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City of Jacksonville, Florida

Procurement Award Form (PAF)

Part 1 – Form Type: JPAC 126.204 (a) New Award, Renewals, Waive Technical Defects, Price Increases, NTE Increases.

Goods and/or Services: Body Transport Services

Requested Action and Justification:

Recommend approval to enter into contract with the sole bidder, North Florida Removal Services, to provide body transport services for the Medical Examiner's Office. Period of service will be from October 1, 2026 through September 30, 2027, with two (2) one-year renewal options. Total expenditure not to exceed $469,000.00.

The award will be executed through a formal contract by the Office of General Counsel

Supplier:	North Florida Removal Services	**Basis of Award:**	Highest Evaluated	**BID Opening Date:**	04/29/2026

POA #:	N/A	**PO #:**	N/A	**Change Order #:**	N/A
Solicitation #:	RFP-NONCON 17727 26	**Contract #:**	N/A	**Contract ADM #:**	N/A
Term:	1 year	**Options:**	2, 1-yr	**Options Used:**	

Federally Funded:	No	**JSEB Rec:**	Encouragement
Licenses Verified:	Yes	**JSEB %:**	0
Bonds Required:	No	**Bonds Waived Pursuant To:**	N/A

Fund:	00111	**Center:**	118101	**Acct:**	531090	**Proj:**	000000	**Activity:**	00000000	$ 469,000.00
Fund:		**Center:**		**Acct:**		**Proj:**		**Activity:**		$
Fund:		**Center:**		**Acct:**		**Proj:**		**Activity:**		$

New NTE/GMP:	$ 469,000.00	**Contingent Amt:**	$ 0	**DMP/ODPO Amt:**	$ N/A

Using Agency/BU:	MEME:MEDICAL EXAMINER		
Concurrence:	Signed by: Crutchfield, Tim B0EF89E641184D3...	**Title:**	Director of Operations 5/20/2026
Concurrence:		**Title:**	
Concurrence:		**Title:**	
Concurrence:		**Title:**	

Procurement Analyst/Buyer:	Signed by: Simpson, Sandy 309A0368E9B74A5...	**Chief of Procurement:**	Signed by: B19F1D517352456... 5/26/2026
Name:	Simpson, Sandy	**Name:**	Dustin L. Freeman

Part 2 – JPAC Action: All award actions subject to lawfully appropriated funds.		**Part 3 – Final Awarding Authority Action:**	
Members who approve:		**Action:**	
Members who disapprove:		**Signature:**	
Date:		**Date:**	

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PAF Instructions
Part 1 (using agency)

Form Type: This form will be used for both Administrative Awards and JPAC Requests. Select type from dropdown options.

Goods and/or Services: Enter a brief description of the types of goods and services included in the request.

Requested Action and Justification: Enter a brief description of the requested action or authority being sought. i.e.; *Request permission to award the lowest, responsive responsible bidder for an ITB or award the highest ranked supplier for an RFP.* This block should also be used for additional information such as additional 4th account strings, or other information essential for contract execution.

Supplier: Enter awarded supplier name**.** If multiple, include in "Requested Action and Justification" box.

Basis of Award: Select from Lowest Price Technical Acceptable (LPTA), Highest Price Technical Acceptable (HPTA) or N/A.

Bid Opening Date: The date bids were unsealed by Procurement.

POA #: This is your 1Cloud generated Agreement number. Select Type, Enter Number.

PO #: Enter the PO number or agreement release number.

Change Order #: Provide the applicable change order number represented by this request.

Solicitation #: Select Prefix type, Enter Number, and Year.

Contract #: This number should be the same as your POA number (unless procured prior to 2020)

Contract Amendment #: Provide the applicable amendment number represented by this request.

Term: Select the Period of Performance or Term for the initial period.

Options: Period of time for each renewal or option.

Options Used: Prior to this request, enter how many options were already used.

Federally Funded: Select yes or no from dropdown if Federal Funds will be used.

JSEB Rec: Select Encouragement or JSEB Set Aside Option.

JESB %: If JSEB Participation, enter the percentage.

Bonds Waived Pursuant to: Select option from Drop down.

Funding Sources: Fund/Center/Account/Project/Activity, all fields are required even if zeros.

New NTE/GMP: Enter the new total not to exceed amount. Note, this should match the contract maximum indebtedness, if applicable**.**

Contingent Amount: If your agency requests an allowance for unforeseen additional expenses, then specify the amount of your requested increase and new NTE that represents the contingency allowance. This is over and above any quote.

DMP/ODPO Account: Enter the Direct Materials Purchase/Owner Direct Purchase Order Account. Used mainly for CIP (Capital Improvement/Construction) Projects

Using Agency/BU: Select one from the dropdown list.

Concurrence: Using Agency internal routing requirements for Electronic Signatures (follow Proc Manual for threshold requirements)

Title: Title of person electronically signing form.

Attachments: Included any supplemental information to the Procurement Award Form. i.e.; *Scope of work, previous awards*.

**Any field where there is no data available, or no entry is required, either leave it blank or enter N/A. Any fields where there is known data, include for informational purposes. Any changes to an original award should contain the data that is being changed and any other relevant data required for JPAC review and approval.*

Docusign Envelope ID: 849E1EF7-4CA2-4CC2-8643-C7BE28826A1E

Award Solicitation: Medical Examiner's Office Body Removal Services

Solicitation **RFP - Non-Construction 1772**	Responses Received **1**	Invited Suppliers **215**
Procurement BU **CGI BU**	Active Responses **1**	Will Participate **3**
Close Date **5/4/2026 16:00**	Shortlisted Responses **1**	Responded **1**
Solicitation Currency **USD**		

Line Summary

Line	Item	Item Revision	Supplier	Business Relationship	UOM	Estimated Quantity	Estimated Total Amount	Award	Agreement Quantity	Rank	Response Price	Score	Response Minimum Release Amount	Supplier Site	Response	Target Minimum Release Amount	Category Name	Line Type
1 Please insert $1.00			North Florida Remov-al & Clean	Spend Authorized			0.00	Yes		1	350.00	100.00	350.00	Order/Rank	46197		962.70 Remov-al and Pickup of	Dollars

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Award Solicitation: Medical Examiner's Office Body Removal Services

Solicitation **RFP - Non-Construction (>1Y)** Procurement Rep **CCO Rep** Close Date **5/4/2026 16:00** Solicitation Currency **USD**	Responses Received: **1** Partial Responses: **1** Shortlisted Responses: **1**	Invited Suppliers: **272** Will Participate: **1** Responded: **1**

Overview

	North Florida Removal & Cleaning Service, Inc.
Business Relationship	New
Supplier Contact	David M. Johnson
Location Country	United States
Submitted By	Submitted by: David M.
Supporting Docs	0 Total
Response Status	Submitted
Responded Amount	200.00
Rank	1
Total Award Amount	**200.00**
Place of Response	5/1/2026 8:46
Supporting Attachments	0
Note to Buyer	
Supplier Notes	No
Requirements Show Scoring Criteria	

Requirement	**Target Value**	**North Florida Removal & Cleaning Service, Inc.**
Total Score		**0.00**
Affirmation		
1 Type name, title, and e-mail of person submitting bid in the comments field. Comments		a. Acknowledge David M. Johnson, Sr. President
2 Comments		a. Acknowledge North Florida Removal and Cleaning Service
3 No Alterations: Bidder has not altered the original Solicitation Document in any way and further understands that any such alteration of the original solicitation document may result in the rejection of the bid.		a. Acknowledge
4 Solicitation Silence: The Solicitation Silence policy is in effect for this solicitation and all communications related to this solicitation must be in writing to the designated procurement representative. Violations of the solicitation silence policy may result in the rejection/disqualification of the submission.		a. Acknowledge
5 Legal authorization and solicitation specific minimum requirements: All bidders must be legally authorized to do business in Duval County and shall comply with all minimum requirements for this bid. Failure to submit evidence for meeting any of these requirements may be cause for rejection of the response. Examples of applicable local business licenses and particulars such as specific licenses, experience on similar projects, years of expertise in the area etc.		a. Acknowledge
Comments		The company has attached proof of meeting the requirements to conduct business in
6 Certification of No Conflict of Interest: Supplier certifies that no official or employee of the City or independent agency named in the Contract Documents or in the specifications has a material financial interest in the Supplier's company. Supplier must complete and submit the attached Conflict of Interest Statement fully detailing any potential conflicts.		a. Contractor certifies that no official or employee of the City or independent agency named in the Contract Documents or in the specifications has a material financial interest in the Contractor's company.
7 Equal Business Opportunity Program: Pursuant to Part 6 of Chapter 126, Jacksonville Ordinance Code, the City of Jacksonville encourages the utilization and participation of Jacksonville Small and Emerging Businesses (JSEBs) in its contract awards based upon availability. It is the City's intent in adopting this program to reflect the City's policy regards to enhancing participation of JSEBs in all areas of		a. Acknowledge
8 Electronic Signature: I understand this acknowledgment serves as my electronic signature and has the same force and effect as my manual signature.		a. Acknowledge
Submittal Statement		
1 Submittal Statement Bidder hereby states this proposal is made in good faith, without collusion or connection without other entity bidding on this work. Bidder has examined and read all Drawings, Specifications, General and Special Conditions,and other Contract Documents, and has satisfied itself as to the nature and extent of the work covered by this Proposal and the specifications, for the proposed work. Bidder certifies that no officer or agent of the CITY will receive any benefit from this bid. The CITY and Bidder states that this Proposal is made in conformity with the Contract Documents and agreed that in case of any discrepancy or difference between the Proposal and the Contract Documents, the provisions of the Contract Documents shall govern. Bidder has read the foregoing Proposal after the same was completed and has verified every item placed therein; and agrees to indemnify, defend and save harmless the CITY against any cost, damage or loss which may be incurred or caused by anyerror in the Bidder's preparation of same. Bidder states that all applicable taxes are included in the unit prices or Lump Sum Bid andacknowledges this project is tax-exempt and that the sole responsibility of the payment such taxes is the responsibility of the Bidder. The undersigned Bidder agrees to keep bid in effect for 120 calendar days after theBid Opening date to allow the CITY time to review the bids, make a recommendation to Council, prepare and execute the contract (in case the purchase order). This time period begins atthe time bids are opened and ends upon the issuance of Notice to Proceed (NTP) by the CITY.The bid prices shall remain in effect throughout the entire time period. Failure of the CITY to issue NTP within the specified time period shall allow Bidder to withdraw its Bid andterminate its contract without penalty or forfeiture of Bid Bond. Failure of the CITY to issueNTP within the specified time period shall not entitle Bidder to withdrawal of its Bid prices,unless mutually agreeable to the CITY. Bidder certifies, under penalty of perjury and contract rescission, that it has all required licenses toperform the work required to fulfill the terms of the contract.Including but not limited to,ensuring that all its employees and those of all subcontractors requiring to be licensed are listed in closeprovise and are properly licensed to perform work on their respective portions of this project.		a. Acknowledge
Service Requirements		
1 Scope of Services: The City of Jacksonville, Medical Examiner's Office is seeking a qualified contractor to provide body removal and transport services as outlined in the specifications. The Medical Examiner has statutory responcibility (Florida Statutes, Chapter 406) for investigation and certification of any death occurring within the county that is sudden, unexplained, or unattended. Cases are investigated at the location of the death by Forensic Investigators working at the direction of the Chief Medical Examiner or Associate Medical Examiners. Statutes prohibit movement of the body or articles in the posessing of the body that relate to the cause and manner of death by anyone other than a representative of the Medical Examiner's Office. The Medical Examiner, or his/her representative, will conduct an external examination at the scene and make arrangements for the body to be transported to the Medical Examiner's Office for an examination. Cases investigated by the Medical Examiner inwhe homicide, suicide, accidents, and all those cases where the cause of death is obscure. Bodies may be in various stages of mutilation or decomposition, and may carry infectious diseases. All cases solicited for further investigation will be treated as though they carried infectious disease. This contract requires transportation of the remains of persons who die in Duval County, Florida from the death site to the Medical Examiner's Office in Jacksonville. Florida. In some instances, remains will be picked up from area hospitals. On these occasions, records and admission specimens may be requested and should also be transported with the body at no additional cost. On occasion, due to unforeseen circumstances, the Medical Examiner can request transport to a facility other than the Medical Examiner's Office. Contractor shall transport as requested in such instances at no additional cost. Arrival time will be a factor in the bid. The City of Jacksonville reserves the right to reject those whose time frame exceeds thirty (30) minutes after receipt of order. Arrival at the scene/hospital shall be within twenty (20) minutes after time of the request. For delays in arrival of greater than 45 minutes from time of dispatch to sixty (60) minutes from time of dispatch, payment shall be at the discretion of the Medical Examiner's Office. The City of Jacksonville, Florida and/or the Medical Examiner's Office reserves the rights to rescind the award and make award to the next lowest conforming bidder. In-bid the contractor agrees to penalties if this occurs more than three times a year. PICK- UP AND RETURNS see Response Time After attempting to contact the Contractor for pick-up/return via the telephone or pager with no success, the Contractor has fifteen (15) minutes to return our call or page. Failure to do so necessitates our office to contacting another body transport service. The City of Jacksonville, Florida and/or the Medical Examiner's Office reserves the rights to rescind the award and make award to the next lowest conforming bidder, in-bid the contract or impose penalties if this occurs more than three times a year. The penalty imposed will be a credit issued by the Contractor in the amount of the fee for one body transport per case the City of Jacksonville, Florida and/or the Medical Examiner's Office outside assistance. CONTRACTOR'S ACCESSIBILITY see Response Time The City or its representative must be able to contact the contractor on a 24-hour, seven (7) days a week, 365 days a year basis. The awarded Contractor must possess and maintain a license issued by the with the Florida Department of Financial Services and possess and maintain a City of Jacksonvile occupational license. The Contractor and all drivers must possess and maintain a valid Chauffeur's of Florida Driver's License issued by the Department of Motor Vehicles. These licenses shall be readily available for review by the Medical Examiner's Office and/or City of Jacksonville or his/her designees. Each vehicle is subject to the inspection and approval of the Medical Examiner's Office and/or the City of Jacksonville. **– The** **Contractor shall maintain a minimum of two (2) vehicles, each of which is** **capable of carrying at least two (2) deceased persons at** **one time to include** **the required equipment as listed and described herein.** **– The** **Contractor must have proof of ownership, VIN Numbers, Florida Registration, or** **a signed lease for the duration of the contract for equipment suitable for** **meeting the requirements of this contract.** **If vehicles are to be purchased, the contractor must provide a** **signed quotation from a vehicle dealer, with a guaranteed delivery date, to** **ensure that work can begin on time.** **– The** **Contractor shall provide proof of business automobile liability coverage for** **all vehicles. These policies must be** **readily available for review by the Medical Examiner's Office and or the City** **of Jacksonville upon request.** The Contractor shall maintain at least two (2) fully staffed vehicles ready for response to any death scene in Duval County. Each vehicle shall be manned by a minimum of two (2) attendants, including the driver. The Contractor must be capable of loading or unloading at the pickup point and at the Medical Examiner's Office without assistance. Contractor's second vehicle must be readily available in the event that **– The primary vehicle breaks down;** **– A second unit is required due to a** **priority type of scene;** **– Multiple bodies must be transported** **from a single death scene/hospital; or** **– Any other circumstance, not** **specifically described, wherein a second unit is deemed necessary.** Vehicles used for this service must be capable of transporting at least two (2) deceased persons at one time. Preferably, vers should have cargo area with the following dimensions: Length (inches): 147.8, width between arches (inches): 52.7, height (inches): 51.9 and loading floor height (inches): 27.3, when possible. Vehicles should have double hinged rear doors and a passenger side sliding door. Cargo area should be enclosed, and not has windows. It should have dark tinting that eliminates the possibility of viewing by the public. A bio-hazardous waste receptacle should be accessible in the cargo area for the disposing of gloves, etc. Floor covering should be plastic or rubber so that cross-contamination can be easily eliminated. Vehicles must be capable of operating safely during inclement weather. Vehicles must be kept in good mechanical condition and both the appearance and mechanical condition of the vehicles must be well maintained. The vehicles must be free of bumper stickers or other writing that could be embarrassing to the deceased's families. The portion of the vehicles which contains the cadavers must be air-conditioned. Each vehicle must contain the following equipment for each call: **– Two (2) one-man cots and/or auxiliary** **stretchers;** **– Heavy-duty grade body bags, and heavy** **duty body bags with handles provided by the Medical Examiner's Office, will be** **provided at the scene by the Forensic Investigator.** **– Two clean-white cloth sheets, per** **case provided by the Medical Examiner's Office, for homicide cases will** **be provided at the scene by the Forensic Investigator.** **– A communication system for the** **Contractor to contact his/her employees and for the Medical Examiner's Office** **to be in reliable contact with the Contractor and the transporters. Primary vehicle should possess a cell phone** **and a text pager. In cases of** **emergency, the cell phone may be down and communication must continue.** **– Personal protective clothing and** **equipment as shall be required by local, state, or federal regulations to** **protect employees of the contractor.** **– Foul weather gear, including boots** **provided by contractor.** **– Gloves, and Disinfectants provided by contractor.** Permanent or temporary signs may be affixed to each vehicle furnished for this service. Said sign, if any, shall identify the Contractor's company name and be located on the front doors of the vehicles. The signs must receive the approval of the Medical Examiner and shall not contain the words "Coroner" or "Medical Examiner". Other than the Contractor's vehicle, there will be no advertisement of any kind associated with any equipment or supplies used to transport the decedent. Vehicles shall be operated in compliance with all applicable traffic laws and rules. Each vehicle shall be manned by a minimum of two (2)		a. Acknowledge

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Fig. 1

Fig. 2

Fig. 3

Fig. 4

Fig. 5

Fig. 6

Fig. 7

Fig. 8

Fig. 9

Fig. 10

Fig. 11

Fig. 12

Fig. 13

Fig. 14

Fig. 15

Fig. 16

Fig. 17

Fig. 18

Fig. 19

Fig. 20

Fig.

[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]

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Award Solicitation: Medical Examiner's Office Body Removal Services

Solicitation	**RFP - Non-Construction 177**	Responses Received	**1**	Invited Suppliers	**215**
Procurement BU	**COJ BU**	Active Responses	**1**	Will Participate	**3**
Close Date	**5/4/2026 16:00**	Shortlisted Responses	**1**	Responded	**1**
Solicitation Currency	**USD**				

Lines

Number of Awarded Lines	**1**		
Number of Awarded Suppliers	**1**	Total Award Amount	**350.00**

1 Please insert $1.00

Line Type	**Dollars**	Start Price		Award Amount	**350.00**
Category Name	**962.70 Removal and Pickup of Dead Bodie**	Current Price		Savings	
		Estimated Total Amount	**0.01**	Savings	

	Target Value	**Service, Inc. Response: 461972**
Business Relationship		Spend Authorized
Supplier Site		Order/Remit
Response Status		Active
Shortlist Status		Included
Rank		1
Line Pricing		
Response Price		350.00
Unit Price Savings		
Unit Price Savings Percent		
Award Decision		
Award		Yes
Award Amount		**350.00**
Note to Buyer		
Attachments		No

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Award Solicitation: Medical Examiner's Office Body Removal Services

Solicitation **RFP - Non-Construction 177**	Responses Received **1**	Invited Suppliers **215**
Procurement BU **COJ BU**	Active Responses **1**	Will Participate **3**
Close Date **5/4/2026 16:00**	Shortlisted Responses **1**	Responded **1**
Solicitation Currency **USD**		

Requirements Scoring

Requirements

Requirement		Acceptable Values	Score	Maximum Score
8.	**Evaluation Criteria**			**100**
3.	**COMPETENCE:** Describe professional and/or technical education and training (including but not limited to, biohazard training programs); experience in the kind of projects to be undertaken; availability of adequate personnel, quality of equipment (including vehicles maintenance, stretchers/carts and biohazard supplies/PPE) and Contractor's facilities. Provide names and resumes of all individuals to be assigned to this project. (**35 points maximum score**)	a. Acknowledge		35
4.	**FINANCIAL RESPONSIBILITY.** Describe form of business, i.e., proprietorship, partnership, corporation; years in business; changes in ownership; bank reference(s); past, present, pending and/or threatened legal proceedings within any forum; and any other information the Contractor may wish to supply to demonstrate financial responsibility. Failure to provide all listed information and documentation will result in score less than maximum for this criterion. **(5 points maximum score)**	a. Acknowledge		5
5.	**PAST AND PRESENT RECORD OF PROFESSIONAL ACCOMPLISHMENTS WITH CITY AGENCIES AND OTHERS:** Provide a minimum of three (3) completed projects that are similar in nature and scope to the project under consideration with references to include client's contact person and telephone number. Projects must have been held within the last three (3) years. Describe any outstanding accomplishments that relate to specific services being sought. **(5 points maximum score)**	a. Acknowledge		5
6.	**CURRENT WORKLOAD:** Provide a list of all local commercial or government contracts the Contractor currently holds whether the Contractor is the Prime Contractor or subcontractor. Such list shall include all work for the City of Jacksonville or its various agencies. (**10 points maximum score)**	a. Acknowledge		10
7.	**COST**: Price submission shall be total unit price per transpiration transported to the Office of the Medical Examiner. (40 points maximum score) The following is an example of the above methodology if the maximum amount of points for cost is 1000. The following City receives three proposals: Firm #1 with a price of $600.00; Firm #2 with a price of $800.00; Firm #3 with a price of $1,200.00. -- Firm #1 would receive the maximum of points for cost, 1000. **(40 awarded points)** -- Firm #2 would receive 75% of max points ($600.00 divided by $800.00) multiplied by the maximum amount of points. **(30 awarded points)** -- Firm #3 would receive 50% of the max points ($600.00 divided by $1,200.00) multiplied by the maximum amount of points. **(20 awarded points)**	a. Acknowledge		40
8.	**VETERAN AND/OR JACKSONVILLE SMALL EMERGING BUSINESS OWNER.** Preference will be given to Contractors who are military veterans and/or JSEB vendors. Provide proof of status as a U.S. Military Veteran (i.e., DD-214) or JSEB certification with the Office of Equal Business Opportunity. **(5 points maximum score)**	a. Acknowledge		5

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District IV Medical Examiner's Office

Serving Duval, Clay, Nassau, Hamilton, & Columbia

Wednesday, May 13, 2026

TO: Dustin Freeman, Chief, Procurement

THRU: Dr. B. Robert Pietak, Chief Medical Examiner B. Robert Pietak

FROM: Tim Crutchfield, Director of Operations Mr. Timothy C. Crutchfield Digitally signed by Mr. Timothy C. Crutchfield Date: 2026.05.13 18:23:11 -04'00'

RE: **Request for Award - Body Transport Services**

In response to the City of Jacksonville's issuance of a Request for Proposal 17727-26,3 to procure body transport services, one (1) proposal for evaluation was received.

Based upon the criteria, the below listed business is found to be duly qualified.

1. North Florida Removal Services

Accordingly, it is recommended that the City move forward to award the contract from the date of October 1, 2026 through September 30, 2029 for the first period, and with two (2) one (1) year renewal options. The estimated amount of $469,000.00 is for the initial period and the two (2) renewal periods for a total of $1,407,000.00. The award should be encumbered as follows:

Fund-Center-Account-Project-Interfund-Future	Amount
0011-118101-531090-00000-00000-00000	$1,407,000.00

If any additional information is required please do not hesitate to contact me at 904-255-4012.

CSPEC Memo for award

Final Audit Report 2026-05-14

Created:	2026-05-13
By:	Tim Crutchfield (TCrutchfield@coj.net)
Status:	Signed
Transaction ID:	CBJCHBCAABAAx0Z_WZuSFV3-voBcdh5VNvLjOcc77zFZ

"CSPEC Memo for award" History

Document digitally presigned by Mr. Timothy C. Crutchfield (tcrutchfield@coj.net)
2026-05-13 - 10:23:11 PM GMT

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Document e-signed by Boguslaw Pietak (BPietak@coj.net)
Signature Date: 2026-05-14 - 2:01:47 PM GMT - Time Source: server - Signature Appearance Selected: IMAGE

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