

WILLIAMSON COUNTY AFFIDAVIT AUTHORIZED VENDOR REPRESENTATIVE

I hereby swear, affirm and represent to Williamson County that my signature below represents that I am authorized to bind the bidder/proposer to fully comply with the pricing, terms and conditions for bid/proposal #_/\(\frac{1}{kFP}\) 2/2 and any extension thereof, if applicable. If signature is by an agent, other than the Sole Proprietor(s) or an officer of a Corporation, Limited Liability Company, General Partner or a member of a General Partnership, a power of attorney or equivalent document must be submitted to the Williamson County Purchasing Department prior to being recommended for award of the bid.

Printed name of person submitting affidavit:

Title/Representative Capacity:

	Name of Company:	
	Pulips Healthcare, adivision of thilips Electronics NORTH AMERICA Corp.	
See all services and a service of the services	Date: Appendrer 2, 20 15	
	Signature of person submitting affidavit:	
	Notarized:	B. FRAW
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Justine Starren
Benior Menager