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CERTIFIED

Republic of the Philippines  
Department of Health  
**REGION I MEDICAL CENTER**  
Artellano Street, Dagupan City  
BAC Office  
Tel No. (075) 523-18-65  
Telefax: (075) 523-41-03  
jmesbac212@gmail.com

**NOTICE TO PROCEED**

JUL 09 2023

**CHRISTIAN SHERWIN SY**

*Authorized Representative*

**OWEN ENTERPRISES**

*AB Fernandez Ave., Dagupan City, Pangasinan*

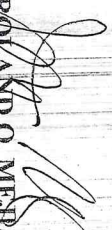
Sir:

This is to inform you that notice is hereby given to **Owen Enterprises** that render of services may proceed on the **Procurement of Information Technology Supplies**, under BAC Resolution No. AMP-NP-099A s. [6] 2020, Effective immediately.

Attached is the Notice of Award with corresponding performance security posted for the contract. 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.

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 I Medical Center.

Very truly yours,

  
**JOSEPH ROLAND O. MESA, MD, FPSNS, MBAH, MPA, DHSM, CESE**  
*Medical Center Chief II*

I acknowledge receipt of this Notice on 10/15/2023

Name of the Representative of the Supplier: Shawrin S

Authorized Signature: 