



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**PROGRAM SERVICES CONTRACT**

This contract is entered into by and between the State of Missouri, Department of Health and Senior Services (Department/state agency) and the below named entity/individual (Contractor). The contract consists of the contract signature page, the scope of work; any attachments referenced and incorporated herein; the terms and conditions; and any written amendments made in accordance with the provisions contained herein. This contract expresses the complete agreement of the parties. By signing below, the Contractor and Department agree to all the terms and conditions set forth in this contract.

To the extent that this contract involves the use, in whole or in part, federal funds, the signature of the Contractor's authorized representative on the contract signature page indicates compliance with the Certifications contained in Attachment A which is attached hereto and is incorporated by reference as if fully set forth herein.

<b>Tracking #</b> 50858	<b>Contract Title:</b> COVID-19 HEALTH CARE AUGMENTATION	
<b>Contract Start:</b> 8/16/2021	<b>Contract End:</b> 3/31/2022	<b>Questions/Please Contact:</b> PROCUREMENT UNIT @ (573)751-6471
<b>Contract #:</b> DH220050858		<b>Amend #:</b> 04

**PLEASE VERIFY/COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED**

<b>NAME OF ENTITY/INDIVIDUAL (Contractor)</b> SLSO LTD	
<b>DOING BUSINESS AS (DBA) NAME</b>	
<b>MAILING ADDRESS</b> PO BOX 17017	
<b>CITY, STATE, and ZIP CODE</b> GALVESTON TX 77552	
<b>REMIT TO (PAYMENT) ADDRESS (if different from above)</b>	
<b>CITY, STATE, and ZIP CODE</b>	
<b>CONTACT PERSON</b>	<b>EMAIL ADDRESS</b>
<b>PHONE NUMBER</b>	<b>FAX NUMBER</b>
<b>TAXPAYER ID NUMBER (TIN)</b> *****0114	<b>DUNS NUMBER</b>
<b>CONTRACTOR'S AUTHORIZED SIGNATURE</b>	<b>DATE</b> 12/30/21
<b>PRINTED NAME</b> Lillian Sulliman	<b>TITLE</b> President
<b>DEPARTMENT OF HEALTH AND SENIOR SERVICES DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE</b> Pat Bedell	<b>DATE</b> 1/6/2022



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<b>CONTRACTOR'S AUTHORIZED SIGNATURE</b>	<b>DATE</b> 12/30/21
<b>PRINTED NAME</b> William Sullivan	<b>TITLE</b> President
<b>DEPARTMENT OF HEALTH AND SENIOR SERVICES DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE</b> Pat Bedell	<b>DATE</b> 1/6/2022



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<b>CONTRACTOR'S AUTHORIZED SIGNATURE</b>	<b>DATE</b> 12/30/21
<b>PRINTED NAME</b> Lillian Sulliman	<b>TITLE</b> President
<b>DEPARTMENT OF HEALTH AND SENIOR SERVICES DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE</b> Pat Bedell	<b>DATE</b> 1/6/2022