



Department of Health  
**REGION 1 MEDICAL CENTER**  
Arellano Street, Dagupan City  
**BAC Office**  
Tel No.: (075) 523-18-65  
Telefax.: (075) 523-41-03  
[r1mcsbac2012@gmail.com](mailto:r1mcsbac2012@gmail.com)

## NOTICE TO PROCEED

**LOWELINE LUDAS**  
Authorized Representative  
**ENDURE MEDICAL INC.**  
Unit 17A, Belverde Tower, San Miguel Ave.,  
Ortigas Center, Pasig City

Madam:

The attached Contract Agreement having been approved, notice is hereby given to **ENDURE MEDICAL INC.** that delivery/implementation may proceed on the **Procurement of Drugs and Medicines OAL for CY 2019** with **Bid Ref. No. 01-2019**, under Invitation to Bid (IB) No. **1 s, 2019**, effective immediately.

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the Agreement and in accordance with the Implementation Schedule as prescribed in the 2016 Revised IRR of RA 9184.

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one copy and return the other to the REGION 1 MEDICAL CENTER.

Very truly yours,

  
**JOSEPH ROLAND O. MEJIA, MD, FPSMS, MBAH, MPA, DHSM, CESE**  
*Medical Center Chief*

*I acknowledge receipt of this Notice on*

*Name of the Representative of the Supplier:*

LOWELINE M. LUDAS

*Authorized Signature:*

