ANTICIPATION TO AWARD NOTIFICATION

Solicitation Number: DH-24-0001

Description: MMJ Registry ID Card Portal Operation

Date: 08/31/2023

The Arkansas Department of Health (ADH) has completed evaluation of bids received. All bids received are shown below.

Based on the prices bid, the ADH intends to award a contract to: Catalis for an initial 12-month term of $249,000.00.

Pricing:

<table>
<thead>
<tr>
<th>Bid #/Description</th>
<th>Quantity</th>
<th>Price (Monthly Rate)</th>
<th>Total Amount</th>
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</thead>
<tbody>
<tr>
<td>Automated Health Systems</td>
<td>1</td>
<td>$149,279.00</td>
<td>$149,279.00</td>
</tr>
<tr>
<td>Catalis</td>
<td>1</td>
<td>$20,750.00</td>
<td>$20,750.00</td>
</tr>
<tr>
<td>AFMC</td>
<td>1</td>
<td>$49,936.00</td>
<td>$49,936.00</td>
</tr>
</tbody>
</table>

Jeff Griffin, Acting Branch Chief
Procurement Support Branch
Jeffry.h.griffin@arkansas.gov
501-534-6275
BID SIGNATURE PAGE

PROSPECTIVE CONTRACTOR'S INFORMATION

Company: Automated Health Systems Inc.
Address: 300 Arcadia Court 9370 McKnight Road
City: Pittsburgh State: PA Zip Code: 15237
Business Designation:
- Individual
- Partnership
- Corporation
- Sole Proprietorship
- Public Service Corp
- Nonprofit

Minority and Women-Owned Designation:*
- Not Applicable
- American Indian
- Hispanic American
- Women-Owned Veteran
- African American
- Pacific Islander American

AR Certification #: ____________________________  * See Minority and Women-Owned Business Policy in Solicitation Terms and Conditions

PROSPECTIVE CONTRACTOR CONTACT INFORMATION
Provide contact information to be used for solicitation-related matters.

Contact Person: Joseph P Cain III, CPA
Title: CFO
Phone: 412-367-3030
Alternate Phone:
Email: ahsexecutivegroup@automated-health.com

CONFIRMATION OF REDACTED COPY

☐ YES, a redacted copy of submission documents is enclosed.
☐ NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested.

Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Solicitation Terms and Conditions for additional information.

ILLEGAL IMMIGRANT CONFIRMATION

By signing and submitting a response to this Solicitation, Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this solicitation.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION

By checking the box below, Prospective Contractor agrees and certifies that they do not boycott Israel and shall not boycott Israel during the term of a contract awarded as a result of this solicitation.

☐ Prospective Contractor does not and shall not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this Solicitation may cause the Prospective Contractor's proposal to be rejected.

Authorized Signature: ________________________________ Title: Chief Financial Officer

Printed/Typed Name: ________________________________ Date: ___________
SUBMISSION REQUIREMENTS CHECKLIST

The following items **must** be submitted with the Prospective Contractor's bid response:

- Bid Signature Page
- Proposed Subcontractors Form
- Exceptions Form, if applicable
- Official Solicitation Price Sheet

The following items, which **must** be submitted prior to a contract award to the Prospective Contractor, may also be included with the Prospective Contractor's bid response:

- EO 98-04: Contract and Grant Disclosure Form
- Copy of Prospective Contractor's Equal Opportunity Policy
- Voluntary Product Accessibility Template (VPAT), if applicable ([https://www.itic.org/policy/accessibility/vpat](https://www.itic.org/policy/accessibility/vpat)) (Use the VPAT 2.3Rev 508 version)

The following should be included in the Prospective Contractor's bid response:

- Signed addenda, if applicable
PROPOSED SUBCONTRACTORS FORM

- *Do not* include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

*Type or Print the following information*

<table>
<thead>
<tr>
<th>Subcontractor's Company Name</th>
<th>Street Address</th>
<th>City, State, ZIP</th>
</tr>
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**PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**
EXCEPTIONS FORM

Prospective Contractor shall document all exceptions related to requirements in the Solicitation and terms in the "Standard Commodities Contract or Services Contract (SRV-1) Fillable Form" and "Solicitation Terms and Conditions" located on the TSS OSP website. See Section 2.4 and 2.5 of the Solicitation.

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<td></td>
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</tbody>
</table>
OFFICIAL SOLICITATION PRICE SHEET
DH-24-0001

Instructions:
This program currently processes an average of 455 applications per work day, or about 10,000 per month. Enter your Monthly rate for providing all services according to Attachment 2 Scope of Work.

Price Escalation:
It is anticipated that the number of applications processed monthly will increase annually by about 5% and price bid should recognize this. When it is demonstrated that applications have increased by more than 5% in any year a request made by the vendor for a price increase will be considered by ADH at the time of Contract Renewal only. Likewise, should it be demonstrated that the number of applications processed has decreased by at least 5% ADH may request consideration of a price decrease.

Continue below and enter your initials next to each statement associated with the Minimum Qualifications Attachment.

Total Monthly Price  $ 149,279.00

Applicant shall initial each of the below where provided:

Applicant has the ability to comply with and maintain compliance of all Scope of Work Elements.

Applicant will adjust and revise processes where indicated by ADH or change in law.

Applicant will implement "Train The Trainer" methodology for program and registry system.

Applicant has in-place a multifaceted Quality Assurance process to include all phone calls preserved.

Applicant has a minimum 3 years experience with governmental programs for processing applications and handling customer calls and emails.

Applicant agrees to implement all contract terms within 30 days of ALC ratification of contract award.
ADDENDUM 1

TO: Vendors Addressed
FROM: Jeff Griffin, Acting Branch Chief, Procurement Support Branch
DATE: 8/22/2023
SUBJECT: DH-24-0001

The following change(s) to the above-referenced RFP have been made as designated below:

- [X] Change of specification(s)
- [ ] Additional specification(s)
- [ ] Change of bid opening time and date
- [ ] Cancellation of bid
- [ ] Other

**BID OPENING DATE AND TIME**

- The bid opening date and time remains August 30\textsuperscript{th}, 2023 at 3 p.m. Central Time

**CHANGE OF SPECIFICATIONS**

- Change to Specifications are as follows:
  - Attachment 1 Minimum Vendor Qualifications, Item 6: *Delete* "…ALC ratification of contract award", and *Insert* "…contract start date."

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum as part of the bid package or separately by email may result in rejection of your proposal.

If you have any questions, please contact Jeff Griffin @ 501-534-6275 or jeffrey.h.griffin@arkansas.gov

Company: Automated Health Systems
Signature: [Signature]
Date: August 24, 2023
BID SIGNATURE PAGE

PROSPECTIVE CONTRACTOR’S INFORMATION

Company: Catalis Regulatory & Compliance, LLC
Address: 3025 Windward Plaza, Suite 200
City: Alpharetta State: GA Zip Code: 30005

Business Designation:
- □ Individual
- □ Sole Proprietorship
- □ Partnership
- □ Corporation
- □ Public Service Corp
- □ Nonprofit

Minority and Women-Owned Designation:
- □ Not Applicable
- □ American Indian
- □ African American
- □ Hispanic American
- □ Women-Owned
- □ Asian American
- □ Pacific Islander American

AR Certification #: ____________________________ * See Minority and Women-Owned Business Policy in Solicitation Terms and Conditions

PROSPECTIVE CONTRACTOR CONTACT INFORMATION
Provide contact information to be used for solicitation-related matters.

Contact Person: John Barnes Title: Vice President, Government Relations
Phone: 904-333-7843 Alternate Phone: 904-421-7231
Email: J.Barnes@catalisgov.com

CONFIRMATION OF REDACTED COPY

□ YES, a redacted copy of submission documents is enclosed.
- □ NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested.

Note: If a redacted copy of the submission documents is not provided with Prospective Contractor’s response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Solicitation Terms and Conditions for additional information.

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ISRAEL BOYCOTT RESTRICTION CONFIRMATION

By checking the box below, Prospective Contractor agrees and certifies that they do not boycott Israel and shall not boycott Israel during the term of a contract awarded as a result of this solicitation.

- □ Prospective Contractor does not and shall not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this Solicitation may cause the Prospective Contractor’s proposal to be rejected.

Authorized Signature: [Signature] Title: Executive Vice President

Printed/Typed Name: Rick Stierwalt Date: 08/25/23
SUBMISSION REQUIREMENTS CHECKLIST

The following items must be submitted with the Prospective Contractor's bid response:

- Bid Signature Page
- Proposed Subcontractors Form
- Exceptions Form, if applicable
- Official Solicitation Price Sheet

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- Voluntary Product Accessibility Template (VPAT), if applicable (https://www.itic.org/policy/accessibility/vpat) (Use the VPAT 2.3Rev 508 version)

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- Signed addenda, if applicable
PROPOSED SUBCONTRACTORS FORM

- Do not include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

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Prospective Contractor shall document all exceptions related to requirements in the Solicitation and terms in the "Standard Commodities Contract or Services Contract (SRV-1) Fillable Form" and "Solicitation Terms and Conditions" located on the TSS OSP website. See Section 2.4 and 2.5 of the Solicitation.

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DATE: 8/22/2023
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- Additional specification(s)
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- Cancellation of bid
- Other

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CHANGE OF SPECIFICATIONS

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If you have any questions, please contact Jeff Griffin @ 501-534-6275 or jeffrey.h.griffin@arkansas.gov

Company: Catalis Regulatory & Compliance, LLC
Signature: [Signature]
Date: 08/25/23
OFFICIAL SOLICITATION PRICE SHEET

DH-24-0001

Instructions:
This program currently processes an average of 455 applications per work day, or about 10,000 per month. Enter your Monthly rate for providing all services according to Attachment 2 Scope of Work.

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It is anticipated that the number of applications processed monthly will increase annually by about 5% and price bid should recognize this. When it is demonstrated that applications have increased by more than 5% in any year a request made by the vendor for a price increase will be considered by ADH at the time of Contract Renewal only. Likewise, should it be demonstrated that the number of applications processed has decreased by at least 5% ADH may request consideration of a price decrease.

Continue below and enter your initials next to each statement associated with the Minimum Qualifications Attachment.

Total Monthly Price  $ 20,750.00

Applicant shall initial each of the below where provided:

☑️ Applicant has the ability to comply with and maintain compliance of all Scope of Work Elements.
☑️ Applicant will adjust and revise processes where indicated by ADH or change in law.
☑️ Applicant will implement "Train The Trainer" methodology for program and registry system.
☑️ Applicant has in-place a multifaceted Quality Assurance process to include all phone calls preserved.
☑️ Applicant has a minimum 3 years experience with governmental programs for processing applications and handling customer calls and emails.
☑️ Applicant agrees to implement all contract terms within 30 days of ALC ratification of contract award.
BID RESPONSE PACKET

DH-24-0001
BID SIGNATURE PAGE

DH-24-0001

PROSPECTIVE CONTRACTOR'S INFORMATION

Company: Arkansas Foundation for Medical Care
Address: 1020 West 4th Street, Suite 400
City: Little Rock State: AR Zip Code: 72201

Business Designation: □ Individual □ Sole Proprietorship □ Public Service Corp
□ Partnership □ Corporation □ Nonprofit

Minority and Women-Owned Designation*: □ Not Applicable □ American Indian □ Service Disabled Veteran
□ African American □ Hispanic American □ Women-Owned
□ Asian American □ Pacific Islander American

AR Certification #: N/A

* See Minority and Women-Owned Business Policy in Solicitation Terms and Conditions

PROSPECTIVE CONTRACTOR CONTACT INFORMATION

Provide contact information to be used for solicitation-related matters.

Contact Person: Debbie Rushing Title: Manager, Strategy & Business Development
Phone: 501-529-2163 Alternate Phone: N/A
Email: Debbie.Rushing@afmc.org

CONFIRMATION OF REDACTED COPY

□ YES, a redacted copy of submission documents is enclosed.
□ NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested.

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□ Prospective Contractor does not and shall not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this Solicitation may cause the Prospective Contractor's proposal to be rejected.

Authorized Signature: John Selig Title: President & CEO

Printed/Typed Name: John Selig Date: August 29, 2023
SUBMISSION REQUIREMENTS CHECKLIST

The following items **must** be submitted with the Prospective Contractor’s bid response:

- ✅ Bid Signature Page
- ✅ Proposed Subcontractors Form
- ✅ Exceptions Form, if applicable
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- ✅ Signed addenda, if applicable
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- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

*Type or Print the following information*

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Arkansas Foundation for Medical Care has no exceptions related to the requirements in the Solicitation and Terms and Conditions.
OFFICIAL SOLICITATION PRICE SHEET
DH-24-0001

Instructions:
This program currently processes an average of 455 applications per work day, or about 10,000 per month. Enter your Monthly rate for providing all services according to Attachment 2 Scope of Work.

Price Escalation:
It is anticipated that the number of applications processed monthly will increase annually by about 5% and price bid should recognize this. When it is demonstrated that applications have increased by more than 5% in any year a request made by the vendor for a price increase will be considered by ADH at the time of Contract Renewal only. Likewise, should it be demonstrated that the number of applications processed has decreased by at least 5% ADH may request consideration of a price decrease.

Continue below and enter your initials next to each statement associated with the Minimum Qualifications Attachment.

Total Monthly Price  $ 49,936.00

Applicant shall initial each of the below where provided:

[Initials]

Applicant has the ability to comply with and maintain compliance of all Scope of Work Elements.

Applicant will adjust and revise processes where indicated by ADH or change in law.

Applicant will implement "Train The Trainer" methodology for program and registry system.

Applicant has in-place a multifaceted Quality Assurance process to include all phone calls preserved.

Applicant has a minimum 3 years experience with governmental programs for processing applications and handling customer calls and emails.

Applicant agrees to implement all contract terms within 30 days of ALC ratification of contract award.
# CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

<table>
<thead>
<tr>
<th>SUBCONTRACTOR:</th>
<th>SUBCONTRACTOR NAME:</th>
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<tbody>
<tr>
<td>[ ] Yes [x] No</td>
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<table>
<thead>
<tr>
<th>TAXPAYER ID NAME:</th>
<th>Arkansas Foundation for Medical Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOUR LAST NAME:</td>
<td>Selig</td>
</tr>
<tr>
<td>FIRST NAME:</td>
<td>John</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td>1020 W. 4th St., Suite 400, Little Rock, AR 72201</td>
</tr>
<tr>
<td>COUNTRY:</td>
<td>UNITED STATES</td>
</tr>
</tbody>
</table>

## AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

### FOR INDIVIDUALS *

Indicate below if you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

<table>
<thead>
<tr>
<th>Position Held</th>
<th>Mark (v)</th>
<th>Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]</th>
<th>For How Long?</th>
<th>What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>Former</td>
<td>From MM/YY</td>
<td>To MM/YY</td>
<td>Person's Name(s)</td>
</tr>
<tr>
<td>General Assembly</td>
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<tr>
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</table>

[✓] None of the above applies

### FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

<table>
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<td>Former</td>
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[✓] None of the above applies
Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor’s Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

   Failure to make any disclosure required by Governor’s Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature: John Selig  Digitally signed by John Selig
Date: 2023.08.18 11:45:13 -05'00'
Title: President & CEO
Date: 08/18/23

Vendor Contact Person: Catherine Bain
Title: SVP, Admin. Services, PSO
Phone No: 501-804-0383

Agency use only
Agency Number: 0645
Agency Name: Department of Health
Agency Contact Person: Nichole Brewer (501) 280-4603
Contract or Grant No.:
AFMC Equal Opportunity Policy

AFMC is an equal-opportunity employer and provides equal employment opportunities without regard to race, color, religion, national origin, gender, age, physical or mental disability, sex, sexual orientation, gender identity, genetic information, veteran status, or any other protected status in accordance with federal, state, or local laws. Equal employment opportunity applies to all related terms and conditions of employment, including recruitment, selection, placement, promotions, compensation, benefits, transfers, layoffs, training, education, reimbursement, disciplinary action, or discharge, and all other terms, conditions, and privileges of employment. If you feel that this policy is not being adhered to, you should follow reporting procedures set out in the AFMC Employee Handbook.
State of Arkansas
ARKANSAS DEPARTMENT OF HEALTH
4815 West Markham
Little Rock, Arkansas 72205

ADDENDUM 1

TO: Vendors Addressed
FROM: Jeff Griffin, Acting Branch Chief, Procurement Support Branch
DATE: 8/22/2023
SUBJECT: DH-24-0001

The following change(s) to the above-referenced RFP have been made as designated below:

- [x] Change of specification(s)
- [ ] Additional specification(s)
- [ ] Change of bid opening time and date
- [ ] Cancellation of bid
- [ ] Other

BID OPENING DATE AND TIME

- The bid opening date and time remains August 30th, 2023 at 3 p.m. Central Time

CHANGE OF SPECIFICATIONS

- Change to Specifications are as follows:
  Attachment 1 Minimum Vendor Qualifications, Item 6:
  Delete "...ALC ratification of contract award", and
  Insert "...contract start date."

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum as part of the bid package or separately by email may result in rejection of your proposal.

If you have any questions, please contact Jeff Griffin @ 501-534-6275 or jeffrey.h.griffin@arkansas.gov

Company: Arkansas Foundation for Medical Care
Signature: [Signature]
Date: 8/29/23