FORM 1
VENDOR'S STATEMENT OF ORGANIZATION

1. Full Name of Business Concern (VENDOR):
   _____

   Principal Business Address:
   _____
   _____
   _____

2. Principal Contact Person(s):
   _____
   _____
   _____

3. Form of Business Concern (Corporation, Partnership, Joint Venture, Other):
   _____
   _____

4. Provide names of partners or officers as appropriate and indicate if the individual has the authority to sign in name of VENDOR. Provide proof of the ability of the individuals so named to legally bind the VENDOR.

   Name Address Title
   _____
   _____
   _____

   If a corporation, in what state incorporated: _____

   Date Incorporated: _____
   Month Day Year
   If a Joint Venture or Partnership, date of Agreement: _____

5. List all firms participating in this project (including subcontractors, etc.):

   Name Address Title
   1.
   _____
   2.
   _____
   3.
   _____
   4.
   _____