LIMITED LIABILITY COMPANY CERTIFICATION

A. TRIBAL ENROLLED MEMBERSHIP CARD

B. LIABILITY INSURANCE COVERAGE OF $1,000,000
   1. If working for the Oneida Tribe of Indians of WI:
      • the Tribe shall be named as an Additional Insured;
      • shall provide Workers’ Compensation insurance if Contractor has employees;
      • shall provide Auto liability insurance if vehicles are operated on Tribal premises

C. CREDIT REFERENCE
   a. Bank letter establishing Line of Credit
   b. Supplier letter stating Line of Credit established

D. KEY PERSONNEL RESUME
   a. Experience
   b. Education/Training
   c. Organizational Chart

E. PROOF OF WISCONSIN STATE LLC

F. REFERENCES/PORTFOLIO

G. BUSINESS PLAN (If business is less than three (3) years old)

H. SELF-DISCLOSURE OF 57.6-4 (c) of the Indian Preference Law

I. COMPANY STRUCTURE UPDATE-PRINCIPAL CHANGES
   a. Change of Ownership
   b. New address
   c. Additional phone numbers, fax number, cell number, etc

Any person who knowingly or recklessly omits, falsifies, or otherwise misrepresents any material fact shall be subject to all applicable sanctions, penalties and any other applicable laws, regulations, or procedures of the Oneida Nation.

All information given for purpose of receiving certification for doing business with the Oneida Nation in Wisconsin may be subject to an internal audit or review.
BUSINESS NAME: ________________________________________________________________

OWNER(S) NAME: ________________________________________________________________

TRIBAL AFFILIATION: ____________________ ENROLLMENT #: _____________________

ADDRESS: _________________________________________________________________

CITY/COUNTY: ______________________________________________________________

STATE/ZIP: ________________________________________________________________

BUSINESS PHONE: __________________________________________________________

FAX NUMBER: ______________________________________________________________

CELL NUMBER: ____________________________________________________________

HOME NUMBER: ___________________________________________________________ 

FEDERAL ID #: _____________________________________________________________

E-MAIL ADDRESS: __________________________________________________________

WEB SITE: ____________________

DATE SUBMITTED: _________________________________________________________

1. Type of service provided:
   a. Banking/Finance
   b. Consulting
   c. Construction
   d. Delivery
   e. Door to Door
   f. Education/Training
   g. Food Service
   h. Gaming Equip./Service
   i. Health Care Field
   j. Independent Sales
   k. Insurance
   l. Repair Service
   m. Retail
   n. Route Sales
   o. Transportation
   p. Other: ____________________

2. Please submit a 2007 NAICS 6 digit code classifying your business. Go to www.naics.com/search.htm

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. Date Business Established: ________________________________________________

   a. Total Percentage Native American Owned: _________________________________
   b. Principle Business Contact: ____________________________________________
4. Current Number of Employees:

<table>
<thead>
<tr>
<th></th>
<th>Full time</th>
<th>Part time</th>
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</thead>
<tbody>
<tr>
<td>Native American</td>
<td>_________</td>
<td>_________</td>
</tr>
<tr>
<td>Minority</td>
<td>_________</td>
<td>_________</td>
</tr>
<tr>
<td>Non-Minority</td>
<td>_________</td>
<td>_________</td>
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5. Is your firm certified by one or more as follows: (If so, attach photocopy of each)

- Department of Development (DOD)
- Department of Transportation (DOT)
- Small Business Administration (SBA) County of __________________________
- Minority Business
- Other __________________________

6. List all location addresses currently used. Include Offices, Warehouse type facilities, and work areas: ________________________________________________

   a. List the facilities that are private residences: __________________________
   b. List All prior names used by your company: __________________________

7. List individuals who are responsible for the following:

   a. Bonding/Surety loans: __________________________  ________% of time
   b. Contract/Negotiations: __________________________  ________% of time
   c. Financial Decisions: __________________________  ________% of time
   d. Management Decisions: __________________________  ________% of time
   e. Office Functions: __________________________  ________% of time
   f. Supervision Operations: __________________________  ________% of time

8. List any current Business relationships that involve shared space, equipment, financing, or shared employee agreements. Describe different companies that have one or more of the same owners (attach explanation):

   ________________________________________________
   ________________________________________________
   ________________________________________________

9. Does this firm have any working relationships/agreements (written or oral) with any other business. If yes, describe these arrangements/agreements.

   ________________________________________________
   ________________________________________________
   ________________________________________________
I/We, ____________________________, the undersigned, swear that the foregoing statements are true and correct and include all material information necessary to identify and explain the operation of (name of firm) ________________________, as well as ownership status thereof.

Further, the undersigned agrees to provide complete and accurate information regarding actual work performed on any project, the payment thereof, and any proposed changes, of the foregoing arrangements and to permit the examination of records, files of the firm or affiliate of said firm in connection with certification procedures. Any misrepresentation will be grounds for decertification.

"By completing this application I hereby affirm, under penalty of perjury, that the statements I have made herein are true and correct. I understand that if I am granted certification by the Indian Preference Department, my certification may be revoked at any time if it is discovered that any statements I have made on this application are false. I further understand that I may be subject to other sanctions if I commit fraud or misrepresentation in completing this application."

Applicant Name: _______________________________________ Title ________________________________ (Print)

Applicants Signature: __________________________________________________ Date: ______________

Approval by the Indian Preference Director:
Signature _________________________________________________ Date: _____________