December 13, 2017

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

Guaranteed Home Health Care, LLC.

8252 Edinbrook Crossing Suite 109

Brooklyn Park, MN <ZipCode>

Dear <Mr/Ms>. <OwnerLastName>:

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):

<OwnersList>

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| COMPANY NAME: | Guaranteed Home Health Care, LLC. | PHONE: | (763) 710-5876 | |
| ADDRESS: | 8252 Edinbrook Crossing Suite 109 | FAX: | <FaxNumber> |
|  | Brooklyn Park, MN<ZipCode> |  | |

E-Mail: guaranteedhhc1@gmail.com Web URL: <CompanyWebsite>

Business Description: Provider of in home health services and out of home nursing services, as well as other health related services.

Primary NAICS Code: 621610

Secondary NAICS Codes:

GROSS SALES FOR YOUR LAST FISCAL YEAR: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(ATTACH COMPLETE FINANCIAL STATEMENT)**

YOUR FISCAL YEAR ENDS NUMBER OF EMPLOYEES \_\_\_\_\_\_\_

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If there have been any changes in ownership of the company, you **must** attach proof of such change (stock certificates, bill of sale, partnership agreement, etc.)

Are any of the owners or officers also owners or officers of any other business? Yes No. If so, you must provide the name and location of the business and its annual gross sales (attach additional sheet, if necessary).

I CERTIFY THE ABOVE INFORMATION TO BE TRUE:

Signature by Majority Owner Date