OMB Approval No.: 32 Expiration Date: 3/31/2009

3245-0270

REPRESENTATIVES USED AND COMPENSATION PAID FOR SERVICES IN CONNECTION WITH OBTAINING FEDERAL CONTRACTS

As required by 15 USC 637(a)(20) (a) and 13 CFR Part 124.601, please provide SBA with a list of any agents, representatives, attorneys, accountants, consultants and other parties (other than employees) receiving fees, commissions, or compensation of any kind for purposes of assisting the Participant in obtaining a Federal contract. Failure to provide this information is good cause for SBA to initiate proceedings to terminate your 8(a) Program participation.

Representative's Name:			
Address:		City:	
State:		ZIP Code:	
Fees, Commissions or Comp	pensation:		
Amount Paid (If any)	\$		
Amount Due (If any)	\$		
Total Amount of Compensat	ion	\$	
Description of Services Prov	rided:		
Representative's Name:			
Address:		City:	
State:		ZIP Code:	
Fees, Commissions or Comp	pensations:		
Amount Paid (If any)	\$		
Amount Due (If any)	\$		
Total Amount of Compensat	ion	\$	
Description of Services Prov	rided:		

The undersigned hereby certifies that the information for the six-month period necessary, the statement of services may be continued on a separate page).	ending, as provided above is accurate and complete.	ĮΙf
Name of 8(a) Participant Firm:		
Principals' Printed Name:	8(a) Case #	
Principals' Printed Title:	_	
Principals' Signature:	Date:	

The total estimated time to respond to this form, including time to read instructions, and compile the information needed to respond, is 15 minutes. You are not required to respond to this or any collection of information unless it displays a currently valid OMB approval number and expiration date. Comments on the burden should be sent to: U.S. Small Business Administration, Chief, AIB, 409 Third St., S.W., Washington, DC 20416 and Desk Officer for the U.S. Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503

PLEASE DO NOT SEND FORMS TO OMB.