BIDDERS NAME: TermMax Pest Control

ATTACHMENT A - PRICING SUMMARY

RATES AND CHARGES

Note: Pricing is to remain firm while contract is in effect

Monthly Cost

Camino Villa Clubhouse	$ 14.00
Central Park Community Center	$ 19.00
City Hall	$ 39.00
City Hall Annex (HR)	$ 19.00
Fire Station #1	$ 19.00
Fire Station #2	$ 24.00
Fire Station#3	$ 19.00
Fire Station#4	$ 24.00
Fire Station#5	$ 19.00
Fire Station#6	$ 24.00
Fire Station#7	$ 24.00
Fire Station#6	$ 24.00
Fire Station Old #3 / Sign Shop	$ 24.00
Fire Station Old #7 / Communications	$ 14.00
ISSC Maintenance Building	$ 19.00
Park Grove Cemetery	$ 19.00
Ray Harral Nature Center	$ 19.00
Water Reclamation Treatment Plant - Admin Bldg.	$ 29.00
Water Reclamation Treatment Plant - BELT Bldg.	$ 29.00
Water Reclamation Treatment Plant - Blower BLDG	$ 24.00
Water Reclamation Treatment Plant - CENT BLD	$ 24.00
Water Reclamation Treatment Plant - CHLO BLD	$ 24.00

THIS BID IS INVALID IF NOT SIGNED AND NOTARIZED BY AN AUTHORIZED AGENT

Water Reclamation Treatment Plant - Electric Bldg.	$ 24.00
Water Reclamation Treatment Plant - GRIT BLD	$ 24.00
Water Reclamation Treatment Plant - HEADWORK	$ 24.00
Water Reclamation Treatment Plant - RET SLUD	$ 19.00
Water Treatment Plant - Admin Building	$ 1.00
Water Treatment Plant - Old Admin Building	$ 1.00
Water Treatment Plant - High Service (Pump Room)	$ 1.00
Water Treatment Plant - Raw Water	$ 1.00
Water Treatment Plant - Pretreatment Area	$ 1.00
Water Treatment Plant - Pretreatment MCC Building	$ 1.00
Animal Shelter	$ 24.00
Events Park Office	$ 24.00
FLEET Maintenance	$ 19.00
General Service Building – Operations	$ 29.00
Justice Center	$ 29.00
Nienhuis Maintenance Building	$ 24.00
Nienhuis Park Community Center	$ 24.00
Physical Resources Building	$ 19.00
Public Safety Complex	$ 29.00
Stark Building	$ 19.00
Street & Stormwater	$ 29.00
Training Phase 1	$ 29.00
Training Phase 2	$ 29.00
Training Phase 3	$ 29.00
Field Operations	$ 29.00
PSC EMS Building	$ 14.00
Additional Locations Per Square Foot	$ 0.0125

THIS BID IS INVALID IF NOT SIGNED AND NOTARIZED BY AN AUTHORIZED AGENT

BIDDERS NAME: TermMax Pest Control

ATTACHMENT C - REFERENCES

Provide a listing of at least three (3) references, preferably school districts but certainly companies of similar size/volume, for whom you have provided these services within the last three (3) years.

Contact Name: Oklahoma Military Department

Telephone: (572) 247-5261

Contact Name: Lisa Waldrop Title: Contracting & Procurement Officer

Address: 3515 Military Circle

Oklahoma City (City) OK (State) 73111 (Zip Code)

Email Address: Lisa.L.Waldrop.nfg@army.mil

Contact Name: Town of Prue

Telephone: 918-242-3613

Contact Name: Virginia Title:

Address: 44 South Main Street

Prue (City) OK (State) 74060 (Zip Code)

Email Address: clerk@townofprue.com

Contact Name: Daniels & Daniels Construction

Telephone: 918-809-8740

Contact Name: Charlie Daniels Title: Owner

Address: 3056 N Aspen Ave

Broken Arrow (City) OK (State) 74012 (Zip Code)

Email Address:

THIS BID IS INVALID IF NOT SIGNED AND NOTARIZED BY AN AUTHORIZED AGENT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/27/2026

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 FBC Home Insurance Services, LLC PO BOX 2073 Orlando FL 32802	CONTACT NAME: Scott Rose PHONE (A/C, No, Ext): (888) 308-1841 FAX (A/C, No): E-MAIL ADDRESS: SERVICE@FBCHOMEINSURANCE.COM
INSURED TERMMAX PEST CONTROL 2401 S Maple Ave Broken Arrow OK 74012-6897	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : AMERICAN MERCURY INS CO — 16810 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

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	
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			BA350000008782	03/08/2026	03/08/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N ☐ 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)

(Proof of Coverage)

CERTIFICATE HOLDER

Termmax Pest Control
2401 S Maple Ave
Broken Arrow OK 74012

CANCELLATION

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
Jeremy M. Whaley- Agent

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/05/2026

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 Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland NJ 07068	**CONTACT NAME:** Automatic Data Processing Insurance Agency, Inc. **PHONE (A/C, No, Ext):** 1-800-524-7024 **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED Termmax Pest Control LLC 2401 S Maple Ave Broken Arrow OK 74012	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Wesco Insurance Company — 25011 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 5031293 **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	
	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 - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	WWC3842310	03/21/2026	03/21/2027	☒ PER STATUTE ☐ OTH-ER	
							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)

CERTIFICATE HOLDER

TermMax Pest Control
PO Box 914
Broken Arrow OK 74013

CANCELLATION

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

TERMPES-02 ANDRAROHITH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/19/2026

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
NFP Property & Casualty Services, Inc.
7910 Lehigh Crossing
Victor, NY 14564

CONTACT NAME: Jeff Kline
PHONE (A/C, No, Ext): (585) 460-8913 FAX (A/C, No):
E-MAIL ADDRESS: Jeff.Kline@nfp.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Markel Insurance Company	38970
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Termmax Pest Control LLC
2401 S Maple Ave
Broken Arrow, OK 74012

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			PCG5935-07	9/21/2025	9/21/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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

For Proof of Insurance Purposes only

CANCELLATION

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

© 1988-2015 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

PLEASE REMOVE LICENSE SHOWN BELOW AND DISPLAY IN A PUBLIC PLACE. THIS IS YOUR RECEIPT FOR PAYMENT AND LICENSE TO PERFORM THE TYPE OF WORK SHOWN IN THE STATE OF OKLAHOMA.

THIS LICENSE WILL EXPIRE ON THE DATE SHOWN.

Pesticide Application Categories Are As Follows:

1a: Agricultural Plant	8: Public Health
1b: Agricultural Animal	9: Regulatory
2. Forestry	10: Demonstration & Research
3a: Ornamental & Turf Outdoor	11a: Bird & Vertebrate Animal
3b: Interiorscape	11b: Predatory Animal
3c: Nursery/Greenhouse	12a: Pressure Facility Timber Treating
4: Seed Treatment	12b: Ground Line Utility Pole Timber Treating
5: Aquatic	13: Antimicrobial
6: Right-of-Way	14a: Sewer Root
7a: General Pest	14b: Cooling Tower
7b: Structural Pest	14c: Specialty
7c: Fumigation	A: Aerial

OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD & FORESTRY
P.O. BOX 528804 OKLAHOMA CITY OK 73152-8804 (405) 521-3864.

LICENSE TYPE: Commercial
LICENSE NUMBER: 9151

PESTICIDE APPLICATOR'S LICENSE
UNDER AND SUBJECT TO THE PROVISIONS OF THE OKLAHOMA AGRICULTURAL CODE,
PESTICIDE APPLICATOR'S LICENSE VALID IN THE CATEGORIES INDICATED BELOW

11A; 7B; 3A; 7A;

ISSUED TO:
TERMMAX PEST CONTROL LLC
2401 S MAPLE AVE
BROKEN ARROW OK 74012

RECEIPT: 675407347
DATE OF ISSUE: 11/18/2025
EXPIRATION DATE: 12/31/2026

UNLESS CANCELLED OR SUSPENDED FOR VIOLATION OF LAW AND REGULATIONS

2026

AGN0176013

OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, & FORESTRY
P.O. BOX 528804
OKLAHOMA CITY OK 73152-8804

LICENSE ENCLOSED

TERMMAX PEST CONTROL LLC
2401 S MAPLE AVE
BROKEN ARROW OK 74012

PLEASE READ *** IMPORTANT INFORMATION

Enclosed is your Certified Applicator card. You should have this card available when purchasing restricted use pesticides to confirm your certification. If this card is for a replacement or recertification, destroy your old card and carry this one instead.

THIS CARD IS NOT A LICENSE to do work as a commercial or noncommercial applicator unless you are employed by the holder of a current Pesticide Applicator license in the category(s) for which you are certified. If you are currently employed by a license-holder, they will need to notify us in writing to verify that you are working for them as a certified applicator. If you are planning to start your own business, please contact this office to obtain an application for a Pesticide Applicator license.

The numbers shown on your card indicate two things. The first number indicates the category in which you are certified. The second number indicates that your certification expires 12/31 of the year shown. The category number codes are on the card's reverse side.

Example: 1A -08 indicates that category 1-A – Ag Plant expires December 31, 2008.

If you have any questions, please contact this office at (405) 522-5950.

OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD & FORESTRY
2800 N. Lincoln Blvd.
Oklahoma City, OK 73105

The person whose name is on this card has met certification standards and is certified to purchase, use, or supervise the use of any restricted use pesticide for the category of pesticide application shown on this card. This card does not allow a person to do work as a commercial or noncommercial applicator unless employed by a company that has a valid license issued by the Board.

CA Number 79528

Certified Applicator

KEVIN M BEHE

Category / Expires last day Of year shown

7A, 3A - 29
7B - 28
11A - 26

Note: This is not a license

OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD AND FORESTRY
CONSUMER PROTECTION SERVICES
P.O. BOX 528804
OKLAHOMA CITY OK 73152-8804

Enclosed is your Certified Applicator card

KEVIN M BEHE
2401 S MAPLE AVE
BROKEN ARROW OK 74012

Pesticide Application Categories Are As Follows
Note: Numbers reflect category, not month

1a: Agricultural Plant
1b: Agricultural Animal
2: Forestry
3a: Ornamental & Turf Outdoor
3b: Interiorscape
3c: Nursery/Greenhouse
4: Seed Treatment
5: Aquatic
6: Right-of-Way
7a: General Pest
7b: Structural Pest
7c: Fumigation
8: Public Health
9: Regulatory
10: Demonstration & Research
11: Bird & Vertebrate Animal
11b: Predatory Animal
12a: Pressure Facility Timber Treating
12b: Ground Line Utility Pole Timber Treating
13: Specialty
14a: Sewer Root
14b: Cooling Tower
14c: Specialty
A: Aerial
D: Dicamba

BIDDERS NAME: TermMax Pest Control

ATTACHMENT E - PROPOSAL AFFIDAVIT

The following affidavit is to accompany the proposal:

STATE OF: Oklahoma

COUNTY OF: Tulsa

Kevin Behe, of lawful age, being first duly sworn, on oath says:

(S)he is the duly authorized agent of TermMax Pest Control, the proposer submitting the competitive offer which is attached to this statement, for the purpose of certifying the facts pertaining to the existence of collusion among proposer and between proposer and city officials or employees, as well as facts to pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to the offer to which this statement is attached;

1. (S)he is fully aware of the facts and circumstances surrounding the making of the offer to which this statement is attached and has been personally and directly involved in the proceeding leading to the submission of such proposal; and

2. Neither the proposer nor anyone subject to the proposer's direction or control has been a party:

- a). to any collusion among proposers in restraint of freedom of competition by agreement to submit an offer at a fixed price or to refrain from submitting an offer,
- b). to any collusion with any city official or employee as to quantity, quality, or price in the prospective contract, or as to any other terms of such prospective contract, nor
- c). in any discussions between proposers and any city official concerning exchange of money or other things of value for special consideration in the letting of a contract.

X _____

Subscribed and sworn to before me this 1st day of June 2026

My Commission Expires: 9/26/2029 _____
Notary Public (or Clerk or Judge)

ANNETTE TALE NOTARY PUBLIC STATE OF OKLAHOMA COMM. EXP. 09-26-2029 #13008845 IN AND FOR MUSKOGEE COUNTY

THIS BID IS INVALID IF NOT SIGNED AND NOTARIZED BY AN AUTHORIZED AGENT

BIDDERS NAME: TermMax Pest Control

ATTACHMENT D - INTEREST AFFIDAVIT
The following affidavit is to accompany the proposal:

STATE OF: Oklahoma

COUNTY OF: Tulsa

Kevin Behe, of lawful age, being first duly sworn, states that s(he) is the agent authorized by the bidder to submit the attached proposal. Affiant further states that no officer or employee of the City of Broken Arrow, either directly or indirectly, owns a twenty-five percent (25%) interest in the bidder's business or such a percentage, which constitutes a controlling interest. Affiant furthers states that the following officers and/or employees of the City of Broken Arrow have some direct or indirect interest in the bidder's business:

For purposes of this affidavit, a direct or indirect interest is defined to include any relationship existing on the date of this affidavit, or which previously existed within the past year. Such an interest shall also be defined to include any business relationship between or among the proposed parties to the contract project and also to include any business relationship between the officers and directors of the proposed contracting parties of the project.

X

Subscribed and sworn to before me this 1st day of June 2026

My Commission Expires: 9/26/2029

Notary Public (or Clerk or Judge)

ANNETTE T. HALE NOTARY PUBLIC #13008945 COMM EXP. 09-26-2029 STATE OF OKLAHOMA IN AND FOR MUSKOGEE COUNTY

THIS BID IS INVALID IF NOT SIGNED AND NOTARIZED BY AN AUTHORIZED AGENT

BIDDERS NAME: TermMax Pest Control

ATTACHMENT B - TERMS AND SIGNATURE SHEET

In compliance with this invitation for Bid Number: 26.158 and subject to all conditions thereof, the undersigned offers and agrees to furnish any or all items and/or services upon which prices are quoted, at the price quoted as specified.

My signature certifies that the accompanying bid is not the result of or affected by any act of collusion with another person or company engaged in the same line of business or commerce, or any act of fraud punishable under Federal, State, or City Law. Furthermore, I understand that fraudulent and collusive bidding is a crime under Federal, State, and City Law and can result in fines, prison sentences, and civil damage awards. I hereby certify that I am authorized to sign this bid for the bidder.

If you desire not to bid on this Invitation, forward your acknowledgement of "No Bid". Return of only the "Statement of No Interest Sheet" with authorized signature and indicate the reason for "No Bid". Failure to comply may be cause for removal of your company's name from the bid list for the subject commodity and/or service.

Complete Legal Name of Bidder: Kevin Behe

Date: _____

Company Name: TermMax Pest Control

Address: PO Box 914

Broken Arrow (City) OK (State) 74013 (Zip Code)

Email: admin@termmax.net

X _____ Official Title: Owner

Please print or type name clearly: Kevin Behe

Telephone: 918-510-2586 Fax Number: _____

Federal Tax ID Number: 85-2311514

Subscribed and sworn to before me this 18th day of June 2026

My Commission Expires: 9/26/2029 _____

Notary Public (or Clerk or Judge)

ANNETT HALE NOTARY PUBLIC STATE OF OKLAHOMA MUSKOGEE COUNTY #18008945 EXP. 06-26-2029

THIS BID IS INVALID IF NOT SIGNED AND NOTARIZED BY AN AUTHORIZED AGENT