



## Amendment of Solicitation

Date of Issuance: 4/7/17

Solicitation No. 1310004116

Requisition No. 1310018920

Amendment No. 2

Hour and date specified for receipt of offers is changed: ☒ No ☐ Yes, to: \_\_\_\_\_ CST

Pursuant to OAC 260:115-7-30(d), this document shall serve as official notice of amendment to the solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent.

Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

- (1) Sign and return a copy of this amendment with the solicitation response being submitted; or,
- (2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly on the front of the envelope.

### ISSUED BY and RETURN TO:

#### U.S. Postal Delivery:

5005 N. Lincoln Blvd  
Ste 300  
Oklahoma City, OK 73105 -  
or

#### Personal or Common Carrier Delivery:

5005 N. Lincoln Blvd  
Ste 300  
Oklahoma City, OK 73105 -

Richard Williams  
Contracting Officer  
405 - 522 - 73105  
Phone Number

Richard.Williams@omes.ok.gov  
E-Mail Address

### Description of Amendment:

a. This is to incorporate the following:

Below are the questions received for the Solicitation.

**Q.1.** In Section F.1.4., expectation of the vendor carrying Limited Liability Coverage (LLC). Does the expectation of coverage eliminate the potential vendor from consideration if not covered?

**A.1.** Please refer back to Item 6 on the Responding Bidder Information form. For assistance with your workers' compensation related questions please contact the [Oklahoma Workers' Compensation Commission](#): Local: (405) 522-3222 Toll Free: 1-855-291-3612.

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**)

Date

Authorized Representative Name (**PRINT**)

Title

Authorized Representative Signature