



**Arkansas Secretary of State
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show


LIGHTYEAR WIRELESS LLC,

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office June 1, 2012.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 17th day of May 2024.


John Thurston
Secretary of State
Online Certificate Authorization Code: ffec5ea13d5bd4a
To verify the Authorization Code, visit sos.arkansas.gov

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE Aug 08, 2023
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER</p>		
<p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>		
PRODUCER The Solutions Group 601 Embassy Oaks, Suite 105 San Antonio, TX 78216	CONTACT NAME: Sonia Westfall PHONE (A/C, No, Ext): (210) 490-7200 FAX (A/C, No): (866) 847-7232 E-MAIL ADDRESS:	
INSURERS AFFORDING COVERAGE		
INSURED Lightyear Wireless LLC DBA CareCo HomeCare Agency 6384 Cantrell Rd #2099 Little Rock, AR 72207	INSURER A: Lloyd's of London INSURER B: Lloyd's of London INSURER C: INSURER D: INSURER E:	

COVERAGES						
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>						
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability <input checked="" type="checkbox"/> Abuse & Molestation \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	SGP-108871-00	08/08/2023	08/08/2024	EACH OCCURRENCE	\$ 1,000,000
	FIRE DAMAGE (Any one fire)				\$ 100,000	
	MED EXP (Any one person)				\$ 5,000	
	PERSONAL & ADV INJURY				\$ 1,000,000	
	GENERAL AGGREGATE				\$ 3,000,000	
	PRODUCTS - COM/OP AGG				INCLUDED	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	SGP-108871-00	08/08/2023	08/08/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	BODILY INJURY (Per person)				\$	
	BODILY INJURY (Per accident)				\$	
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
	AGGREGATE				\$	
					\$	
					\$	
					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
					E.L. EA ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
B	Crime	SGGB-105906-00	08/08/2023	08/08/2024	\$25,000	

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Professional Liability-Claims Made, Retro-Date 2023-08-08

Physical Address: 4700 W Commercial Dr B-3, North Little Rock, AR 72116

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER: _____	CANCELLATION
Proof of Insurance		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

REVISED - BID RESPONSE PACKET
710-24-058

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Lightyear Wireless LLC				
Address:	4700 W. Coomercial Dr. B3				
City:	North Little Rock	State:	AR	Zip Code:	72116
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit				
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service-Disabled Veteran <input checked="" type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input checked="" type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American				
AR Certification #: <u>In Progress</u> * See Minority and Women-Owned Business Policy					
PROSPECTIVE CONTRACTOR CONTACT INFORMATION					
<i>Provide contact information to be used for bid solicitation related matters.</i>					
Contact Person:	Latosha Martin	Title:	Office Manager		
Phone:	501-557-3888	Alternate Phone:	501-444-2898		
Email:	info@carecogroup.org				
CONFIRMATION OF REDACTED COPY					
<input checked="" type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>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 Bid Solicitation for additional information.</i>					
ILLEGAL IMMIGRANT CONFIRMATION					
By signing and submitting a response to this <i>Bid Solicitation</i> , Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, Prospective Contractor certifies that it will not employ or contract with illegal immigrants during the aggregate term of a contract.					
ISRAEL BOYCOTT RESTRICTION CONFIRMATION					
By checking the box below, Prospective Contractor agrees and certifies that it does not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract. <input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.					

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

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause Prospective Contractor's bid to be disqualified:

Authorized Signature: 

Title: Office Manager

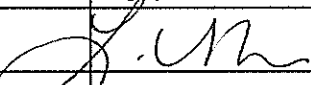
Printed/Typed Name: Latosha Martin

Date: 5-22-2024

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause Vendor's proposal to be disqualified.

By signing below, Vendor agrees to and **shall** fully comply with all requirements as shown in the bid solicitation.

Vendor Name:	Lightyear Wireless LLC	Date:	5-22-2024
Signature:		Title:	Office Manager
Printed Name:	Latosha Martin		

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

Subcontractor's Company Name	Street Address	City, State, ZIP

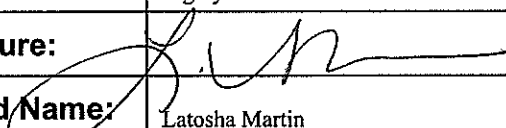
☒ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

MINIMUM QUALIFICATIONS

- As outlined in Section 2.3 Minimum Qualifications in the solicitation document, please provide the number of operators available and the corresponding shift.

Shift	Number of Operators
7:30am - 12:30pm	7
12:15pm - 5:30pm	7
5:15pm - 10:30pm	5
10:15pm - 2:30am	5
2:15am - 7:45am	3

By signing below, Vendor agrees to and **shall** fully comply with all requirements as shown in the bid solicitation.

Vendor Name:	Lightyear Wireless LLC	Date:	5-22-2024
Signature:		Title:	Office Manager
Printed Name:	Latosha Martin		

DOCUMENTATION CHECKLIST

As outlined in Section 2.3 Minimum Qualifications in the solicitation document, please provide the following:

- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- Official *Bid Price Sheet*
- All documents provided in the *Bid Response Packet*
- Copy of Vendor's *Equal Opportunity Policy*
- Signed Addenda, if applicable
- EO 98-04 Disclosure Form (*Attachment A*)

Contract Number _____
Attachment Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Action Number _____
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.

SUBCONTRACTOR: SUBCONTRACTOR NAME: _____

☐ Yes ☒ No

IS THIS FOR:

TAXPAYER ID NAME: Lightyear Wireless LLC Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Martin FIRST NAME: Latosha M.I.: _____

ADDRESS: 4700 W. Commercial Dr. B3

CITY: North Little Rock STATE: AR ZIP CODE: 72116 COUNTRY: United States

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:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		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.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee		✓	HouseKeeper	06/10	12/14	Latoshia Martin	Self

☐ 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.

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☒ None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____


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  Title Office Manager Date 5-20-2024
Vendor Contact Person Latosha Martin Title Office Manager Phone No. (501) 557-3888

Agency use only
Agency Number 0710 Agency Name Department of Human Services Agency Contact Person Phone No. _____ Contract or Grant No. _____

Equal Employment Opportunity and Anti-Discrimination Policy

I. OVERVIEW & SCOPE

Lightyear Wireless LLC of 4700 W. Commercial Dr. B3, North Little Rock, Arkansas 72116, has established an Anti-Discrimination and Equal Employment Opportunity Policy ("Policy"). This Policy applies to all aspects of the relationship between Lightyear Wireless LLC and its employees, including, but not limited to, employment, recruitment, advertisements for employment, hiring and firing, compensation, assignment, classification of employees, termination, upgrading, promotions, transfer, training, working conditions, wages and salary administration, and employee benefits and application of policies. These policies apply to independent contractors, temporary employees, all personnel working on the premises, and any other persons or firms doing business for or with Lightyear Wireless LLC. Disciplinary action will be taken against any employee or agent in breach of this Policy.

II. POLICIES

1. DISCRIMINATION. Lightyear Wireless LLC is an equal opportunity employer committed to complying with all applicable anti-discrimination laws. Discrimination occurs whenever similarly situated individuals of a different group are accorded different and unequal treatment in the context of a similar situation. Lightyear Wireless LLC shall not tolerate, under any circumstances, without exception, the exclusion of individuals from an opportunity or participation in any activity because of race, color, gender, gender identity, sexual orientation, religion, national origin, familial status, age, disability, United States military veteran status, and any other status protected by the law. This list is not exhaustive. Our policy of non-discrimination in employment applies, without limitation, to recruitment, hiring, compensation, promotions, transfers, discipline, demotions, terminations, layoffs, access to benefits and training and all other aspects of employment, as well as to selection of volunteers and vendors and provision of services. In addition, our policy of non-discrimination is intended to extend to visitors to our facilities and all of our stakeholders.

2. REPORTING DISCRIMINATION & HARASSMENT. If an employee feels that he or she has been harassed as described in this Policy, they should immediately report the matter to management or to Human Resources Department through any verbal or written means. If that contact is not available, or if the employee is not comfortable informing this contact, the employee should immediately inform any other manager or supervisor. Once the matter has been reported it will be promptly investigated. The investigation will be conducted in a confidential manner to the extent consistent with the need to investigate and evaluate the complaint. The procedure for reporting incidents of discriminatory or harassing behavior is not intended to prevent the right of any employee to seek a remedy under available state or federal law by immediately reporting the matter to the appropriate state or federal agency.

3. NO RETALIATION. No retaliatory action will be taken against any person who in good faith reports conduct that she or he believes may violate this Policy. No retaliatory action will be taken against any individual for assisting or participating in an investigation, proceeding or hearing related to a harassment complaint.

4. DISCIPLINARY MEASURES FOR HARASSMENT. Where an employee is determined to have violated this Policy, the Company will take disciplinary action, up to and including termination. Where a non-employee is determined to have violated this Policy, the Company will take action reasonably calculated to end the harassment.

5. TRAINING. All employees, supervisors, and management personnel will be required to attend mandatory anti-discrimination, anti-harassment, and/or anti-sexual harassment training of a kind as designated by Lightyear Wireless LLC.

6. REMEDIES. Remedies for any instances of verified employment discrimination, whether caused intentionally or by actions that have a discriminatory effect, may include back pay, hiring, promotion, reinstatement, front pay, reasonable accommodation, or other actions deemed appropriate by Lightyear Wireless LLC. Remedies can also include payment of attorney's fees, expert witness fees, court costs and other applicable legal fees.

7. POLICY IMPLEMENTATION. Implementation of this Policy will be effective as of May 12, 2024.

By: _____

Latosha Martin, Manager

Date: _____

5-20-2024

Attachment I
Client History Form
Telephone Answering Services
IFB # 710-24-058

Attachment I

Telephone Answering Services

Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's Telephone Answering Services' experience. This form **must** be complete and accurate.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

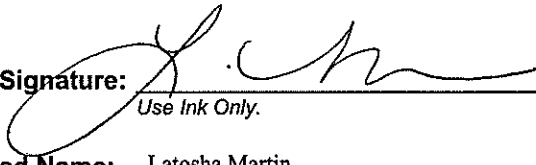
For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this IFB, Arkansas's DHS will be the client. For each listed client, Respondents may (but are not required to) provide the contact information for a person at the client entity who is knowledgeable of the named project. The State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the *Proposal Signature Page*.

1. Please list at least two (2) clients where you (the prime contractor only) **served as the prime contractor** for operating as a telephone answering services vendor. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract, duration of services provided, location, and client contact information. If there are no contracts which meet this definition, please state "none."

Lightyear Wireless LLC began servicing AT&T Telecommunications Company, located in Dallas, Texas between June 2014 through June 2015. We assisted with mobile activation over the phone, and took care of upgrading and downgrading customer phone service. We also took billing Payments and assisted with troubleshooting cell phones. Another company Lightyear Wireless serviced was ADT Home Security Company, located in Boca Raton, Florida. We serviced the billing department, by taking customer billing payments over the phone, and gave a detailed explanation of the customer's bill. Explained customer contracts, we also assisted with troubleshooting equipment, and scheduled tech appointments. Services were performed from a home-based office. Because of confidentiality, we are unable to disclose client contact information for either contract.

Authorized Signature:



Use Ink Only.

Title: Office Manager

Printed/Typed Name: Latosha Martin

Date: 05/22/2024