution Page. If the Applicant is a corporation, the President and Secretary must execute the EDS. In the event that this EDS is executed by someone other than the President; attach hereto a certified copy of that section of the Corporate By-Laws or other authorization by the Corporation, satisfactory to the County that permits the person to execute EDS for said corporation. If the corporation is not registered in the State of Illinois, a copy of the Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

If the Applicant is a partnership or joint venture, all partners or joint venturers must execute the EDS, unless one partner or joint venture has been authorized to sign for the partnership or joint venture, in which case, the partnership agreement, resolution or evidence of such authority satisfactory to the Office of the Chief Procurement Officer must be submitted with this Signature Page.

If the Applicant is a member-managed LLC all members must execute the EDS, unless otherwise provided in the operating agreement, resolution or other corporate documents. If the Applicant is a manager-managed LLC, the manager(s) must execute the EDS. The Applicant must attach either a certified copy of the operating agreement, resolution or other authorization, satisfactory to the County, demonstrating such person has the authority to execute the EDS on behalf of the LLC. If the LLC is not registered in the State of illinois, a copy of a current Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

If the Applicant is a Sole Proprietorship, the sole proprietor must execute the EDS.

A "Partnership" "Joint Venture" or "Sole Proprietorship" operating under an Assumed Name must be registered with the Illinois county in which it is located, as provided in 805 ILCS 405 (2012), and documentation evidencing registration must be submitted with the EDS.

Effective October 1, 2016 all foreign corporations and LLCs must be registered with the illinois Secretary of State's Office unless a statutory exemption applies to the applicant. Applicants who are exempt from registering must provide a written statement explaining why they are exempt from registering as a foreign entity with the illinois Secretary of State's Office.

CERTIFICATIONS

THE FOLLOWING CERTIFICATIONS ARE MADE PURSUANT TO STATE LAW AND THE CODE, THE APPLICANT IS CAUTIONED TO CAREFULLY READ THESE CERTIFICATIONS PRIOR TO SIGNING THE SIGNATURE PAGE. SIGNING THE SIGNATURE PAGE SHALL CONSTITUTE A WARRANTY BY THE APPLICANT THAT ALL THE STATEMENTS, CERTIFICATIONS AND INFORMATION SET FORTH WITHIN THESE CERTIFICATIONS ARE TRUE, COMPLETE AND CORRECT AS OF THE DATE THE SIGNATURE PAGE IS SIGNED. THE APPLICANT IS NOTIFIED THAT IF THE COUNTY LEARNS THAT ANY OF THE FOLLOWING CERTIFICATIONS WERE FALSELY MADE, THAT ANY CONTRACT ENTERED INTO WITH THE APPLICANT SHALL BE SUBJECT TO TERMINATION.

A. PERSONS AND ENTITIES SUBJECT TO DISQUALIFICATION

No person or business entity shall be awarded a contract or sub-contract, for a period of five (5) years from the date of conviction or entry of a plea or admission of guilt, civil or oriminal, if that person or business entity:

- Has been convicted of an act committed, within the State of Illinois, of bribery or attempting to bribe an officer or employee of a unit of state, federal or local government or school district in the State of Illinois in that officer's or employee's official capacity;
- 2) Has been convicted by federal; state or local government of an act of bld-rigging or attempting to rig bids as defined in the Sherman Anti-Trust Act and Clayton Act. Act. 15 U.S.C. Section 1 et seq.;
- 3) Has been convicted of bid-rigging or attempting to rig bids under the laws of federal, state or local government;
- 4) Has been convicted of an act committed, within the State, of price-fixing or attempting to fix prices as defined by the Sherman Anti-Trust Act and the Claylon Act. 15 U.S.C. Section 1, at seq.;
- 5) Has been convicted of price-fixing or attempting to fix prices under the laws the State;
- 6) Has been convicted of defrauding or attempting to defraud any unit of state or local government or school district within the State of Illinois;
- That made an admission of guilt of such conduct as set forth in subsections (1) through (8) above which admission is a matter of record, whether or not such person or business entity was subject to prosecution for the offense or offenses admitted to; or
- 8) Has entered a plea of noto contendere to charge of bribery, price-fixing, bid-rigging, or fraud, as set forth in subparagraphs (1) through (6) above.

In the case of bribery or attempting to bribe, a business entity may not be awarded a contract if an official, agent or employee of such business entity committed the Prohibited Act on behalf of the business entity and pursuant to the direction or authorization of an officer, director or other responsible official of the business entity, and such Prohibited Act occurred within times years prior to the award of the contract. In addition, a business entity shall be disqualified if an owner, partner or shareholder controlling, directly or indirectly, 20% or more of the business entity, or an officer of the business entity has performed any Prohibited Act within five years prior to the award of the Contract.

THE APPLICANT HEREBY CERTIFIES THAT: The Applicant has read the provisions of Section A, Persons and Entitles Subject to Disqualification; that the Applicant has not committed any Prohibited Act set forth in Section A, and that award of the Contract to the Applicant would not violate the provisions of such Section or of the Code.

B. BID-RIGGING OR BID ROTATING

THE APPLICANT HEREBY CERTIFIES THAT: In accordance with 720 ILCS 5/33 E-11, neither the Applicant nor any Affiliated Entity is beried from award of this Contract as a result of a conviction for the violation of State laws prohibiting bid-rigging or bid rotating.

C. DRUG FREE WORKPLACE ACT.

THE APPLICANT HEREBY CERTIFIES THAT: The Applicant will provide a drug free workplace, as required by (30 ILCS 580/3).

D. DELINQUENCY IN PAYMENT OF TAXES

THE APPLICANT HEREBY CERTIFIES THAT: The Applicant is not an owner or a party responsible for the payment of any tax or fee administered by Cook County, such as bar award of a contract or subcontract pureuant to the Code, Chapter 34, Section 34-171.

E. HUMAN RIGHTS ORDINANCE

No person who is a party to a contract with Cook County ("County") shall engage in unlawful discrimination or sexual harassment against any individual in the terms or conditions of employment, credit, public accommodations, housing, or provision of County facilities, services or programs (Code Chapter 42, Section 42-30 et seg.).

F. (LLINOIS HUMAN RIGHTS ACT

THE APPLICANT HEREBY CERTIFIES THAT! It is in compliance with the Illinois Fluman Fights Act (775 LCS 5/2-105), and agrees to abide by the requirements of the Act as part of its contractual obligations.

G. INSPECTOR GENERAL (COOK COUNTY CODE, CHAPTER 34, SECTION 34-174 and Section 34-250)

The Applicant has not willfully failed to cooperate in an investigation by the Cook County independent inspector General or to report to the independent inspector General any and all information concerning conduct which they know to involve corruption, or other criminal activity, by another county employee or official, which concerns his or her office of employment or County related transaction.

The Applicant has reported directly and without any undue delay any suspected or known fraudulent activity in the County's Procurement process to the Office of the Cook County Inspector General.

H. CAMPAIGN CONTRIBUTIONS (COOK COUNTY CODE, CHAPTER 2, SECTION 2-585)

THE APPLICANT CERTIFIES THAT: It has read and shall comply with the Cook County's Ordinance concerning campaign contributions, which is codified at Chapter 2, Division 2, Subdivision II, Section 585, and can be read in its entirety at www.municode.com

I. GIFT BAN, (COOK COUNTY CODE, CHAPTER 2, SECTION 2-574)

THE APPLICANT CERTIFIES THAT: It has read and shall comply with the Cook County's Ordinance concerning receiving and soliciting gifts and favors, which is codified at Chapter 2, Division 2, Subdivision II, Section 574, and can be read in its entirety at www.municode.com.

J. LIVING WAGE ORDINANCE PREFERENCE (COOK COUNTY CODE, CHAPTER 34, SECTION 34-166;

Unless expressly waived by the Cook County Board of Commissioners, the Code requires that a living wage must be paid to individuals employed by a Contractor which has a County Contract and by all subcontractors of such Contractor under a County Contract, throughout the duration of such County Contract. The amount of such living wage is annually by the Chief Financial Officer of the County, and shall be posted on the Chief Procurement Officer's website.

The term "Contract" as used in Section 4, I, of this EDS, specifically excludes contracts with the following:

- Not-For Profit Organizations (defined as a corporation having tax exempt status under Section 501(C)(3) of the United State Internal Revenue Code and recognized under the Illinois State not-for-profit law):
- Community Development Block Grants;
- Cook Courity Works Department;
- 4) Sheriff's Work Alternative Program; and
- 5) Department of Correction Inmates.

REQUIRED DISCLOSURES

۱.	DISCLOSURE OF LOBBYIST	CONTACTS		

Name None	Address		<u> </u>	
11 and 11	Transfer of the second			
2. LQ0	AL BUSINESS PRÉFÉRENCE STATEMENT (CODE, CHAI	PTER 34, SECTION	34-230)	
establishmen which employ or more Pers	ss means a Person, including a foreign comporation authorized to located within the County at which it is transacting business is the majority of its regular, full-time work force within the Coons that qualify as a "Local Business" hold interests totaling the time of the Bld submittal, have such a bona fide establishme.	on the date when a unty. A Joint Ventu over 50 percent in th	Bld is submitted to the shall constitute a line Joint Venture, eve	ine County, and local Business if or
a)	Is Applicant a "Local Business" as defined above?			gyyal salah Salah
b)	if yes, list business addresses within Cook County:	-(A) -		
		11 11 11 11 11 11 11 11 11 11 11 11 11		
c)	Does Applicant employ the majority of its regular full-time	workforce within Co	ook County?	
3. THE	Yes: No. No. CHILD SUPPORT ENFORCEMENT ORDINANCE (CODE,	CHAPTER 34, SEC	TION 34-172)	
	ant for a County Privilege shall be in full compliance with any o	·	oforo euch Applicant	is entitled to receiv

All Applicants are required to review the Cook County Affidavit of Child Support Obligations attached to this EDS (EDS-5) and complete the Affidavit, based on the instructions in the Affidavit.

The Ap	plicant mo	ist indicate by checking the app	propriate provision bel	wand providing all re	quired information th	at either:	
	a) ·	The following is a complete li	st of all real estate ow	ed by the Applicant t	Cook County:		-
• :		PERMANENT INDEX NUMB	ER(S): None				
					134 P 1910 P 11		
	ı		(Never - Autoritate		1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		,
ŗ			(ATTACH SH NUMBERS)	ET IF NECESSARY	TO LIST ADDITION	AL INDEX	
OR:					. 4		•
5. If the A	•	TIONS TO CERTIFICATIONS	•	;			•
thie Fill	S. the AN	unable to certify to any of the	Detanocations of city of	ner spatements conta	ned in this EUS and i	not explained else	where
1	S, the Ap	unable to certify to any of the slicant must explain below:		ner statements coma	ned in this EDS and i	not explained else	where:
N/A	S, the Ap	unable to certify to any of the allocatify must egglain below:	***************************************	na spiemens coma	ned in this EDS and i	not explained else	ewhere:
1	S. the Ap	unable to certify to any of the		ner spatements comm	ned in this EDS and i	not explained else	ewhere
1	S. the AD	unable to certify to any of the allow:		ier specificing contain	ned in this EDS and i	not explained else	ewhere

If the letters, "NA", the word "None" or "No Response" appears above, or if the space is left blank, it will be conclusively presumed that the Applicant certified to all Certifications and other statements contained in this EDS.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (\$2-610 et seq.) requires that any Applicant for any County Action must disclose Information Concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended in this Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing. County reserves the right to request additional information to verify veracity of information contained in this statement.

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board of County Agency being volded.

"Applicant" means any Entity or person making an application to the County for any County Action.

"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment; a County Board approval, or other County agency approval, with respect to contracts, leases, or sele or purchase of real estate.

"Person" "Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiary or

This Disclosure of Ownership Interest Statement must be submitted by:

- 1. An Applicant for County Action and
- 2. A Person that holds stock or a beneficial interest in the Applicant <u>and</u> is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under Ownership Interest Declaration.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by ti	16 [🚺] Applica	nt or	i s	tock/Bene	ficial interest Holder	H
This Statement is an:	7 Original	Stateme	tor I Ar	nended S	stament	
Identifying Information: Name LexisNexis Risk Solutions I	 .				aldina II	
Name Londing Name Solding 18	L HC.				C man min	-
Street Address, 1000 Alderman Dr.		·	FEIN # Or	lly:. 41-1	815880	
City: Alpharetta		State: G/		Capady jour	Zip Code: 30005	विकास
Phone No.: 678-694-6000		Fax Number:			Email: scott.altic@lexisnexisrisk.com	
Cook County Business Registration N (Sole Proprietor, Joint Venture Partne	lumber: NA			•	100 100 100 100 100 100 100 100 100 100	
Corporate File Number (if applicable)	66484459			·		
Form of Legal Entity:	- San again all a san at the	The second secon	1111 20.2		and the same that if	مفاتحت
Sole Proprietor P	artnership j	Z	Corporation		Trustee of Land Trust	
Business Trust E	state	□	ssociation	П	Joint Venture	
Other (describe)	- <u> </u>	. The stage of the stage			direct in the second	يلتق

Owner	hip interest Declaration:			
1.	List the name(s), address, and percent over than five percent (5%) in the Application	vnership of each Person havi ant/Holder.	ng a legal or beneficial interes	t (including ownership) of
Name	Addre	•	Percentage Interes	tin
RELX	U.S. Holdings Inc 1105 N. Market St.	, Ste 501, Wilmington, DE	19801 - parent company	100%
<u></u>		30111		
· · · · · · · · · · · · · · · · · · ·				
			The state of the s	
2.	If the interest of any Person listed in (1) all address of the principal on whose behalf t	bove is held as an agent or a the interest is held.	gents, or a nominee or nomine	es, list the name and
Name o	f Agent/Nominee Name	of Principal	Principal's Address	
			al -19-	
"mmul			Age of the first o	
3.	is the Applicant constructively controlled t	v another person or Legal Er	ntilly? [] Yes [] No
•	If yes, state the hame, address and perce control is being or may be exercised.			1. 4 "
Name RELX	Address U.S. Holdings Inc 1105 N. Market S	Percentage of Beneficial Intere L. Ste 501, Wilmington, D		owning 100%
7		, (100 d)	There William Co. Co. Co. Co. Co. Co. Co. Co. Co. Co.	44,11,15
3h-man-ra	1 Control of the Cont		The state of the s	
		The second secon	· · · · · · · · · · · · · · · · · · ·	
Сотога	ate Officers, Members and Partners Info	mation:		•
For all caddress	orporations, list the names, addresses, and es for all members. For all partnerships an	terms for all corporate office d joint ventures, list the name	era. For all limited liability comp sa, addresses, for each partne	panies, list the names, r or joint venture.
Name	Address	Title (specify title Office; or whethe or partner/joint v	er manager enture)	ffice
.,	od Talcove / 1150-18th Street NW, Ste			· · · · · · · · · · · · · · · · · · ·
*/	d E. Trainor / 1000 Alderman Dr., Alpha		4 14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	EAST OF PERSONNELL STATES
	th E. Fogarty / 313 Washington St., Ne			
James	F. Worrall / 1150 18th Street NW, S	te. 250 / Secretary / Inde	finite	
Declara	ation (check the applicable box);			
Ø	I state under oath that the Applicant has wany information, data or plan as to the interest Agency action.	ithheld no disclosure as to o ended use or purpose for wh	wnership interest in the Applic ich the Applicant seeks Count	ant nor reserved y Board or other County

I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Marcy Lisle	Sr. Proposal Writer
Name of Authorized Applicant/Holder Representative (please print or type)	Title
Signature / scott.aitic@lexisnexisrisk.com	Date 937-884-5010
E-mail address	Phone Number
Subscribed to and swom before me this 5 +1 day of March 2014.	My commission expires:
& Misselful	
Notary Public Signature	Motory Soral

MICAH S ASCH, Notary Public in and for the State of Ohio My Commission Expires Nov. 2, 2020

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 et seq.) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filling an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing. County reserves the right to request additional information to verify veracity of information contained in this statement.

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"Person" "Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a Joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

- 1. An Applicant for County Action and
- 2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under Ownership Interest Declaration.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the [Applicant or [) Stock/Beneficial Interest Holder
This Statement Is an: Identifying Informations Name RELX U.S. Holdings Inc.	Original Statement or] Amended Statement
District	FEIN #	# Only: 04-3006976
Street Address: 1105 N. Market Street	, Ste. 501	4
City: Wilmington		
Phone 10: 302-884-8311	Fax Number:	Email: ffp@lexlsnexis.com
Cook County Business Registration Num (Sole Proprietor, Joint Venture Partners)	hip)	Name of the State
Corporate File Number (if applicable): N	ot applicable	
Form of Legal Entity:		
Solie Proprietor Parti	nership	Trustee of Land Trust
Business Trust Esta	te Association	Joint Venture
Other (describe)	Marin Makerit	

Ownership interest Declaration:

1.	List the name(s), address, armore than five percent (5%)	nd percent ownership of each Person hav in the Applicant/Holder.	ring a legal or beneficial interest (including ownership) o
Name	,	Address	Percentage Interest in
N/A			Applicant/Holder
. n			A STATE OF THE STA
			The state of the s
		•	
2.	If the interest of any Person is address of the principal on w	listed in (1) above is held as an agent or hose behalf the interest is held.	agents, or a nominee or nominees, list the name and
Name o	of Agent/Nominee	Name of Principal	Principal's Address
		y controlled by another person or Legal i	Entity? [] Yes [] No
	If yes, state the name, addre control is being or may be ex	ss and percentage of beneficial interest corcland.	of such person, and the relationship under which such
Name	Address	Percentage of Beneficial Inter	Relationship rest
N/A			and the second s
10			
For all o	rate Officers, Members and F corporations, list the names, a ses for all members. For all pa	ddresses, and terms for all corporate offi	cers. For all limited liability companies, list the names, mes, addresses, for each partner or joint venture.
Name	Address	Title (specify t Office, or whe or partner/joint	ther manager
N/A			and the
			The state of the s
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Declar	ration (check the applicable	box);	
	I state under oath that the A any information, data or pla Agency action:	pplicant has withheld no disclosure as to n as to the intended use or purpose for v	ownership interest in the Applicant nor reserved which the Applicant seeks County Board or other County
Ø	I state under oath that the H be disclosed.	older has withheld no disclosure as to o	wnership interest nor reserved any information regulred

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE Marcy Lisle Sr. Proposal Writer Name of Authorized Applicant/Holder Representative (please print or type)

Signature

RFP@lexisnexis.com

E-mail address

Subscribed to and sworn before me this 5th day of March, 2017.

mial [] Notary Public Signature

> MICAH S ASCH, Notary Public In and for the State of Ohio My Commission Expires Nov. 2, 2020

Title

Date

800-227-9597

Phone Number

My commission expires:





COOK COUNTY BOARD OF ETHICS 69 W. WASHINGTON STREET, SUITE 3040 CHICAGO, ILLINOIS 60602 312/603-4304 Office 312/603-9988 Fax

PAMILIAL RELATIONSHIP DISCLOSURE PROVISION

Nepotism Disclosure Requirement:

Doing a significant amount of business with the County requires that you disclose to the Board of Ethics the existence of any familial relationships with any County employee or any person holding elective office in the State of Illinois, the County, or in any municipality within the County. The Ethics Ordinance defines a significant amount of business for the purpose of this disclosure requirement as more than \$25,000 in aggregate County leases, contracts, purchases or sales in any calendar year.

If you are unsure of whether the business you do with the County or a County agency will cross this threshold, err on the side of faution by completing the attached familial disclosure form because, among other potential penalties, any person found guilty of failing to make a required disclosure or knowingly filing a false, misleading, or incomplete disclosure will be prohibited from doing any business with the County for a period of three years. The required disclosure should be filed with the Board of Ethics by January 1 of each calendar year in which you are doing business with the County and again with each bid/proposal/quotation to do business with Cook County. The Board of Ethics may assess a late filing fee of \$100 per day after an initial 30-day grace period.

The person that is doing business with the County must disclose his or her familial relationships. If the person on the County lease or contract or purchasing from or selling to the County is a business entity, then the business entity must disclose the familial relationships of the individuals who are and, during the year prior to doing business with the County, were:

- · its board of directors,
- its officers.
- its employees or independent contractors responsible for the general administration of the entity,
- its agents authorized to execute documents on behalf of the entity, and
- its employees who directly engage or engaged in doing work with the County on behalf of the entity.

Do not hesitate to contact the Board of Ethics at (312) 603-4304 for assistance in determining the scope of any required familial

"Familial relationship" means a person who is a spouse, domestic partner of civil union partner of a County employee or State

Additional Definitions:

County or municipal official, or any pers	on who is related to such an entiployee or official, whether by blood, marriage or adoption, as
a:	who is related to such an employee or official, whether by blood, marriage or adoption, as
Parent	☐ Grandparent
E-Child	
□Brother	The state of the s
☐ Sister	Project Control of the Control of th
L'Aunt	De la companie de la
□ Uncle	En anobotomet
Niece	The same of the sa
□Nephew	Sister-in-law Halfbrother

COOK COUNTY BOARD OF ETHICS FAMILIAL RELATIONSHIP DISCLOSURE FORM

•	PERSON DOING OR SEEKING TO DO BUSINESS WITH THE COUNTY
	Name of Person Doing Business with the County; LexisNexis Risk Solutions FL Inc.
	Address of Person Doing Business with the County: 1000 Alderman Dr., Alpharetta, GA 30005
	Phone number of Person Doing Business with the County: 937-884-5010
	Email address of Person Doing Business with the County: scott.attic@lexisnexisrlsk.com
	If Person Doing Business with the County is a Business Entity, provide the name, title and contact information for the individual completing this disclosure on behalf of the Person Doing Business with the County: Micah Asch, Proposal Manager, 9443 Springboro Pike, Miamisburg, OH 45342, mlcah.asch@lexisnexis.com, 937-247-3173
	DESCRIPTION OF BUSINESS WITH THE COUNTY Append additional pages as needed and for each County lease, contract, purchase or sale sought and/or obtained during the calendar year of this disclosure (or the proceeding calendar year if disclosure is made on January 1), identify:
	The lease number, contract number, purchase order number, request for proposal number and/or request for qualification number associated with the business you are doing or seeking to do with the County:
	Contract No. 12-23-241 Amendment #7
	The aggregate dollar value of the business you are doing or seeking to do with the County: \$4.312.596
	The name, title and contact information for the County official(s) or employee(s) involved in negotiating the business you are doing or seeking to do with the County:
	Michael Schleve, Contract Negotiator, Michael Schleve@CookCountyll.gov, 312-603-6707
	The name, title and contact information for the County official(s) or employee(s) involved in managing the business you are doing or seeking to do with the County:
	Cynthia Park, Deputy Procurement Officer, Cynthia Park@cookcountyli.gov, 312-603-3075
•	DISCLOSURE OF FAMILIAL RELATIONSHIPS WITH COUNTY EMPLOYEES OR STATE, COUNTY OR MUNICIPAL ELECTED OFFICIALS
	Check the box that applies and provide related information where needed
	The Person Doing Business with the County is an individual and there is no familial relationship between this individual and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.
'	The Person Doing Business with the County is a business entity and there is no familial relationship between any member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity or employees directly engaged in contractual work with the County on behalf of the business entity, and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

COOK COUNTY BOARD OF ETHICS FAMILIAL RELATIONSHIP DISCLOSURE FORM

Name of Individual Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship	
Not applicable				,
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entity, agents autho contractual work w and/or a person hol- the other. The fam lame of Member of Board f Director for Business	rized to execute documents on the the County on behalf of the ling elective office in the State ling relationships are as follo Name of Related County Employee or State, County or	behalf of the business entity and/o business entity, on the one hand, a c of Illinois, Cook County, and/or a rws: Title and Position of Related	general administration or employees directly e and at least one Cook (any municipality withi Nature of Familial	h of the busing engaged in
entity, agents autho contractual work w and/or a person hole the other. The fam lame of Member of Board of Director for Business entity Doing Business with	rized to execute documents on the the County on behalf of the ling elective office in the State ling relationships are as follo Name of Related County	behalf of the business entity and/o business entity, on the one hand, a of Illinois, Cook County, and/or a ws:	general administration or employees directly e and at least one Cook (my municipality withi	h of the busing engaged in
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ame of Person Responsible or the General dministration of the usiness Entity Doing usiness with the County	Name of Related County Employee or State, County or Municipal Bleeted Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship	
Not applicable	· ·			•
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ame of Agent Authorized Execute Documents for isiness Entity Doing usiness with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship	,
lot applicable				
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ime of Émployee of sinces Entity Directly gaged in Doing Business In the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Femilial Relationship	
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<i>If</i>	more space is needed, attach	an additional sheet following the t	bove format.	
***************************************		on other contract to the same of the same		
RIFICATION: To the be	st of my knowledge, the info	mation I have provided on this dis	closure form is accura	te and complete
nowledge that an inaccurate	te or incomplete disclosure is	punishable by law, including but n	ot limited to fines and	debarment_
ature of Recipient	Charles to a supplied to the s	3/5/19 Date	The state of the s	weeks and a way make
	1 <u>1, 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>			
MIT COMPLETED FO	RM TO: Cook County I	Board of Ethics	•	
		ington Street, Suite 3040, Chicago		

* Spouse, domestic partner, civil union partner or parent, child, sibling, aunt, uncle, niece, nephew, grandparent or grandchild by blood, marriage (i.e. in laws and step relations) or adoption.

COOK COUNTY AFFIDAVIT FOR WAGE THEFT ORDINANCE

Effective May 1, 2015, every Person, Including Substantial Owners, seeking a Contract with Cook County must comply with the Cook County Wage Theft Ordinance set forth in Chapter 34, Article IV, Section 179. Any Person/Substantial Owner, who falls to comply with Cook County Wage Theft Ordinance, may request that the Chief Procurement Officer grant a reduction or walver in accordance with Section 34-179(d).

"Contract" means any written document to make Procurements by or on behalf of Cook County.

"Person" means any individual, corporation, partnership, Joint Venture, trust, association, limited liability company, sole proprietorship or other legal entity.

"Procurement" means obtaining supplies, equipment, goods, or services of any kind:

"Substantial Owner" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an individual or sole proprietorship. Substantial Owner means that individual or sole proprietor.

All Persons/Substantial Owners are required to complete this affidavit and comply with the Cook County Wage Theft Ordinarice before any Contract is awarded. Signature of this form constitutes a certification the information provided below is correct and complete, and that the individual(s) signing this form contained in this Affidavit.

	The state of the s	de la constitución de la constit	Pine title as	ALTONOMIC TO THE PROPERTY OF T	
i.	Contract Information:				
Contra	ct Number: 12-23-241 Amer	ndment #7			٠
County	Using Agency (requesting Procurement):	Office of the Chie	f Procureme	nt Officer	
41.	Person/Substantial Owner Information;				
Person	(Corporate Entity Name): LexisNexi	s Risk Solutions FL	Inc.		
	ntial Owner Complete Manner RELX U.S	. Holdings Inc.		(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
FEIN#	41-1815880	·	<u> </u>		
Date of	Bin N/A	E-mail address:	scott.altic@	lexisnexisrisk.com	
	Address: 1000 Alderman Dr.	Chiest address	The state of the s	And the second s	
City:	Alpharetta	State:	GA	Zlpi: 30005	
Home F	Phone:	(Allegaria)	A STATE OF THE PARTY OF THE PAR	CIP THE PROPERTY OF THE PARTY O	 6
At.	Compliance with Wage Laws:	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			•
	he past five years has the Person/Substantis ade an admission of guilt or liability, or had a wing laws:	al Owner, in any judicial or a an administrative finding mad	idministrative proc le for committing s	eeding, been convicted of, enter a repeated or willful violation of a	red∙e iny of
	Illinois Wage Payment and Collection Act,	820 ILCS 116/1 et seq., YE	S or NO	•	
:	tllinois Minimum Wage Act, 820 ILCS 105/	1 et seq., YES or NO			
	Illinois Worker Adjustment and Retraining I	Notification Act, 820 ILCS 65	/1 et seq., YES o	·(NO)	
	Employee Classification Act, 820 ILCS 18		•		
	Fair Labor Standards Act of 1938, 29 U.S.	C. 201, et seq., YES or NO			
	Any comparable state statute or regulation		the payment of wi	ages YES orNO	

If the Person/Substantial Owner answered "Yes" to any of the questions above, it is ineligible to enter into a Contract with Cook County, but can request a reduction or waiver under Section IV.

iV. Request for Waiver or Reduction

If Person/Substantial Owner answered "Yes" to any of the questions above, it may request a reduction or walver in accordance with Section 34-179(d), provided that the request for reduction of walver is made on the basis of one or more of the following actions that have taken place:

There has been a bone fide change in ownership or Control of the ineligible Person or Substantial Owner YES or NO

Disciplinary action has been taken against the individual(s) responsible for the acts giving rise to the violation YES or NO

Remedial action has been taken to prevent a recurrence of the acts giving rise to the disqualification or default YES or NO

Other factors that the Person or Substantial Owner believe are relevant. YES or NO

This Person/Supstantial Olimen must submit secumentation to support the leasts of the request for a reduction of walver. The Chief Proportion Office reserves the digit to make additional highlies and request additional countentation.

Signature:	batantial Owner affirms that all states	nente contained in th	Date:	ıpı
	n signing (Print): Marcy Lisle	- Priper Care III	Sr. Proposal Writer	
	I sworn to before me this 5 th	day of March	20/1	
Mill I.p.	V		Transfer to Annual (1984)	•
Notary Pe e: The above inform	ublic Signature nation is subject to verification pri	or to the award of t	Notary Seal	

MICAH S ASCH, Notary Public in and for the State of Ohlo My Commission Expires Nov. 2, 2020

COOK COUNTY AFFIDAVIT FOR WAGE THEFT ORDINANCE

Effective May 1, 2015, every Person, <u>Including Substantial Owners</u>, seeking a Contract with Cook County must comply with the Cook County Wage Theff Ordinance set forth in Chapter 34, Article IV, Section 179. Any Person/Substantial Owner, who falls to comply with Cook County Wage Theff Ordinance, may request that the Chief Procurement Officer grant a reduction or waiver in accordance with Section 34-179(d).

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"Person" means any individual, corporation, partnership, Joint Venture, trust, association, limited liability company, sole proprietorship or other legal entity.

"Procurement" means obtaining supplies, equipment, goods, or services of any kind.

"Substantial Owner" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an individual or sole proprietor.

All Persons/Substantial Owners are required to complete this affidavit and comply with the Cook County Wage Thaft Ordinance before any Contract is awarded. Signature of this form constitutes a certification the information provided below is correct and complete, and that the individual(s) signing this form has/have personal knowledge of such information. County reserves the right to request additional information to verify variety of information contained in this Affidavit.

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1.	Contract Inform	nation:			The second secon	**************************************	IPPRIS .
Contrac	t Number:	12-23-	241 Amen	dment 7			_
County	Using Agency (re	questing Pro	curement):	Office of the Chie	f Procureme	nt Officer	=57 _2*
H.	Person/Substa	ntial Owner	information:				, .
Person	(Corporate Entity	Name)	RELX U.S.	Holdings Inc. (Sui	ostantial Own	er)	
	ntial Owner Comp		VA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The second of th		
FEIN#	04-300697	'6			3, 14 14 14 14 14 14 14 14 14 14 14 14 14		
Date of	Birth; N/A		Text made in	E-mail address:	RFP@lexis	nexis.com	
		N. Marke	et Street, S		***************************************	(1) pol (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
City:	Wilmington	1	· · · · · · · · · · · · · · · · · · ·	State:	DE	_{Zpi} 19801	! .
Home F	Phone:						मस्यम् सम्बद्धाः
M.	Compliance wil	th Wage La	NS:	-	-		
plea, m	he past five years ade an admission wing laws:	has the Per of guilt or li	son/Substantia ability, or had a	al Owner, in any judicial or n administrative finding ma	administrative procedure for committing a	eding, been convicted of, repeated or willful violation	entered a of any of
•	Illinois Wage Pa	yment and (Collection Act,	820 ILCS 115/1 et seq., Yt	ES or NO		
	illinois Minimum	Wage Áct,	820 ILOS 106/1	et seq., YES or NO			
, .	Illinois Worker A	Adjustment a	nd Retraining I	Notification Act, 820 ILCS 6	5/1 et seq., YES o	NO	
	Employee Clas	sification Ac	t, 820 ILCS 18	5/1 et.seq., YES or NO	'	_	
	Fair Labor Stand	dards Act of	1938, 29 U.S.	C. 201, et seq., YES of NC		•	
	Any comparable	state statut	e or regulation	of any state, which govern	- s the payment of wa	ages YES o NO	

If the Person/Substantial Owner answered "Yes" to any of the questions above, it is ineligible to enter into a Contract with Cook County, but can request a reduction or waiver under Section IV.

V. Request for Waiver or Reduction

if Person/Substantial Owner answered "Yes" to any of the questions above, it may request a reduction or waiver in accordance with Section 34-179(d), provided that the request for reduction of waiver is made on the basis of one or more of the following actions that have taken place:

There has been a bona fide change in ownership or Control of the ineligible Person or Substantial Owner YES or NO

Disciplinary action has been taken against the individual(s) responsible for the acts giving rise to the violetion YES or NO

Remedial action has been taken to prevent a recurrence of the acts giving rise to the disqualification or default YES or NO

Other factors that the Person or Substantial Owner believe are relevant. YES of NO

The Person/Substantial Owner, must submit documentation to support the basis of its request for a reduction or waiver. The Chief Procurement Officer reserves the high to make additional thouless and reducest additional documentation.

Signature:	MASURY S	le	Date:
-	algning (Print): Marcy Liste	Title Sr. F	Proposal Writer
Subscribed an	sworn to before me this 5 n	day of March	2019
miles 100	'	200	- Silver Alleren
Notacy P	iblic Signature nation is subject to verification pri	ior to the award of the Confirm	X
MICA	S ASCH, Notary Public		37
MICA! In a	S ASCH, Notary Public d for the State of Ohio	*	

My Commission Expires Nov



CONTRACT AND EDS EXECUTION PAGE PLEASE EXECUTE THREE ORIGINAL PAGES OF EDS

The Applicant hereby certifies and warrants that all of the statements, certifications and representations set forth in this EDS are true, complete and correct; that the Applicant is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege Issued to the Applicant with all the policies and requirements set forth in this EDS; and that all facts and information provided by the Applicant in this EDS are true, complete and correct. The Applicant agrees to inform the Chief Procurement Officer in writing if any of such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

•	ion by Corporation
LexisNexis Risk Solutions FL Inc.	Haywood Talcove, CEO
Corporation's Name	President's Printed Name shill Signature
937-884-5010 (Scott Altic, sales rep)	scott.altic@lexisnexisrisk.com
Telephone	Email
Sword!	March 4, 2019
Secretary Signature	Date
Ex	ecution by LLC
LLC Name	*Member/Manager Printed Name and Signature
Date :	Telephone and Email
Execution by	Partnership/Joint Venture
<u> </u>	
Partnership/Joint Venture Name	"Pertner/Joint Venturer Printed Name and Signature
Date	Telephone and Ernall
Execution	by Sale Proprietorship
Printed Name Signature	Assumed Name (if applicable)
Date	Telephone and Email
Subscribed and sworn to before me this	
4th day of March, 2019.	the manufactor surface Name L - 20 2020
6.122	My commission expires: November 30, 2020
The state of the s	
Notary Public Signature	Notary Seal

*If the operating agreement, partnership agreement or governing documents requiring execution by multiple members, managers, partners, ga init, yenturers, please complete and execute additional Contract and EDS Execution Pages.

