



Affidavit of Compliance for Apparel-Related Procurement

Bid # 10558 Date: 12/17/12
 Prime Contractor: GOLDFISH UNIFORMS

Name of Owner:	Daniel and Rosy Tsai
Company Name:	TRI MOUNTAIN
Company Address:	4889 4 TH ST., IRWINDALE, CA 91706

Important Information

This Affidavit of Compliance for Apparel-Related Procurement (Affidavit) is the bidder's sworn statement that the facilities identified in their supply chain are responsible manufacturers as defined in the Milwaukee Code of Ordinances 310-17 Requirements for Apparel Purchases. This Affidavit is required for any and all purchasing activities relating to apparel – including, but not limited to, textile, footwear, manufacture, warehouse purchase, rental, laundering and dry cleaning.

As part of their bid response, Bidders shall procure and submit sworn affidavits for:

- Their own company as the retail supplier identified above, and
- For the company or companies they procure item(s) from, and
- From every subcontractor to be employed during the specified time period of the contract, and
- The Owner of the company (i.e., the individual person(s) who own and operate each company).

If any information on the Affidavit(s) changes during the specified time period of the contract, a new Affidavit with the updated information shall be promptly submitted by the retail supplier to the City of Milwaukee Procurement Services Section.

The successful bidder must ensure that the base wages comply with the hourly non-poverty wage table. Non-compliant bids may be rejected. The hourly non-poverty wage table is defined and updated by the City of Milwaukee every year on March 1 and can be found on our website at <http://city.milwaukee.gov> > Departments > Procurement Services (Purchasing) > Ethical Purchasing Wage Table.



Owner & Company Information

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	Long Sleeve Polo
Brand Name(s):	TriMountain
Style Number(s):	608
Name of Owner:	Daniel Tsai
Company Name:	Mountain Gear Corp
Company Address:	4889 4 th Street, Irwindale, CA 91706

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ 9.60

If health benefits are provided, percentage of wage paid as health benefits Avg 15% %

Owner & Company Information (continued)

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	Long Sleeve Ladies Polo
Brand Name(s):	Tri Mountain
Style Number(s):	602
Name of Owner:	Daniel Tsai
Company Name:	Mountain Gear Corp
Company Address:	4889 4 th Street, Irwindale, CA 91706

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ 9.60

If health benefits are provided, percentage of wage paid as health benefits Avg 15% %

Owner & Company Information

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	Short Sleeve Men's Polo
Brand Name(s):	Tri Mountain
Style Number(s):	105
Name of Owner:	Daniel Tsai
Company Name:	Mountain Gear Corp
Company Address:	4889 4 th Street, Irwindale, CA 91706

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ 9.60

If health benefits are provided, percentage of wage paid as health benefits Avg 15% %

Owner & Company Information (continued)

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	Short Sleeve Ladies Polo
Brand Name(s):	Tri Mountain
Style Number(s):	102
Name of Owner:	Daniel Tsai
Company Name:	Mountain Gear Corp
Company Address:	4889 4 th Street, Irwindale, CA 91706

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ 9.60

If health benefits are provided, percentage of wage paid as health benefits Avg 15% %



Authorized Signature

In compliance with the requirements of the City of Milwaukee, I have completed this Affidavit of Compliance form in good faith and have made no willingly false or misleading statements. Further, I have disclosed the names and plant locations of all my factories, manufacturers and their subcontractors purchasing, renting, laundering and dry cleaning of items of apparel that I sell to the City of Milwaukee. I have also included affidavits of compliance from each subcontractor employed by the contractor during the specified time period of the contract for the fulfillment of contracts covered under this section indicating their compliance with the Code of Ordinances Section 310-17.

Further, I understand that any false statement on these forms could result in:

- Withholding of payments.
- Termination, suspension or cancellation of the contract in whole or in part.
- After a due process hearing, denial of the right of the contractor to bid on future city contracts, by himself or herself, partner or agent, or by any corporation of which he or she is a member, for a period of one year after the first violation is found and for a period of 3 years after a second violation is found.

I/We hereby state that we will comply Section 310-17 of the City of Milwaukee Code of Ordinances as stated above.

Authorized Signature:



Printed Name:

Jennifer Tsai Oyoung

Company Name:

Mountain Gear Corp.

Jennifer Tsai Oyoung, who personally came before me on this day of December 18, 2012, acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public Signature: _____

Printed Name: _____

My commission expires: _____

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

State of California

County of Los Angeles

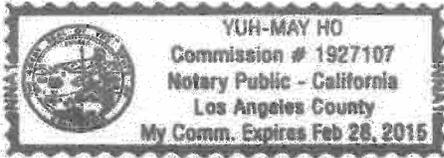
On Dec 26, 2012 before me, Yuh-May Ho, A Notary Public

personally appeared Jennifer Tsai Oyoung

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature: Yuh May Ho

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Affidavit of Compliance for Apparel-Related Procurement

Document Date: 12-17-12 Number of Pages: 4

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name:

Corporate Officer -- Title(s):

Individual

Partner -- Limited General

Attorney in Fact

Trustee

Guardian or Conservator

Other:

Signer Is Representing:



City of Milwaukee
 Department of Administration
 Business Operations Division
 Procurement Services Section

Affidavit of Compliance for Apparel-Related Procurement

Bid # 10558 Date: 1/10/13
 Prime Contractor: GOLDFISH UNIFORMS

Name of Owner:	STEVEN ROBINSON
Company Name:	LIBERTY UNIFORM MFG. CO., INC.
Company Address:	710 JIMMY DODD RD, SPARTANBURG, SC 29303

Important Information

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The successful bidder must ensure that the base wages comply with the hourly non-poverty wage table. Non-compliant bids may be rejected. The hourly non-poverty wage table is defined and updated by the City of Milwaukee every year on March 1 and can be found on our website at <http://city.milwaukee.gov> > Departments > Procurement Services (Purchasing) > Ethical Purchasing Wage Table.

Authorized Signature

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Further, I understand that any false statement on these forms could result in:

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I/We hereby state that we will comply Section 310-17 of the City of Milwaukee Code of Ordinances as stated above.

Authorized Signature:

[Handwritten Signature]

Printed Name:

STEVEN S. ROBINSON

Company Name:

LIBERTY UNIFORM MFG. CO., INC.

Steven J. Robinson, who personally came before me on this day of 10 Jan, 20 13, acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public Signature:

[Handwritten Signature: Barbara Kartzinel]

Printed Name:

Barbara Kartzinel

My commission expires:

Dec 27, 2014

BARBARA KARTZINEL
NOTARY PUBLIC, State of New York
No. 01KAS037503
Qualified in Nassau County
Commission Expires: _____

BARBARA KARTZINEL
NOTARY PUBLIC, State of New York
No. 01KAS037503
Qualified in Nassau County
Commission Expires Dec. 27 2014



INCLUDE WITH GOLDFISH UNIFORMS
Bio

Authorized Signature

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I/We hereby state that we will comply Section 310-17 of the City of Milwaukee Code of Ordinances as stated above.

Authorized Signature:

Michael O'Brien

Printed Name:

MICHAEL OBRIEN

Company Name:

GOLDFISH UNIFORMS

Michael O'Brien, who personally came before me on this day of January^{8th}, 2013,

acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public Signature:

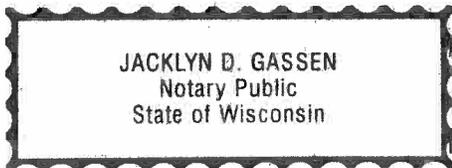
Jacklyn D. Gassen

Printed Name:

Jacklyn D. Gassen

My commission expires:

7/26/15





Affidavit of Compliance for Apparel-Related Procurement

Bid # 10558 Date: 1/8/13
 Prime Contractor: GOLDFISH UNIFORMS

Name of Owner:	DEBBIE & MICHAEL OBRIEN
Company Name:	GOLDFISH UNIFORMS
Company Address:	9901 W OKLAHOMA AVE., MILWAUKEE, WI 53227

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Owner & Company Information

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	POLOS, JACKET, AND LINER
Brand Name(s):	TRIMOUNTAIN AND LIBERTY
Style Number(s):	608, 602, 105, 102, 550MNV, 579MBK
Name of Owner:	DEBBIE & MICHAEL OBRIEN
Company Name:	GOLDFISH UNIFORMS
Company Address:	9901 W OKLAHOMA AVE., MILWAUKEE, WI 53227

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ 15.00

If health benefits are provided, percentage of wage paid as health benefits 0 %

Owner & Company Information (continued)

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	
Brand Name(s):	
Style Number(s):	
Name of Owner:	
Company Name:	
Company Address:	

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ _____

If health benefits are provided, percentage of wage paid as health benefits _____ %