Offer Form

"Return this Section with your Response"

It is MANDATORY that Offeror COMPL Office with the (your) offer. An unsigne rejected.			
This Offer is offered by:	Copa Health, Inc.		
	Company/Organization Name		
To the City of Tempe:			
By signing this Offer, Offeror acknowled was independently developed without of			
For clarification of this Offer, contac	t:		
Dr. Shar Najafi-Piper	Chief Executive Officer		602-692-7188
Respondent Contact	Title	<u> </u>	Phone
Copa Healh, Inc.			
Name of Company			
924 N Country Club Dr., Mesa, A	Z 85201		
Company Address (or PO Box)	City	State	Zip
This Offer is offered by:			
Dr. Shar Najafi-Piper	Chief Executive Officer		602-692-7188
Authorize Respondent	Title	<u> </u>	Phone
Shar Najih-Piper			
Signature of Authorized Respondent Required			Date of Offer