



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

## NOTICE TO PROCEED

**LOWELINE LUDAS**

District Sales Manager

**ENDURE MEDICAL, INC.**

Unit 17A Belvedere Tower, San Miguel Ave.,  
Ortigas Center, Pasig City

Ma'am:

The attached Contract Agreement having been approved, notice is hereby given to **ENDURE MEDICAL, INC.** that delivery/implementation may proceed on the **Supply and Delivery of Laboratory / NVBSP Supplies and Reagents under OAL for CY 2019** with **Bid Ref. No. 20-2019**, under Invitation to Bid (IB) No. **2 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 II*

I acknowledge receipt of this Notice on \_\_\_\_\_

Name of the Representative of the Supplier: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

LS

LOWELINE M. LUDAS

