

**The University of Arkansas System Pharmacy Benefits Manager**

**RFP No. 230614**

**Acknowledgement and Statement of Exceptions Form**

All bidders must complete this page and return via the instructions in Proposal Tech if applicable with detail. As an officer of the following corporation, I certify that all the information included in this Request for Proposal is true and accurate.

Signature:

Name:

Title:

Date:

6265537v2/12672.003 1

