

**REPRESENTATIVES USED AND COMPENSATION PAID FOR SERVICES
IN CONNECTION WITH OBTAINING FEDERAL CONTRACTS**

Representative's Name: _____

Address: _____

City: _____

State: _____

ZIP Code: _____

Amount Paid (If any) \$ _____

Amount Due (If any) \$ _____

Total Amount of Compensation \$ _____

Description of Services Provided: _____

Representative's Name: _____

Address: _____

City: _____

State: _____

ZIP Code: _____

Amount Paid (If any) \$ _____

Amount Due (If any) \$ _____

Total Amount of Compensation \$ _____

Description of Services Provided: _____

The undersigned hereby certifies that the information for the six-month period ending _____, as provided above is accurate and complete. (If necessary, the statement of services may be continued on a separate page).

Name of 8(a) Participant Firm: _____

Principals' Printed Name: _____

8(a) Case # _____

Principals' Printed Title: _____

Principals' Signature: _____

Date: _____