November 29, 2017

<Mr/Ms>. <OwnerFirstName> <OwnerLastName>

AUM CARDIOVASCULAR, INC.

<Address>

<City>, MN <ZipCode>

Dear <Mr/Ms>. <OwnerLastName>:

I have received your application to participate in the Minnesota Small Business Procurement Program. In order to assist in the verification of your eligibility for the program, you must submit the following information within 14 calendar days or your application will be rejected:

<List of missing information>

If you have any questions, please feel free to contact me at (245) 345-4563.

Sincerely,

Sathvik Subrahmanya

Vendor Specialist

Office of Equity in Procurement

Minnesota Small Business Procurement Program