West Virginia Ethics Commission Disclosure of Interested Parties to Contracts (Paguired by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: DXC MS LLC	Address: 1775 TYSONS BLVD
	TYSONS, VA 22102
Name of Authorized Agent: GIOVANN FERRERI CMA WIC 2100000001 Contract Number: 707 FF 63 2598 Contract Governmental agency awarding contract: HEALTH AND	Address: LENEXA, KS 66215
Contract Number: 10177652578 Contract Description: CROSSEDADS WICE	
Governmental agency awarding contract: HEALTH AN	OD HUMAN SERVICES
☐ Check here if this is a Supplemental Disclosure	
List the Names of Interested Parties to the contract which are know entity for each category below (attach additional pages if necessar	, , ,
1. Subcontractors or other entities performing work or service. Check here if none, otherwise list entity/individual names be	
2. Any person or entity who owns 25% or more of contractin ☐ Check here if none, otherwise list entity/individual names be	
3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract) Check here if none, otherwise list entity/individual names below.	
Signature: Terror Notary Verification	Date Signed: 9 30 2020
State of, County o	f:
I,	the authorized agent of the contracting business osure herein is being made under oath and under the
Taken, sworn to and subscribed before me this	day of
To be completed by State Agency: Date Received by State Agency: Date submitted to Ethics Commission Governmental agency submitting Disclosure: CMA with 21000	Notarial Certificate
	9/30/04

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

DISCIDSUS of Interested Parties
(Title or description of attached document)

to Contracts
(Title or description of attached document continued)

Number of Pages 1+1 Document Date 930-2000

Additional information

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the vertilege by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the
 office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - Indicate title or type of attached document, number of pages and date.
- · Securely attach this document to the signed document with a staple.

www.NotaryClasses.com 800-873-9865