

... E. ALE PLOU EN OFFICE NY CO. L. ION (REG)  
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Standard Form 100 (SF 100)

OMB Control Number: 3046-0049

Expiration Date

SECTION - OFFICIAL CERTIFICATION OF EMPLOYER

COMPANY ID	EMPLOYEE NAME		
ADDRESS	CITY/TOWN	STATE	ZIP CODE

STATE OF NEW YORK  
 COUNTY OF [REDACTED]  
 CITY/TOWN OF [REDACTED]

I, [REDACTED], [REDACTED], do hereby certify that the information included in the attached workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions.

Knowingly and willfully false or negligent in his representation punishable by law, Section 18, Section 1001.

DAVID [REDACTED] [REDACTED]  
 [REDACTED] [REDACTED]

Name of Employer's Certifying Official	Title of Certifying Official
Email Address of Certifying Official	Telephone Number of Certifying Official