

**CITY COUNCIL**

**The City of Orange Township, New Jersey**

**DATE** April 4, 2023

**NUMBER** 175-2023

**TITLE:**

**A RESOLUTION AUTHORIZING A CONTRACT WITH NORTHEASTERN INTERIOR SERVICES, LLC, 5 FAIRFIELD AVENUE, LITTLE FALLS, NEW JERSEY 07424 FOR GENERAL CONSTRUCTION REPAIRS & CARPENTRY SERVICES THROUGH THE HUNTERDON COUNTY CO-OPERATIVE PRICING COUNCIL CONTRACT #HCESC-SER-20F COMMENCING APRIL 1, 2023 THROUGH MARCH 31, 2024 IN THE AMOUNT NOT TO EXCEED \$50,000.00.**

**WHEREAS**, the City of Orange Township requires a firm for general construction repairs and carpentry services to City Owned Buildings for the City of Orange Township; and

**WHEREAS**, the City of Orange Township entered into a cooperative pricing agreement with the Hunterdon County Cooperative Council , a copy of which is attached hereto and made part hereof, for general construction repairs and carpentry services; and

**WHEREAS**, the Chief Financial Officer of the City of Orange Township has prepared the necessary Certificate of Availability of Funds, a copy of which is attached hereto, certifying that funds are available for this purpose in Account No. 3-01-26-310-000-507 (\$30,000.00) and Account No. 4-01-26-310-000-507 (\$20,000.00) contingent upon Council approval and inclusion of said item in the Temporary Budget and adopted 2023 & 2024 Budgets, there will be sufficient funds to contract with Northeastern Interior Services, LLC.

**NOW, THEREFORE, BE IT RESOLVED** that the proper officers of the City of Orange Township are hereby authorized to enter into an agreement with aforesaid vendor for general construction repairs and carpentry services commencing April 1, 2023 through March 31, 2024 in an amount not to exceed \$50,000.00.

Adopted: **April 4, 2023**

\_\_\_\_\_  
Joyce L. Lanier  
City Clerk

\_\_\_\_\_  
Tency A. Eason  
Council President

CITY OF ORANGE TOWNSHIP  
FINANCE DEPARTMENT

CERTIFICATION OF FUNDS  
NEXT BUDGET

I, Nile Clements, Chief Financial Officer for the City of Orange Township, do hereby confirm that based on the Quote or RFP, RFQ, bid results or "extraordinary unspecifiable services" without competitive bids for 2023 & 2024 service contract, and the resolution to be presented to the Council for approval, and contingent upon Council approval and inclusion of said item in the Temporary Budget and adopted 2023 & 2024 Budgets, there will be sufficient funds to contract with:

Vendor Name: Northeastern Interior Services

Address: 5 Fairfield Ave.

City: Little Falls

State: New Jersey

Zip Code: 07424

Purpose: General construction & carpentry services

Vendor ID: NORTH065

Temporary Budget: \$ 7,500.00

Fund: Current Fund

Line Description BDG - Building & Grounds - Renovations & Repairs

Account Numbers(s): CY'23 3-01-26-310-000-507

The remainder of: \$ 22,500.00

will be provided in

Fund: Current Fund

Line Description BDG - Building & Grounds - Renovations & Repairs

Account Numbers(s): CY'23 3-01-26-310-000-507

Purchase Order # : 23-00830

Amount not to exceed \$ 30,000.00

in 2023 budget:

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Division Head

Date

*Nile Clements*

3/13/2023

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Chief Financial Officer

Date

# AGREEMENT

This Agreement, made and entered into this \_\_\_\_\_ day of \_\_\_\_\_ 2023,  
between the City of Orange Township and **Northern Interior Services, LLC, 5  
Fairfield Avenue, Little Falls, New Jersey 07424.**

**WHEREAS**, the City of Orange Township wishes to retain a firm for the purpose  
of **general construction repairs and carpentry services under the Hunterdon County  
Co-Operative Pricing Council Contract #HCESC-SER-20F** for the City of Orange  
Township, as specifically set forth in the attached proposal in the amount not to exceed  
**\$50,000.00 for the period of April 1, 2023 through March 31, 2024.**

**WHEREAS**, the City of Orange Township wishes to retain **Northern Interior  
Services, LLC** with offices located at **5 Fairfield Avenue, Little Falls, New Jersey  
07424.**

**WHEREAS**, this firm and the individuals of the firm are to be retained pursuant  
to the Agreement as specified under the **Hunterdon County Co-Op Contract  
#HCESC-SER-20F**; and

**WHEREAS**, the City Council of the City of Orange Township has, by  
**Resolution No. \_\_\_\_\_** dated \_\_\_\_\_, 2023, authorizes **Northern Interior  
Services, LLC** for the purpose of **general construction repairs and carpentry services**,  
as specified in the attached proposal.

**NOW, THEREFORE, BE IT AGREED** by and between the parties, for the  
mutual convenient set forth herein below:

1. **Northern Interior Services, LLC** is hereby contracted by the City of Orange  
Township to provide services as specified in the attached proposal.
2. This agreement shall be effective commencing on **April 1, 2023** and  
terminating on **March 31, 2024.**

3. This agreement shall not be assigned nor shall any duties under this agreement be delegated by **Northern Interior Services, LLC** without prior written consent of the City.
4. The validity of this agreement and its terms or provisions, as well as the rights and duties of the contracting parties, shall be governed by and construed in accordance with the laws of the State of New Jersey.
5. This agreement shall be binding on and inure to the benefit of the contracting parties and their respective heirs, executors, administrators, legal representatives, successors, and assigns when not expressly prohibited by this agreement.
6. In case any one or more of the provisions contained in this agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, the invalidity, illegality, or unenforceability shall not affect any other provision of it this agreement shall for any reason be held to be invalid, illegal, or unenforceable provision had never been contained in it.
7. This agreement constitutes the sole agreement of the contracting parties and supersedes any prior understandings or written or oral agreements between the parties respecting its subject matter.
8. All notices and other communications shall be sent by certified mail, return receipt requested, and shall be deemed to have been given when sent to the parties at their respective addresses as set forth above, unless a different address has been selected after the execution of this agreement and has been duly communicated to the party giving notice.
9. The City may terminate this Agreement upon three days notice with **Northern Interior Services, LLC**. In the event that this agreement is deemed to be terminated, the City shall pay **Northern Interior Services, LLC** for those

services provided as of the effective date of termination. This agreement is final and cannot be amended, supplemented, changed or modified without said being in writing.

**IN WITNESS WHEREOF**, the parties hereto have set their hands and seals the day and year first above written.

ATTEST:

CITY OF ORANGE TOWNSHIP:

\_\_\_\_\_  
Joyce L. Lanier      Date  
City Clerk

\_\_\_\_\_  
Dwayne D. Warren, Esq.      Date  
Mayor

ATTEST:

Northern Interior Services, LLC  
5 Fairfield Avenue  
Little Falls, New Jersey 07424

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature      Date

\_\_\_\_\_  
Signature      Date

Approved as to Form and Sufficiency

\_\_\_\_\_  
Gracia R. Montilus      Date  
City Attorney

**CITY COUNCIL**

**The City of Orange Township, New Jersey**

**DATE** March 17, 2020

**NUMBER** 123-2020

**TITLE: A RESOLUTION AUTHORIZING THE CITY OF ORANGE TOWNSHIP TO ENTER INTO A VOLUNTARY COOPERATIVE PRICING SYSTEM WITH HUNTERDON COUNTY EDUCATIONAL SERVICES COMMISSION (HCESC) FOR THE PURCHASE OF GOODS AND SERVICES.**

**WHEREAS, N.J.S.A. 40A:11-11(5) authorizes contracting units to establish a Cooperative Pricing System and to enter into a voluntary cooperative pricing for its administration; and**


**WHEREAS, Hunterdon County Educational Services Commission (HCESC), (the "Lead Agency") has offered voluntary participation in a cooperative pricing system for the purchase of goods and services; and**


**WHEREAS, the City wishes to enter into a five year agreement with HCESC for the purchase of goods and services; and**

**NOW, THEREFORE, BE IT RESOLVED, that pursuant to the provisions of N.J.S.A. 40A:11-11(5), the Mayor and the City of Orange is hereby authorized to enter into a voluntary Cooperative Pricing Cooperative Pricing System with the Lead Agency.**

**BE IT FURTHER RESOLVED that the Lead Agency shall be responsible for complying with the provisions of the Local Contracts Law (N.J.S.A. 0A:11-1 et seq.) and all other provisions of the revised statutes of the State of New Jersey.**

**Adopted: March 24, 2020**

  
\_\_\_\_\_  
Joyce L. Lanier  
City Clerk

  
\_\_\_\_\_  
Tency A. Eason  
Council President

*Viggo Rasmussen, On Behalf of the City Attorney*  
\_\_\_\_\_  
*[Signature]*



**HUNTERDON COUNTY EDUCATIONAL SERVICES COMMISSION  
COOPERATIVE PURCHASING PROGRAM**

37 Hoffmans Crossing Road  
Califon, NJ 07830  
<http://purchasing.hcesc.com>

**General Construction Repairs & Carpentry Services #HCESC-SER-20F**

*Renewed November 2, 2022 through November 2, 2024*

The Hunterdon ESC is pleased to announce the award of the various maintenance trades – all bid separately.

Mandatory documents required for these trades can be downloaded from our website. Vendors are required, when requested, to submit Certificates of Insurance naming your district as an additional insured prior to the start of any project. Also, a Performance Bond payable by members can be requested. Billing travel time is not permitted under these contracts. Remember, these are time and material contracts so it's imperative you remain aware of the comings and goings of these vendors to be sure you are being billed correctly.

In the event the Primary Contractor declines the work due to an unavailable workforce and/or fails to respond to an inquiry within 24 hours, you have the option to contract with the Secondary Contractor. Be sure to document your attempt(s) to contact the primary vendor.

**Northeastern Interiors has been reinstated as the Primary Contractor.**

**Northeastern Interior - Primary Contractor - 5 Fairfield Avenue Little Falls, NJ 07424**

Contact: Kristian Miloykovich, [info@northeasterninterior.com](mailto:info@northeasterninterior.com) Phone: 201-636-2761 Fax: 201-353-2404

Counties: \*Essex, \*Union, & \*Middlesex @ \$43/hr. per service person 35% Parts Markup

Counties: \*Bergen, \*Hudson, \*Passaic, \*Warren, \*Sussex, \*Morris, \*Somerset, \*Hunterdon, \*Mercer, \*Monmouth, & \*Ocean all @ \$45/hr. per service person 35% Parts Markup

**Alternate Contractors:**

**NJSB - 7 Warren Road Randolph, NJ 07869**

Contact: Howard Hilberg, [howie@njsbconstruction.com](mailto:howie@njsbconstruction.com)

Ph: (973) 234-3760 Fax: (973) 265-0358

Awarded Counties:

Bergen, Passaic, Middlesex @ \$55/hr. per service person - 25% Parts Markup

Sussex & Morris @ 46.50/hr. per service person 25% Parts Markup,

Essex & Union @ \$47/hr. per service person 38% Parts Markup.

**GPC - 20 East Willow St. Millburn, NJ 07041**

Contact: Brenda Grafas: [brenda@grafas.net](mailto:brenda@grafas.net)

Ph: (973)-376-6116 Fax: (973)-376-0599

Awarded Counties: Hudson, Warren, Somerset, Hunterdon, Mercer, Monmouth & Ocean  
@ \$73.73/hr. per service person, 15% Parts Markup Bonding Co.

04/24/14

Taxpayer Identification# 281-882-343/000

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (908) 482-8292.

I wish you continued success in your business endeavors.

Sincerely,



James J. Fruscione  
Director  
New Jersey Division of Revenue

STATE OF NEW JERSEY  
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY  
DIVISION OF REVENUE  
PO BOX 287  
TRENTON, NJ 08646-0287

TAXPAYER NAME:  
NORTHEASTERN INTERIOR SERVICES LLC

TRADE NAME:

ADDRESS:

112 MILL ST  
PATERSON NJ 07750

EFFECTIVE DATE:

07/28/07

SEQUENCE NUMBER:

119890

ISSUANCE DATE:

04/24/14



Director  
New Jersey Division of Revenue

FORM BRG



# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Northeastern Interior Services LLC**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ C

Notes: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to entities maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions  
**5 Fairfield Ave**

6 City, state, and ZIP code  
**Little Falls, NJ 07424**

7 List account number(s) here (optional)

8 Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-						
--	--	--	---	--	--	--	--	--	--

OR

Employer identification number

2	6	-	1	5	8	3	3	4	3
---	---	---	---	---	---	---	---	---	---

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here    Signature of U.S. person ▶     Date ▶ **02/16/2023**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1099-E (student loan interest), 1099-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

**CERTIFICATE OF EMPLOYEE INFORMATION REPORT** RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. in effect for the period of **15-Mar-2023 to 15-Mar-2030**

**NORTHEASTERN INTERIOR SERVICES, LL<sup>C</sup>**  
**5 FAIRFIELD AVE**  
**LITTLE FALLS NJ 07424**



*Elizabeth Maher Muoio*  
**ELIZABETH MAHER MUOIO**  
State Treasurer



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/03/2022

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

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

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Mirko Vojnovic	
Complete Risk Solutions LLC		<b>PHONE (A/C No. Exp):</b> 862-232-8872	<b>FAX (A/C No.):</b>
2180 Center Ave Apt 5A		<b>E-MAIL ADDRESS:</b> mirkov@completerisks.com	
Fort Lee NJ 07024		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Allstate New Jersey Insurance Company	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b>		<b>NAIC #</b>	
Northeastern Interior Services LLC			
5 Fairfield Ave			
Little Falls NJ 07424			

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL RSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>	X	X	648929163	04/28/2022	04/28/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Re: Painting #HCESC-Ser-20E and General Construction #HCESC-Ser-20F. Flexigas Barrier #HCESC-Ser-20-11.  
 Certificate holder is included as additional insured as required by written contract with the named insured as with respects to work performed by the named insured subject to policy terms and conditions.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Hunterdon County Educational Services Commission 37 Hoffmans Crossing Road Califon NJ 07830	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/17/2022

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

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

<b>PRODUCER</b> Cupo Insurance Agency 50 Mt. Prospect Avenue Suite 100 Clifton NJ 07013	<b>CONTACT NAME:</b> Mariana Suarez <b>PHONE (AG, No. Ext):</b> (973) 778-7770 <b>FAX (AG, No.):</b> (973) 471-9630 <b>E-MAIL ADDRESS:</b> mariana.s@cupo.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Evanston Insurance Company NAIC # 35378 <b>INSURER B:</b> Insurance Company of the West 37847 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Northeastern Interior Services LLC 5 Fairfield Avenue Little Falls NJ 07424	

COVERAGES CERTIFICATE NUMBER: CL2281518201 REVISION NUMBER:

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

INBR LTR	TYPE OF INSURANCE	ADDL INSD	UBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	3AA592628	08/11/2022	08/11/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			XBOW9414922	08/11/2022	08/11/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WSC5056820 02	08/20/2022	08/20/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder is additional insured when required by written contract with the named insured for operations performed by the named insured.  
Painting #HCESC-Ser-20E and General Construction #HCESC-Ser-20F.  
Flexiglas Barrier #HCESC-Ser-20-11

<b>CERTIFICATE HOLDER</b> Hunterdon County Educational Services Commission 37 Hoffmans Crossing Road Clifton NJ 07830	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN FORM**

**Hunterdon County Educational Services Commission**

**VENDOR/BIDDER NAME:** Northeastern Interior Services LLC

**CONTRACT/BID NAME:** Hunterdon County ESC- Painting #HCESC Ser-20E

**Part 1 - Certification**

Pursuant to Public Law 2012, c.25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person nor entity, nor any of its parents, subsidiaries, or affiliates, is identified on the NJ Department of the Treasury's Chapter 25 List as a person or entity engaged in investment activities in Iran. The Chapter 25 list is found on the Division's website at <https://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Bidders must review this list prior to completing the below certification. Failure to complete the certification may render a bidder's proposal nonresponsive. If the Director finds a person or entity to be in violation of the law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

**CHECK THE APPROPRIATE BOX**

I certify, pursuant to Public Law 2012, c.25, that neither the Bidder listed above nor any of its parents, subsidiaries, or affiliates is listed on the New Jersey Department of the Treasury's Chapter 25 List of entities determined to be engaged in prohibited activities in Iran. I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

**OR**

I am unable to certify as above because the Vendor/Bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the NJ Department of the Treasury's Chapter 25 List. I will provide a detailed, accurate and precise description of the activities in Part 2 below sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as non responsive and appropriate penalties, fines, and/or sanction will be assessed as provided by law.

**Part 2 - Additional Information**

N/A

Please provide further information related to investment activities in Iran. You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran on additional sheets provided by you.

Name: \_\_\_\_\_ Relationship of Bidder/Offeror: \_\_\_\_\_

Description of Activities: \_\_\_\_\_

Duration of Engagement: \_\_\_\_\_ Anticipated Cessation Date: \_\_\_\_\_

Bidder/Offeror Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**Part 3 - CERTIFICATION**

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor/Bidder, that the foregoing information and any attachments hereto, to the best of my knowledge are true and complete. I acknowledge that the HCESC is relying on the information contained herein, and that the Vendor/Bidder is under a continuing obligation from the date of this certification through the completion of any contract(s) with the HCESC to notify the HCESC in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I will be subject to criminal prosecution under the law, and it will constitute a material breach of my agreement(s) with the HCESC, permitting the HCESC to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): Kristian Miloykovich

Signature: \_\_\_\_\_

Title: Owner

Date: 10/10/2022

Hunterdon County Educational Services Commission

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Vendor: Northeastern Interior Services LLC

Bid #: Plexiglass Barriers # HCESC-Cat/Ser-20-11

**PART 1 - CERTIFICATION: Bidders MUST COMPLETE Part 1 by checking either box. Failure to check one of the boxes will render the proposal non-responsive.**

Pursuant to Public Law 2012, c.26, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at <http://www.state.nj.us/treasury/purchasing/pdf/Chapter25List.pdf>. Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a bidder's proposal non-responsive. If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

Please check the appropriate box:

I certify, pursuant to Public Law 2012, c. 26, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates are listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 26 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

OR

I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

**PART 2: Please provide further information related to investment activities in Iran.**

You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries, or affiliates, engaging in investment activities in Iran outlined above by completing the information below.

NIA

Provide information relative to the above questions. Please provide thorough answers to each question. If you need to make additional entries, attach an additional page.

Name: \_\_\_\_\_ Relationship to Bidder/Offeror: \_\_\_\_\_

Description of Activities: \_\_\_\_\_

Duration of Engagement: \_\_\_\_\_ Anticipated Cessation Date: \_\_\_\_\_

Bidder/Offeror Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Certification: I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder; that the HCESC is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with the HCESC to notify the HCESC in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of the agreement(s) with HCESC, permitting HCESC to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): Kristian Nikolovovich Signature: \_\_\_\_\_

Title: OWNER Date: 08/26/2020

CA-20

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTICOLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey  
New Jersey Office of the Attorney General  
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE  
Home Improvement Contractors

HAS REGISTERED

NORTHEASTERN INTERIOR SERVICES LLC  
Kristian Miloykovich  
5 Fairfield Ave  
Little Falls NJ 07424

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

New Jersey Office of the Attorney General  
Division of Consumer Affairs  
THIS IS TO CERTIFY THAT THE  
Home Improvement Contractors  
HAS REGISTERED  
NORTHEASTERN INTERIOR SERVICES LLC  
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE  
02/18/2022 TO 03/31/2023  
VALID

SIGNATURE

*K.P. T.M.*  
ACTING DIRECTOR

13VH06564900  
License/Registration/Certificate #

02/18/2022 TO 03/31/2023  
VALID

13VH06564900  
LICENSE/REGISTRATION/CERTIFICATE #

PLEASE DETACH HERE  
IF YOUR LICENSE/REGISTRATION  
CERTIFICATE ID CARD IS LOST  
PLEASE NOTIFY:  
Home Improvement Contractors  
P.O. Box 45016  
Newark, NJ 07101

Signature of Licensee/Registrant/Certificate Holder

*K.P. T.M.*  
ACTING DIRECTOR

PLEASE DETACH HERE

NORTHEASTERN INTERIOR SERVICES LLC EXPIRATION DATE 2023  
YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 13VH 06564900 . PLEASE USE IT IN ALL  
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS USE THIS SECTION TO REPORT ADDRESS  
CHANGES YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED  
BELOW

Home Improvement Contractors  
P.O. Box 45016  
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW  
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON  
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE  
AVAILABLE TO THE PUBLIC

HOME   
BUSINESS

TELEPHONE  
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW  
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY  
THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL  
CORRESPONDENCE

HOME   
BUSINESS

TELEPHONE  
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

**This Form Must Accompany Bid Submission**  
**Exhibit B**

**NON COLLUSION AFFIDAVIT**

STATE OF NEW JERSEY  
COUNTY OF PASSAIC

ss:

I, Kristian Miloykovich of the City of PATERSON  
in the County of Passaic and the State of New Jersey Of full age, being  
duly sworn according to law on my oath depose and say that:

I am OWNER  
Of the firm of NORTHEASTERN INTERIOR SERVICES LLC  
The bidder making the Proposal of the above named project, and that I executed the said proposal  
with full authority so to do; that said bidder has not, directly or indirectly entered into any agreement,  
participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in  
connection with the above named project; and that all statements contained in said proposal and in  
this affidavit are true and correct, made with full knowledge that the Hunterdon County Educational  
Services Commission relies upon the truth of the statements contained in said Proposal and in the  
statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or  
secure such contract upon an agreement or understanding for a commission, percentage, brokerage  
or contingent fee, except bona fide employees or bona fide established commercial or selling agency  
maintained by NORTHEASTERN INTERIOR S (N.J.S.A. 52:34-15)

Name of Contractor SERVICES LLC

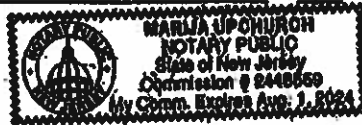
  
Bidder's Signature

KRISTIAN MILOYKOVICH (OWNER)  
Type or Print Name of Bidder

Subscribed and sworn to before me  
This day of August, 2020

Seal Notary Public 

My Commission expires \_\_\_\_\_ 20





**This Form Must Accompany Bid Submission**  
**Exhibit B**

**NON COLLUSION AFFIDAVIT**

STATE OF NEW JERSEY  
COUNTY OF Passaic

ss:

I, Kristian Miloykovich of the City of Butler  
in the County of Morris and the State of New Jersey Of full age, being  
duly sworn according to law on my oath depose and say that:

I am Owner  
Of the firm of Northeastern Interior Services LLC  
The bidder making the Proposal of the above named project, and that I executed the said proposal with full authority so to do; that said bidder has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with the above named project; and that all statements contained in said proposal and in this affidavit are true and correct, made with full knowledge that the Hunterdon County Educational Services Commission relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for the said project.

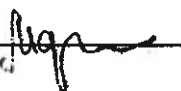
I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agency maintained by Northeastern Interior Services LLC (N.J.S.A. 52:34-15)

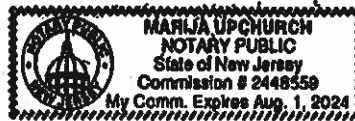
Name of Contractor

  
\_\_\_\_\_  
Bidder's Signature

Kristian Miloykovich ( Owner )  
\_\_\_\_\_  
Type or Print Name of Bidder

Subscribed and sworn to before me  
This day of October, 2020

\_\_\_\_\_  
Seal Notary Public 



My Commission expires \_\_\_\_\_ 20\_\_\_\_



Anja Kopic <anja@northeasterninterior.com>

**Fwd: Notice of Classification**

Roza Trajkovska <office@northeasterninterior.com>  
To: Anja Kopic <anja@northeasterninterior.com>

Wed, Nov 17, 2021 at 8:34 AM

----- Forwarded message -----

From: Kristian Miloykovich <info@northeasterninterior.com>  
Date: Wed, Nov 17, 2021 at 8:33 AM  
Subject: Fwd: Notice of Classification  
To: Roza Trajkovska <office@northeasterninterior.com>

Sent from my phone

Begin forwarded message:

From: CClass@treas.state.nj.us  
Date: November 17, 2021 at 8:12:46 AM EST  
To: info@northeasterninterior.com  
Subject: Notice of Classification

NORTHEASTERN INTERIOR SERVICES, LLC  
5 FAIRFIELD AVE  
LITTLE FALLS, NJ 07424

**State of New Jersey**

**DEPARTMENT OF THE TREASURY  
DIVISION OF PROPERTY MANAGEMENT AND  
CONSTRUCTION  
33 WEST STATE STREET - P.O. BOX 034  
TRENTON, NEW JERSEY 08625-0034**

**NOTICE OF CLASSIFICATION**

In accordance with N.J.S.A. 18A:18A-27 et seq (Department of Education) and N.J.S.A. 52:35-1 (Department of the Treasury) and any rules and regulations issued pursuant hereto, you are hereby notified of your classification to do State work for the Department (s) as previously noted.

Aggregate Amount	Trade(s) & License(s)	Effective Date	Expiration Date
\$40,000,000	C009 -GENERAL CONSTRUCTION/ALTER.& ADDITIONS	12/08/2021	12/07/2023

- Licenses associated with certain trades are on file with the Division of Property Management &

**This Form Must Accompany Bid Submission**  
**Exhibit E**

**Chapter 271**  
**Political Contribution Disclosure Form**  
**Ref. N.J.S.A. 52:34-25**

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that Northeastern Interior Services LLC (Business Entity) has made the following reportable political contributions to any elected official, political candidate or any political committee as defined in N.J.S.A. 19:44-20.26 during the twelve (12) months preceding this award of contract:

**Reportable Contributions**

<b><u>Date of Contribution</u></b>	<b><u>Amount of Contribution</u></b>	<b><u>Name of Recipient Elected Official/ Committee/Candidate</u></b>	<b><u>Name of Contributor</u></b>
none	none	none	none

The Business Entity may attach additional pages if needed.

**No Reportable Contributions (Please check (✓) if applicable.)**

I certify that Northeastern Interior Services LLC (Business Entity) made no reportable contributions to any elected official, political candidate or any political committee as defined in N.J.S.A. 19:44-20.26.

**Certification**

I certify, that the information provided above is in full compliance with Public Law 2005—Chapter 271.

Name of Authorized Agent Kristian Miloykovich

Signature  Title Owner

Business Entity Northeastern Interior Services LLC

**This Form Must Accompany Bid Submission**

**Hunterdon County Educational Services Commission**  
**General Construction Repairs & Carpentry Services #HCESC-SER-20F**

**Prevailing Wage Certification**  
**Exhibit G**

It is the determination of the Hunterdon County Educational Services Commission that this is a public works project that in total will exceed two thousand (\$2,000.00) dollars, therefore, prevailing wages rules and regulations apply as promulgated by the NJ Prevailing Wage Act and in conformance with N.J.S.A. 34:11-56:25.

I certify my understanding that this contract requires prevailing wages to be paid in full accordance of the law.

I further certify that all subcontractors understand that this contract (project) requires the subcontractor to pay prevailing wages in accordance with the law.

Name of Company: Northeastern Interior Services LLC

Authorized Agent: Kristian Miloykovich ( Owner )

Print

Signature of Authorized Agent:  \_\_\_\_\_

Date: 10/07/2020

Certificate Number  
667499

Registration Date: 11/20/2021  
Expiration Date: 11/19/2023



# State of New Jersey

## Department of Labor and Workforce Development Division of Wage and Hour Compliance

### Public Works Contractor Registration Act

Pursuant to N.J.S.A. 34:11-56.48, et seq. of the Public Works Contractor Registration Act, this certificate of registration is issued for purposes of bidding on any contract for public work or for engaging in the performance of any public work to:

**Northeastern Interior Services LLC**  
**2021**

Responsible Representative(s):  
Kristian Miloykovich, Owner

Handwritten signature of Robert Asaro-Angelo in black ink.

Robert Asaro-Angelo, Commissioner  
Department of Labor and Workforce Development

NON TRANSFERABLE

This certificate may not be transferred or assigned and may be revoked for cause by the Commissioner of Labor and Workforce Development.

To be completed, signed and returned with Bid/Proposal

**STATEMENT OF OWNERSHIP DISCLOSURE**  
N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.

Name of Organization: Northeastern Interior Services LLC

Organization Address: 5 Fairfield Ave

City, State, ZIP: Little Falls, NJ 07424

**Part I** Check the box that represents the type of business organization:

- Sole Proprietorship (skip Parts II and III, execute certification in Part IV)  
 Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)  
 For-Profit Corporation (any type)     Limited Liability Company (LLC)  
 Partnership     Limited Partnership     Limited Liability Partnership (LLP)  
 Other (be specific): Limited Liability Corporation

**Part II** Check the appropriate box

- The list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. (COMPLETE THE LIST BELOW IN THIS SECTION)  
OR  
 No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. (SKIP TO PART IV)

(Please attach additional sheets if more space is needed):

Name of Individual or Business Entity	Home Address (for Individuals) or Business Address
Kristian Miloykovich (100% Owner)	141A Ktel Ave, Butler, NJ 07424

**Part III** DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II

If a bidder has a direct or indirect parent entity which is publicly traded, and any person holds a 10 percent or greater beneficial interest in the publicly traded parent entity as of the last annual federal Security and Exchange Commission (SEC) or foreign equivalent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the federal Securities and Exchange Commission (or foreign equivalent) that contain the name and address of each person holding a 10% or greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the information on each such person. Attach additional sheets if more space is needed.

Website (URL) containing the last annual SEC (or foreign equivalent) filing	Page #'s

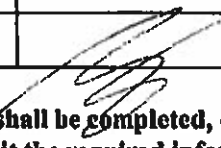
n/a

Please list the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II other than for any publicly traded parent entities referenced above. The disclosure shall be continued until names and addresses of every non-corporate stockholder, and individual partner, and member exceeding the 10 percent ownership criteria established pursuant to N.J.S.A. 52:25-24.2 has been listed. Attach additional sheets if more space is needed.

Stockholder/Partner/Member and Corresponding Entity Listed in Part II	Home Address (for Individuals) or Business Address

**Part IV Certification**

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder/proposer; that the Hunterdon County Educational Services Commission is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with the Hunterdon County Educational Services Commission to notify the Hunterdon County Educational Services Commission in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the, permitting the Hunterdon County Educational Services Commission to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	Kristian Miloykovich	Title:	Owner
Signature:		Date:	10/07/2020

This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.