



DuPage County
Finance Department
Procurement Division
421 North County Farm Road
Room 3-400
Wheaton, Illinois 60187-3978

MANDATORY FORM

Section I: Contact Information

Complete the contact information below.

BID NUMBER:	25-129-DCC
COMPANY NAME:	Pulmonary Exchange, Ltd
MAIN ADDRESS:	9840 Southwest Highway
CITY, STATE, ZIP CODE:	Oak Lawn, IL 60453
TELEPHONE NO.:	708-423-8888
BID CONTACT PERSON:	Ray Kalinsky
CONTACT EMAIL:	rayjr@pelvip.com

Section II: Contract Administration Information

Complete the contract administration information below.

CORRESPONDENCE TO CONTRACTOR:		REMIT TO CONTRACTOR:	
NAME:	Pulmonary Exchange, Ltd	NAME:	Pulmonary Exchange, Ltd
CONTACT:	Ray Kalinsky	CONTACT:	Michelle Korslin
ADDRESS:	9840 Southwest Highway	ADDRESS:	9840 Southwest Highway
CITY, ST., ZIP:	Oak Lawn, IL 60453	CITY, ST., ZIP:	Oak Lawn, IL 60453
PHONE NO.:	708-423-8888	PHONE NO.:	708-423-8888
EMAIL:	rayjr@pelvip.com	EMAIL:	michellekorslin@pelvip.com

Section III: Certification

The undersigned certifies that they are:

The Owner or Sole Proprietor

A Member authorized to sign on behalf of the Partnership

An Officer of the Corporation

A Member of the Joint Venture

Herein after called the Bidder and that the members of the Partnership or Officers of the Corporation are as follows:

(President or Partner)

(Vice-President or Partner)

(Secretary or Partner)

(Treasurer or Partner)

Further, the undersigned declares that the only person or parties interested in this bid as principals are those named herein; that this bid is made without collusion with any other person, firm or corporation; that he has fully examined the proposed forms of agreement and the contract specifications for the above designated purchase, all of which are on file in the office of the Procurement Officer, DuPage County, 421 North County Farm Road, Wheaton, Illinois 60187, and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including Addenda No. _____, _____, and _____ issued thereto.

Further, the undersigned proposes and agrees, if this bid is accepted, to provide all necessary machinery, tools, apparatus, and other means of construction, including transportation services necessary to furnish all the materials and equipment specified or referred to in the contract documents in the manner and time and at the price therein prescribed.

Further, the undersigned certifies and warrants that they are duly authorized to execute this certification/affidavit on behalf of the Bidder and in accordance with the Partnership Agreement or by-laws of the Corporation, and the laws of the State of Illinois and that this Certification is binding upon the Bidder and is true and accurate.

Further, the undersigned certifies that the Bidder is not barred from bidding on this contract as a result of a violation of either Chapter 720 Illinois Compiled Statutes 5/33 E-3 or 5/33 E-4, bid rigging or bid-rotating, or as a result of a violation of 820 ILCS 130/1 et seq., the Illinois Prevailing Wage Act.

The undersigned certifies that they have examined and carefully prepared this bid and have checked the same in detail before submitting this bid, and that the statements contained herein are true and correct.

If a Corporation, the undersigned, further certifies that the recitals and resolutions attached hereto and made a part hereof were properly adopted by the Board of Directors of the Corporation at a meeting of said Board of Directors duly called and held and have not been repealed nor modified, and that the same remain in full force and effect. (Bidder may be requested to provide a copy of the corporate resolution granting the individual executing the contract documents authority to do so.)

Further, the Bidder certifies that it has provided equipment, supplies, or services comparable to the items specified in this contract to the parties listed in the reference section below and authorizes the County to verify references of business and credit at its option.

Finally, the Bidder, if awarded the contract, agrees to do all other things required by the contract documents, and that it will take in full payment therefore the sums set forth in the bidding schedule (subject to unit quantity adjustments based upon actual usage).

By signing below, the Bidder agrees to the terms of this Mandatory Form and certifies that the information on this form is true and correct to the best of its knowledge.

Printed Name: Ray Kalinsky

Signature on file

Signature: _____

Title: Ray Kalinsky COO

Date: 11/10/2025

BID PRICING FORM

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-129-DCC
COMPANY NAME:	Pulmonary Exchange, Ltd
CONTACT PERSON:	Ray Kalinsky
CONTACT EMAIL:	rayjr@pelvip.com

Section II: Pricing

F.O.B. Destination, delivered, and installed. Daily and Monthly Rental Price shall include equipment, related supplies, and respiratory therapist for set-up and education.

NO.	ITEM	UOM	DAILY RENTAL PRICE	MONTHLY RENTAL PRICE
1	BiPAP, basic	EA	\$ 15.00	\$ 450.00
2	C-PAP, basic	EA	\$ 10.00	\$ 300.00
3	Auto Titrate C-PAP	EA	\$ 10.00	\$ 300.00
4	AVAP Trilogy	EA	\$ 24.00	\$ 720.00
5	Bi-PAP with back-up rate rental (ST Bi-PAP)	EA	\$ 24.00	\$ 720.00
6	Oxygen – 5 Liter concentrator	EA	\$ 2.00	\$ 60.00
7	Oxygen – 10 Liter concentrator	EA	\$ 3.00	\$ 90.00
8	High-Flow Oxygen (Airvo 2)	EA	\$ 20.00	\$ 600.00
		GRAND TOTAL	\$ 128.00	\$ 3,240.00
GRAND TOTAL (In words)	Three Thousand Two Hundred and forty			

Section III: Additional Rentals, Supplies, and Services

NO.	ITEM	UOM	DAILY RENTAL PRICE	MONTHLY RENTAL PRICE
1	Compressor	EA	8.00	240.00
2	Suction Machine	EA	8.00	240.00
3	CPT Vest	EA	15.00	450.00
4	Cough Assist Device	EA	15.00	450.00
5	Bedside Pulse Oximeter	EA	8.00	240.00

Section IV: Certification

By signing below, the Bidder agrees to provide the required goods and/or services described in the Bid Specifications for the prices quoted on this Bid Pricing Form.

Signature on file

Printed Name: Ray Kalinsky Signature: _____

Title: Ray Kalinsky COO Date: 11/10/2025