

DEPARTMENT OF THE ARMY
Office of The Surgeon General
Washington 25, D. C.

CONTRACT NO. DA-49-007-MD-506
Medical College of Virginia
Modification No. 2- \$6,768.00

CONTRACTOR'S STATEMENT OF CONTINGENT OR OTHER FEES

Check the appropriate blank in (a) and (b) below:

The contractor represents:

(a) that he has _____, has not employed or retained any company or person (other than a full-time bona fide employee working solely for the contractor) to solicit or secure this contract; and

(b) that he has _____, has not paid or agreed to pay to any company or person (other than a full-time bona fide employee working solely for the contractor) any fee, commission, percentage or brokerage fee, contingent upon or resulting from the award of this contract, and agrees to furnish information relating thereto as requested by the contracting officer.

[Signature]
(Contractor or contractor's Representative)

12-14-54
Date

President
(Title)

AGGREGATE NUMBER OF EMPLOYEES AND AFFILIATES is 500 or more less than 500 _____

INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION OF STATE OF Virginia