## Received SEP 0 9 2019

## West Virginia Ethics Commission

## **Disclosure of Interested Parties to Contracts**

MV Ethics Commission

(Required by W. Va. Code § 6D-1-2)

| Name of Contracting Business Entity: QsourceAddress: 3340 Players Club Pkwy, Suite 300   |
|--|
| Memphis, TN 38125  |
| Name of Authorized Agent: Dawn M. FitzGerald Address: 3340 Players Club Pkwy, Suite 300; Memphis, TN 38125   |
| Contract Number: CMA 0511 BMS 2000000001 Contract Description: Medicaid External Quality Review Organization   |
| Governmental agency awarding contract: State of West Virginia, Health and Human Resources, Bureau for Medical Services   |
| ☐ Check here if this is a Supplemental Disclosure  |
| List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting busines entity for each category below (attach additional pages if necessary):   |
| <ol> <li>Subcontractors or other entities performing work or service under the Contract</li> <li>☐ Check here if none, otherwise list entity/individual names below.</li> </ol>  |
| 2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities ☑ Check here if none, otherwise list entity/individual names below.   |
| 3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legisles related to the negotiation or drafting of the applicable contract)  ☑ Check here if none, otherwise list entity/individual names below.  Signature: Date Signed:   |
| Notary Verification  |
| State of <u>Kentucky</u> , County of <u>Jefferson</u>  |
| , the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.  |
| Taken, sworn to and subscribed before me this  |
| and the contract of the contra |
| To be completed by State Agency: Date Received by State Agency: Date submitted to Ethics Commission:    Solution   Soluti |

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