



# State of Louisiana

JOHN BEL EDWARDS  
GOVERNOR

November 1, 2016

Weeks Marine, Inc.  
304 Gaille Drive  
Innwoods Business Park  
Covington LA 70433

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

7010 0290 0002 9193 9079

RE: **Lost Lake Marsh Creation and Hydrologic Restoration  
Project (TE-0072)**

Sir/Madam:

Congratulations on being the successful bidder on the referenced project. We appreciate your bidding on this state job, and we look forward to working with you in the successful execution and completion of this project. In order to expeditiously execute this construction contract, please find enclosed, for your completion, seven (7) copies of the Construction Contract for the referenced project in the amount of **\$20,597,620.45**. You should sign all copies and have your signature witnessed by two (2) witnesses. **Please do not date this contract. If you put a date on this contract, we will send the contract back to be signed again.**

Please return **all seven (7)** completed documents to this office along with the items listed below within fifteen (15) days after receipt. It is imperative that we receive this information as soon as possible but no later than fifteen (15) days after receipt of this communication.

1. Certificates of Insurance, as per specifications
  - a. General Liability, with additional insured and waiver of subrogation
  - b. Workers Compensation with waiver of subrogation
  - c. Automobile and Watercraft (if applicable)

#### Executive Division

Post Office Box 44027 • Baton Rouge, Louisiana 70804-4027 • 150 Terrace Avenue • Baton Rouge, Louisiana 70802  
(225) 342-7308 • Fax (225) 342-4674 • <http://www.coastal.la.gov>  
An Equal Opportunity Employer

November 1, 2016

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2. Disclosure of Ownership (LLCs are exempt from this requirement) & Corporate Resolution
3. Vendor Request Form with W-9 form & Vendor Location Form
4. Signed and Notarized Non-Collusion Affidavit
5. Surety should complete the Performance and Payment Bond section of the contract and attach the necessary Power of Attorney. (Surety signature must be witnessed by 2 witnesses)

This contract is not valid until fully executed by the State of Louisiana, Coastal Protection and Restoration Authority.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dean Andrus', written in a cursive style.

Dean Andrus

Attachments

c: CPRA Project Files

**VENDOR REQUEST FORM**

**MEMORANDUM**

**TO: ALL CONTRACT HOLDERS FOR THE COASTAL PROTECTION AND RESTORATION AUTHORITY**

*Please be advised that **no** contract will be executed by the Coastal Protection and Restoration Authority until the following information is provided. This information will also be utilized by this office for preparation of IRS Form 1099. **IF A JOINT VENTURE CONTRACT, THE FEDERAL EMPLOYER IDENTIFICATION NUMBER FOR THE JOINT VENTURE WILL HAVE TO BE SUPPLIED TO THIS OFFICE FOR COMPLIANCE WITH IRS REQUIREMENTS.***

1. TELEPHONE NUMBER INCLUDING AREA CODE:( ) \_\_\_\_\_
2. SOCIAL SECURITY NUMBER: \_\_\_\_\_ **OR**  
FEDERAL EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_
3. COMPLETED FORM W-9 (Request for Taxpayer Identification Number and Certification).
4. CONTACT PERSON: If you have any questions relative to the above, please call Dean Andrus at (225) 342-7295.

In order to process your contract, the following should be submitted to:  
Coastal Protection & Restoration Authority  
Attn: Dean Andrus  
P.O. Box 44027  
Baton Rouge, LA 70804-9396

If you have any questions, you may reach Mr. Andrus at (225) 342-7295.

1. (CHECK ONE) INCORPORATED: \_\_\_\_\_ LLC: \_\_\_\_\_ OTHER: \_\_\_\_\_  
(IF INC, A COPY OF THE CORPORATE RESOLUTION MUST BE SUBMITTED - SAMPLE ATTACHED)
2. PLEASE VERIFY THE FOLLOWING INFORMATION AND MAKE ANY NECESSARY CORRECTIONS.
3. PLEASE PROVIDE  
NAME: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

## RESOLUTION

BE IT RESOLVED by the Board of Directors of \_\_\_\_\_

\_\_\_\_\_, domiciled in the City of \_\_\_\_\_.

that \_\_\_\_\_ is hereby authorized and empowered to execute any and all contracts of whatever kind on behalf of the Corporation with the State of Louisiana, Coastal Protection and Restoration Authority.

## CERTIFICATE

I, \_\_\_\_\_ of \_\_\_\_\_ do hereby certify that the foregoing resolution is a true and exact copy unanimously adopted by the Board of Directors of said corporation at a meeting thereof legally held on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_; that said resolution is duly entered into the records of said corporation; that it has not been rescinded or modified; and that it is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and the seal of said corporation this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

## MEMORANDUM

**RE: Disclosure of Ownership Affidavit**

The Louisiana Legislature requires all for-profit corporations to file a Disclosure of Ownership Affidavit with the Louisiana Secretary of State's office in Baton Rouge before contracting with state government. A copy of this affidavit is attached and should be submitted together with a filing cost of \$20 to the Secretary of State, Corporations Division, P. O. Box 94125, Baton Rouge, Louisiana 70804-9125.

**You are responsible for filing this form and forwarding a copy stamped by the Secretary of State to Coastal Protection and Restoration Authority before your contract will be processed. The original should be retained for your files and used for future projects.**

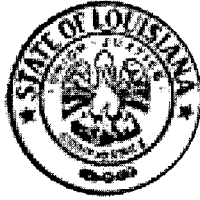
**Non-profit and Limited Liability Corporations (LLC) are exempt from this requirement. For-profit corporations whose stock is publicly traded are also exempt.**

If an out-of-state, for-profit corporation is doing business in Louisiana, then they must also file the disclosure affidavit. If the out of state business is not registered to do business in Louisiana, then you **must** contact the Secretary of State's office at 225-342-4479 to receive and complete all necessary documents to do business in Louisiana.

Remember, evidence that the disclosure affidavit has been filed will be required before the contract will be approved by this office. A copy of the affidavit with the Secretary of State's stamp on it will suffice as evidence.

STATE OF LOUISIANA SECRETARY OF  
STATE

TOM SCHEDLER  
SECRETARY OF STATE



Commercial  
(225) 925-  
4704

Administrative  
Services  
(225) 925-4704

Fax  
(225) 925-4726  
(225) 922-0435

**TRANSMITTAL INFORMATION  
For All Business Filings**

Uniform  
Commercial  
Code (225) 922-  
1193

***Registered agent, officer, entity status information available via the Internet***

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Business Name (List exactly as it appears in documents)

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Name of person filing document (evidence of filing will be mailed to this person, at  
address below) Daytime phone number

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Address

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City

State

Zip Code

**NOTE: Louisiana Notaries must print or type their name and include their notary or bar roll number.**

Mailing Address: P. O. Box 94125, Baton Rouge, LA \* 70804-9125  
Office Location: 8549 United Plaza Blvd., Baton Rouge, LA \* 70809  
Web Site Address: [www.sos.louisiana.gov](http://www.sos.louisiana.gov)

<p>TOM SCHELDER SECRETARY OF STATE</p> 	<p><b>DISCLOSURE OF OWNERSHIP</b> <b>(R.S. 12:25 E, 12:205 E and 12:304 A (II))</b></p>	
	<p>Enclose \$20.00 filing fee. Make Remittance payable to the Secretary of State <b>DO NOT SEND CASH</b></p>	<p>Return to: Commercial Division P.O. Box 94125 Baton Rouge, LA 70804-9125 Phone (225) 925-4704 Web Site: <a href="http://www.sec.state.la.us">www.sec.state.la.us</a></p>

STATE OF \_\_\_\_\_

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

BEFORE ME, the undersigned Notary in and for the parish/county herein above shown, personally came and appeared the undersigned who, after being duly sworn, did depose and say that:

\_\_\_\_\_ Corporation Name

is contracting with the state and listed below are the names and addresses of all persons or corporate entities who hold ownership interest of five percent or more in the corporation or who hold by proxy the voting power of five percent or more in the corporation and, if anyone is holding stock in his own name that actually belongs to another, the name of the person for whom held, including stock held pursuant to a counter letter.

1. Person or corporate entities owning 5% or more:

Name	Address
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Name	Address
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Name	Address
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2. Persons or corporate entities who hold by proxy the voting power of 5% or more:

Name	Address
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Name	Address
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Name	Address
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3. Stock held for others and for whom held:

Name	Address
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For Whom Held	Address
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Name	Address
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For Whom Held	Address
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Name	Address
------	---------

For Whom Held	Address
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Sworn to and subscribed before me, the undersigned Notary Public, on this date: \_\_\_\_\_

\_\_\_\_\_  
Corporation Representative

\_\_\_\_\_  
Notary