



INTENT TO PARTICIPATE

Please include the State of _____ as a potential participant in the solicitation.

Please NAME the State of KANSAS as a potential participant IN the solicitation document.

The following employee of the State of _____ is being offered as a member of the Evaluation Committee:

Name: _____
Title: _____
Address: _____

Email: _____
Phone: _____
Fax: _____

PARTIES TO THIS AGREEMENT

The parties to this Agreement have affixed their signatures below in witness and in execution of this Intent to Participate, this 18TH day of FEB, 2004.

CHRIS HOWE, DEPUTY DIRECTOR
Printed Name and Title
[Signature]
Signature

FAX, MAIL OR EMAIL TO:
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