**Certification of Agency Gross Billings and the California Office**

The agency, as a whole, had at least **$100 million** in gross billings per year in at least two of the three years prior to 2015.

The Bidder has a currently operating, full-service, California-based office that has been in business since January 1, 2010, or earlier, that would provide services to the California Health Benefit Exchange (Exchange) throughout the term of the contract.

Below are billings for each year:

2012: $\_\_\_\_\_\_\_\_\_\_\_\_ Fiscal or Calendar

2013: $\_\_\_\_\_\_\_\_\_\_\_\_ Fiscal or Calendar

2014: $\_\_\_\_\_\_\_\_\_\_\_\_ Fiscal or Calendar

Check one of the following:

 Billings above include media placement purchased in-house by agency.

 Billings above include media placement by an external media buying service.

 Name of media buyer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Bidder has not collaborated on this Request for Proposals with a competing Bidder, including other agencies that share the same holding company. There is no day-to-day shared management or staff with any other Bidder owned by the same holding company.

The Exchange reserves the right to request documentation to support the above claims.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I am authorized to sign and certify the above requirements are met by my agency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative Date

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Company Name (Exact legal name) California Corporation No.