

December 08, 2017

Ms. Mary Younggren ADVENT GROUP, INC. (THE) 7101 York Avenue South, #240 Edina, MN 55435

Dear Ms. Younggren:

Your recertification for participation in the Minnesota Small Business Procurement Program is now due. Enclosed is a recertification form. Fill out the form, making any necessary changes including products/services. Complete page 2 identifying all owners, officers and key personnel, and return to this office within 14 calendar days.

For verification of your continued eligibility, submit the following information with the recertification form:

A copy of your complete financial statements, including an income statement and balance sheet for your most recent fiscal year, if available, or a copy of your most recent Federal Income Tax Return for the business.

This will be the only notice of recertification you will be sent. Failure to respond will result in removal from the program. If you have any questions, please feel free to call the Office of Equity in Procurement at 651.201.2402.

Sincerely,

Sathvik Subrahmanya Vendor Specialist Office of Equity in Procurement Minnesota Small Business Procurement Program

## SMALL BUSINESS PROCUREMENT PROGRAM TARGETED GROUP/ECONOMICALLY DISADVANTAGED/VETERAN OWNED SMALL BUSINESS VENDOR RECERTIFICATION FORM

INSTRUCTIONS: This form must be completed. Attach the requested financial statements and return this form to the Small Business Procurement Program, Office of Equity in Procurement, Room 112 Administration Building, 50 Sherburne Avenue, St. Paul, Minnesota 55155.

Our records currently contain the following information. Please correct any inaccuracies and provide any missing information:

OWNER(S): 100.00 % Mary Yo 0.00 % sample ow	00	
COMPANY NAME: ADDRESS:	ADVENT GROUP, INC. (THE) 7101 York Avenue South, #240 Edina, MN55435	PHONE: (952) 920-9119 FAX: (952) 920-9405
Business Descript Primary NAICS Co	brahmanya@state.mn.us Web URL: ion: Temporary staffing and direct hire plande: 561320 Codes: 111120, 111130, 111140, 111150,	cement. Website: www.tempforce.com
FEDERAL EMPLOY	HE ACCURACY OF THE TAX NUMBERS BELO YER IDENTIFICATION NUMBER: <federal er<br="">IFICATION NUMBER: <state identificati<="" tax="" td=""><td>mployer Identification Number&gt;</td></state></federal>	mployer Identification Number>
	R YOUR LAST FISCAL YEAR: \$ ETE FINANCIAL STATEMENT)	
	R ENDS n any changes in ownership of the compan s, bill of sale, partnership agreement, etc.)	NUMBER OF EMPLOYEES y, you <b>must</b> attach proof of such change
Are any of the ow so, you must prov sheet, if necessary	vide the name and location of the business	any other business?YesNo. If and its annual gross sales (attach additional
I CERTIFY THE ABO	OVE INFORMATION TO BE TRUE:	

Date

Signature by Majority Owner