

AFFIDAVIT OF NOTICE OF FEE DISPOSITION

PURSUANT TO LA. R.S. 38:2196.1, any person or other entity that enters into any contract awarded without bidding with a state entity or local entity, or any contract with a local entity exceeding ten thousand dollars awarded with bidding, in which a commission, fee, or other consideration is paid to the contractor for the contractor to sell to or provide to the state entity or local entity any commodity, goods, brokerage service or other service of any kind, insurance, or anything of value, then the full disposition, splitting, or sharing of such commission, fee, or other consideration shall be disclosed to the state entity or local entity by the contractor in writing by an AFFIDAVIT OF NOTICE OF FEE DISPOSITION.

☐ ORIGINAL FEE DISPOSITION (DATE CONTRACT ENTERED: ___/___/___)

☐ AMENDMENT (DATE FEE DISPOSITION AMENDED: ___/___/___)

NAME OF CONTRACTOR: MAXIMUS CONSULTING SERVICES INC
 NAME OF AUTHORIZED AGENT (PRINT): MARK A. REED/JACK,
 MAILING ADDRESS: 3907 North Moorpark Road
Phoenix Junction, AZ 85119

NAME OF STATE OR LOCAL ENTITY JEFFERSON PARISH, LA

☐ STATE CONTRACT WITHOUT BIDDING

☐ LOCAL CONTRACT WITHOUT BIDDING

☒ LOCAL CONTRACT WITH BIDDING (EXCEEDING \$10,000)

VALUE OF COMMISSION, FEE, OR OTHER CONSIDERATION TO THE CONTRACT: \$ 20,000.00

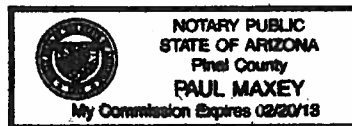
PARTIES TO RECEIVE DISPOSITIONS, SPLITS, OR SHARES OF THE COMMISSION, FEE, OR OTHER CONSIDERATION

☐ SCHEDULE A COMPLETED AND ATTACHED

CERTIFICATE OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that this Notice shall be attached to and made a part of the contract for which the commission, fee, or other consideration is paid and shall be recorded in the public record.

[Signature]
 Signature (Authorized Agent)



SWORN TO AND SUBSCRIBED BEFORE ME
 THIS 5 DAY OF July, 2011

[Signature]
 Signature (Notary Public)



**SCHEDULE A: PARTIES TO RECEIVE DISPOSITIONS, SPLITS,
OR SHARES OF THE COMMISSION, FEE, OR OTHER CONSIDERATION**

FULL NAME OF RECIPIENT (PRINT): MAXIMUS CONSULTING SERVICES, INC

☐ SPLITS: _____ ☒ FEE \$ 20,000.00 ☐ COMMISSION SHARES: -0-

☐ OTHER CONSIDERATION: _____

FULL NAME OF RECIPIENT (PRINT): _____

☐ SPLITS: _____ ☐ FEE \$ _____ ☐ COMMISSION SHARES: _____

☐ OTHER CONSIDERATION: _____

FULL NAME OF RECIPIENT (PRINT): _____

☐ SPLITS: _____ ☐ FEE \$ _____ ☐ COMMISSION SHARES: _____

☐ OTHER CONSIDERATION: _____

FULL NAME OF RECIPIENT (PRINT): _____

☐ SPLITS: _____ ☐ FEE \$ _____ ☐ COMMISSION SHARES: _____

☐ OTHER CONSIDERATION: _____

FULL NAME OF RECIPIENT (PRINT): _____

☐ SPLITS: _____ ☐ FEE \$ _____ ☐ COMMISSION SHARES: _____

☐ OTHER CONSIDERATION: _____

FULL NAME OF RECIPIENT (PRINT): _____

☐ SPLITS: _____ ☐ FEE \$ _____ ☐ COMMISSION SHARES: _____

☐ OTHER CONSIDERATION: _____