



530 Commerce Ave, Suite D  
Palmdale, CA 93551  
WWW.Medxdistribution.com

Subject: Bid 50-00146331

Jefferson Parish, State of Louisiana.

Dear Ms. Evans,

My name is Mark Petrosian I am the National Sales Manager at Med-X Surgical Distribution.

We are very excited to bid on the above Bid No.

You will find all the necessary documents attached:

1. Cover head
2. Jefferson Parish (first page of the above bid)
3. All public work projects are required...
4. Pricing
5. Corporate resolution
6. Standard insurance requirements...
7. Affidavit, and notary public
8. Certification of restrictions...
9. Debarment/Suspension certificate

In addition, I have attached the specs file for each item.

A handwritten signature in black ink, appearing to be "Mark Petrosian". The signature is fluid and cursive, with a large loop at the end.

Thank You

Mark Petrosian

Med-X Surgical Distribution





**Bid Number 50-00146331**

**Two (2) Year Contract to Supply Diapers and Baby Items for Jefferson Community Action Programs (JEFFCAP) Head Start Birth to Five Program**

**Bid Due: November 05, 2024 at 2:00 pm**

**ATTENTION VENDORS!!!**

**Please review all pages and respond accordingly, complying with all provisions in the technical specifications and Jefferson Parish Instructions for Bidders and General Terms and Conditions. All bids must be received on the Purchasing Department's eProcurement site by the bid due date and time.**

**Jefferson Parish Purchasing Department  
200 Derbigny Street  
General Government Building, Suite 4400  
Gretna, LA 70053**

**Purchasing Specialist Name: Donna M Evans, Purchasing Specialist II  
Purchasing Specialist Email: [donna.evans@jeffparish.gov](mailto:donna.evans@jeffparish.gov)  
Purchasing Specialist Phone: 504-364-2691**



DATE: 10/09/2024

Page: 6

BID NO.: 50-00146331

**BID FORM**  
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES \_\_\_\_\_ NO X

MAXIMUM ESCALATION PERCENTAGE REQUESTED \_\_\_\_\_%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 01/05/2025

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

**DELIVERY: FOB JEFFERSON PARISH**

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

7-14 Days

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED BY BIDDER:**

FIRM NAME: Med-X Surgical Distribution

ADDRESS: 530 Commerce Ave, Suite D

CITY, STATE: Palmdale, CA

ZIP: 93551

TELEPHONE: ( 805 ) 490-6087

FAX: ( )

EMAIL ADDRESS: M.petrosian@medxdistribution.com

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$ 43,138.20

AUTHORIZED

SIGNATURE: \_\_\_\_\_

Mark Petrosian

Printed Name

TITLE: National Sales Manager

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.



DATE: 10/09/2024

## INVITATION TO BID FROM JEFFERSON PARISH - continued

Page 7

BID NO.: 50-00146331

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	30.00	CS	<p>TWO (2) YEAR CONTRACT TO SUPPLY DIAPERS AND BABY ITEMS FOR JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP) HEAD START BIRTH TO FIVE PROGRAMS</p> <p>0001- HUGGIES LITTLE SNUGLERS DIAPERS ****SIZE 2****</p> <p>4 PACKAGES PER CASE (MFG# 49697)</p> <p>TWO (2) YEAR CONTRACT TO SUPPLY DIAPERS AND BABY ITEMS FOR JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP)HEAD START BIRTH TO FIVE PROGRAMS</p> <p>PREVIOUS CONTRACT# 55-00020616</p>	<p>\$ 41.99</p> <p>Cuties MFG 200 Count</p>	<p>\$ 1259.70</p> <p># CDB002</p>
2	30.00	CS	<p>0002-HUGGIES LITTLE MOVERS DIAPERS ***SIZE 3*** (16-18 LBS)</p> <p>4 PACKAGES PER CASE (MFG#49678)</p>	<p>\$ 47.99</p> <p>Cuties MFG 200 Count</p>	<p>\$ 1439.70</p> <p># CDB003</p>
3	30.00	CS	<p>0003- HUGGIES LITTLE MOVERS DIAPERS ***SIZE 4*** (22-37 LBS)</p> <p>4 PACKAGES PER CASE (MFG# 49679)</p>	<p>\$ 52.99</p> <p>Cuties MFG 200 Count</p>	<p>\$ 1589.70</p> <p># CDB004</p>
4	30.00	CS	<p>0004- HUGGIES LITTELE MOVERS DIAPERS *** SIZE 5 *** (27-37 LBS)</p> <p>4 PACKAGES PER CASE (MFG# 49680)</p>	<p>\$ 57.99</p> <p>Cuties MFG 200 Count</p>	<p>\$ 1739.70</p> <p># CDB005</p>
5	20.00	CS	<p>0005- HUGGIES LITTLE MOVERS DIAPERS *** SIZE 6 *** (35 LBS AND UP)</p> <p>4 PACKAGES PER CASE (MFG# 49693)</p>	<p>\$ 74.99</p> <p>Cuties MFG 200 Count</p>	<p>\$ 1499.80</p> <p># CDB006</p>
6	15.00	EA	<p>0006- ADTEMP MINI 432 NON-CONTACT THER- MOMETER</p> <p>(MFG# 432)</p>	\$	\$
7	15.00	EA	<p>0007- TOOTHBRUSH RACK ONLY EMPTY 20 CT RACK</p> <p>(MFG# 41004)</p>	\$	\$
8	10.00	EA	<p>0008- INFANT TOOTHBRUSH SYSTEM RACK &amp; 12 BRUSHES (MFG# 41016)</p>	\$	\$



DATE: 10/09/2024

## INVITATION TO BID FROM JEFFERSON PARISH - continued

Page 8

BID NO.: 50-00146331

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
9	6.00	PK	0009- INFANT TOOTHBRUSHES 24 PER PACKAGE (MFG# 10021)	\$	\$
10	15.00	EA	0010- TOOTHBRUSH RACK MESH COVER ONLY FOR 20 COUNT RACKS  (MFG# 41018)	\$	\$
11	50.00	CS	0011- HUGGIES PULL-UPS TRAINING PANTS BOYS 2T - 3T  4 PACKAGES PER CASE (MFG# 51334)	\$ 42.99 Cuties MFG 104 Count	\$ 2149.50 # CR7007
12	50.00	CS	0012- HUGGIES PULL-UPS TRAINING PANTS GIRLS, 2T- 3T  4 PACKAGES PER CASE (MFG# 51335)	\$ 42.99 Cuties MFG 104 Count	\$ 2149.50 # CR7008
13	50.00	CS	0013- HUGGIES PULL-UPS TRAINING PANTS BOYS, 4T - 5T  4 PACKAGES PER CASE (MFG# 51358)	\$ 43.99 Cuties MFG 76 Count	\$ 2199.50 # CR9007
14	50.00	CS	0014- HUGGIES PULL-UPS TRAINING PANTS GIRLS, 4T - 5T  4 PACKAGES PER CASE (MFG# 51357)	\$ 43.99 Cuties MFG 76 Count	\$ 2199.50 # CR9008
15	150.00	CS	0015- HUGGIES NATURAL CARE BABY WIPES 6.7 X 7.7 FRAGRANCE FREE  528 PER CASE, (3 PACKS OF 176) (MFG# 50108)	\$ \$29.97 Cuties MFG #	\$ 4495.50 CR-16413/3 12 Packs of 72 (864 ct.)
16	15.00	CS	0016- EXAM TABLET PAPER ROLLS: SMOOTH 18"W X 225 FT ***CASE OF 12***  (MFG# P750018)	\$ 41.77 Dynarex # 4481 12 roll/cs	\$ 626.55
17	10.00	EA	0017- DEKOR PLUS HANDS-FREE DIAPER PAIL	\$	\$
18	15.00	PK	0018- DEKOR PLUS BIODEGRADABLE 2-PACK REFILL BAGS	\$	\$



DATE: 10/09/2024

## INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00146331

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			(BLUE BOX)		
19	20.00	CS	0019- SHOE COVERS UNIVERSAL NON-SKID 150 PAIRS PER CASE	\$	\$
20	1.00	CS	0020- SUPER SANI-CLOTH GERMICIDAL WIPES LARGE 6" X 6 3/4" 160 PER TUB  (MFG# Q55172** PURPLE**) *****CASE OF 12*****	\$	\$
21	100.00	BTL	0021- STERILE ISOTONIC BUFFERED EYE WASH ** 1 OZ BOTTLE**	\$	\$
22	150.00	CS	0022- VINYL POWDER-FREE EXAM GLOVES MEDIUM, 10 BOXES PER CASE	\$ 49.77	\$ 7465.50
			LifeGuard		#2303
23	150.00	CS	0023- VINYL POWDER FREE EXAM GLOVES LARGE, 10 BOXES PER CASE	\$ 49.77	\$ 7465.50
			LifeGuard		#2304
24	15.00	CS	0024- BUBBLE GUM FLUORIDE TOOTHPASTE .85 OZ TUBE, 144 PER CASE	\$	\$
25	50.00	CS	0025- HUGGIES PULL-UPS TRAINING PANTS GIRLS, 3T - 4T  4 PACKAGES PER CASE (MFG# 51353)	\$ 40.99	\$ 2049.50
			Cuties MFG		# CR8008
			92 Count		
26	50.00	CS	0026- HUGGIES PULL-UPS TRAINING PANTS BOYS, 3T - 4T  4 PACKAGES PER CASE (MFG# 51355)	\$ 43.99	\$ 2199.50
			Cuties MFG		# CR8007
			92 Count		
27	45.00	CS	0027- COLDSTAR INSTANT COLD PACKS 5" X 5 1/2" (80 PER CASE)  (MFG# 10926)	\$ 57.99	\$ 2609.55
			Dynarex		4511
			Size 4"x5" -		72/CS
28	2.00	CS	0028- CHILD DELUXE RAINBOW TOOTHBRUSHES 5" LENGTH, 144 PER CASE  (MFG# 10926)	\$	\$
29	100.00	TUB	0029- PURELL HEALTHCARE SURFACE DISINFECTING WIPES	\$	\$



DATE: 10/09/2024

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00146331

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			7" X 10", 110 PER TUB (MFG# 9340-06)		



## CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
\_\_\_\_\_  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Med-X Surgical Distribution  
INCORPORATED, DULY NOTICED AND HELD ON 10/25/2024,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT Mark Petrosian, BE AND IS HEREBY  
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-  
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON  
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS  
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,  
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE  
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,  
CONTRACTS AND ACTS AND TO RECEIVE ALL PURCHASE ORDERS AND NOTICES  
ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS  
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND ACCEPTING  
EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-  
FACT.

I HEREBY CERTIFY THE FOREGOING TO BE  
A TRUE AND CORRECT COPY OF AN  
EXCERPT OF THE MINUTES OF THE ABOVE  
DATED MEETING OF THE BOARD OF  
DIRECTORS OF SAID CORPORATION, AND  
THE SAME HAS NOT BEEN REVOKED OR  
RESCINDED.

Howfarr Panoussi 

\_\_\_\_\_  
SECRETARY-TREASURER

10/29/2024

\_\_\_\_\_  
DATE





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/04/2024

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> Commercial Best Insurance Services, Inc. 2703 W. Burbank Blvd.  Burbank CA 91505		<b>CONTACT NAME:</b> Juliet Baghoomian <b>PHONE (A/C, No, Ext):</b> (818) 841-4111 <b>E-MAIL ADDRESS:</b> Julie@commercialbest.com <b>FAX (A/C, No):</b> (818) 841-5958																						
<b>INSURED</b>  Panoussi Investments, Inc., DBA: Med-X Surgical Distribution 530 Commerce Ave., Suite D Palmdale CA 93551		<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>Underwriters at Lloyd's</td><td></td></tr><tr><td>INSURER B :</td><td>State Compensation Ins. Fund</td><td></td></tr><tr><td>INSURER C :</td><td>Gemini Insurance Company</td><td></td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Underwriters at Lloyd's		INSURER B :	State Compensation Ins. Fund		INSURER C :	Gemini Insurance Company		INSURER D :			INSURER E :			INSURER F :		
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INSURER D :																								
INSURER E :																								
INSURER F :																								

## COVERAGES

CERTIFICATE NUMBER: CL2411410034

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			GLX1042-08	06/16/2024	06/16/2025	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		PERSONAL & ADV INJURY \$ 1,000,000				
	OTHER:						GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			9304148-24	08/23/2024	08/23/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/> Y <input checked="" type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liability			VPPL021143	06/16/2024	06/16/2025	Each Claim 1,000,000 Aggregate Limit 2,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

\*\*\* Proof of Insurance \*\*\*

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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Non-Public Works Bid

AFFIDAVIT

STATE OF CA

PARISH/COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, personally came and appeared: \_\_\_\_\_

\_\_\_\_\_, (Affiant) who after being by me duly sworn, deposed and said that

he/she is the fully authorized MARK PETROSTIAN of MED-X SURGICAL (Entity), DISTRIBUTION  
the party who submitted a bid in response to Bid Number 50-00146331, to the Parish of  
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A \_\_\_\_\_ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B X there are NO campaign contributions made which would require disclosure under Choice A of this section.



Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A \_\_\_\_\_ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B X There are NO debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

*[The remainder of this page is intentionally left blank.]*




That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

 11/4/2024  
Signature of Affiant

MARK PETROSIAN  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

See CA Attached:  
#2451394  
 Jurat ~~Acknowledgment~~

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

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Notary/Bar Roll Number

My commission expires \_\_\_\_\_.



**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

**GOVERNMENT CODE § 8202**

- ☒ See Attached Document (Notary to cross out lines 1–6 below)  
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], not Notary)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

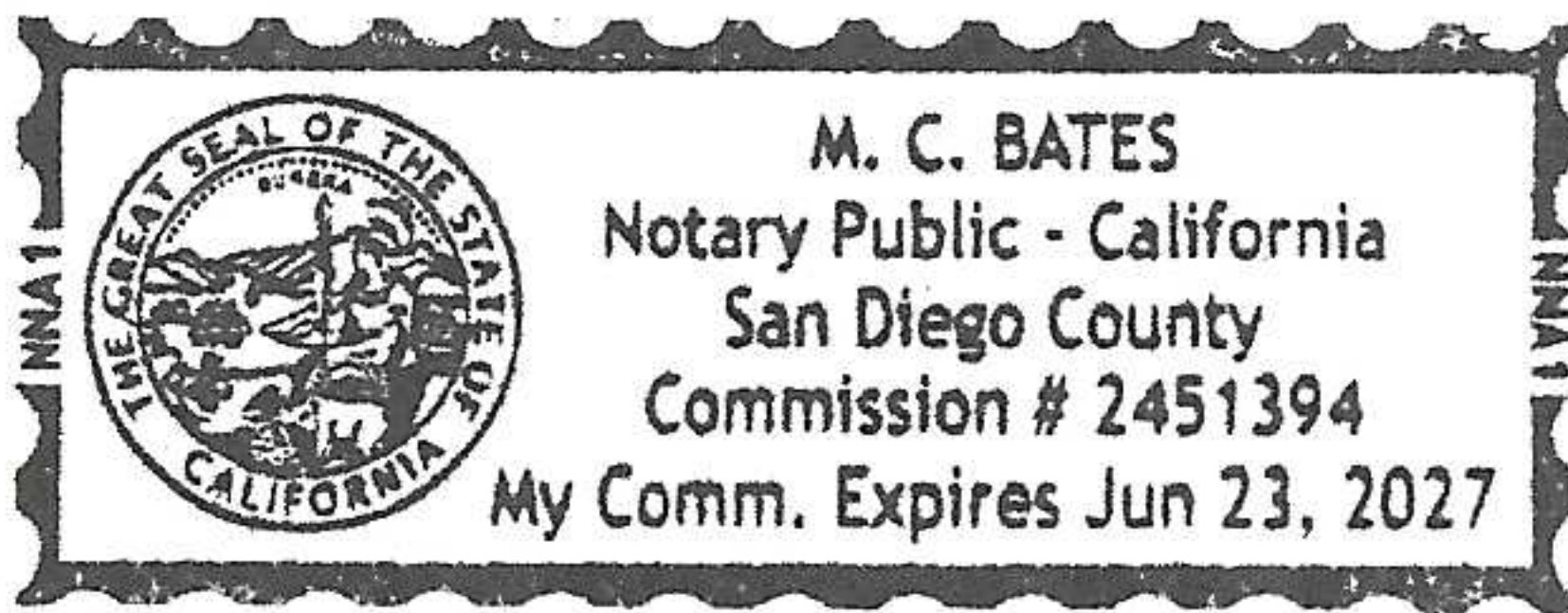
Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Diego



Place Notary Seal and/or Stamp Above

Subscribed and sworn to (or affirmed) before me

on this 04<sup>th</sup> day of November, 2024,  
 by \_\_\_\_\_  
 Date Month Year

(1) Mark Petrosian

(and (2) \_\_\_\_\_),  
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature \_\_\_\_\_  
 Signature of Notary Public

**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Non-Public Works Bid # 50-00146331

Document Date: 11/04/2024 Number of Pages: THREE

Signer(s) Other Than Named Above: \_\_\_\_\_



Anti-Lobbying Form

**CERTIFICATION OF RESTRICTIONS ON LOBBYING**

I, Mark Petrosian - National Sales Manager, hereby certify on  
(name and title of bidder's official)

behalf of Med-X Surgical Distribution that:  
(name of bidder)

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit standard Form-LLL, "Disclosure Form to Report Lobbying, " in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this 29th day of October, 2024.

By   
(signature of authorized official)

National Sales Manager  
(title of authorized official)



Debarment/Suspension Form

**DEBARMENT/SUSPENSION CERTIFICATION**

**Debarment:**

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: [www.sam.gov](http://www.sam.gov) and <https://acquisition.gov/far/index.html> see section 52.209-6.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Mark Petrosian - National Sales Manager

(Name and Title of bidder's official)

Med-X Surgical Distribution

(Name of bidder/company)

530 Commerce Ave, Suite D, Palmdale, CA 93551

(Address)

(Address)

PHONE 1-805-490-6087

FAX

EMAIL M.petrosian@medxdistribution.com

Signature 10/29/2024

Date