

AMENDMENT ACKNOWLEDGEMENT FORM

The Division of Medicaid's (DOM) Procurement regulations require that Offerors acknowledge any and all amendments to the RFP as specified in Section 9.1 of the RFP. The Offeror hereby acknowledges receipt of all amendment(s) associated with RFP #20131025, Implementation and Operation Services for the Mississippi Enterprise Solution and Fiscal Agent Services.

- 1) Amendment Number One to RFP #20131025 – Release 01/29/2014
- 2) Amendment Number Two to RFP #20131025 – Release 02/06/2014
- 3) Amendment Number Three to RFP #20131025 – Release 02/14/2014
- 4) Amendment Number Four to RFP #20131025 – Release 02/19/2014

Offeror's Signature: _____

Offeror's Name: _____

All Offerors must sign and include a copy of this form with their submitted proposal in order for their proposal to be accepted. Failure to sign and return this document will result in the Offeror's proposal not being accepted by DOM.

All proposals must be submitted by Friday, March 21, 2014 (5:00 p.m., CST).