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| Oklahoma Pinwheel Logo |  | Amendment of Solicitation |

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| **Date of Issuance:** | 10/5/2022 |  **Solicitation No.** | 8070001412 |
|  **Requisition No.** | 8070001412 |  **Amendment No.** | 3 |
| Hour and date specified for receipt of offers is changed: | [x]  No  | [ ]  Yes, to: |  |       |       | CST |
| Pursuant to OAC 260:115-7-30(d), this document shall serve as official notice of amendment to the solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent. Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:(1) Sign and return a copy of this amendment with the solicitation response being submitted; or,(2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date in the subject line of the email. |
|  **ISSUED FROM:**  |
|  | Sheila Killingsworth |  |  |  |  procurement@okhca.org |
|  | Contracting Officer |  |  |  | E-Mail Address |
|  |  |  |
|  | **RETURN TO:** | procurement@okhca.org |
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| **Description of Amendment:** |
| a. This is to incorporate the following: |
| This Amendment is an invitation to the Solicitation No. 8070001412 SoonerSelect Dental Actuarial Bidder’s Conference from 1:00 PM – 3:00 PM Central, Wednesday, October 19, 2022.You are invited to an OHCA webinar. When: October 19, 1:00 PM Central Time (US and Canada) Topic: SoonerSelect Dental Actuarial Bidder's Conference Please register for the webinar: <https://www.zoomgov.com/webinar/register/WN_DKuybPWmSTOQeYx0lEOjWw>After registering, you will receive a confirmation email containing information about joining the webinar. |
| b. All other terms and conditions remain unchanged. |

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| Supplier Company Name (**PRINT**) |  | Date |
|       |  |       |  |  |
| Authorized Representative Name (**PRINT**) |  | Title |  | Authorized Representative Signature |