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| **Offeror Name and Contact Person:** | **email:** | **Date:** |

| **Question #** | **Offeror Name** | **Section Name** | **Paragraph #/ Title** | **Page #** | **Question** | Leave Blank for AHCCCS  Response |
| --- | --- | --- | --- | --- | --- | --- |
| *Example* | *ACME Biometric Inc.* | *Uniform Instructions to Offerors* | *4. Submission of Offer* | *16* | *Can an Offeror………?* |  |
| 1. |  |  |  |  |  |  |
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