AMENDMENT NO. 1

This Amendment, effective December 1, 2015, modifies Contract No 1455-13418 for Pharmacy Benefits Management Services, by and between the County of Cook, Illinois, herein referred to as "County" and CaremarkPCS Health, LLC (Caremark), 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 November 19, 2014, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Pharmacy Benefits Management Services (hereinafter referred to as "Services") from December 1, 2014 through November 30, 2017, with two (2) one-year renewal options, in an amount not to exceed $204,727,769.92; and

Whereas, the County and Contractor desire to include additional scope of services to the Contract; and
Now therefore, in consideration of mutual covenants contained herein, it is agreed by and between the parties to amend the Contract as follows:

1. Section 2.6 (Formulary Management) of the Agreement is hereby amended by the addition of the following:

"(f) Advanced Control Formulary for Specialty Drugs: Client hereby adopts, as part of the Plan design and as Client's formulary, Caremark's Advanced Control Formulary for Specialty Drugs, as in effect from time to time. Caremark's Advanced Control Formulary for Specialty Drugs ("Advanced Specialty Formulary"), is specific to Specialty Drugs and the process, as described below, shall be different than Caremark's PDL.

i) Changes made by Caremark to Advanced Specialty Formulary, may be based upon, among other things, the introduction of new products, customer safety, clinical appropriateness, efficacy, cost effectiveness, changes in availability of products, new clinical information and other considerations, changes in the pharmaceutical industry or its practices, introduction of new Specialty Drugs, new legislation and regulations. Caremark may provide quarterly updates to Client regarding any additions, removals or movement within the tiers of the Advanced Specialty Formulary and use reasonable efforts to provide Client with thirty (30) days notice prior to the addition, removal or movement within tiers of a drug on the PDL, which may include but not limited to, movement of a drug from a preferred to a non-preferred tier, or vice versa. The parties acknowledge that Caremark may elect to add to the Advanced Specialty Formulary new drugs to the market, or line-extensions of certain drugs after Caremark's P&T Committee has evaluated such Specialty Drug and recommends such drug should be added to the Advanced Specialty Formulary. In the event safety concerns or regulatory action require Caremark to remove a drug sooner, Caremark shall notify Client of the removal of a drug from the Advanced Specialty Formulary within five (5) business days.

ii) With regards to any Specialty Drug Caremark may not identify as a Covered Drug, or remove from the Advanced Specialty Formulary, Caremark may make

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such decisions based upon, among other things, new products, customer safety, clinical appropriateness, efficacy, cost effectiveness, changes in availability of products, new clinical information and other considerations, changes in the pharmaceutical industry, introduction of new Specialty Drugs, new legislation and regulations. Client acknowledges and agrees, however, that Caremark (i) may remove or add drugs from or to the Advanced Specialty Formulary any Specialty Drug, from time to time; and (ii) will provide Client quarterly notification of any changes to the Advanced Specialty Formulary. In the event of a removal of a drug from the Advanced Specialty Formulary, Caremark agrees to provide targeted communications to Plan Participants prior to the date of removal.

iii) Client acknowledges the Prescriber shall have final authority over the drug prescribed to a Plan Participant, regardless of benefit coverage."

2. Section 2 (Caremark Services) of Exhibit 1 (Scope of Services) of the Agreement is hereby amended by the addition of the following:

"2.22 **Maintenance Choice.** Caremark shall provide its Maintenance Choice Program in accordance with the terms and conditions described in Schedule G."

3. Section 14 (Schedules) of Exhibit 1 (Scope of Services) of the Agreement is hereby amended by the addition of the following:

"G-Maintenance Choice"

4. The Rebates in the pricing table of Section 1 (Mail, Retail, Rebates and Specialty) of Exhibit 2 (Schedule of Compensation) of the Agreement is hereby amended by deleting such Rebates in their entirety and replacing them with the following:

Custom formulary without drug exclusions – Current Model used by the Agencies STANDARD	
TGST REBATES	2 Tier Qualifying & 3 Tier Non Qualifying
MAIL / MAINTENANCE CHOICE	12/01/2015 - 09/30/2016: $84.13 per Brand Drug Claim 10/01/2016 - 09/30/2017: $88.20 per Brand Drug Claim
RETAIL	12/01/2015 - 09/30/2016: $17.04 per Brand Drug Claim 10/01/2016 - 09/30/2017: $18.58 per Brand Drug Claim
ADVANCED CONTROL SPECIALTY	12/01/2015 - 09/30/2016 : $126.00 per Brand Drug Claim 10/01/2016 - 09/30/2017 : $145.00 per Brand Drug Claim
TGST REBATES	3 Tier Qualifying
MAIL / MAINTENANCE CHOICE	12/01/2015 - 09/30/2016: $107.19 per Brand Drug Claim 10/01/2016 - 09/30/2017: $116.39 per Brand Drug

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	Claim
RETAIL	12/01/2015 - 09/30/2016: $30.47 per Brand Drug Claim 10/01/2016 - 09/30/2017: $34.21 per Brand Drug Claim
ADVANCED CONTROL SPECIALTY	12/01/2015 - 09/30/2016 : $126.00 per Brand Drug Claim 10/01/2016 - 09/30/2017 : $145.00 per Brand Drug Claim
REBATE PAYOUTS	Cook County Government Receives 100% with above minimum guarantee

5. Section 1(a) of Exhibit 2 (Schedule of Compensation) of the Agreement is hereby amended by the addition of the following:

"(xviii) Generic Step Therapy Program. Client acknowledges and agrees that, as a condition of the pricing, it adopts Caremark's generic step therapy plans (hereinafter referred to as the "GSTP Program"), as amended from time to time by Caremark, as part of its Plan design. Client directs Caremark to implement the coverage limitations, generic substitutions, step-therapies or prior authorizations for the therapeutic classes as identified in the PDD. Client acknowledges and agrees that if it fails to adopt the GSTP Program conditions or otherwise qualify for the GSTP Program, then Caremark reserves the right to modify the financial terms of this document, including any financial guarantees. Client shall be responsible for amending any applicable Plan documents, as it deems appropriate, to reflect the GSTP Program as part of its benefit."

6. Exhibit 1 (Scope of Services) of the Agreement is hereby amended by the addition of Schedule G (Maintenance Choice) attached hereto and made part of the Agreement.

7. The terms and conditions of the Agreement remain in effect except as otherwise stated herein. With respect to the subject matter hereof, this Amendment constitutes the entire agreement between the parties, superseding all similar terms in any prior understandings, agreements, contracts or arrangements between the parties, whether oral or written.

8. All capitalized terms used in this Amendment and not otherwise defined shall have the meanings set forth in the Agreement. In the event that any provision of this Amendment conflicts with any of the provisions set forth in the Agreement, the provisions of this Amendment shall govern and control.

9. If any provision of this Amendment is held to be void or unenforceable, the remaining provisions are considered to be severable and their enforceability is not affected or impaired in any way by reason of such law or holding.

10. The attached Economic Disclosures Statement, Identification of Sub-Contractors/Suppliers/Sub-Consultants Form (ISF) and MBE/WBE Utilization Plan forms are incorporated and made a part of this Contract.

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In witness whereof, the County and Contractor have caused this Amendment No. 1 to be executed on the date and year last written below.

CAREMARKPCS HEALTH, L.L.C:

By: Steven C. Schapiro

Its: Group Head, Employer

Date Signed: 7/1/2016

LEGAL
MCP
REVIEW

COOK COUNTY GOVERNMENT:

By: [signature]

Its:

Date Signed: 7 February 2017

Approved as to form:
[signature]

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Schedule G
Maintenance Choice Program

PROGRAM TERMS AND CONDITIONS

1. Caremark's Maintenance Choice Program (the "Program") will be a change to Client's existing Plan design. Client's Plan is responsible for complying with all laws and regulations applicable to Client's Plan, for making any appropriate notifications to Client's Plan Participants concerning the Program and for making any appropriate changes to Client's Plan design documents to reflect your participation in the Program.

2. Caremark will implement and administer the Program as part of the Services Caremark provides under Client's existing Professional Services Agreement or other agreement describing the financial and other terms applicable to the services Caremark provides your Plan(s) (as amended from time to time, Client's "Agreement"). The Agreement continues to govern the respective rights and obligations Client and Caremark may have with respect to our role as Client's prescription benefit management company. All terms and conditions set forth in the Agreement will apply to the Program, although the Program will be governed by the terms and conditions in this Schedule to the extent of any conflict between this Schedule and the Agreement.

3. The Program applies only to "Maintenance Choice Prescriptions." A Maintenance Choice Prescription is a prescription for more than an eighty (83) day supply of certain medications that are covered by Client's Plan(s), excluding specialty medications.

4. A Maintenance Choice Prescription will be dispensed by a CVS retail pharmacy, but Client's Plan(s) will receive the same pricing discounts and dispensing fees, if any, that would apply if the prescription had been filled at one of Caremark's mail service pharmacies. The Plan Participant will pay, and Caremark will direct the dispensing CVS pharmacy to collect, the same "Cost Share" the Plan Participant would have paid if the prescription had been filled at one of Caremark's mail service pharmacies. Maintenance Choice Prescriptions will not be subject to the Usual and Customary price or other retail network pricing charged by the CVS pharmacy.

5. Maintenance Choice Prescriptions will be treated the same as prescriptions filled at Caremark's mail service pharmacies for purposes of any mail pricing guarantees and generic dispensing rate guarantees set forth in the Agreement. Maintenance Choice Prescriptions will be disregarded and therefore excluded for purposes of calculating all mail service pharmacy non-financial performance guarantees set forth in the Agreement.

6. By having Caremark implement the Program for Client's Plan, Client is representing to Caremark that Client is (1) not subject to any laws or regulations that would limit or otherwise impact your ability to offer the Program to Client's Plan Participants, or (2) if Client is subject to any such laws or regulations, Client has obtained all required regulatory or legal approvals necessary for Client's participation in the Program or have otherwise determined that Client may offer the Program in compliance with such laws and regulations. Caremark cannot be responsible for any legal requirements applicable to Client's Plan or to Client's participation in the Program, so by having Caremark implement the Program for Client's Plan, Client is agreeing to indemnify and hold Caremark harmless for all costs,

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losses, damages and reasonable attorneys' fees and expenses resulting from any regulatory action, lawsuit or other legal proceeding relating to whether Client's Plan or Client's participation in the Program is in compliance with applicable laws and regulations. Client is further agreeing to provide Caremark with prompt written notice if Client becomes aware of any such actual or threatened regulatory action, lawsuit or other legal proceeding relating to the Program and to cooperate with Caremark and allow Caremark to participate in and/or assume the defense of any such proceeding.

7. By having Caremark implement the Program for Client's Plan, Client is also representing that Client has been provided, and have reviewed and adopted, the Maintenance Choice Participating Pharmacy Terms and Conditions, attached in Attachment 1 to Schedule G, applicable to the Program, as in effect from time to time, and you further acknowledge that such terms and conditions are commercially reasonable and necessary for a pharmacy to participate in the Program.

8. Upon written notice to Client, Caremark may modify the Program or suspend Client's participation in the Program. Additionally, upon written notice to Client, Caremark may modify the financial guarantees in the Agreement that are impacted by Client's participation in the Program, but only in a manner that maintains the total aggregate economic value of your existing financial guarantees.

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Attachment 1 to Schedule G

Maintenance Choice Participating Pharmacy Terms and Conditions

Note: All of these conditions would be in addition to or would supersede certain conditions in the existing retail provider agreement and provider manual.

- Maintenance Choice ("MC") – Filling of certain 90 day maintenance scripts by retail for AWP – 26.70%

- Equivalent pricing for mail and retail for generics.

- Customer service requirements

    1. Pharmacy system functionality in both English and Spanish (i.e., warning labels print in Spanish for Spanish-speaking customers).

    2. Telephonic translation service providing translation for approximately 150 languages.

    3. Must extend an average of twenty-four (24) invitations to participate in a customer service survey to customers randomly each day in each store. The customers must be asked the following:

        - **(QUALIFIER)** Within the past thirty (30) Days, have you had a prescription filled at this pharmacy? Press 1 for yes or 2 for no.
        - **(IF "1")** During your most recent visit to the store, how courteous and professional was the pharmacy staff? Please use a 5-point scale where 1 means not at all courteous and professional and 5 means very courteous and professional.

    The average results of this survey must be that 75% of responses are a 4 or above. The results must be reported monthly with proper documentation.

- Provision of all drugs covered under MC.
- Provider computer system shall be fully compatible with those used by CVS Caremark.

- Must interface with Caremark relating to MC processes as follows: (i) establish electronic interface with Caremark systems to accept ninety (90) day prescription requests; (ii) establish electronic interface that integrates Provider's inventory management system with Caremark systems to accept corresponding updates to Provider's inventory for each prescription request sent to Provider and subsequently adjust inventory supply accordingly within three (3) days of update; (iii) Provider must have an automated process to contact the prescriber within twenty-four (24) hours of receipt of ninety (90) day prescription request and must use commercially reasonable efforts to obtain the ninety (90) day prescription from the prescriber within three (3) days of receipt of ninety (90) day prescription request; (iv) if unable to obtain ninety (90) day prescription from the prescriber within such three (3) day time period, must contact the Plan Participant to adjust expectation regarding pick up date, if pick up date merely delayed, or

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request that Plan Participant contact the prescriber directly, if prescriber refused to write the prescription; (v) develop and establish additional interfaces as necessary as the MC program develops, including but not limited to, Caremark customer service access to Provider systems to view status of Plan Participant's prescription fulfillment and the provision of additional clinical services.

- Provider shall not issue news releases or communications of any kind relating to MC without the express prior written approval of Caremark.

- Provider will maintain policies and procedures to verify the pedigree and chain of custody for all prescriptions dispensed by Provider.

- Provider shall not, under any circumstances, return to stock and dispense drugs that have been previously dispensed.

- Provider shall not have initiated or be involved in any legal demand, dispute or other legal proceeding adverse to Caremark or any of its affiliates unless Provider has a good-faith basis that Caremark or any of its affiliates have violated the Law or the Agreement.

- Provider and its affiliates shall be a participating pharmacy in Caremark's retail network and shall be in compliance with any other provider agreement or other contract between Provider (or any of Provider's affiliates) and Caremark (or any of Caremark's affiliates), if any.

- Provider must agree to provide pharmacy services for all Plan sponsors who use a Caremark national network.

- Provider must participate in marketing and communications programs as directed by Caremark.

- Audit rights to verify compliance with all Terms and Conditions.

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ATTACHMENT

CONTRACT NO.

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

OCPO ONLY:
○ Disqualification

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.: 1455-13418	Date: December 2,2016
Total Bid or Proposal Amount: $75M per year	Contract Title: Pharmacy Benefits Management Services
Contractor: CaremarkPCS Health, L.L.C.	Subcontractor/Supplier/ Subconsultant to be added or substitute: Angel Flight Marketing Services
Authorized Contact for Contractor: Colin Bailey	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Gabriel Mitchell
Email Address (Contractor): rfp.proposals@CVScaremark.com	Email Address (Subcontractor): gmitchell@angelfly.com
Company Address (Contractor): 221 Sanders Road	Company Address (Subcontractor): 1006 S Michigan Ave
City, State and Zip (Contractor): Northbrook, IL 60062	City, State and Zip (Subcontractor): Chicago, IL 60605
Telephone and Fax (Contractor) 847-559-3800	Telephone and Fax (Subcontractor) 312-933-1878
Estimated Start and Completion Dates (Contractor)	Estimated Start and Completion Dates (Subcontractor)

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

Description of Services or Supplies	Total Price of Subcontract for Services or Supplies
Marketing Services	$1,500.00

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.**

Contractor: CaremarkPCS Health, L.L.C.

Name & Title Colin Bailey, Sr. Director Strategic Procurement

Prime Contractor Signature Colin Bailey Date 1/23/2017

CONTRACT NO. . . .

Cook County
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Bid/RFP/RFQ No.: 1455-13418	Date: December 2,2016
Total Bid or Proposal Amount: $75M per year	Contract Title: Pharmacy Benefits Management Services
Contractor: CaremarkPCS Health, L.L.C.	Subcontractor/Supplier/ Subconsultant to be added or substitute: Arrow Messenger
Authorized Contact for Contractor: Colin Bailey	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Danielle Matzdorf
Email Address (Contractor): rfp.proposals@CVScaremark.com	Email Address (Subcontractor): danielle@arrowmessenger.com
Company Address (Contractor): 221 Sanders Road	Company Address (Subcontractor): 1322 W Walton St
City, State and Zip (Contractor): Northbrook, IL 60062	City, State and Zip (Subcontractor): Chicago, IL 60642
Telephone and Fax (Contractor) 847-559-3800	Telephone and Fax (Subcontractor) T:773-489-8007 F:773-489-6920
Estimated Start and Completion Dates (Contractor)	Estimated Start and Completion Dates (Subcontractor)

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

Description of Services or Supplies	**Total Price of Subcontract for Services or Supplies**
Facilities management services and same day delivery services	$2,000.00

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.**

Contractor: CaremarkPCS Health, L.L.C.

Name & Title: Colin Bailey, Sr. Director Strategic Procurement

Prime Contractor Signature: Colin Bailey Date 1/23/2017

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Bid/RFP/RFQ No.: 1455-13418	Date: December 2,2016
Total Bid or Proposal Amount: $75M per year	Contract Title: Pharmacy Benefits Management Services
Contractor: CaremarkPCS Health, L.L.C.	Subcontractor/Supplier/ Subconsultant to be added or substitute: Consolidated Printing
Authorized Contact for Contractor: Colin Bailey	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Marilyn Jones
Email Address (Contractor): rfp.proposals@CVScaremark.com	Email Address (Subcontractor): marilyn@consolidatedprinting.net
Company Address (Contractor): 221 Sanders Road	Company Address (Subcontractor): 5942 N. Northwestern Hwy.
City, State and Zip (Contractor): Northbrook, IL 60062	City, State and Zip (Subcontractor): Chicago, IL 60631
Telephone and Fax (Contractor) 847-559-3800	Telephone and Fax (Subcontractor) 773-631-2800
Estimated Start and Completion Dates (Contractor)	Estimated Start and Completion Dates (Subcontractor)

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

Description of Services or Supplies	**Total Price of Subcontract for Services or Supplies**
Print Services	$15,000.00

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.**

Contractor: CaremarkPCS Health, L.L.C.

Name & Title: Colin Bailey, Sr. Director, Strategic Procurement

Prime Contractor Signature Colin Bailey Date 1/23/2017

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Bid/RFP/RFQ No.: 1455-13418	Date: December 2,2016
Total Bid or Proposal Amount: $75M per year	Contract Title: Pharmacy Benefits Management Services
Contractor: CaremarkPCS Health, L.L.C.	Subcontractor/Supplier/ Subconsultant to be added or substitute: Risk Management Solutions
Authorized Contact for Contractor: Colin Bailey	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Bennie Jones
Email Address (Contractor): rfp.proposals@CVScaremark.com	Email Address (Subcontractor): bjones@rmsoa.com
Company Address (Contractor): 221 Sanders Road	Company Address (Subcontractor): 309 N Washington St. Suite 200
City, State and Zip (Contractor): Northbrook, IL 60062	City, State and Zip (Subcontractor): Chicago, IL 60606
Telephone and Fax (Contractor) 847-559-3800	Telephone and Fax (Subcontractor) 312-960-6200
Estimated Start and Completion Dates (Contractor)	Estimated Start and Completion Dates (Subcontractor)

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

Description of Services or Supplies	**Total Price of Subcontract for Services or Supplies**
Risk Management Consulting and Benefits Enrollment	$20,000.00

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.**

Contractor: CaremarkPCS Health, L.L.C.

Name & Title: Colin Bailey, Sr. Director Strategic Procurement

Prime Contractor Signature: Colin Bailey Date 1/23/2017

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Total Bid or Proposal Amount: $75M per year	Contract Title: Pharmacy Benefits Management Services
Contractor: CaremarkPCS Health, L.L.C.	Subcontractor/Supplier/ Subconsultant to be added or substitute: Planned Packaging of Illinois
Authorized Contact for Contractor: Colin Bailey	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Jason Robertson
Email Address (Contractor): rfp.proposals@CVScaremark.com	Email Address (Subcontractor):jason@ppoic.com
Company Address (Contractor): 221 Sanders Road	Company Address (Subcontractor): 19558 S. Harlem Ave #5
City, State and Zip (Contractor): Northbrook, IL 60062	City, State and Zip (Subcontractor): Frankfort, IL 60423
Telephone and Fax (Contractor) 847-559-3800	Telephone and Fax (Subcontractor) 708-478-5223
Estimated Start and Completion Dates (Contractor)	Estimated Start and Completion Dates (Subcontractor)

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

Description of Services or Supplies	**Total Price of Subcontract for Services or Supplies**
Materials and packaging management	$150,000.00

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.**

Contractor: CaremarkPCS Health, L.L.C.

Name & Title: Colin Bailey, Sr. Director Strategic Procurement

Prime Contractor Signature Colin Bailey Date 1/23/2017

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Bid/RFP/RFQ No.: 1455-13418	Date: December 2,2016
Total Bid or Proposal Amount: $75M per year	Contract Title: Pharmacy Benefits Management Services
Contractor: CaremarkPCS Health, L.L.C.	Subcontractor/Supplier/ Subconsultant to be added or substitute: Universal Printing Company, L.L.C.
Authorized Contact for Contractor: Colin Bailey	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Margi McGrath
Email Address (Contractor): rfp.proposals@CVScaremark.com	Email Address (Subcontractor): mcm@universalprintingcompany.com
Company Address (Contractor): 221 Sanders Road	Company Address (Subcontractor): 1205 O'Neill Highway
City, State and Zip (Contractor): Northbrook, IL 60062	City, State and Zip (Subcontractor):Dunmore, PA 18512
Telephone and Fax (Contractor) 847-559-3800	Telephone and Fax (Subcontractor) T:1-877-342-1243 F:570-558-7862
Estimated Start and Completion Dates (Contractor)	Estimated Start and Completion Dates (Subcontractor)

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

Description of Services or Supplies	**Total Price of Subcontract for Services or Supplies**
Printing Services	$200,000.00

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.**

Contractor : CaremarkPCS Health, L.L.C.

Name & Title : Colin Bailey, Sr. Director Strategic Procurement

Prime Contractor Signature Colin Bailey Date 1/23/2017

CONTRACT NO.

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

OCPO ONLY:
○ Disqualification

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.: 1455-13418	Date: December 2,2016
Total Bid or Proposal Amount: $75M per year	Contract Title: Pharmacy Benefits Management Services
Contractor: CaremarkPCS Health, L.L.C.	Subcontractor/Supplier/ Subconsultant to be added or substitute: Arem Container & Supply
Authorized Contact for Contractor: Colin Bailey	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Rosalind Schwartz
Email Address (Contractor): rfp.proposals@CVScaremark.com	Email Address (Subcontractor): roz@aremcontainer.com
Company Address (Contractor): 221 Sanders Road	Company Address (Subcontractor): 6153 W Mulford St. Unit D
City, State and Zip (Contractor): Northbrook, IL 60062	City, State and Zip (Subcontractor): Niles, IL 60714
Telephone and Fax (Contractor) 847-559-3800	Telephone and Fax (Subcontractor) T:847-673-6184 F: 847-673-6185
Estimated Start and Completion Dates (Contractor)	Estimated Start and Completion Dates (Subcontractor)

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

Description of Services or Supplies	Total Price of Subcontract for Services or Supplies
Facility Management	$20,000.00

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.**

Contractor: CaremarkPCS Health, L.L.C.

Name & Title: Colin Bailey, Sr. Director Strategic Procurement

Prime Contractor Signature: Colin Bailey Date: 1/23/2017

CONTRACT NO.

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

OCPO ONLY:
○ Disqualification

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Bid/RFP/RFQ No.: 1455-13418	Date: December 2,2016
Total Bid or Proposal Amount: $75M per year	Contract Title: Pharmacy Benefits Management Services
Contractor: CaremarkPCS Health, L.L.C.	Subcontractor/Supplier/ Subconsultant to be added or substitute: Martins Maintenance
Authorized Contact for Contractor: Colin Bailey	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Manual Martins
Email Address (Contractor): rfp.proposals@CVScaremark.com	Email Address (Subcontractor): mannyjr@mm.necoxmail.com
Company Address (Contractor): 221 Sanders Road	Company Address (Subcontractor): 487 Waterman Ave
City, State and Zip (Contractor): Northbrook, IL 60062	City, State and Zip (Subcontractor): East Providence, RI 02914
Telephone and Fax (Contractor) 847-559-3800	Telephone and Fax (Subcontractor) T:401-641-9525 F:401-435-4111
Estimated Start and Completion Dates (Contractor)	Estimated Start and Completion Dates (Subcontractor)

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

Description of Services or Supplies	**Total Price of Subcontract for Services or Supplies**
Facilities & Maintenance Services	$126,000.00

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.**

Contractor: CaremarkPCS Health, L.L.C.

Name & Title: Colin Bailey, Sr.Director Strategic Procurement

Prime Contractor Signature Colin Bailey Date 1/23/2017

MBE/WBE UTILIZATION PLAN (SECTION 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.

I. **BIDDER/PROPOSER MBE/WBE STATUS:** (check the appropriate line)

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____ 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 from the Office of Contract Compliance)

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II. ☑ **Direct Participation of MBE/WBE Firms** ☐ **Indirect Participation of MBE/WBE Firms**

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MBEs/WBEs that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: Research Explores

Address: 1111 NEW TRIER CT. WILMETTE, IL 60091

E-mail: lisa@researchexplorers.com

Contact Person: Lisa McDonald Phone: 847-853-0237

Dollar Amount Participation: $ $10,000.00

Percent Amount of Participation: 1.7 %

*Letter of Intent attached? Yes ✓ No ____
*Letter of Certification attached? Yes ✓ No ____

MBE/WBE Firm: South Side Promotions

Address: 380 Dogwood. Park Forest, IL 60466

E-mail: agordillo@comcast.net

Contact Person: Alfredo Gordillo Phone: 708-481-5204

Dollar Amount Participation: $ $1500.00

Percent Amount of Participation: 0.01 %

*Letter of Intent attached? Yes ✓ No ____
*Letter of Certification attached? Yes ✓ No ____

Attach additional sheets as needed.

***Additionally, all Letters of Intent, Letters of Certification and documentation of Good Faith Efforts omitted from this bid/proposal must be submitted to the Office of Contract Compliance so as to assure receipt by the Contract Compliance Administrator not later than three (3) business days after the Bid Opening date.**

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MBEs/WBEs that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: In-A Bind Assembly

Address: 35 Chancellor Dr. Roselle, IL 60172

E-mail: jkeefer@inabindassembly.com

Contact Person: Michelle Greco Phone: 630-529-1555

Dollar Amount Participation: $ $4,000.00

Percent Amount of Participation: 0.7 %

*Letter of Intent attached? Yes ✓ No _____

*Letter of Certification attached? Yes ✓ No _____

MBE/WBE Firm: Minor's Unique Printing

Address: 505 Harvester Ct. Unit K Wheeling, IL 60090

E-mail: John@minorsunique.com

Contact Person: Lucious Minor Phone: 847-541-5694

Dollar Amount Participation: $ $3,500.00

Percent Amount of Participation: 1 %

*Letter of Intent attached? Yes ✓ No _____

*Letter of Certification attached? Yes ✓ No _____

Attach additional sheets as needed.

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MBEs/WBEs that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: Risk Management Solutions

Address: 309 N. Washington St Suite 200 Chicago, IL 60606

E-mail: bjones@rmsoa.com

Contact Person: Bennie Jones Phone: 312-960-6200

Dollar Amount Participation: $ $17,000.00

Percent Amount of Participation: 3 %

*Letter of Intent attached? Yes _____ No ✓
*Letter of Certification attached? Yes _____ No ✓

MBE/WBE Firm: Consolidated Printing

Address: 5942 N. Northwestern Hwy. Chicago IL, 60631

E-mail: _____

Contact Person: Marilyn Jones Phone: 773-631-2800

Dollar Amount Participation: $ $15,000.00

Percent Amount of Participation: 2.5 %

*Letter of Intent attached? Yes ✓ No _____
*Letter of Certification attached? Yes ✓ No _____

Attach additional sheets as needed.

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MBEs/WBEs that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: Computer Resource Solutions

Address: 1 Pier Place. Itasca, IL 60143

E-mail: mgaines@crscorp.com

Contact Person: Michael Gaines Phone: 630-467-1010

Dollar Amount Participation: $ 100,000.00

Percent Amount of Participation: 17% %

*Letter of Intent attached? Yes ✓ No _____
*Letter of Certification attached? Yes ✓ No _____

MBE/WBE Firm: Arrow Messenger

Address: 1322 W Walton St. Chicago, IL 60642

E-mail: danielle@arrowmessenger.com

Contact Person: Danielle Matzdorf Phone: 773 489-8007

Dollar Amount Participation: $ 1,000.00

Percent Amount of Participation: 0.2% %

*Letter of Intent attached? Yes _____ No ✓
*Letter of Certification attached? Yes _____ No ✓

Attach additional sheets as needed.

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MBEs/WBEs that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: Global Resource Group

Address: 151 N Michigan Ave , Chicago, IL 60601

E-mail: jbobo@globalrg.com

Contact Person: Jared Bobo Phone: 312-819-1449

Dollar Amount Participation: $ 100,000.00

Percent Amount of Participation: 17 %

*Letter of Intent attached? Yes _____ No ✓

*Letter of Certification attached? Yes _____ No ✓

MBE/WBE Firm: LaCosta Facility Mgmt

Address: 440 W Bonner Rd. Wauconda, IL 60084

E-mail: kmota@cms4.com

Contact Person: Lisa Arnold Phone: 847-526-9556

Dollar Amount Participation: $ 20,000.00

Percent Amount of Participation: 3.4 %

*Letter of Intent attached? Yes _____ No ✓

*Letter of Certification attached? Yes _____ No ✓

Attach additional sheets as needed.

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MBEs/WBEs that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: Tenacious Cleaning

Address: 481 Irmen Dr Ste A. Addison, IL 60101

E-mail: tenaciouscs@tyahoo.com

Contact Person: Theresa Smith Phone: 630-458-9064

Dollar Amount Participation: $ 85,000.00

Percent Amount of Participation: 14.4 %

*Letter of Intent attached? Yes ✓ No _____
*Letter of Certification attached? Yes ✓ No _____

MBE/WBE Firm: _____

Address: _____

E-mail: _____

Contact Person: _____ Phone: _____

Dollar Amount Participation: $ _____

Percent Amount of Participation: _____ %

*Letter of Intent attached? Yes _____ No _____
*Letter of Certification attached? Yes _____ No _____

Attach additional sheets as needed.

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MBEs/WBEs that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: Planned Packaging of Illinois

Address: 19558 S. Harlem Ave

E-mail: jason@ppoic.com

Contact Person: Jason Robertson Phone: 708-478-5223

Dollar Amount Participation: $ 150,000.00

Percent Amount of Participation: 25.5 %

*Letter of Intent attached? Yes ✓ No _____
*Letter of Certification attached? Yes ✓ No _____

MBE/WBE Firm: Systems Unlimited

Address: 1350 W Bryn Mawr Ave. Itasca, IL 60143

E-mail: romuro@systemsunlimitedinc.com

Contact Person: Russell Omuro Phone: 630-285-0011

Dollar Amount Participation: $ 60,000.00

Percent Amount of Participation: 10.2 %

*Letter of Intent attached? Yes ✓ No _____
*Letter of Certification attached? Yes ✓ No _____

Attach additional sheets as needed.

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MBEs/WBEs that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: Angel Flight Marketing Services

Address: 679 N Milwaukee Chicago, IL 60642

E-mail: wmartin@angelfly.com

Contact Person: Wiliam Martin Phone: 312-674-7059

Dollar Amount Participation: $ $1,500.00

Percent Amount of Participation: 0.3 %

*Letter of Intent attached? Yes _____ No ✓

*Letter of Certification attached? Yes ✓ No _____

MBE/WBE Firm: Arem Container & Supply

Address: 6153 W MULFRD ST

E-mail: roz@aremcontainer.com

Contact Person: CRAIG SCHWARTZ Phone: 847-673-6184

Dollar Amount Participation: $ $20,000.00

Percent Amount of Participation: 3.4 %

*Letter of Intent attached? Yes ✓ No _____

*Letter of Certification attached? Yes ✓ No _____

Attach additional sheets as needed.

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COOK COUNTY GOVERNMENT LETTER OF INTENT (SECTION 2)

M/WBE Firm: South Side ~~Shop~~ PROMOTIONS

Certifying Agency: MSDC

Address: 386 Dogwood St

Certification Expiration Date: 9/30/14

City/State: Parkforest, IL Zip: 60466

FEIN #: 36-4087056

Phone: 708-481-5204 Fax:

Contact Person: Alfredo Gordillo

Email: agordillo@comcast.net

Contract #: Pharmacy Benefits Management

Participation: [ ] Direct [X] Indirect

Will the M/WBE firm be subcontracting any of the performance of this contract to another firm?

[X] No [ ] Yes – Please attach explanation. Proposed Subcontractor:

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract:

Marketing Communications

PROMOTIONAL ITEMS / MERCHANDISE

SILK SCREEN & EMBROIDERY

Indicate the **Dollar Amount**, or **Percentage**, and the **Terms of Payment** for the above-described Commodities/ Services:

0.01%-Payment Terms- Net 30

(If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement conditioned upon the Bidder/Proposer's receipt of a signed contract from the County of Cook. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

[signature]	Raul Suarez-Rodriguez
Signature *(M/WBE)*	Signature *(Prime Bidder/Proposer)*
ALFREDO GORDILLO	Raul Suarez-Rodriguez
Print Name	Print Name
SOUTH SIDE PROMOTIONS	CVS Caremark
Firm Name	Firm Name
10/25/13	10/18/2013
Date	Date

Subscribed and sworn before me

this 25 day of October 2013

Notary Public [signature]

SEAL

OFFICIAL SEAL
[illegible]
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:04/07/14

Subscribed and sworn before me

this 25th day of October 20 13

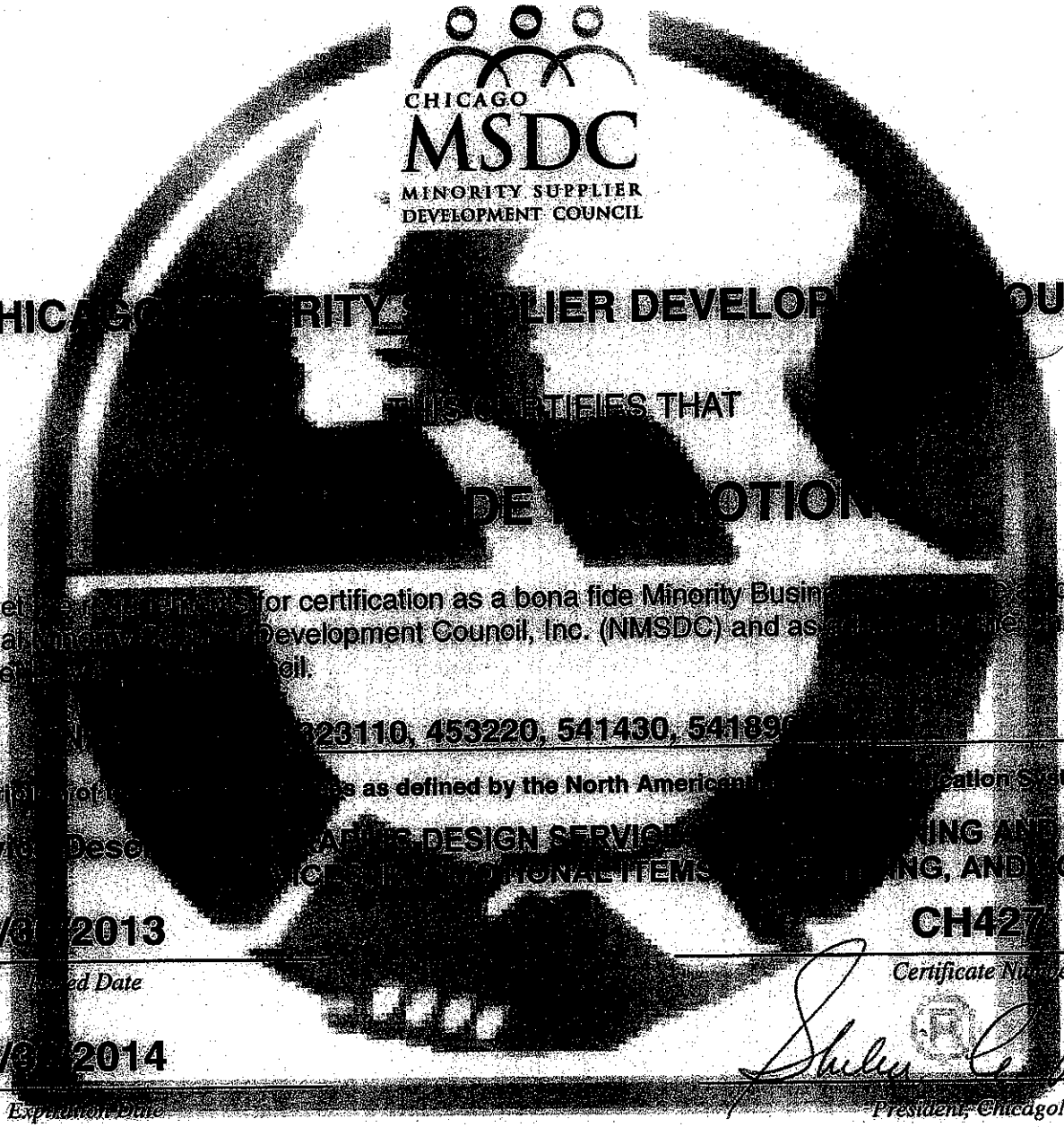
Notary Public Brenda J. Herf

SEAL

[illegible] MY COMMISSION EXPIRES 3-8-2014

EDS-2

5.10.12



CHICAGO
MSDC
MINORITY SUPPLIER
DEVELOPMENT COUNCIL

CHICAGO MINORITY SUPPLIER DEVELOPMENT COUNCIL

THIS CERTIFIES THAT

DESIGNATION

Has met the requirements for certification as a bona fide Minority Business Enterprise as defined by the National Minority Supplier Development Council, Inc. (NMSDC) and as defined by the Chicago Minority Supplier Development Council.

NAICS: 323110, 453220, 541430, 541890

**Description of Business as defined by the North American Industry Classification System (NAICS)

Product/Service Description: GRAPHIC DESIGN SERVICES; PRINTING AND EMBROIDERY SERVICES; PROMOTIONAL ITEMS; PRINTING, AND SOUVENIR SERVICES

9/3/2013 — *Issued Date*

CH427 — *Certificate Number*

9/3/2014 — *Expiration Date*

President, ChicagoMSDC

COOK COUNTY GOVERNMENT LETTER OF INTENT (SECTION 2)

M/WBE Firm: Minor's Unique Printing

Address: 645 STEVENSON ROAD

City/State: SOUTH ELGIN, IL Zip: 60177

Phone: 847-619-3044 Fax: 847-541-8538

Email: luke@minorsunique.com

Certifying Agency: CITY OF CHICAGO

Certification Expiration Date: 12-1-13

FEIN #: 36-2928932

Contact Person: CINDY BENZ

Contract #: Pharmacy Benefits Management

Participation: [X] Direct [ ] Indirect

Will the M/WBE firm be subcontracting any of the performance of this contract to another firm?

[X] No [ ] Yes – Please attach explanation. Proposed Subcontractor:

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract:

COMMERCIAL PRINTING

Indicate the Dollar Amount or Percentage and the Terms of Payment for the above-described Commodities/ Services:

1% Payment Terms- Net 30

(If more space is needed to fully describe M/WBE firm's proposed scope of work and/or payment schedule, attach additional sheets)

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement conditioned upon the Bidder/Proposer's receipt of a signed contract from the County of Cook. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Pay Cost were completed.

Lucious Minor
Signature (M/WBE)

LUCIOUS MINOR
Print Name

MINOR'S UNIQUE PRINTING
Firm Name

10/18/2013
Date

Subscribed and sworn before me

this 24th day of October 2013

Notary Public

SEAL

"OFFICIAL SEAL"
NANCY CAROL MANTELL
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Sep. 20, 2017

Raul Suarez-Rodriguez
Signature (Prime Bidder/Proposer)

Raul Suarez-Rodriguez
Print Name

CVS Caremark
Firm Name

10/18/2013
Date

Subscribed and sworn before me

this 25th day of October 2013

Notary Public

SEAL

Brenda J. Herb
Notary Public of Rhode Island
My Commission Expires: 3-8-2014

CHICAGO
MSDC
MINORITY SUPPLIER
DEVELOPMENT COUNCIL

CHICAGO MINORITY SUPPLIER DEVELOPMENT COUNCIL

THIS CERTIFIES THAT

MINOR'S UNIQUE PRINTING, INC.

Has met the requirements for certification as a bona fide Minority Business Enterprise as defined by the National Minority Supplier Development Council, Inc. (NMSDC) and as adopted by the Chicago Minority Supplier Development Council.

**NAICS Codes: 323110

**Description of their product/services as defined by the North American Industry Classification System (NAICS)

Product/Service Description: COMMERCIAL PRINTING

12/31/2012	**CH1555**
Issued Date	*Certificate Number*
12/31/2013	Julia C. Bell Morgan
Expiration Date	*President, ChicagoMSDC*

By using your assigned (through NMSDC only) password, NMSDC Corporate Members may view the original certificate by logging in at: http://www.nmsdc.org

An affiliate of the National Minority Supplier Development Council, Inc. (NMSDC)

DEPARTMENT OF PROCUREMENT SERVICES

CITY OF CHICAGO

DEC 1 1 2012

Lucious J. Minor
Minor's Unique Printing, Inc.
645 Stevenson Rd.
South Elgin, Illinois 60177

Annual Certificate Expires: December 1, 2013

Dear Mr. Minor:

We are pleased to inform you that Minor's Unique Printing, Inc. has been re-certified as a Minority Business Enterprise (MBE) by the City of Chicago. This MBE certification is valid until December 1, 2017; however your firms' certification must be re-validated annually.

As a condition of continued certification during this five year period, you must file an annual No-Change Affidavit. Your firm's **No Change Affidavit is due by December 1, 2013.** Please remember, you have an affirmative duty to file your No-Change Affidavit 60 days prior to the date of expiration. Therefore, you must file your **No-Change Affidavit by October 1, 2013.**

It is important to note that you also have an ongoing affirmative duty to notify the City of Chicago 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, and/or gross receipts that exceed the program threshold.

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

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

Further, 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. And 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 that the individual or entity, or the individual or entity assisted, is a minority-owned business or a woman-owned business, 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 $5,000.00 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 – 323114 - Commercial quick printing
NAICS Code – 323115 - Commercial digital printing

Your firm's participation on City contracts will be credited only toward Minority Business Enterprise (MBE) goals in your area(s) of specialty. While your participation on City contracts is not limited to your specialty, credit toward goals will be given only for work done in the specialty category.

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

Sincerely,

Jamie L. Rhee
Chief Procurement Officer

JLR/vlw

COOK COUNTY GOVERNMENT LETTER OF INTENT (SECTION 2)

M/WBE Firm: Consolidated Printing

Address: 5942 N. Northwestern Hwy.

City/State: Chicago, IL Zip 60631

Phone: 773-631-2800 Fax:

Email: marilyn@consolidatedprinting.net

Certifying Agency: COOK COUNTY

Certification Expiration Date: 9-4-14

FEIN #: 36-3509441

Contact Person: Marilyn Jones

Contract #: Pharmacy Benefits Mangement

Participation: [✓] Direct [ ] Indirect

Will the M/WBE firm be subcontracting any of the performance of this contract to another firm?

[✓] No [ ] Yes – Please attach explanation. Proposed Subcontractor:

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract:

Print Services

Indicate the **Dollar Amount**, or **Percentage**, and the **Terms of Payment** for the above-described Commodities/ Services:

2.5%- Payment Terms-Net 30

(If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement conditioned upon the Bidder/Proposer's receipt of a signed contract from the County of Cook. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Marilyn Jones
Signature (M/WBE)

Marilyn K Jones
Print Name

CONSOLIDATED PRINTING
Firm Name

10/22/13
Date

Subscribed and sworn before me

this 22 day of October 20 13.

Notary Public

SEAL

"OFFICIAL SEAL"
ROBERT KLIKUSZEWSKI
Notary Public - State of Illinois
My Commission Expires September 28, 2015

Raul Suarez-Rodriguez
Signature (Prime Bidder/Proposer)

Raul Suarez-Rodriguez
Print Name

CVS Caremark
Firm Name

10/18/2013
Date

Subscribed and sworn before me

this 25th day of October 20 13.

Notary Public Brenda J. Herb

SEAL

Brenda J. Herb
Notary Public of Rhode Island
My Commission Expires: 3-8-2014

OFFICE OF CONTRACT COMPLIANCE
JACQUELINE GOMEZ
DIRECTOR
118 N. Clark, County Building, Room 1020 • Chicago, Illinois 60602 • (312) 603-5502

TONI PRECKWINKLE
PRESIDENT
Cook County Board
of Commissioners

ELIA PULIDO
1st District

ROBERT STEELE
2nd District

JERRY BUTLER
3rd District

SUFFLE RANDLE
4th District

GREGG GOSLIN
5th District

JOAN PATRICIA MURPHY
6th District

JESUS G. GARCIA
7th District

EDWIN REYES
8th District

PETER N. SILVESTRI
9th District

BRIDGET GAINER
10th District

JOHN P. DALEY
11th District

LARRY SUFFREDIN
12th District

JEFFREY R. TOBOLSKI
13th District

JOHN A. FRITCHEY
14th District

LIZ DOODY GORMAN
15th District

BILL LOWRY
16th District

DEBORAH SIMS
17th District

September 4, 2013

Ms. Marilyn K. Jones, President/Owner
Consolidated Printing Co.
5942 N. Northwest Highway
Chicago, IL 60631

Annual Certification Expires: September 4, 2014

Dear Ms. Jones:

Congratulations on your continued eligibility for Certification as a **WBE** by Cook County Government. This annual **WBE** Certification is valid until **September 4, 2014.**

As a condition of continued Certification during the three (3) year term, you must file a "**No Change Affidavit**" within **sixty (60) business days prior** to the date of annual expiration. Failure to file this Affidavit shall result in the termination of your Certification. You must notify Cook County Government's Office of Contract Compliance of any change in ownership or control or any other matters or facts affecting your firm's eligibility for Certification.

Cook County Government may commence action to remove your firm as a **WBE** vendor if you fail to notify us of any changes of facts affecting your firm's Certification, or if your firm otherwise fails to cooperate with the County in any inquiry or investigation. Removal of your status may also be commenced if your firm is found to be involved in bidding or contractual irregularities.

Your firm's name will be listed in Cook County's Directory of Minority Business Enterprise, Women Business Enterprise and/or Veteran Business Enterprise in the area(s) of specialty:

Printing: Commercial Printing Services

Your firm's participation on Cook County contracts will be credited toward **WBE** goals in your area(s) of specialty. While your participation on Cook County contracts is not limited to your specialty, credit toward **WBE** goals will be given only for work done in the specialty category.

Thank you for your continued interest in Cook County Government's Minority, Women and Veteran Business Enterprise Programs.

Sincerely,

Jacqueline Gomez
Contract Compliance Director
JG.ek

2015

DEPARTMENT OF PROCUREMENT SERVICES

CITY OF CHICAGO

JUL - 1 2013

Ms. Marilyn K. Jones
Consolidated Printing Company, Inc.
5942 North Northwest Highway
Chicago, IL 60631-2664

Dear Ms. Jones:

We are pleased to inform you that **Consolidated Printing Company, Inc.** has been re-certified as a **Woman Business Enterprise ("WBE")** by the City of Chicago ("City"). This **WBE** certification is valid until **{five year expiration date 06/30/2018;** however your firm's certification must be re-validated 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 **06/30/2014**. 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 **06/30/2018**. 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 **04/30/2018**.

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.

DEPARTMENT OF PROCUREMENT SERVICES
CITY OF CHICAGO

October 2, 2013

Ms. Marilyn K. Jones
Consolidated Printing Company, Inc.
5942 N. Northwest Highway
Chicago, IL 60631

Dear Ms. Jones:

This letter is to inform you that the City of Chicago has extended your status as a Disadvantaged Business Enterprise (DBE) until **January 2, 2014**. We are providing this extension to allow enough time to provide any additional documentation that your application may be missing and for our office to complete our review of all of the submitted documents.

This extension does not guarantee eligibility in the program but will act as a courtesy extension until we receive all of the required documentation and complete a review of that documentation. Please present this letter as evidence of your certification to be included with bid document submittals as needed.

If you have any questions, please feel free to call our office at 312-744-4900.

Sincerely,

George Coleman
Deputy Procurement Officer

GC/cm

WBENC Women's Business Enterprise National Council

hereby grants

National Women's Business Enterprise Certification

to

CONSOLIDATED PRINTING CO., INC.

who has successfully met WBENC's standards as a Women's Business Enterprise (WBE).
This certification affirms the business is woman owned, operated and controlled; and is valid through the date herein.

WBENC National WBE Certification was processed and validated by Women's Business Development Center - Chicago, a WBENC Regional Partner Organization.

Expiration Date: 06/30/2014
WBENC National Certificate Number: 240556

[illegible] by Hedy M. Ratner, Co-President; S. Carol Dougal, Co-President
Women's Business Development Center – Chicago

NAICS Codes: 323111, 323120, 541430, 541870, 541860, 541850, 424110, 424120, 541890, 424310

UNSPSC Codes: 73151904, 73151905, 80141605, 82121505, 82121507, 82121500

CMS

ILLINOIS Pat Quinn, Governor
DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

February 15, 2013

Marilyn Jones
Consolidated Printing Company
5942 N Northwest Hwy
Chicago, IL 60631-2664

Certification Term Expires: June 30, 2013

Dear Business Owner:

Re: FBE Recognition Certification Approval
(WBDC)

Congratulations! After reviewing the information that you supplied, we are pleased to inform you that your firm has been granted certification as a Female Business Enterprise (FBE) under the Business Enterprise Program for Minorities, Females, and Persons with Disabilities.

BEP accepts the Women's Business Development Center's (WBDC) certification regarding your business statu: This outside certification is in effect with the State of Illinois as long as it is valid with the WBDC.

At least 60 days prior to the anniversary day of your certification, you will be notified by BEP to update your certification as a condition of continued certification. In addition, should any changes occur in ownership and/or control of the business or other changes affecting the firm's operations, you are required to notify BEP within two weeks. Failure to notify our office of changes will result in decertification of your firm.

Please be advised, while this certification does not guarantee you will receive a State contract, it does assure your firm the opportunity to participate in the State's procurement process. Your firm's participation on State contracts will be credited only toward Female Business Enterprise (FBE) goals in your area(s) of specialty. Your firm's name will appear in the State's Directory as a certified vendor with the Business Enterprise Program (BEP) in the specialty area(s) of:

4 COLOR PROCESS-VENDOR ATTACHMENT ONLY
WEB PRINTER - VENDOR ATTACHMENT ONLY
PRINTING, MISC. COMMERCIAL
BUSINESS FORMS
DECALS. LABELS, TAGS AND STICKERS
ENVELOPES, COM/OFFIC.-VENDOR ATTACHMENT
ENVELOPES, BLANK AND PRINTED
TICKET, PARKING STICKERS- VENDOR ATTACH-
SPECIALTY PRINTING
PRINTING EQUIPMENT
RUBBER STAMPS
BOOKS AND PERIODICALS

Please visit our website at www.sell2.illinois.gov to obtain information about current and upcoming procurement opportunities, contracts, forms, and also to register to receive email alerts when the State is preparing to purchase a product or service you may provide.

CMS

ILLINOIS
Pat Quinn, Governor
DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

January 25, 2011

Marilyn Jones
Consolidated Printing Company
5942 N Northwest Hwy
Chicago, IL 60631-2664

1/27/14

Dear Vendor:

I am writing in response to your submission to renew your status as an Illinois based small business under the Illinois Procurement Code, Section 45-45.

The tax forms that you have submitted for renewal have been approved and your status as a small business has been extended for a three year period. At the end of this three year period you will be notified of the requalification requirements. It is your responsibility to notify this office if your business no longer meets the dollar thresholds to qualify for the program.

Please note that the Small Business Set-Aside Program is one that gives preference to small businesses over other businesses. If you accept a contract set aside for small business when you are not eligible, you risk suspension from doing future business with the State for up to five years, and you may be guilty of a Class A misdemeanor.

All bid opportunities (excluding construction) are posted on the IllinoisBID section of Illinois Procurement Bulletin via the internet. You can find the Illinois Procurement Bulletin at http://www.purchase.state.il.us. After enrolling your company and users, you will be able to access IllinoisBID to view bid opportunities with the State of Illinois.

If you have any questions, please contact Melissa Bullock, Small Business Coordinator, (217) 785-3901 or email our office at cms.smallbusiness@illinois.gov.

Sincerely,

Mary Przada
Acting Small Business Specialist

(L61)

COOK COUNTY GOVERNMENT LETTER OF INTENT (SECTION 2)

M/WBE Firm: Computer Resource Solutions

Address: 1 Pierce Place

City/State: Itasca, IL Zip: 60143

Phone: 630-467-1010 Fax:

Email: mgaines@crscorp.com

Certifying Agency: CITY OF CHICAGO

Certification Expiration Date: 12-1-2013

FEIN #: 36-3955274

Contact Person: Michael Gaines

Contract #: Pharmacy Benefits Management

Participation: [ ] Direct [X] Indirect

Will the M/WBE firm be subcontracting any of the performance of this contract to another firm?

[X] No [ ] Yes – Please attach explanation. Proposed Subcontractor:

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract:

Information Technology

Indicate the **Dollar Amount**, or **Percentage**, and the **Terms of Payment** for the above-described Commodities/ Services:

17.0% -Payment Terms- Net 30

(If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement conditioned upon the Bidder/Proposer's receipt of a signed contract from the County of Cook. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Vice Pres.
Signature (M/WBE)

Michael Gaines
Print Name

Computer Resource Solutions, Inc
Firm Name d/b/a The CRSGroup

10/22/13
Date

Subscribed and sworn before me

this 22 day of October 2013.

Notary Public Yolanda E Gaines

SEAL

YOLANDA E. GAINES
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
October 05, 2015

Raul Suarez-Rodriguez
Signature (Prime Bidder/Proposer)

Raul Suarez- Rodriguez
Print Name

CVS Caremark
Firm Name

10/18/2013
Date

Subscribed and sworn before me

this 25th day of October 2013.

Notary Public Brenda J. Herb

SEAL

Brenda J. Herb
Notary Public of Rhode Island
My Commission Expires 3-8-2014

DEPARTMENT OF PROCUREMENT SERVICES

CITY OF CHICAGO

October 16, 2013

Michael Gaines
Computer Resource Solutions, Inc.,
DBA The CRS Group
One Pierce Place Suite 325w
Itasca, IL 60143-2696

Email: mgaines@crscorp.com

Dear Mr.Gaines,

This letter is to inform you that the City of Chicago has extended your status as **Minority Business Enterprise (MBE) until December 1, 2013.** We are providing this Extension to allow enough time to provide any additional documentation that your application may be missing and for our office to complete our review of all of the submitted documents.

This extension does not guarantee eligibility in the program but will act as a courtesy extension until we receive all of the required documentation and complete a review of that documentation.

Please present this letter and copy of your last certification letter as evidence of your certification to be included with bid document submittals as needed.

If you have any questions, please feel free to contact our office at (312) 744-1929.

Sincerely,

George Coleman Jr.
Deputy Procurement Officer

GC/at

TONI PRECKWINKLE
PRESIDENT
Cook County Board of Commissioners

EARLEAN COLLINS
1st District

ROBERT STEELE
2nd District

JERRY BUTLER
3rd District

STANLEY MOORE
4th District

DEBORAH SIMS
5th District

JOAN PATRICIA MURPHY
6th District

JESUS G. GARCIA
7th District

EDWIN REYES
8th District

PETER N. SILVESTRI
9th District

BRIDGET GAINER
10th District

JOHN P. DALEY
11th District

JOHN A. FRITCHEY
12th District

LARRY SUFFREDIN
13th District

GREGG GOSLIN
14th District

TIMOTHY O. SCHNEIDER
15th District

JEFFREY R. TOBOLSKI
16th District

ELIZABETH ANN DOODY GORMAN
17th District

OFFICE OF CONTRACT COMPLIANCE
JACQUELINE GOMEZ
DIRECTOR
118 N Clark Street • Chicago, Illinois 60602 • (312) 603-5502

June 18, 2013

Mr. Michael Gains, President
Computer Resource Solutions, Inc.
d/b/a CRS Group
One Pierce Place, Suite 325-W
Itasca, IL 60143

Dear Mr. Gains,

Cook County Board President Toni Preckwinkle and City of Chicago Mayor Rahm Emanuel have launched a reciprocal Minority and Women Business Enterprise initiative. This initiative will allow your business to be certified by either the County or City, and have that certification apply to both agencies. This combined effort by the County and City will lessen the financial burden and streamline the certification process by providing a "one stop shop" for MBE/WBEs interested in participating in County and City procurement opportunities.

Computer Resource Solutions, Inc. d/b/a CRS Group is currently certified by the City of Chicago as a **MBE.** Our office has received a No Change affidavit from your company for the same certification status in the same area of expertise.

This letter is to notify you that your designated Host Agency will be the City of Chicago and your MBE certification will be recognized for Cook County contracts, provided that your status with the City of Chicago's M/WBE Program remains in good standing. As such, you will no longer be required to submit your annual No Change Affidavit to Cook County Government. However, if you wish for Cook County to be your designated Host Agency, you must submit a written request stating your preference on company letterhead to paulette.brooks@cookcountyil.gov, no later than 14 days from the date of this letter.

Please note that if you are currently certified with the City of Chicago in a *non-construction* area i.e., professional services or goods, the County Code requires that you do not exceed 1.) the S.B.A. Size Standards and, 2.) Personal Net Worth standards of approximately $2MM. If you are a non-construction firm and wish to participate as an MBE/WBE in an upcoming County contract, you must submit an affidavit regarding your Size and Personal Net Worth at the time of the bid. You can download the affidavit from www.cookcountyil.gov/contractcompliance.

If you have further questions and/or comments, please contact Paulette Brooks at 312-603-6843.

Sincerely,

Jacqueline Gomez
Contract Compliance Director

JG/pgb

COOK COUNTY GOVERNMENT LETTER OF INTENT (SECTION 2)

M/WBE Firm: Arrow Messenger

Certifying Agency: _____

Address: 1322 W Walton St

Certification Expiration Date: _____

City/State: Chicago, IL Zip 60642

FEIN #: 36-2810588

Phone: 312-489-6688 Fax: _____

Contact Person: PHYLLIS APELBAUM

Email: Danielle@arrowmessenger.com

Contract #: Pharmacy Benefits Management

Participation: [ ] Direct [X] Indirect

Will the M/WBE firm be subcontracting any of the performance of this contract to another firm?

[X] No [ ] Yes – Please attach explanation. Proposed Subcontractor: _____

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract:

Facility Management (NBT)

Indicate the **Dollar Amount**, or **Percentage**, and the **Terms of Payment** for the above-described Commodities/ Services:

0.2%-Payment Terms- Net 30

(If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement conditioned upon the Bidder/Proposer's receipt of a signed contract from the County of Cook. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Barbara Toomey

Signature (*M/WBE*)

Barbara Toomey

Print Name

Arrow Messenger Service, Inc

Firm Name

October 25, 2013

Date

Subscribed and sworn before me

this 25 day of October, 20 13.

Notary Public Marie Alesia

SEAL

OFFICIAL SEAL
MARIE ALESIA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/01/15

Raul Suarez-Rodriguez

Signature (*Prime Bidder/Proposer*)

Raul Suarez-Rodriguez

Print Name

CVS Caremark

Firm Name

10/18/2013

Date

Subscribed and sworn before me

this ___ day of _____, 20_____.

Notary Public _____

SEAL

THE BOARD OF COMMISSIONERS
TONI PRECKWINKLE
PRESIDENT

EARLEAN COLLINS	1st Dist.	PETER N. SILVESTRI	9th Dist.
ROBERT STEELE	2nd Dist.	BRIDGET GAINER	10th Dist.
JERRY BUTLER	3rd Dist.	JOHN P. DALEY	11th Dist.
WILLIAM M. BEAVERS	4th Dist.	JOHN A. FRITCHEY	12th Dist.
DEBORAH SIMS	5th Dist.	LARRY SUFFREDIN	13th Dist.
JOAN PATRICIA MURPHY	6th Dist.	GREGG GOSLIN	14th Dist.
JESUS G. GARCIA	7th Dist.	TIMOTHY O. SCHNEIDER	15th Dist.
EDWIN REYES	8th Dist.	JEFFREY R. TOBOLSKI	16th Dist.
		ELIZABETH "LIZ" DOODY GORMAN	17th Dist.

COOK COUNTY
OFFICE OF CONTRACT COMPLIANCE

SHANNON ANDREWS
DIRECTOR

118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL (312) 603-5502
FAX (312) 603-4547

November 19, 2012

Ms. Phyllis Apelbaum
President
Arrow Messenger Service, Inc.
1322 West Walton
Chicago, IL 60642

Annual Certification Expires: November 19, 2013

Dear Ms. Apelbaum:

Congratulations on your continued eligibility for Certification as a **WBE** by Cook County Government. This annual **WBE** Certification is valid until **November 19, 2013**.

As a condition of continued certification during this three (3) year period, you must file a **"No Change Affidavit" within sixty (60) days prior** to the date of annual expiration. Failure to file this Affidavit shall result in the termination of your Certification. You must notify Cook County Government's Office of Contract Compliance of any change in ownership or control or any other matters or facts affecting your firm's eligibility for certification.

Cook County Government may commence action to remove your firm as a **WBE** vendor if you fail to notify us of any changes of facts affecting your firm's certification, or if your firm otherwise fails to cooperate with the County in any inquiry or investigation. Removal of status may also be commenced if your firm is found to be involved in bidding or contractual irregularities.

Your firm will be listed on the Internet in the next edition of the Cook County Directory of Minority, Women and Veteran Business Enterprises. Your area of specialty will be listed as:

TRANSPORTATION: MESSENGER SERVICES & FACILITIES MANAGEMENT

Your firm's participation on County contracts will be credited toward **WBE** goals in your area(s) of specialty. While your participation on Cook County contracts is not limited to your specialty, credited toward **WBE** goals will be given only for work performed in the specialty category.

Thank you for your continued interest in Cook County Government's Minority, Women and Veteran Business Enterprise Programs.

Sincerely,

Shannon E. Andrews
Contract Compliance Director
SA/ehw

2015

Printed on Recycled Paper

COOK COUNTY GOVERNMENT LETTER OF INTENT (SECTION 2)

M/WBE Firm: Tenacious Cleaning Service Certifying Agency: WBENC

Address: 481 Irmen Dr Ste A Certification Expiration Date: 3-18-14

City/State: Addison, IL Zip 60101 FEIN #: 26-3205451

Phone: 630-458-9064 Fax: Contact Person: Theresa S

Email: tenaciouscs@yahoo.com Contract #: Pharmacy Benefits Management

Participation: [ ] Direct [✓] Indirect

Will the M/WBE firm be subcontracting any of the performance of this contract to another firm?

[X] No [ ] Yes – Please attach explanation. Proposed Subcontractor:

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract:

Facility Management (MPT)

Indicate the Dollar Amount, or Percentage, and the Terms of Payment for the above-described Commodities/ Services:

14.4%-Payment Terms- Net 30

(If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement conditioned upon the Bidder/Proposer's receipt of a signed contract from the County of Cook. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Theresa Smith
Signature (M/WBE)

THERESA SMITH
Print Name

TENACIOUS CLEANING SERVICES INC
Firm Name

10/25/13
Date

Subscribed and sworn before me

this 25 day of October, 20 13.

Notary Public

SEAL

OFFICIAL SEAL
LUKASZ GAINOK
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/28/14

Raul Suarez-Rodriguez
Signature (Prime Bidder/Proposer)

Raul Suarez-Rodriguez
Print Name

CVS Caremark
Firm Name

10/18/2013
Date

Subscribed and sworn before me

this 25th day of October 20 13.

Notary Public Brenda J. Herb

SEAL

Brenda J. Herb
Notary Public of Rhode Island
My Commission Expires: 3-8-2014

WBENC | Women's Business Enterprise National Council

hereby grants

National Women's Business Enterprise Certification

to

Tenacious Cleaning Services, Inc.

who has successfully met WBENC's standards as a Women's Business Enterprise (WBE).
This certification affirms the business is woman-owned, operated and controlled; and is valid through the date herein.

WBENC National WBE Certification was processed and validated by Women's Business Development Center – Chicago, a WBENC Regional Partner Organization.

Expiration Date: 03/18/2014
WBENC National Certificate Number: 2005112469

Authorized by Hedy M. Ratner, Co-President, S. Carol Dougal, Co-President
Women's Business Development Center – Chicago

WOMEN'S BUSINESS DEVELOPMENT CENTER
Your growth is our business.

NAICS Codes: 561720, 561740

UNSPSC Codes: 76110000

THE BOARD OF COMMISSIONERS
TONI PRECKWINKLE
PRESIDENT

EARLEAN COLLINS	1st Dist.	PETER N. SILVESTRI	9th Dist.
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JOAN PATRICIA MURPHY	6th Dist.	GREGG GOSLIN	14th Dist.
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EDWIN REYES	8th Dist.	JEFFREY R. TOBOLSKI	16th Dist.
		ELIZABETH "LIZ" DOODY GORMAN	17th Dist.

COOK COUNTY
OFFICE OF CONTRACT COMPLIANCE

SHANNON ANDREWS
DIRECTOR

118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL (312) 603-5502
FAX (312) 603-4547

November 19, 2012

Ms. Theresa Smith, President
Tenacious Cleaning Services Inc.
481 S Irmen Drive, Suite A
Addison, IL 60181

Annual Certification Expires: November 19, 2013

Dear Ms. Smith:

Congratulations on your continued eligibility for Certification as a **WBE** by Cook County Government. This annual **WBE** Certification is valid until **November 19, 2013**.

As a condition of continued Certification during the three (3) year term, you must file a "**No Change Affidavit**" within **sixty (60) business days prior** to the date of annual expiration. Failure to file this Affidavit shall result in the termination of your Certification. You must notify Cook County Government's Office of Contract Compliance of any change in ownership or control or any other matters or facts affecting your firm's eligibility for Certification.

Cook County Government may commence action to remove your firm as a **WBE** vendor if you fail to notify us of any changes of facts affecting your firm's Certification, or if your firm otherwise fails to cooperate with the County in any inquiry or investigation. Removal of your status may also be commenced if your firm is found to be involved in bidding or contractual irregularities.

Your firm's name will be listed in Cook County's Directory of Minority Business Enterprises, Women and Veteran Business Enterprises in the area(s) of specialty:

Janitorial: Commercial Janitorial Services

Your firm's participation on Cook County contracts will be credited toward **WBE** goals in your area(s) of specialty. While your participation on Cook County contracts is not limited to your specialty, credit toward **WBE** goals will be given only for work performed in the specialty category.

Thank you for your continued interest in Cook County Government's Minority, Women and Veteran Business Enterprise Program.

Sincerely,

Shannon E. Andrews
Contract Compliance Director
SA/ek

Printed on Recycled Paper

COOK COUNTY GOVERNMENT LETTER OF INTENT (SECTION 2)

M/WBE Firm: Systems Unlimited

Certifying Agency: CMSDC

Address: 1350 W BRYN MAWR AVE

Certification Expiration Date: 6/30/2014

City/State: Itasca, IL Zip 60143

FEIN #: 36-3165141

Phone: 630-285-0011 Fax: _____

Contact Person: Russell Omuro

Email: romuro@systemsunlimitedinc.com

Contract #: Pharmacy Benefits Management

Participation: [ ] Direct [X] Indirect

Will the M/WBE firm be subcontracting any of the performance of this contract to another firm?

[X] No [ ] Yes – Please attach explanation. Proposed Subcontractor: _____

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract:

Facility Management (NBT)

Indicate the **Dollar Amount**, or **Percentage**, and the **Terms of Payment** for the above-described Commodities/ Services:

10.2%-Payment Terms- Net 30

(If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement conditioned upon the Bidder/Proposer's receipt of a signed contract from the County of Cook. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Signature (M/WBE)	Raul Suarez-Rodriguez Signature (Prime Bidder/Proposer)
RUSSELL OMURO Print Name	Raul Suarez-Rodriguez Print Name
SYSTEMS UNLIMITED, INC. Firm Name	CVS Caremark Firm Name
10/23/13 Date	10/18/2013 Date
Subscribed and sworn before me this 23 day of October, 20 13 Notary Public Shirley Sanchez SEAL	Subscribed and sworn before me this 18th day of October, 20 13 Notary Public Brenda J. Herb SEAL

SHIRLEY SANCHEZ
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
February 10, 2016

Brenda J. Herb
Notary Public of Rhode Island
My Commission Expires: 3-8-2014

CHICAGO MINORITY SUPPLIER DEVELOPMENT COUNCIL INC.

May 15, 2012

Mr. Russell Omuro
President
SYSTEMS UNLIMITED, INC.
1350 W. Bryn Mawr Ave.
Itasca, IL 60143

Dear Mr. Omuro:

We are pleased to inform you that your firm continues to meet the eligibility criteria and has been certified as a member of the Chicago Minority Supplier Development Council, Inc.

Membership is granted annually and means that your term is effective through **June 30, 2013**. It is the obligation of your firm to apply for recertification before your certification expiration date. In the interim, it is your responsibility to notify ChicagoMSDC of any change in the status or operation of your company that might result in disqualification. Your firm's commodity/service will be listed in ChicagoMSDC's online GREATER CHICAGO MINORITY BUSINESS DIRECTORY as follows:

DISTRIBUTOR, WAREHOUSING AND INSTALLATION OF OFFICE FURNITURE; MANUFACTURER OF OFFICE FURNITURE AND ARCHITECTURAL MILLWORK

Your company's participation in other areas requires certification.

We would like to take this opportunity to thank you for your cooperation in our certification procedure which, we feel, will strengthen the Council's programs to assist your firm in its efforts to market to major corporations in Chicago and nationally.

Sincerely,

Shondra E. Watson-Wilson
Manager of Certification

105 WEST ADAMS, SUITE 2300 • CHICAGO, ILLINOIS 60603 • PHONE 312/755-8880 • FAX 312/755-8890

COOK COUNTY GOVERNMENT LETTER OF INTENT (SECTION 2)

M/WBE Firm: Arem Container & Supply
Address: 6153 W Mulford St
City/State: Niles, IL Zip: 60714
Phone: 847-673-6164 Fax:
Email: ron@aremcontainer.com

Certifying Agency: COOK COUNTY
Certification Expiration Date: 12-21-13
FEIN #: 36-2463434
Contact Person: CRAIG SCHWARTZ
Contract #: Pharmacy Benefits Management

Participation: [ ] Direct [X] Indirect

Will the M/WBE firm be subcontracting any of the performance of this contract to another firm?

[X] No [ ] Yes – Please attach explanation. Proposed Subcontractor:

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract:

Facility Management (MPT)

Indicate the **Dollar Amount** or **Percentage**, and the **Terms of Payment** for the above-described Commodities/ Services:

3.4% -Net 30

(If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement conditioned upon the Bidder/Proposer's receipt of a signed contract from the County of Cook. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Signature (M/WBE)

CRAIG SCHWARTZ
Print Name

AREM Container & Supply Co
Firm Name

10/23/13
Date

Subscribed and sworn before me

this 23rd day of October 2013

Notary Public Malgorzata Kopec

SEAL

OFFICIAL SEAL
MALGORZATA KOPEC
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXP. 11/24/2016

Raul Suarez-Rodriguez
Signature (Prime Bidder/Proposer)

Raul Suarez-Rodriguez
Print Name

CVS Caremark
Firm Name

10-18-2013
Date

Subscribed and sworn before me

this 25th day of October 2013

Notary Public Brenda J. Herb

SEAL

Brenda J. Herb
Notary Public of Rhode Island
My Commission Expires 3-8-2014

THE BOARD OF COMMISSIONERS
TONI PRECKWINKLE, PRESIDENT

Earlean Collins	1st Dist.	Bridget Gainer	10th Dist.
Robert Steele	2nd Dist.	John P. Daley	11th Dist.
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Peter N. Silvestri	9th Dist.		

COUNTY OF COOK
BUREAU OF FINANCE
OFFICE OF CONTRACT COMPLIANCE
SHANNON E. ANDREWS
DIRECTOR

County Building
118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL: (312) 603-5502

December 21, 2012

Ms. Rosalind Schwartz, Owner / President
AREM Container & Supply Co.
6153 West Mulford, Unit D
Niles, IL 60714

Annual Certification Expires: December 21, 2013

Dear Ms. Schwartz:

Congratulations on your continued eligibility for Certification as a **WBE** by Cook County Government. This annual **WBE** Certification is valid until **December 21, 2013.**

As a condition of continued Certification during the three (3) year term, you must file a "**No Change Affidavit**" within **sixty (60) business days prior** to the date of annual expiration. Failure to file this Affidavit shall result in the termination of your Certification. You must notify Cook County Government's Office of Contract Compliance of any change in ownership or control or any other matters or facts affecting your firm's eligibility for Certification.

Cook County Government may commence action to remove your firm as a **WBE** vendor if you fail to notify us of any changes of facts affecting your firm's Certification, or if your firm otherwise fails to cooperate with the County in any inquiry or investigation. Removal of your status may also be commenced if your firm is found to be involved in bidding or contractual irregularities.

Your firm's name will be listed in Cook County's Directory of Minority Business Enterprises, Women and Veteran Business Enterprises in the area(s) of specialty:

Regular Dealer: Janitorial Supplies, Packaging Material and Shipping Supplies, Sanitary & Paper Products; Warehousing

Your firm's participation on Cook County contracts will be credited toward **WBE** goals in your area(s) of specialty. While your participation on Cook County contracts is not limited to your specialty, credit toward **WBE** goals will be given only for work performed in the specialty category.

Thank you for your continued interest in Cook County Government's Minority, Women and Veteran Business Enterprise Program.

Sincerely,

Shannon E. Andrews
Contract Compliance Director

SEA/lar

2014

COOK COUNTY GOVERNMENT LETTER OF INTENT (SECTION 2)

M/WBE Firm: Angel Flight Marketing Services

Certifying Agency: CMSDC

Address: 1006 S. Michigan Ave ., Suite 606

Certification Expiration Date: 9/30/2014

City/State: Chicago, IL Zip: 60605

FEIN #: 36-3799872

Phone: 312-933-1878

Contact Person: Gabriel Mitchell

Email: gmitchell@angelfly.com

Contract #: Pharmacy Benefits Management

Participation: [ ] Direct [X] Indirect

Will the M/WBE firm be subcontracting any of the performance of this contract to another firm?

[X] No [ ] Yes – Please attach explanation. Proposed Subcontractor: _____

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract:

Marketing Communications

Indicate the **Dollar Amount**, or **Percentage**, and the **Terms of Payment** for the above-described Commodities/ Services:

0.3%

Net 30

(If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement conditioned upon the Bidder/Proposer's receipt of a signed contract from the County of Cook. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Signature (*M/WBE*)

Mr. Gabriel Mitchell

Print Name

Angel Flight Marketing Services

Firm Name

10/25/13

Date

Subscribed and sworn before me

this 25 day of October 20 13.

Notary Public

SEAL

Raul Suarez-Rodriguez

Signature (*Prime Bidder/Proposer*)

Raul Suarez-Rodriguez

Print Name

CVS Caremark

Firm Name

10-18-2013

Date

Subscribed and sworn before me

this ____ day of _____, 20____.

Notary Public _____

SEAL

"OFFICIAL SEAL"
BRIAN P KOTTMEYER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES MARCH 21, 2015

CHICAGO
MSDC
MINORITY SUPPLIER
DEVELOPMENT COUNCIL

CHICAGO MINORITY SUPPLIER DEVELOPMENT COUNCIL

THIS CERTIFIES THAT

ANGEL FLIGHT MARKETING SERVICES, INC.

Has met the requirements for certification as a bona fide Minority Business Enterprise as defined by the National Minority Supplier Development Council, Inc. (NMSDC) and as adopted by the Chicago Minority Supplier Development Council.

****NAICS Codes: 541860, 541430, 541910, 561422, 541613, 561990**

****Description of their product/services as defined by the North American Industry Classification System (NAICS)**

Product/Service Description: Service, specializing in Direct Response Marketing, call center activities, market research, and direct mail, formulating concept strategies, targeting prospect lists, creative development and print production

9/30/2013
Issued Date

CH1479
Certificate Number

9/30/2014
Expiration Date

Helen C. Bell Morgan
President, ChicagoMSDC

By using your assigned (through NMSDC only) password, NMSDC Corporate Members may view the original certificate by logging in at: http://www.nmsdc.org

An affiliate of the National Minority Supplier Development Council, Inc. (NMSDC)

CHICAGO TRANSIT AUTHORITY

567 West Lake Street
Chicago, Illinois 60661-1498
TEL 312 664-7200
www.transitchicago.com

January 15, 2013

Gabriel Mitchell
Angel Flight Marketing Services, Inc
1006 S. Michigan Avenue, Suite #606
Chicago, IL 60605

Dear Gabriel Mitchell:

The Chicago Transit Authority has reviewed your annual No Change Affidavit and supporting documentation and is pleased to inform you that your firm continues to meet the Disadvantaged Business Enterprise (DBE) program certification eligibility standards set forth in 49 CFR Part 26. Your next No Change Affidavit, or Continued Eligibility Affidavit, is due **September 16, 2014**. Notification will be sent to you sixty (60) days prior to this date.

This certification allows your firm to participate as a DBE in the Illinois Unified Certification Program (IL UCP). The participating agencies include the Illinois Department of Transportation, the City of Chicago, the Chicago Transit Authority, Metra and Pace.

If there is any change in circumstances during the course of your five-year certification period that affect your ability to meet size, disadvantaged status, ownership, or control requirements or any material change in the information provided in your initial application, you must provide written notification to this agency within thirty (30) days of the occurrence of the change. Failure to provide this information is a ground for denial of certification based on failure to cooperate pursuant to 49 CFR 26.109(c).

The Directory is used by prime contractors/consultants, as well as other agencies, to solicit participation of DBE firms. The Directory can be accessed on the Internet at (agency web site address). Your firm's name will appear in the IL UCP DBE Directory under the following category name(s):

NAICS-541430: GRAPHIC DESIGN SERVICES
NAICS-541860: DIRECT MAIL ADVERTISING SERVICES
NAICS-541910: MARKETING RESEARCH AND PUBLIC OPINION POLLING
NAICS-561422: TELEMARKETING SERVICES ON A CONTRACT OR FEE BASIS

541860-DIRECT MAILING; 541422 TELEMARKETING; 541430- GRAPHIC DESIGN; 541910-MARKET RESEARCH & CONSULTING

Your participation on contracts will only be credited toward DBE contract goals when you perform in your firm's approved area(s) of specialty. Credit for participation in an area outside your specialty requires prior approval (verification of resources, expertise, and corresponding support documentation, etc.).

Sincerely,

Omar Brown
General Manager
Diversity Programs

COOK COUNTY GOVERNMENT LETTER OF INTENT (SECTION 2)

M/WBE Firm: Planned Packaging of IL

Address: 19558 S.Harlem Ave

City/State: Frankfort, IL Zip: 60423

Phone: 708-478-5223 Fax: _____

Email: rodell@ppoic.com

Certifying Agency: NMSDC

Certification Expiration Date: 3-31-14

FEIN #: 36-4459602

Contact Person: JASON ROBERTSON

Contract #: Pharmacy Benefits Management

Participation: [ ] Direct [X] Indirect

Will the M/WBE firm be subcontracting any of the performance of this contract to another firm?

[X] No [ ] Yes – Please attach explanation. Proposed Subcontractor: _____

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract:

Materials Management

Indicate the **Dollar Amount**, or **Percentage**, and the **Terms of Payment** for the above-described Commodities/ Services:

25.5%- Payment Terms- Net 30

(If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement conditioned upon the Bidder/Proposer's receipt of a signed contract from the County of Cook. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Signature (M/WBE)

Jason J. Robertson

Print Name

Planned Packaging of Illinois

Firm Name

10/24/13

Date

Subscribed and sworn before me

this 24 day of Oct 20 13

Notary Public _____

SEAL

OFFICIAL SEAL
THOMAS G. RUDAS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8-28-2015

Raul Suarez-Rodriguez

Signature (Prime Bidder/Proposer)

Raul Suarez-Rodriguez

Print Name

CVS Caremark

Firm Name

10/18/2013

Date

Subscribed and sworn before me

this 25th day of October 20 13

Notary Public Brenda J. Herb

SEAL

Brenda J. Herb
Notary Public of Rhode Island
My Commission Expires 3-8-2014

CHICAGO
MSDC
MINORITY SUPPLIER
DEVELOPMENT COUNCIL

CHICAGO MINORITY SUPPLIER DEVELOPMENT COUNCIL

THIS CERTIFIES THAT

PLANNED PACKAGING OF ILLINOIS CORPORATION

Has met the requirements for certification as a bona fide Minority Business Enterprise as defined by the National Minority Supplier Development Council, Inc. (NMSDC) and as adopted by the Chicago Minority Supplier Development Council.

****NAICS Codes: 423840, 561910**

****Description of their product/services as defined by the North American Industry Classification System (NAICS)**

Product/Service Description: Distributor of industrial packaging

3/31/2013
Issued Date

3/31/2014
Expiration Date

CH1003
Certificate Number

President, ChicagoMSDC

By using your assigned (through NMSDC only) password, NMSDC Corporate Members may view the original certificate by logging in at: http://www.nmsdc.org

An affiliate of the National Minority Supplier Development Council, Inc. (NMSDC)

OFFICE OF CONTRACT COMPLIANCE
JACQUELINE GOMEZ
DIRECTOR
118 N. Clark, County Building, Room 1020 • Chicago, Illinois 60602 • (312) 603-5502

Participation with waiver

TONI PRECKWINKLE
PRESIDENT
Cook County Board of Commissioners

RICHARD R. BOYKIN
1st District

ROBERT STEELE
2nd District

JERRY BUTLER
3rd District

STANLEY MOORE
4th District

DEBORAH SIMS
5th District

EDWARD M. MOODY
6th District

JESUS G. GARCIA
7th District

LUIS ARROYO, JR
8th District

PETER N. SILVESTRI
9th District

BRIDGET GAINER
10th District

JOHN P. DALEY
11th District

JOHN A. FRITCHEY
12th District

LARRY SUFFREDIN
13th District

GREGG GOSLIN
14th District

TIMOTHY O. SCHNEIDER
15th District

JEFFREY R. TOBOLSKI
16th District

SEAN M. MORRISON
17th District

December 1, 2016

Ms. Shannon E. Andrews
Chief Procurement Officer
118 N. Clark Street
County Building-Room 1018
Chicago, IL 60602

Re: Contract No.: 1455-13418, Amendment No. 1
Pharmacy Benefits Management Services
Risk Management

Dear Ms. Andrews:

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 of our records as reported by the vendor, it has been determined the vendor is in compliance with the MBE/WBE Ordinance.

Sincerely,

Jacqueline Gomez
Contract Compliance Director
JG/la

Cc: Deanna Zalas, Risk Management

CONTRACT NO.

COOK COUNTY
ECONOMIC DISCLOSURE STATEMENT
AND EXECUTION DOCUMENT
INDEX

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 Proposals, 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, 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 for-profit 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 lobbies.

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 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 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 Ethics 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 Ethics 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.

CONTRACT NO.:

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 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 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.;*

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;

7) Has made an admission of guilt of such conduct as set forth in subsections (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 *nolo contendere* 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, by a local municipality, or by the Illinois Department of Revenue, which such tax or fee is delinquent, 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.*).

F. 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 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 34-160;

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:

1) 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);

2) Community Development Block Grants;

3) Cook County Works Department;

4) Sheriff's Work Alternative Program; and

5) Department of Correction inmates.

CONTRACT NO.

SECTION 3

REQUIRED DISCLOSURES

1. DISCLOSURE OF LOBBYIST CONTACTS

List all persons that have made lobbying contacts on your behalf with respect to this contract:

Name	Address
None	

2. LOCAL BUSINESS PREFERENCE STATEMENT (CODE, CHAPTER 34, SECTION 34-230)

Local business means a Person, including a foreign corporation authorized to transact business in Illinois, having a bona fide establishment located within the County at which it is transacting business on the date when a Bid is submitted to the County, and which employs the majority of its regular, full-time work force within the County. A Joint Venture shall constitute a Local Business if one or more Persons that qualify as a "Local Business" hold interests totaling over 50 percent in the Joint Venture, even if the Joint Venture does not, at the time of the Bid submittal, have such a bona fide establishment within the County.

a) Is Applicant a "Local Business" as defined above?

Yes: X No: _____

b) If yes, list business addresses within Cook County:

2211 Sanders Road

Northbrook, IL 60062

c) Does Applicant employ the majority of its regular full-time workforce within Cook County?

Yes: _____ No: X

3. THE CHILD SUPPORT ENFORCEMENT ORDINANCE (CODE, CHAPTER 34, SECTION 34-172)

Every Applicant for a County Privilege shall be in full compliance with any child support order before such Applicant is entitled to receive or renew a County Privilege. When delinquent child support exists, the County shall not issue or renew any County Privilege, and may revoke any County Privilege.

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.

4. REAL ESTATE OWNERSHIP DISCLOSURES.

The Applicant must indicate by checking the appropriate provision below and providing all required information that either:

a) The following is a complete list of all real estate owned by the Applicant in Cook County:

PERMANENT INDEX NUMBER(S): _____

_____

_____

(ATTACH SHEET IF NECESSARY TO LIST ADDITIONAL INDEX NUMBERS)

OR:

b) __X__ 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 this EDS, the Applicant must explain below:

_____

_____

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.

CONTRACT NO.

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.

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 or County Agency being voided.

"*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 sale 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 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 [X] Applicant or [ ] Stock/Beneficial Interest Holder

This Statement is an: [X] Original Statement or [ ] Amended Statement

Identifying Information:

Name CaremarkPCS Health L.L.C

D/B/A: _____ FEIN NO.: 75-2882129

Street Address: 2211 Sanders Road

City: Northbrook State: Illinois Zip Code: 60062

Phone No.: _____ Fax Number: _____ Email: _____

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

[ ] Sole Proprietor [ ] Partnership [ ] Corporation [ ] Trustee of Land Trust

[ ] Business Trust [ ] Estate [ ] Association [ ] Joint Venture

[X] Other (describe) Limited Liability Company

CONTRACT NO.

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
None	N/A	N/A

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
None	N/A	N/A

3. Is the Applicant constructively controlled by another person or Legal Entity? [X] Yes [ ] No

If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
CVS Health Corporation	One CVS Drive	All of Applicant's ownership	Parent Company
	Woonsocket, Rhode Island 02895	interests are indirectly owned	
		by CVS Health Corporation	

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
CVS Health Corporation	One CVS Drive	All of Applicant's ownership	
	Woonsocket, Rhode Island 02895	interests are indirectly owned	
		by CVS Health Corporation	

Declaration (check the applicable box):

[ ] I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.

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

CONTRACT NO.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Colleen Cleveland
Name of Authorized Applicant/Holder Representative (please print or type)

Signature

Vice President Proposals & Client Strategy
Title

05/26/2016
Date

rfp.proposals@CVSCaremark.com
E-mail address

847-559-4700
Phone Number

Subscribed to and sworn before me
this 26th day of May, 2016.

My commission expires: 5/6/2017

X
Notary Public Signature

Notary Seal

OFFICIAL SEAL
JAMES LIAM MCGOVERN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:05/06/17

CONTRACT NO.

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

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 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 entity.

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

Additional Definitions:

"*Familial relationship*" means a person who is a spouse, domestic partner or civil union partner of a County employee or State, County or municipal official, or any person who is related to such an employee or official, whether by blood, marriage or adoption, as a:

⌟ Parent	∟ Grandparent	∟ Stepfather
⌜ Child	⌝ Grandchild	⌜ Stepmother
∟ Brother	⌟ Father-in-law	∟ Stepson
⌟ Sister	⌟ Mother-in-law	⌟ Stepdaughter
∟ Aunt	⌟ Son-in-law	⌟ Stepbrother
⌜ Uncle	⌜ Daughter-in-law	⌝ Stepsister
∟ Niece	⌟ Brother-in-law	∟ Half-brother
⌟ Nephew	⌟ Sister-in-law	∟ Half-sister

CONTRACT NO.

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: CaremarkPCS Health L.L.C

Address of Person Doing Business with the County: 2211 Sanders Road, Northbrook, IL 60062

Phone number of Person Doing Business with the County: 847-559-4700

Email address of Person Doing Business with the County: rfp.proposals@CVSCaremark.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:
James Hogan, Strategic Account Executive

James.Hogan@CVSCaremark.com 847-559-5792

B. 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: 1455-13418

The aggregate dollar value of the business you are doing or seeking to do with the County: $ $75M per year

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: Ms. Deanna Zalas, Director, Risk Management 312-603-6426

118 N. Clark St., Room 1072, Chicago, IL 60602

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: Ms. Deanna Zalas, Director, Risk Management 312-603-6426

118 N. Clark St., Room 1072, Chicago, IL 60602

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

☐ 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.

CONTRACT NO.

COOK COUNTY BOARD OF ETHICS
FAMILIAL RELATIONSHIP DISCLOSURE FORM

☐ The Person Doing Business with the County **is an individual** and **there is a familial relationship** between this individual and at least one Cook County employee and/or a person or persons holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County. **The familial relationships are 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*

If more space is needed, attach an additional sheet following the above format.

☐ The Person Doing Business with the County **is a business entity** and **there is a familial relationship** between at least one 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 and/or employees directly engaged in contractual work with the County on behalf of the business entity, on the one hand, and at least one Cook County employee and/or a person holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County, on the other. **The familial relationships are as follows:**

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*

Name of Officer 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*

CONTRACT NO.

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*

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*

Name of Employee of Business Entity Directly Engaged 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 Familial Relationship*

If more space is needed, attach an additional sheet following the above format.

VERIFICATION: To the best of my knowledge, the information I have provided on this disclosure form is accurate and complete. I acknowledge that an inaccurate or incomplete disclosure is punishable by law, including but not limited to fines and debarment.

Signature of Recipient

05/25/2016
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.

CONTRACT NO.

SECTION 4

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 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 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 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.

I. Contract Information:

Contract Number: 1455-13418

County Using Agency (requesting Procurement): N/A

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): CaremarkPCS Health L.L.C

Substantial Owner Complete Name: _____

FEIN# 75-2882129

Date of Birth: N/A E-mail address: _____

Street Address: 2211 Sanders Road

City: Northbrook State: Illinois Zip: 60062

Home Phone: (___) ___ - _____ Driver's License No: N/A

III. Compliance with Wage Laws: Illinois

Within the past five years has the Person/Substantial Owner, in any judicial or administrative proceeding, been convicted of, entered a plea, made an admission of guilt or liability, or had an administrative finding made for committing a repeated or willful violation of any of the following laws:

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 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

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 right to make additional inquiries and request additional documentation.

V. Affirmation

The Person/Substantial Owner affirms that all statements contained in the Affidavit are true, accurate and complete.

Signature: _____ Date: 05/26/2016

Name of Person signing (Print): Colleen Cleveland Title: VP Proposals & Client Strategy

Subscribed and sworn to before me this 26th day of May, 20 16

X _____
Notary Public Signature

Notary Seal

OFFICIAL SEAL
JAMES LIAM MCGOVERN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:05/06/17

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

CONTRACT NO.

SECTION 5

CONTRACT AND EDS EXECUTION PAGE

PLEASE EXECUTE THREE ORIGINAL COPIES

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.

Execution by Corporation

Corporation's Name

President's Printed Name and Signature

Telephone

Email

Secretary Signature

Date

Execution by LLC

CaremarkPCS Health L.L.C

LLC Name

Colleen Cleveland

*Member/Manager Printed Name and Signature

05/26/2016

Date

rfp.proposals@CVSCaremark.com 847-559-4700

Telephone and Email

Execution by Partnership/Joint Venture

Partnership/Joint Venture Name

*Partner/Joint Venturer Printed Name and Signature

Date

Telephone and Email

Execution by Sole Proprietorship

Printed Name and Signature

Date

Telephone

Email

Subscribed and sworn to before me this

26th day of May, 2016.

My commission expires: 5/6/2017

Notary Public Signature

Notary Seal

OFFICIAL SEAL
JAMES LIAM MCGOVERN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:05/06/17

If the operating agreement, partnership agreement or governing documents require execution by multiple members, managers, partners, or joint venturers, please complete and execute additional Contract and EDS Execution Page.