



ISO 9001:2008  
CERTIFIED

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

10 APR 2019

**LEAN LINDA R. ARMAS**  
Technical Sales Representative  
**ZAFIRE DISTRIBUTORS, INC.**  
49 Examiner Street West Triangle, Quezon City

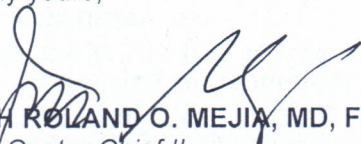
Ma'am:

The attached Contract Agreement having been approved, notice is hereby given to **ZAFIRE DISTRIBUTORS, 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 Apr 10, 2019

Name of the Representative of the Supplier: LEAN R. ARMAS

Authorized Signature: 