

Diesel Fuel, Invitation for Bids

Bid Form

Section 3: Hampshire County Metered Pump Truck

Each Section shall apply only to the Awarding Authorities listed in the Section.

OPTION 1

Daily New Haven Low Spot Market Price

Vendors Margin and Overhead above the daily New Haven Low Spot Market price, as defined in Section A, item 9 of these bid specifications, for delivered ULS Additive Premium Diesel Fuel:

\$.1292 per Gallon (to 4 decimal places)

OPTION 2

Fixed Price Futures Program

Vendor's Margin and Overhead, as defined in Section A, Item 9 of these bid specifications, for delivered ULS Additive Premium Diesel Fuel:

\$.2372 per Gallon (to 4 decimal places)

Extra Kerosene (if requested) Certain Customers may require a blend of extra kerosene and diesel, this is the Margin and Overhead cost per gallon over the New Haven Low spot market price of kerosene, on the day of delivery, for this service.

\$.3900 per Gallon (to 4 decimal places)

Biodiesel Blend (if requested) Certain Customers may require a blend of biodiesel and diesel, this is the Margin and Overhead cost per gallon over the rack price of biodiesel, on the day of delivery, for this service.

\$.3900 per Gallon (to 4 decimal places)

I do hereby agree to supply and deliver ULS Additive Premium Diesel Fuel as specified:

Signature:  Date: 5/7/2020

Name (Please Print): Joseph Cote

Title: Chief Supply Officer

Company: Dennis K Burke Inc

Address: 555 Constitution Drive City/State/Zip: Taunton MA 02780

Phone: 800-289-2875 Fax: 617-226-4569 E-mail: bids@burkeoil.com

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Each Section shall apply only to the Awarding Authorities listed in the Section.

OPTION 1

Daily New Haven Low Spot Market Price

Vendors Margin and Overhead above the daily New Haven Low Spot Market price, as defined in Section A, item 9 of these bid specifications, for delivered ULS Additive Premium Diesel Fuel:

\$ 0.3081 per Gallon (to 4 decimal places)

OPTION 2

Fixed Price Futures Program

Vendor's Margin and Overhead, as defined in Section A, Item 9 of these bid specifications, for delivered ULS Additive Premium Diesel Fuel:

\$ 0.4577 per Gallon (to 4 decimal places)

Extra Kerosene (if requested) Certain Customers may require a blend of extra kerosene and diesel, this is the Margin and Overhead cost per gallon over the New Haven Low spot market price of kerosene, on the day of delivery, for this service.

\$ 0.7077 per Gallon (to 4 decimal places)

Biodiesel Blend (if requested) Certain Customers may require a blend of biodiesel and diesel, this is the Margin and Overhead cost per gallon over the rack price of biodiesel, on the day of delivery, for this service.

\$ 0.7077 per Gallon (to 4 decimal places)

I do hereby agree to supply and deliver ULS Additive Premium Diesel Fuel as specified:

Signature:  Date: 5/11/2020

Name (Please Print): Mark Romaine

Title: Chief Operating Officer

Company: Global Montello Group Corp.

Address: 800 South Street, Suite 500 City/State/Zip: Waltham, MA 02454

Phone: (781) 398-9213 Fax: (781) 398-9213 E-mail: bids@globalp.com

Diesel Fuel, Invitation for Bids

Bid Form

Section 3: Hampshire County Metered Pump Truck

Each Section shall apply only to the Awarding Authorities listed in the Section.

OPTION 1

Daily New Haven Low Spot Market Price

Vendors Margin and Overhead above the daily New Haven Low Spot Market price, as defined in Section A, item 9 of these bid specifications, for delivered ULS Additive Premium Diesel Fuel:

\$.1550 per Gallon (to 4 decimal places)

OPTION 2

Fixed Price Futures Program

Vendor's Margin and Overhead, as defined in Section A, Item 9 of these bid specifications, for delivered ULS Additive Premium Diesel Fuel:

\$.2300 per Gallon (to 4 decimal places)

Extra Kerosene (if requested) Certain Customers may require a blend of extra kerosene and diesel, this is the Margin and Overhead cost per gallon over the New Haven Low spot market price of kerosene, on the day of delivery, for this service.

\$.5000 per Gallon (to 4 decimal places)

Biodiesel Blend (if requested) Certain Customers may require a blend of biodiesel and diesel, this is the Margin and Overhead cost per gallon over the rack price of biodiesel, on the day of delivery, for this service.

\$.5000 per Gallon (to 4 decimal places)

I do hereby agree to supply and deliver ULS Additive Premium Diesel Fuel as specified:

Signature:  Date: 5/13/20

Name (Please Print): Matthew Dusseau

Title: VP of Sales

Company: Roberts Energy LLC

Address: 237 Albany Street City/State/Zip: Springfield MA 01105

Phone: 413-776-964 Fax: 413-781-8185 E-mail: mdusseau@roberts119.com

Diesel Fuel, Invitation for Bids

Bid Form

Section 3: Hampshire County Metered Pump Truck

Each Section shall apply only to the Awarding Authorities listed in the Section.

OPTION 1

Daily New Haven Low Spot Market Price

Vendors Margin and Overhead above the daily New Haven Low Spot Market price, as defined in Section A, item 9 of these bid specifications, for delivered ULS Additive Premium Diesel Fuel:

\$ No Bid per Gallon (to 4 decimal places)

OPTION 2

Fixed Price Futures Program

Vendor's Margin and Overhead, as defined in Section A, Item 9 of these bid specifications, for delivered ULS Additive Premium Diesel Fuel:

\$ No Bid per Gallon (to 4 decimal places)

Extra Kerosene (if requested) Certain Customers may require a blend of extra kerosene and diesel, this is the Margin and Overhead cost per gallon over the New Haven Low spot market price of kerosene, on the day of delivery, for this service.

\$ No Bid per Gallon (to 4 decimal places)

Biodiesel Blend (if requested) Certain Customers may require a blend of biodiesel and diesel, this is the Margin and Overhead cost per gallon over the rack price of biodiesel, on the day of delivery, for this service.

\$ No Bid per Gallon (to 4 decimal places)

I do hereby agree to supply and deliver ULS Additive Premium Diesel Fuel as specified:

Signature: _____ Date: _____

Name (Please Print): _____

Title: _____


Company: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ E-mail: _____

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.



(Signature of individual submitting bid or proposal)

Dennis K Burke, Inc

(Name of Business)

Attachment 4

TAX COMPLIANCE CERTIFICATION

Pursuant to M.G.L. Chapter 62C, § 49A, I certify under penalties of perjury that I have, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

04-2275626

Social Security Number or
Federal Identification Number

Dennis K Burke, Inc

Business or Corporate Name

by: 

Signature of Individual Corporate Officer (if applicable)

Diesel Fuel, Invitation for Bids

Attachment 5

BUSINESS REFERENCE FORM

Bidder: Dennis K Burke Inc
Bid: Additive Premium Diesel Fuel

The Bidder must provide 3 business references from Massachusetts based companies, schools, institutions or governments indicating their names, addresses, telephone numbers, contact persons, dates of service and annual volume of diesel service. The references will demonstrate that during at least the past **five (5)** years, the bidder has provided safe and efficient services for organizations which have needs that are similar to those of this cooperative. One reference will be of a former customer no longer buying diesel from the bidder.

Reference Name: **See Attached** Contact: _____
Address: _____ Phone #: () _____
Fax: _____ E-mail: _____
Dates of Service: _____ Product Provided: _____
Approximate Annual Volume: _____ gallons

Reference Name: _____ Contact: _____
Address: _____ Phone #: () _____
Fax: _____ E-mail: _____
Dates of Service: _____ Product Provided: _____
Approximate Annual Volume: _____ gallons

Former Customer:

Reference Name: _____ Contact: _____
Address: _____ Phone #: () _____
Fax: _____ E-mail: _____
Dates of Service: _____ Product Provided: _____
Approximate Annual Volume: _____ gallons

DENNIS K BURKE INC

**555 CONSTITUTION DRIVE
TAUNTON, MA 02780**

PHONE : 800-289-2875

FAX: 617-884-7638

FED ID# 04-2275626

TRADE REFERENCES:

**IRVING OIL, 190 COMMERCE WAY, PORTSMOUTH, NH 03801,
PETER LITTLE 603-559-8785**

**SHELL / MOTIVA, 910 LOUISIANA STREET, HOUSTON, TX 77002
JEREME SCHLEIS 713-241-8543**

**CITGO PETROLEUM, 1293 ELDRIDGE PKWY, HOUSTON, TX 77077
LISA MCMEARN 832-481-1890**

BANK:

**BANK OF AMERICA
100 FEDERAL STREET
BOSTON , MA 02210**

SCOTT VOKEY , SR VP , 617-434-1472



May 11, 2020

Dennis K Burke is a family owned and operated business in Taunton MA that has been delivering diesel fuel and gasoline for over 50 years.

Incorporated in 1961, we are one of the largest diesel distributors in Massachusetts and run operations in seven additional states.

We deliver over 400 million gallons per year, and have established credit lines north of 50 million dollars. Bank references are attached, and we are happy to provide audited financials if required.

Premium Diesel Fuel, Motor Oil and Gasoline
Featuring Custom-Blended Biodiesel and Ultra Low Sulfur Diesel

CALL TOLL FREE

1-800-BUY-BURKE
1-800-289-2875

P.O. Box 711 • Taunton, Massachusetts 02780
Toll Free: 1-800-289-2875 • Website: www.burkeoil.com

FLEETLINE®
LUBRICANTS



References:

State of Massachusetts
Contact: Michael Woods
Operational Services Division
One Ashburton Place, Rm 1017
Boston, MA 02108
617-720-3319
Supply and delivery of gasoline, diesel fuel & heating oil to the State of Massachusetts

State of New Hampshire
Contact: Michael Walsh
25 Capitol St, State House Annex, Concord, NH 03301-6398
T: 603-271-3235
F: 603-271-7564
Supply and delivery of gasoline, diesel fuel & heating oil to the State of New Hampshire

Lower Pioneer Valley Educational Collaborative
Contact: Paul Schroeder
174 Brush Hill Ave, W. Springfield, MA 01089
T: 413-735-2234
F: 413-735-2280
Supply and delivery of diesel fuel & heating oil to Southwestern Massachusetts

More references are available upon request



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
02/29/2020

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).

PRODUCER Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
INSURED Dennis K. Burke, Inc. 555 Constitution Drive Taunton MA 02780 USA	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: Zurich American Ins Co 16535	
	INSURER B:	
	INSURER C:	
INSURER D:		
INSURER E:		
INSURER F:		

Holder Identifier :

Certificate No : 570080721382

COVERAGES		CERTIFICATE NUMBER: 570080721382		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		GLO463738609	04/01/2020	04/01/2021	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BAP 4637387-09	04/01/2020	04/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION					EACH OCCURRENCE AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MA) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC463738509	04/01/2020	04/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

Re: 2017 Chrysler Pacifica Model# RUCP53; 2C4RC1EG6HR721421

CERTIFICATE HOLDER**CANCELLATION**

Dennis K. Burke Inc. 555 Constitution Drive Taunton MA 02780 USA	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 <i>Aon Risk Services Central Inc</i>



DENNKBU-01

CWOODSIDE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/19/2019

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

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

PRODUCER License # 1780862 HUB International New England 300 Ballardvale Street Wilmington, MA 01887	CONTACT NAME: Dawn Vitiello PHONE (A/C, No, Ext): (978) 661-6677 E-MAIL: Dawn.Vitiello@hubinternational.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A : Lexington Insurance Company NAIC # 19437 INSURER B : Endurance American Insurance Company 10641 INSURER C : Certain Underwriters at Lloyds INSURER D : INSURER E : INSURER F :
INSURED Dennis K. Burke, Inc. PO BOX 711 Taunton, MA 02780	

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	POLICY PRO-JECT LOC					PRODUCTS - COMPIOP AGG \$
	OTHER:					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
A	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE \$ 1,000,000
	EXCESS LIAB CLAIMS-MADE X X 018017669			4/1/2019	4/1/2020	AGGREGATE \$ 1,000,000
	DED X RETENTION \$ 10,000					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
B	Excess Umbrella		EXC30000078003	4/1/2019	4/1/2020	5,000,000
C	Excess Umbrella		19RENMA18000557038500	4/1/2019	4/1/2020	4,000,000

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

* Pollution Liab. CPO31525174 04/01/2019- 04/01/2020 w/AIG Specialty Insurance - \$1,000,000 each loss/\$7,000,000 aggregate; includes blanket add'l insured End#96658 & waiver of subro**

*Umbrella includes-Blanket AI & Waiver of Subro Umbrella is Follow form over the GL, Auto and WC & includes Blended Pollution endorsement

All coverage is as required by a written executed contract prior to a loss/claim and per the policy endorsements.

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

SAMPLE

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



AGENCY CUSTOMER ID: DENNKBU-01

CWOODSIDE

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY HUB International New England		License # 1780862	NAMED INSURED Dennis K. Burke, Inc. PO BOX 711 Taunton, MA 02780
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles:

*Motor Truck Cargo limit - \$50,000 with AIG under policy #66325471 EFF 4/1/19-20.

OTHER UNDERLYING UMBRELLA INFO: eff 4/1/19- 4/1/20 Follow Form -Excess of the above \$10 Mill.
Excess \$7,500,000 - Markel American Insurance Co. Policy # MKLM4EUE100402

Excess \$7,500,000 -Navigators Insurance Company Policy # HO19EXCZ01GDMIV

Town of Weymouth is listed as additional insured per terms outlined above per the policy provisions if required as such in a written contract with the Named Insured which has been executed prior to a loss/claim.

**Minutes of Meeting of the Board of Directors
Of
Dennis K. Burke Inc**

February 5, 2019

A meeting of the Board of Directors of Dennis K. Burke Inc. was held at the office of the Company in Taunton, MA on February 5, 2019. Edmund F. Burke, Jr. was present in Taunton and Edmund Burke was connected via telephone.

The purpose of the meeting was to identify and confirm that the following individuals are authorized to sign and execute contracts, bonds, or other obligations on behalf of Dennis K. Burke Inc.:

- Edmund Burke - Chairman
- Edmund F. Burke, Jr – President
- Joseph Cote – Chief Supply and Business Development Officer
- Kevin Sampson – Chief Financial Officer
- Dan Hill – Chief Operating Officer
- Mark Pszeniczny – Sales Manager
- Neal Finklestein - Tax Manager

It was voted that the above employees are authorized to act and sign on behalf of Dennis K. Burke Inc. There being no further business to discuss, motion was made and seconded to adjourn.

A handwritten signature in blue ink, appearing to read "Edmund F. Burke, Jr.", is written over a horizontal dashed line.

Edmund F. Burke, Jr, President

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Cashier's Check - Customer Copy

No. 1425207647

Void After 90 Days

30-1/1140

Date 05/12/20 12:21:07 PM

EASTON FIVE CORNERS

0901 0080892 0042

NTX

Pay



One Thousand and 00/100 Dollars

****\$1,000.00****

To The
Order Of LOWER PIONEER VALLEY EDUCATIONAL
COLLABORATIVE

Remitter (Purchased By): DENNIS K BURKE INC

Bank of America, N.A.
SAN ANTONIO, TX

Dierel

Not-Negotiable
Customer Copy
Retain for your Records

001641005388



Cashier's Check

No. 1425207647

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Void After 90 Days

30-1/1140

Date 05/12/20 12:21:07 PM

EASTON FIVE CORNERS

0901 0080892 0042

Pay



One Thousand and 00/100 Dollars

****\$1,000.00****

To The
Order Of LOWER PIONEER VALLEY EDUCATIONAL
COLLABORATIVE

Remitter (Purchased By): DENNIS K BURKE INC

Bank of America, N.A.
SAN ANTONIO, TX

[Signature]
AUTHORIZED SIGNATURE

⑈ 1425207647 ⑈ ⑆ 114000019⑆ 001641005388 ⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.