



September 20, 2021

15 Canal Rd.
Pelham Manor NY 10803

D: 914-738-1144

F: 914-738-0331

www.dentserv.com

I. Title Page

Ms. Karen A. Storm
Albany County Purchasing Agent
112 State Street
Room 1000
Albany, New York 12207
Karen.Storm@albanycountyny.gov

RE: RFP Dental Services for Albany County Nursing Home

Dear Ms. Storm:

Enclosed please find bid packages and our proposal for the provision for dental services to the residents of Albany County Nursing Home. Please know that we have carefully read and understand the specifications of this proposed contract and, if granted the bid, will be able to deliver the services as delineated as we have successfully in the past.

As the Chief Operating Officer of DentServ, I am authorized to represent the company and would be the contact person for any further correspondence or discussion. Our contact information is as follows:

DentServ Dental Services, PC
15 Canal Road
Pelham Manor, NY 10803
914-738-1144 ext. 10 & 550
www.DentServ.com

Primary Contact:

Mr. Isaac Newman, Chief Operating Officer
inewman@DentServ.com

We thank you for the opportunity to bid on this service and sincerely hope to continue to provide dental care to your residents and patients.

Sincerely,

A handwritten signature in black ink, appearing to be "IN", written over a horizontal line.

Isaac Newman
Chief Operating Officer



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I. Table of Contents

Heading	Section
Company Information/Table of Contents	I
Experience/Resumes	II
Resumes	III
Plan Implementation	IV
Cost Proposal	V
Mandatory Documentation	VI



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II. Experience

Since 1981, DentServ Dental Services has been a known and respected provider of dental treatment and care. We currently offer our programs and services to over 300 organizations and institutions throughout New York State.

DentServ's client facilities include nursing and rehabilitative centers, psychiatric centers; prisons and other organizations - including those individuals with complex clinical conditions and special needs. Our management team, along with our dentists, hygienists and dental assistants, offer unparalleled experience and expertise in institutional dentistry. We develop and provide site-specific programs that address the distinct needs of each facility and their patient population.



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II. Resumes

The following management and professional staff would be involved in providing services, their resumes follow:

- Isaac Newman – Chief Operating Officer
- Isaac Zwick – Vice President of Operations
- Linda Kirby – Regional Manager – Facility Representative
- Alan S. Barr DDS – Dental Director
- William Y. Perez DDS – Dentist
- Darlene Patricia Stanton – Dental Assistant

Issac Newman

Chief Operating Officer

Staten Island, NY 10314 | 347-723-1005 | isaacnewman@gmail.com 

PROFESSIONAL PROFILE

Passionate and driven individual who masters each aspect of the industry to ensure smooth operations, financial growth, and an excellent customer experience. Builds solid connections based on personal integrity and friendly interactions. Focuses on building a cohesive staff that work together to accomplish great things. Analyzes current systems, streamlines processes and implements innovative solutions to save time and cut costs.

EXPERIENCE

CHIEF OPERATING OFFICER DENTSERV

March 2016-Present

Oversees all aspects of operations at the leading Dental Service Provider in the field.

- Analyzes current systems to discover and implement innovative changes that save time and money while increasing the bottom line.
 - Reduced operational spending by over 17% through renegotiating contracts.
 - Cut supply spending costs by 10% by creating and enforcing formulary with comprehensive policies.
 - Revolutionized the recruiting process by shifting to an advanced computer system for hiring over 100 employees annually.
 - Increased productivity by a tremendous margin by streamlining and overhauling the process for payroll, credentialing, onboarding and training.
 - Introduced in-house sterilization process to serve customers better with guaranteed safety and oversight.
- Expands scope of service by utilizing targeted marketing and networking techniques.
 - Increased sales by 10% annually.
 - Cultivates effective relationships with decision-makers at target companies, and builds true friendships that extend beyond the workplace.
 - Combines effective strategies with an out-going nature to find new leads at tradeshow.
- Leads a team of highly effective managers, and guides them for maximum output and productivity.
 - Nourishes an environment of growth and positive morale for all employees.
 - Instituted policies of transparency to encourage employees to share their ideas and concerns.
 - Always strives to lead by example.

CHIEF OPERATING OFFICER METROSTAR HOME HEALTH PRODUCTS

Feb. 2011-March 2016

Initiated and implemented ventures to diversify and expand the source of revenue in a creative way while always staying ahead of the competition.

- Increased Gross Profit and Net Profit margins by 10%.
- Decreased Accounts Payable while increasing cash flow.
- Created efficient operational flow management while decreasing payroll costs by 30%.
- Successfully negotiated and strategized contracts with payers and referral sources, often with closed networks and/or panels.

ISAAC ZWICK

(347) 675-3444 isaac.zwick@gmail.com Brooklyn, NY

<https://www.linkedin.com/in/isaac-zwick-65a2a624>

Administrative professional with a proven track record of maximizing operational and staffing efficiency, seeking a challenging position that will allow me to utilize my skills and experience to advance my career while contributing towards the growth of the organization.

EXPERIENCE

- ✦ **DentServ Dental Services; The MedServ Group** November 2019 – Present
Director of Operations
 - Operational oversight of companies providing ancillary medical services to over 450 healthcare facilities.

- ✦ **Self Employed** May 2017 – November 2019
Healthcare Operations/Recruitment Consultant
 - Provided consultant services to tri-state based home care agencies; overseeing growth/process improvement in areas such as general operations, HR, recruitment, intake and case coordination.

- ✦ **Centers Health Care** December 2013 – May 2017
Therapy Staffing Manager

As an Assistant to the Director of Rehab Services of a 40+ facility, multi-state healthcare group, ensured appropriate therapist staffing at all facilities in the most fiscally responsible, efficient manner. Primary accomplishments included:

- Reduced use of agency therapists by over 65%, in turn, reducing staffing costs by over \$1.7 million over 3 years.
- Negotiated salaries; renegotiated staffing contract terms with existing vendors, and established relationships with more cost effective vendors.
- Collaborated with rehab regional teams to plan for and restructure staffing ratios for oncoming facilities.
- Supervised medical record audit process, bringing win rate from 68% to 81%, recouping in excess of \$2 million.

- ✦ **Platinum HR Management** March 2011 – December 2013
Unemployment Claims Specialist; Benefit Reconciliations

Provided comprehensive management of over 1,500 unemployment claims filed by former employees of nursing homes located across the country, including mastery of varying Unemployment Insurance laws in eight states.

- Restructured claims management process in successful effort to mitigate clients' costs of business associated with UI taxes and charges; at times, by tens of thousands of dollars per calendar quarter. At time position was transferred, trained replacement to handle these processes seamlessly. Subsequent role carried exclusive responsibility for the reconciliation of over one hundred insurance bills on a monthly basis:
- Investigated all billing/deduction discrepancies, working with insurance providers and benefits team to significantly minimize billing errors, and ensure that thousands of employees maintained proper coverage with corresponding payroll deductions at all times.

EDUCATION

- ✦ **Post University ~ Waterbury, CT** September 2007 – June 2011

Bachelor of Science, Business Administration with a concentration in Management. Graduated *magna cum laude*.

- ✦ Graduated high school *summa cum laude*; Class Valedictorian and Yearbook Editor-in-Chief June 2007

SKILLS

- ✦ Exceptional, professional communication skills – obvious in phone presence and written correspondence
- ✦ Proficient in Microsoft Office Suite, including an Advanced Certification in Microsoft Excel
- ✦ Certified in Customer Service and Training – May 2011

LINDA KIRBY, MPA

27 Crawford Drive
New City, NY 10956

EXPERIENCE:

1984 - Present

FIELD REPRESENTATIVE

Dentserv Management Services, Inc
Pelham Manor, NY

- Monthly visits to assigned client facilities to complete statistical reports and interface with both clinical and administrative personnel
- Verifies compliance with contractual obligations policy and procedures, regulatory guidelines, timely completion of patient treatments
- Marketing and public relations including trade shows and business related functions

1983 - 1984

GRADUATE ASSISTANT

School of Health and Public Service
Long Island University - CW Post Center
Greenvale, NY

- Advised students in appropriate courses, major selection, plan of study; resolution of academic problems
- Reviewed transcripts regularly to monitor academic progress or deficiencies, facilitated problem solving between major and various academic support services
- Liaison between faculty and students

1982 to 1986

DENTAL HYGIENIST

Steven Ruden, DDS
Sea Cliff, NY 11 759

DENTAL HYGIENIST

Jewish Institute for Geriatric Care
New Hyde Park, NY

DENTAL HYGIENIST

Joseph Leifer, DDS
Bay Shore, NY

In addition to dental hygienist duties, developed a unique understanding of the administering of dental care to geriatric patients and other special need populations.

LINDA KIRBY, MPA

27 Crawford Drive
New City, NY 10956

1982 to 1983

ADMINISTRATIVE INTERN

Bay Shore Family Health Center
Bay Shore, NY

- Gained experience in medical records and quality assurance.
- Dealt directly with patients by expediting and processing individual cases from admittance to discharge.

ADMINISTRATIVE INTERN

Syosset Senior Day Care Center
Syosset, NY

- Supervised and cared for elderly patients
- Analyzed and catalogued profile of contributors
- Coordinated fund-raising programs.

EDUCATION - CERTIFICATION:

BA – MPA HEALTH CARE ADMINISTRATION

1984

Long Island University - CW Post Center

ASSOCIATE OF SCIENCE DEGREE

1981

State University of New York at Farmingdale

NATIONAL BOARD CERTIFICATE 1981

NORTH EAST REGIONAL BOARD CERTIFICATE

1981

NYS LICENSE DENTAL HYGIENE 1981

AFFILIATIONS:

Member of American Society for Public Administrators
Member of the American Dental Hygienists' Association
Member of Farmingdale Dental Hygiene Alumni Association
Member of the American Society for Geriatric Dentistry
Member of Gerontology Task Group - Long Island University

REFERENCES:

Furnished upon request

Alan S. Barr, DDS
100 Commons Park North #1109
Stamford, CT 06902

Employment:

June 1990 to Present

Dentserv Dental Services
15 Canal Road
Pelham Manor, NY 10803

Dental Director: Overseeing all dentists in the field to discuss dental concerns, creating treatment plan and provide emergency assistance.

June 1989 to Present

Dr. Alan Barr, Practice
Westchester Avenue
Pound Ridge, NY 10576

Education:

Baltimore College of Dental Surgery
Baltimore, Maryland
Dentist 1989

SUNY Albany
Albany, NY
BS 1985

William Y. Perez DDS
151 Caroline Street
Saratoga Springs, New York 12866
(518)-584-0433

PROFESSIONAL EXPERIENCE

New York State Department of Correctional Services
Mt. Mc Gregor Correctional Facility
Wilton, NY 12/11/80

Facility Dental Director – Responsible for all facets of Facility Dental Program, Supervise all dental staff; Associate Dentist, Dental Hygienist, Dental Assistant.

Dental Director for:

Montgomery County Jail
Johnstown, NY
Rensselaer County Jail
Troy, NY
Saratoga County Jail
Ballston Spa, NY
Schenectady County Jail
Schenectady, NY
Wesley Health Care Center
Saratoga Springs, NY

EDUCATION

1995 ADA Accredited Residency Program, Special Care – 250 hours

1980 New York University College of Dentistry
New York, NY
DDS

1974 Hartwick College
Oneonta, NY
BA, Biology, Departmental Honors

PROFESSIONAL AFFILIATIONS

American Dental Association
Dental Society of the State of New York
Fourth District Dental Society
Federation of Special Care Organizations in Dentistry
American Society for Geriatric Dentistry

Darlene Stanton
9 Fox Hollow Square
Cohoes, NY 12047

Dental Assistant

DentServ Dental Services, PC

10/1/2009 - Present

JOB SUMMARY: Schedule appointments, handle dental records, transport resident/patient, maintain a clean safe environment in the dental operatory, and assist the dentist at chair-side.

- Transport resident/patient to and from the dental operatory.
- Provide chair-side assistance for the dentist.
- Prepare resident/patient for treatment, maintain instruments, and process x-rays. Maintenance of safety, security and sanitation within the dental operatory. Prepare and arrange instruments for use by the dentist, pass instruments for use by the dentist. Operate oral evacuating equipment, retractors, water and airflow. Mix impression and filling material.
- Obtain and copy dental records. Prepare dental schedule for next session.
- Requisition supplies and compiles information for daily worksheets.
- Establish and maintain good interpersonal relationships with other members of the health team.
- Maintain an ethical and courteous attitude towards resident/patient's and other members of the health team.

III. References

NYC Health & Hospitals

900 Main St New York, NY 10044

Contact Person: Rolando Caldea, Controller Phone# 646-694-6670

Date Range of Services: 10/01/2016 through 11/30/2019

Dollar Value of Contract 10/01/16 through 12/31/19 – 2,122,786.30

VestraCare

10 E Merrick Rd Suite 305 Valley Stream, NY 11580

Phone# 516-350-5551

Contact Person: Ann Belcher, COO

Date Range of Services: 01/01/1990 through 11/30/2019

Dollar Value of Contract: 12/01/2015 through 11/30/2019 – 504,098.11

NYS Veterans Home at St. Albans

178-50 Linden Blvd Jamaica, NY 11434

Phone# 718-481-6860

Contact Person: Neville Goldson, Administrator

Date Range of Services: 04/01/1999 through 11/30/2019

Dollar Value of Contract: 12/01/2015 through 11/30/2019 – 344,400.00

The Hebrew Home at Riverdale

5901 Palisade Ave Bronx, NY 10471

Phone# 718-581-1000

Contact Person: David Pomeranz, Administrator

Date Range of Services: 12/01/1995 through 11/30/2019

Dollar Value of Contract: 12/01/2015 through 11/30/2019 – 646,628.75

Amsterdam Nursing Home

1060 Amsterdam Ave. New York, NY 10025

Phone# 212-316-7700

Contact Person: James Davis, Administrator

Date Range of Services: 07/01/1988 through 12/31/2019

Dollar Value of Contract: 12/01/2015 through 11/30/2019 – 353,300.64

NYS Veterans Home at Batavia

220 Richmond Ave Batavia, New York 14020

Contact Person: Kenneth Cole, Fiscal Director Phone# 585-345-2069

Date Range of Services: 08/01/1995 through 11/30/2019

Dollar Value of Contract: 12/1/2015 through 11/30/2019 - \$103,419



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NYS Veterans Home at Montrose

2090 Albany Post Rd Montrose, NY 10548

Contact Person: Nancy Baa Danso, Administrator Phone# 914-788-6000

Date Range of Services: 11/01/2015 through 11/30/2019

Dollar Value of Contract: 12/01/2015 through 11/30/2019 – 202,549.34

NYS Veterans Home at Oxford

4207 State Highway 220 Oxford, NY 13830

Contact Person: Kurt Apthorpe, Administrator Phone# 607-843-3100

Date Range of Services: 08/01/2005 through 11/30/2019

Dollar Value of Contract: 12/01/2015 through 11/30/2019 – 200,925.00

Greater Binghamton Health Center

425 Robinson St Binghamton, NY 13904

Contact Person: Cheryl Minnier, Administrator Phone# 607-724-1391

Date Range of Services: 01/01/2004 through 11/30/2019

Dollar Value of Contract: 12/01/2015 through 11/30/2019 – 212,360.40

IV. Plan Implementation

All dental treatment will take into account the physical and/or emotional impact for the resident. Treatment plans are to be developed in full consideration of the resident's needs, the long and short-term benefits of treatment and the impact of treatment on the resident's quality of life. Residents will be carefully evaluated to insure they are capable, both mentally and physically, to tolerate treatments. In providing dental care, every effort is made to educate and reassure residents as well as rendering treatments as comfortable as possible.

DentServ will provide:

- Dental clinic staffing and sessions scheduled and held on specific days and hours mutually agreed upon by facility and DentServ.
- Dental care and oral health assessments which consist of but not limited to:

Initial Dental Examinations

Annual Dental Examinations

Dental X-rays

Oral Prophylaxis

Oral Scaling

Cleanings

Denture Fabrications

Denture ID

Extractions

Crowns (within the scope of general dentistry)

- 24/7 emergency on call answering system.
- Oral Surgery Referrals: Should DentServ's dentist recommend any oral surgery or treatment outside of the facility a form: Oral Surgery Request will be forwarded to our main office for review by our Dental Director. The case will be approved or not – with the request and any additional documentation sent back to the dentist and facility. As clinically indicated, DentServ will use approved community based oral surgery centers and or approved hospitals for said treatments.
- Complete documentation of all dental records via facility EMR/EDR.

- Quality Assurance visits, reports and activities that are overseen and conducted by DentServ's assigned facility representative. Responsibilities include but are not limited to:

- Reviewing new admits
 - Reviewing annual exams
 - Monitoring dental staff's compliance with DentServ model
 - Review treatment plans
 - Infection control oversight
 - Dental lab liaison

- Statistical data and reports.
- Credentialing and insurance coverage is required.
- Maintain the facility's dental equipment and report needed repairs to facility contact.
- Provide DentServ's Policy and Procedure, Operations and Safety Manual.
- SDS "On Demand" Program – offering 24-hour access to **safety data sheet** as well as additional information concerning chemicals and substances used.
- Continuing education as well as monitoring of all infection control policies and protocols.
- Dental and oral health in-services requested by facility.

As required all services, documentation and treatments shall be provided and conducted in accordance with local, state, and federal regulations, Department of Health Code and all professional standards and practice.



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V. COST PROPOSAL

FIXED MONTHLY RATE FOR CONTRACTED PERIOD: January 1, 2022 – December 31, 2024

Year One: \$6,600.00

Year Two: \$6,600.00

Year Three: \$6,600.00

OPTIONAL ADDITIONAL RENEWALS:

Year Four: \$6,930.00

Year Five: \$7,276.50

COUNTY OF ALBANY

PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Dental Services
RFP Number: 2021-126

THIS PROPOSAL IS SUBMITTED TO:

Karen A. Storm, Purchasing Agent
Albany County Department of General Services
Purchasing Division
112 State Street, Room 1000
Albany, NY 12207

1. The undersigned Proposer proposes and agrees, if this Proposal is accepted, to enter into a Contract with the owner in the form included in the Contract Documents to complete all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Proposal and in accordance with the Contract Documents.
2. Proposer accepts all of the terms and conditions of the Instructions to Proposers, including without limitation those dealing with the Disposition of Proposal Security. This Proposal may remain open for ninety (90) days after the day of Proposal opening. Proposer will sign the Contract and submit the Contract Security and other documents required by the Contract Documents within fifteen days after the date of County's Notice of Award.
3. In submitting this Proposal, Proposer represents, as more fully set forth in this Contract, that:

- (a) Proposer has examined copies of all the Contract Documents and of the following addenda: (If none, so state)

Date 9/20/21

Number 2021-126

(receipt of all of which is hereby acknowledges) and also copies of the Notice to Proposers and the Instructions to Proposers;

- (b) Proposer has examined the site and locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as Proposer deems necessary;

(c) This Proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham Proposal; PROPOSER has not solicited or induced any person, firm or a corporation to refrain from Proposing; and Proposer has not sought by collusion to obtain for himself any advantage over any other Proposer or over the owner.

4. Proposer will complete the Work for the following prices(s): (Attach Proposal)
5. Proposer agrees to commence the Work within the number of calendar days or by the specific date indicated in the Contract. Proposer agrees that the Work will be completed within the number of Calendar days or by the specific date indicated in the contract.
6. The following documents are attached to and made a condition of this Proposal:
 - (a) Non-Collusive Bidding Certificate (Attachment "A")
 - (b) Acknowledgment by Bidder (Attachment "B")
 - (c) Vendor Responsibility Questionnaire (Attachment "C")
 - (d) Iranian Energy Divestment Certification (Attachment "D")
7. Communication concerning this Proposal shall be addressed to:

Mr. Isaac Newman
inewman@dentsew.com
15 Canal Rd, Pelham Manor, NY 10803
Phone: 914-738-1144 x10

8. Terms used in this Proposal have the meanings assigned to them in the Contract and General Provisions.

ATTACHMENT "A"
NON-COLLUSIVE BIDDING CERTIFICATE PURSUANT TO
SECTION 103-D OF THE NEW YORK STATE GENERAL MUNICIPAL LAW

A. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organizations, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.

(2) Unless otherwise required by law, the prices which have been quoted in this bid have not knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A bid shall not be considered for award nor shall any award be made where (1), (2), and (3) above have not been complied with; provided, however, that in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons thereof. Where (1), (2), and (3) above have not been complied with, the bid shall not be considered for any award nor shall any award be made unless the head of the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customer of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of paragraph "A" above.

B. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, local law, and where such bid contains the certification referred to in paragraph "A" of this section, shall be deemed to have been authorized by the Board of Directors of the bidder, and such authorization shall be deemed to include the submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation

7n
Signature

600
Title

Dent Serv Dental Services P.L.
Company Name

9/20/21
Date

COUNTY OF ALBANY

COST PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Dental Services
RFP Number: 2021-126

Proposal Amount for Dental Services Per Year \$ 6,600.00

Three (3) Year Total \$ 19,800.00

COMPANY: DentServ Dental Services, PC

ADDRESS: 15 Canal Rd.

CITY, STATE, ZIP: Pelham Manor, NY 10803

TEL. NO.: 914-738-1144

FAX NO.: 914-738-0331

FEDERAL TAX ID NO.: 11-2595852

REPRESENTATIVE: Isaac Newman

E-MAIL: inewman@dentserve.com

SIGNATURE AND TITLE JN COO

DATE 9/20/21

ATTACHMENT "B"
ACKNOWLEDGMENT BY PROPOSER

If Individual or Individuals:

STATE OF _____)
COUNTY OF _____) SS.:

On this _____ day of _____, 20____, before me personally appeared _____ to me known and known to me to be the same person(s) described in and who executed the within instrument, and he (or they severally) acknowledged to me that he (or they) executed the same.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

If Corporation:

STATE OF New York)
COUNTY OF Westchester) SS.:

On this 20 day of September, 2021, before me personally appeared _____ to me known, who, being by me sworn, did say that he resides at (give address) 148 Fields Ave., Staten Island, NY 10314 that he is the (give title) CEO of the (name of corporation) Dartmouth Technologies Inc., the corporation described in and which executed the above instrument; that he knows the seal of the corporation, and that the seal affixed to the instrument is such corporate seal; that it was so affixed by order of the board of directors of the corporation, and that he signed his name thereto by like order.

CARRIE WEISS Notary Public, State of New York Registration No. 01WE6380885 Qualified in <u>Richmond County</u> Commission Exp. Date: <u>7/17/22</u> Commission Expires <u>C. Weiss</u>
--

If Partnership:

STATE OF _____)
COUNTY OF _____) SS.:

On the _____ day of _____, 20____, before me personally came _____ to me known to be the individual who executed the foregoing, and who, being duly sworn, did depose and say that he / she is a partner of the firm of _____ and that he / she has the authority to sign the same, and acknowledged that he / she executed the same as the act and deed of said partnership.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

ATTACHMENT "C"
ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE

1. VENDOR IS: <input checked="" type="checkbox"/> PRIME CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME DentServ Dental Services P.C.		3. IDENTIFICATION NUMBERS a) FEIN # 11-2595852 b) DUNS # 191478812	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD:		5. WEBSITE ADDRESS (if applicable) www.dentserv.com	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE 15 Canal Rd Pelham Manor, NY 10803		7. TELEPHONE NUMBER 914-738-1144	8. FAX NUMBER 914-738-0331
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i>		10. TELEPHONE NUMBER	11. FAX NUMBER
12. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE Name Isaac Newman Title COO Telephone Number 914-738-1144 x10 Fax Number e-mail inewman@dent-serv.com			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.			
a) NAME Dr. Martin Cukier	TITLE C.E.O.	b) NAME	TITLE
c) NAME	TITLE	d) NAME	TITLE
A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A "YES," AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE COUNTY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.			
14. DOES THE VENDOR USE, OR HAS IT USED IN THE PAST FIVE (5) YEARS, ANY OTHER BUSINESS NAME, FEIN, or D/B/A OTHER THAN THOSE LISTED IN ITEMS 2-4 ABOVE? List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. ARE THERE ANY INDIVIDUALS NOW SERVING IN A MANAGERIAL OR CONSULTING CAPACITY TO THE VENDOR, INCLUDING PRINCIPAL OWNERS AND OFFICERS, WHO NOW SERVE OR IN THE PAST ONE (1) YEARS HAVE SERVED AS: <div style="margin-top: 10px;"> a) An elected or appointed public official or officer? <i>List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div style="margin-top: 10px;"> b) An officer of any political party organization in Albany County, whether paid or unpaid? <i>List each individual's name, business title or consulting capacity and the official political position held with applicable service dates.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>			

16.	<p>WITHIN THE PAST (5) YEARS, HAS THE VENDOR, ANY INDIVIDUALS SERVING IN MANAGERIAL OR CONSULTING CAPACITY, PRINCIPAL OWNERS, OFFICERS, MAJOR STOCKHOLDER(S) (10% OR MORE OF THE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL OTHER COMPANIES), AFFILIATE OR ANY PERSON INVOLVED IN THE BIDDING OR CONTRACTING PROCESS:</p>	
	<p>a) 1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process;</p> <p>2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease;</p> <p>3. entered into an agreement to a voluntary exclusion from bidding/contracting;</p> <p>4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles;</p> <p>5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract;</p> <p>6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited;</p> <p>7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract;</p> <p>8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or</p> <p>9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.</p> <p>b) been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?</p> <p>c) been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of:</p> <p>1. federal, state or local health laws, rules or regulations.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
17.	<p>IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES HAD ANY CLAIMS, JUDGMENTS, INJUNCTIONS, LIENS, FINES OR PENALTIES SECURED BY ANY GOVERNMENTAL AGENCY?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
18.	<p>DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO:</p> <p>a) file returns or pay any applicable federal, state or city taxes? <i>Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.</i></p> <p>b) file returns or pay New York State unemployment insurance? <i>Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</i></p> <p>c) Property Tax <i>Indicate the years the vendor failed to file.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
19.	<p>HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES WITHIN THE PAST SEVEN (7) YEARS (WHETHER OR NOT CLOSED) OR IS ANY BANKRUPTCY PROCEEDING PENDING BY OR AGAINST THE VENDOR OR ITS AFFILIATES REGARDLESS OF THE DATE OF FILING?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
20.	<p>IS THE VENDOR CURRENTLY INSOLVENT, OR DOES VENDOR CURRENTLY HAVE REASON TO BELIEVE THAT AN INVOLUNTARY BANKRUPTCY PROCEEDING MAY BE BROUGHT AGAINST IT? Provide financial information to support the vendor's current position, for example, Current Ratio, Debt Ratio, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

21.	IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded;		
Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.			

1 "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE

FEIN # 11-2595852

State of: New York
County of: Westchester ss:

CERTIFICATION:

The undersigned recognizes that this questionnaire is submitted for the express purpose of assisting the County of Albany in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the County may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The undersigned certifies that he/she:

- Has not altered the content of the questions in the questionnaire in any manner;
- Has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- Has supplied full and complete responses to each item therein to the best of his/her knowledge, information and belief;
- Is knowledgeable about the submitting vendor's business and operations;
- Understands that Albany County will rely on the information supplied in the questionnaire when entering into a contract with the vendor;
- Is under duty to notify the Albany County Purchasing Division of any material changes to the vendor's responses.

Name of Business Dent Serv Dental Service PC Signature of Owner [Signature]
Address 15 Cornwell Road Printed Name of Signatory Isaac Newman
City, State, Zip Peebles Manor, NY 10863 Title C.O.O.

Sworn before me this 20 day of Sept, 2021.
Notary Public

CARRIE WEISS
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01WE6380885
Qualified in Richmond County
Commission Exp. Date: 9/17/22
C. Weiss

Isaac Newman
Printed Name
C.O.O.
Signature
9/20/21
Date

Attachment "D"
Certification Pursuant to Section 103-g
Of the New York State
General Municipal Law

- A. By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the New York State Finance Law.
- B. A Bid/Proposal shall not be considered for award, nor shall any award be made where the condition set forth in Paragraph A above has not been complied with; provided, however, that in any case the bidder/proposer cannot make the foregoing certification set forth in Paragraph A above, the bidder/proposer shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where Paragraph A above cannot be complied with, the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, may award a bid/proposal, on a case by case business under the following circumstances:
1. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
 2. The political subdivision makes a determination that the goods or services are necessary for the political subdivision to perform its functions and that, absent such an exemption, the political subdivision would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.

9/20/21
Date

JN
Signature

C.O.D.
Title

PentServ Dental Services P.C.
Company Name



DENTS-1

OP ID: FA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/20/2020

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 ICS Agency, Inc. 431 Conklin Street Farmingdale, NY 11735-2612 Ari H. Friedman Assoc.	516-248-9200	CONTACT NAME: Eulampia Appelbaum PHONE (A/C, No, Ext): 516-248-9200 FAX (A/C, No): 516-248-9017 E-MAIL ADDRESS: eulampia@icsagency.com
INSURED Dentserv Dental Services, PC 16 Canal Road Pelham Manor, NY 10803		INSURER(S) AFFORDING COVERAGE INSURER A: TRAVELERS CAS INS CO/AMERICA INSURER B: TRAVELERS IND CO INSURER C: INSURER D: INSURER E: INSURER F:
		NAIC # 19046 25658

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 INSD	SUBR 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 <input checked="" type="checkbox"/> CONTRACTUAL LIAB <input checked="" type="checkbox"/> BLKT ADDL INSD GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER:	X		680479H663A2042	11/14/2020	11/14/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		680479H663A2042	11/14/2020	11/14/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	X		CUP5280Y6642042	11/14/2020	11/14/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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)

CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED

CERTIFICATE HOLDER

CANCELLATION

SHAKERP Shaker Place Rehabilitation & Nursing Center Albany Shaker Road Albany, NY 12211	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>Eulampia Appelbaum</i>
---	--

ACORD 25 (2016/03)

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a Berkshire Hathaway company

Two Park Avenue, New York, NY 10016
(212) 576-9800 | (800) 275-6564 | MLMIC.com
New York City | Latham | Syracuse | Long Island | Buffalo

Certificate of Insurance

Issue Office: NYC Office

Phone Number: 212 576 9670

Date of Issue: June 15, 2021

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

NAMED INSURED:

Martin Cukier, DDS
15 Canal Road
Pelham, NY 10803

INSURED:

RF7093785
Martin Cukier, DDS

COVERAGES

THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE LISTED BELOW HAS BEEN ISSUED TO THE INSURED 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 POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS OF LIABILITY	
Professional Liability	DP7093785	07/17/2021	07/17/2022	Each Person	\$2,000,000
<input type="checkbox"/> Claims Made	<input checked="" type="checkbox"/> Occurrence			Total	\$6,000,000

Specialty: General Dentistry

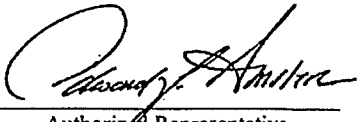
Specialty Specific Limiting Endorsements, if any: None

Cancellation, Change or Nonrenewal:

IN THE EVENT OF ANY MATERIAL CHANGE IN, CANCELLATION OF, OR FAILURE TO RENEW SAID POLICY, THE COMPANY ISSUING THIS CERTIFICATE WILL ENDEAVOR TO GIVE WRITTEN NOTICE TO THE PARTY TO WHOM THIS CERTIFICATE IS ISSUED, BUT FAILURE TO GIVE SUCH NOTICE SHALL IMPOSE NO OBLIGATION NOR LIABILITY UPON THE COMPANY.

CERTIFICATE HOLDER:

County of Albany
Dept. of Children, Youth and Families
112 State Street
Suite 240
Albany, NY 12207


Authorized Representative

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 112595852

INNOVATIVE RISK CONCEPTS, INC.
179 SOUTH MAPLE AVENUE
RIDGEWOOD NJ 07450



SCAN TO VALIDATE
AND SUBSCRIBE

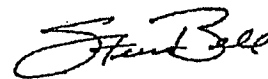
POLICYHOLDER DENTSERV DENTAL SERVICES PC 15 CANAL ROAD PELHAM MANOR NY 10803		CERTIFICATE HOLDER ALBANY COUNTY NURSING HOME ALBANY SHAKER ROAD ALBANY NY 12211	
POLICY NUMBER Z 1405 552-9	CERTIFICATE NUMBER 447923	POLICY PERIOD 10/01/2020 TO 10/01/2021	DATE 08/19/2020

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1405 552-9, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND



DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 562285622

