

## EXHIBIT H ATTACHMENT 1

# OWNERSHIP DISCLOSURE FORM (N.J.S.A. 52:25-24.2)

Pursuant to the requirements of P.L. 1999, c.440, the Supplier shall complete the form attached to these specifications listing the persons owning 10 percent (10%) or more of the firm presenting the proposal.

or eseria	ing the propor	ja.		
Compan	y Name:	Shutterfly Lifetouch, LLC		
Address	:	11000 Viking Drive, Eden Prairie, MN 55344		
		a Sole Proprietor, and therefore, no disclosure is	Yes	No M
A	necessary.  A sole proprietor is a person who owns an unincorporated business by hin A limited liability company with a single member is not a Sole Proprietor.			
. The Company is a Corporation, Partnership, or Limited Liability Company.			Ø	
address <b>b</b> ) all in nember	es of all stock dividual partr	to Question 2, you must disclose the following: (a) the name sholders in the corporation who own 10% or more of its stockers in the partnership who own a 10% or greater interest the disability company who own a 10% or greater interest there necessary.)	k, of any erein; or,	(c) al
none".		cholders, partners or members owning 10% or more into	erest, ind	
Shutte	erfly, LLC	10 Almaden Blvd, San Jose, CA 95113	100%	
iden	tified above, orations, part	orporations, partnerships, or limited liability companies are there any individuals, partners, members, stockholders, tnerships, or limited liability companies owning a 10% or f those listed business entities?	Yes	No
iden corp grea	tified above, orations, part iter interest of	are there any individuals, partners, members, stockholders, therships, or limited liability companies owning a 10% or f those listed business entities?  tockholders, partners or members owning 10% or more	Ø	





	EXHIBIT H	Attachment D	
shutlerfly, UC	io Almadon Blvd, San Jose CA	95113	100°70
I further contifu that the stellarm	pute and information contained basels are com-	ploto and serves	
to the best of my knowledge ar	ents and information contained herein, are com nd belief.	piete and correc	r
Name: Destick Gord	<u>~</u>		
Signature: Dmil 1			
Date: 5-9-23	<u></u> 2		



#### NON-COLLUSION AFFIDAVIT N.J.S.A. 52:34-15

State of MN County of Hennepin

SS:

I, Derrick Gorden working at Shutterfly Lifetouch, LLC 11000 Viking Drive, Eden Prairie, MN 55344 in the County of Hennepin and State of Minnesota of full age, being duly sworn according to law on my oath depose and say that:

I am Vice President, Field Host of the firm of Shutterfly Lifetouch, LLC, the bidder making this Proposal for the bid entitled Request for Proposals, and that I executed the said proposal with full authority to do so that said bidder has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above-named project; and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that the Shutterfly Lifetouch, LLC relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by Shutterfly Lifetouch, LLC.

Signature Derrick Gorden

(Type or print name of affiant under signature)

Subscribed and sworn to

before me this day

My Commission expires

1-31-25

(Seal)





#### AFFIRMATIVE ACTION AFFIDAVIT P.L. 1975, c.127



to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the applicable employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor and its subcontractors shall furnish such reports or other documents to the Div. of Contract Compliance & EEO as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Div. of Contract Compliance & EEO for conducting a compliance investigation pursuant to <u>Subchapter 10 of the Administrative Code at N.J.A.C. 17:27</u>.

Signature of Procurement Agent



# C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM Required Pursuant to N.J.S.A. 19:44A-20.26

This form or its permitted facsimile must be submitted to the local unit no later than 10 days prior to the award of the contract.

		Part I - Vendor	Information
Vendor Name: Shut	tterfly Lifetouch, LLC		
Address: 11000 Vik			
City: Eden Prairie	State:MN Zip: 5534	4	
presents compliance	authorized to certify, hereby certifies that with the provisions of N.J.S.A. 19:44A-2		
structions accompanyi	ing this form.		
Done	Derrick Gorden	rrick Gorden VP Host	
Signature3E1560D4CB	Printed Name	Title	
	Part II – Contribution Disclosur	е	
unit.	tributions (more than \$300 per election cy mittees of the government entities listed o		
unit.			Dollar
unit.  Check here if disclo	mittees of the government entities listed of	on the form provide	Dollar Amount
unit.  Check here if disclo	osure is provided in electronic form.  Recipient Name	on the form provide	Dollar
unit.  Check here if disclo	mittees of the government entities listed of	on the form provide	Dollar Amount
unit.  Check here if disclo	osure is provided in electronic form.  Recipient Name	on the form provide	Dollar Amount
unit.  Check here if disclo	osure is provided in electronic form.  Recipient Name	on the form provide	Dollar Amount
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unit.  Check here if disclo	osure is provided in electronic form.  Recipient Name	on the form provide	Dollar Amount
unit.  Check here if disclo	osure is provided in electronic form.  Recipient Name	on the form provide	Dollar Amount
unit.  Check here if disclo	osure is provided in electronic form.  Recipient Name	on the form provide	Dollar Amount
unit.  Check here if disclo	osure is provided in electronic form.  Recipient Name	on the form provide	Dollar Amount





## STOCKHOLDER DISCLOSURE CERTIFICATION

Name of Business: Shutterfly Lifetouch	<u>, LLC</u>				
I certify that the list below contains the names and home addresses of all stockhold holding 10% or more of the issued and outstanding stock of the undersigned. OR					
~	I certify that no one stockholder owns 10% or more of the issued and outstanding stock of				
Check the box that represents the type of but	siness organization:				
□Partnership □Corporation □Limited Partnership 戊Limited Liability Corpora □Subchapter S Corporation	□Sole Proprietorship ition□Limited Liability Partnership				
Sign and notarize the form below, and, if nec Use more space as necessary.	cessary, complete the stockholder list below.				
Stockholders:					
Name:Shutterfly, LLC	Name:				
Address: 10 Almaden Blvd, San Jose, CA 95113	Home Address:				
lame:	Name:				
Home Address:	Home Address:				
Subscribed and sworn before me this 4 day May , 2023.	of (Affiant)				
(Notary Public)	Derrick Gorden UPHOST				
My Commission expires: 1-31-25	(Print name & title of affiant)  (Corporate Seal)				
SARA JEAN MOTZKO SARA JEAN MOTZKO Motary Public-Minnesota My Commission Expires Jen 31, 2025					