



INTENT TO PARTICIPATE

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

Please NAME the State of NEVADA 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 25th day of February, 2004.

Mike Kuckenmeister, chief Materials Management Section, Purchasing Div.
 Printed Name and Title

[Handwritten Signature]
 Signature

FAX, MAIL OR EMAIL TO:

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 Minnesota Department of Administration
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 St Paul, MN 55155
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