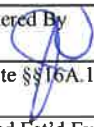


**CONSULTANT SUPPLEMENTAL AGREEMENT/CONTRACT AMENDMENT
FOR STATE OF MINNESOTA PROFESSIONAL AND TECHNICAL SERVICES
MASTER CONTRACT**

PROJECT NAME: Construction Testing and Inspection Services CONSULTANT: Twin Ports Testing II Inc.
LOCATION: Various in MN ADDRESS: 1301 N. 3rd St.
Superior, WI 54880

To Be Completed by State

Business Unit	Accounting Date	Fund	DeptID	AppropID	Category 81101508 93151600	Account 411308 411324	Amount \$0.00
Vendor Number 0000988095			Contract Number 131780 (previously 85266)/T#15ATI	PC BU	Project Number	Activity	
Date 9.18.17	Order Number N/A			Line Number	Entered By 		
[Individual signing certifies that funds have been encumbered as required by Minnesota Statute §§16A.15 AND 16C.05]							
Contract Begin Date: 11/17/2014		Current Est'd Expiration Date: 10/31/2017		Revised Est'd Expiration Date:		10/31/2018	

SUPPLEMENTAL AGREEMENT/CONTRACT AMENDMENT NO. # 3

This SUPPLEMENTAL AGREEMENT/CONTRACT AMENDMENT is made by and between the STATE of MINNESOTA, acting through its Commissioner of Administration, "STATE," and, **Twin Ports Testing II Inc., 1301 N. 3rd St., Superior, WI 54880**, "CONSULTANT."

WHEREAS, STATE and CONSULTANT have entered into a contract, known as Department of Administration Contract No. **131780** for Construction Testing and Inspection Services; which was effective on November 17, 2014.

WHEREAS,

1. The original contract called for construction testing and inspection services.
2. Paragraph 1.3, provides for an expiration date of October 31, 2017 and the STATE and CONSULTANT wish to extend the Master Contract.
3. It is necessary to modify the original contract to include the Certification of Nondiscrimination clause.

NOW THEREFORE, it is mutually agreed to amend Contract No. **131780** as follows:

1. Paragraph 1.3 language determining expiration date of this contract shall be changed to October 31, 2018.
2. **Certification of Nondiscrimination (In accordance with Minn. Stat. § 16C.053)**
The following term applies to any contract for which the value, including all extensions, is \$50,000 or more: Contractor certifies it does not engage in and has no present plans to engage in discrimination against Israel, or against persons or entities doing business in Israel, when making decisions related to the operation of the vendor's business. For purposes of this section, "discrimination" includes but is not

limited to engaging in refusals to deal, terminating business activities, or other actions that are intended to limit commercial relations with Israel, or persons or entities doing business in Israel, when such actions are taken in a manner that in any way discriminates on the basis of nationality or national origin and is not based on a valid business reason.

Except as amended herein, the terms and conditions of the Original Contract and all previous amendments remain in full force and effect.

IN WITNESS WHEREOF, STATE has caused this Supplemental Agreement/Contract Amendment to be duly executed on its behalf and CONSULTANT has caused the same to be duly executed on its behalf.

This Supplemental Agreement/Contract Amendment may be executed in counterpart; once all parties have signed on one or separate copies, a copy signed by one party is binding on that party same as if signed by all remaining parties.

1. STATE ENCUMBRANCE VERIFICATION

Individual certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05.

SWIFT Order Number :	N/A
Certification Signature:	<i>Jahid Omar</i>
Date:	9.20.17

2. CONSULTANT: Twin Ports Testing Inc.

CONSULTANT certifies that the appropriate person(s) have executed the Agreement on behalf of the CONSULTANT as required by applicable articles, by-laws, resolutions, or ordinances.

By:	<i>Ryan Malich</i>
	(Corporate Signature)
Printed Name:	Ryan Malich
Title:	Director of Business Development
Date:	09/14/17

By:	
	(Corporate Signature)
Printed Name:	
Title:	
Date:	

3. STATE AGENCY: Department of Administration

Contract approval and certification that state funds have been encumbered as required by Minnesota Statutes §§ 16A.15 and 16C.05.

By:	<i>Gordon Christofferson</i>
	(Authorized Signature)
Printed Name:	Gordon Christofferson
Title:	Project Operations Manager
Date:	9/20/17

4. COMMISSIONER OF ADMINISTRATION, as delegated to Materials Management Division:

By: (Authorized Signature)	<i>Doreen Fr...</i>
Date:	9-19-17

Distribution:

- Agency – Original (fully executed) Contract
- Department of Administration
- Contractor
- State Authorized Representative



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/12/2017

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 Holden Insurance Agency, Inc. 823 Belknap St., Suite 121 PO Box 459 Superior, WI 54880	CONTACT NAME: PHONE (A/C, No, Ext): (715) 394-7741	FAX (A/C, No): (715) 394-7502
	E-MAIL ADDRESS: holden@holdeninsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Western National Mutual	15377
INSURED Twin Ports Testing II, Inc; Twin Ports Testing, Inc. 1301 N 3rd St Superior, WI 54880	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
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CPP116849100	06/29/2017	06/29/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 EBL 1MM OCC 2M
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIREDAUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CPP116848900	06/29/2017	06/29/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB102828400	06/29/2017	06/29/2018	EACH OCCURRENCE \$ 8,000,000 AGGREGATE \$ Aggregate \$ 8,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WCV102276600	06/29/2017	06/29/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)
 State of Minnesota is included as additional insured on the general liability, when required by written contract. Contractors insurance is primary.

CERTIFICATE HOLDER State of Minnesota Department of Administration - Real Estate & Construction Services 309 Administration Building 50 Sherburne St. Paul, MN 55155	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
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