

**E-Verify
Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)**

Company Name: Mythics, Inc.
Address: 1439 N. Great Neck Road
City, State, Zip: Virginia Beach, VA 23454
Contract Number: 9800-RFP000000112- 62015MYT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of **Georgia Technology Authority** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:


<u>240189</u> E-Verify Number	<u>7/20/2015</u> Date of Contract
----------------------------------	--------------------------------------

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on July, 20, 2015 in Virginia Beach (city), VA (state).

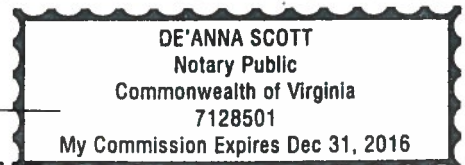

Signature of Authorized Officer or Agent

Deonte J. Watters, Contracts Manager
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 20th DAY OF July, 2015.


NOTARY PUBLIC

My Commission Expires: 12/31/16



PLEASE RETURN TO NANCI GLAZER GAY
404-463-6539 – Procurement2@gta.ga.gov

VENDOR MANAGEMENT FORM (TeamWorks)

The initiating Agency will submit this form to the Vendor Management Group for verification and approval. Agency must complete section 5 of the form to obtain approval.

SECTION 1 – VENDOR IDENTIFICATION (COMPLETE ALL APPLICABLE FIELDS)

VENDOR NUMBER: N/A FEI/SSN/EMP ID NUMBER: 541987871

VENDOR NAME: Mythcis, Inc.

PAYMENT ALT NAME: (IF CHECK IS TO BE PAYABLE IN A DIFFERENT NAME) _____

ADDRESS: 1439 N. Great Neck Road

CITY: Virginia Beach STATE: Virginia ZIP CODE: 23454 COUNTRY: _____

PHONE NUMBER: 757-412-4362 FAX NUMBER: 757-412-1060

CONTACT EMAIL: contracts@mythcis.com

PYMT REMIT EMAIL Mythcis-Accounting@mythcis.com LOC # n/a PYMT REMIT EMAIL _____ LOC # n/a

PYMT REMIT EMAIL _____ LOC # n/a PYMT REMIT EMAIL _____ LOC # n/a

SECTION 2 – BANK ACCOUNT INFORMATION (ATTACH COPY OF VOIDED CHECK)

ROUTING # 121000248 BANK ACCOUNT # 2000026271361

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments

Check here if this account can only be used for a SPECIFIC purpose _____

(Indicate specific purpose for which this account can be used)

I authorize the State of Georgia to deposit payment for goods or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named above. I understand it is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information.

Deonte J. Watters, Contracts Manager
(Vendor Printed Name)


(Vendor Signature)

7/20/2015
(Date)

SECTION 3 – SPECIFY TYPE OF ACTION (CHECK ALL THAT APPLY)

- New Vendor
- Classification Change _____
- Name Change**
- Vendor Deactivation
- Bank Account Add
- E - Payable
- Employee
- Add address
- Change of Address: Address # _____
- Fleet Anywhere Vendor
- Bank Account Change
- 1099 Code _____
- FEI/TIN Change**
- Right of Way Purchase
- Other (provide details in Section 4)
- Bank Account Delete

Documentation for Vendor Name/TIN changes must include at least one of the following: IRS documentation (tax documents, FEI issuance letter, etc); Confirmation from Secretary of State's office of legal name change OR a newly completed W-9 form provided by the vendor.

SIC CODES (CHECK ALL THAT APPLY)

- Small Business
- GA Based Business
- Women Owned
- Minority Business Certified
- Minority Business Enterprise
- Hispanic - Latino
- African American
- Native American
- Asian American
- Pacific Islander

SECTION 4 – ADDITIONAL COMMENTS

SECTION 5 – STATE OF GEORGIA AGENCY CONTACT INFORMATION (OFFICE USE ONLY)

Requestor Name: _____ Agency BU#: _____ Date: _____

Email: _____ Phone: _____ Fax #: _____