

THE STATE OF NEW HAMPSHIRE

CHAIRMAN

Christopher J. Ellms, Jr.

COMMISSIONER

Pradip K. Chattopadhyay, Ph.D.

COMMISSIONER

Mark W. Dell'Orfano, Esq



PUBLIC UTILITIES COMMISSION

21 S. Fruit St., Ste. 10

Concord, NH 03301-2429

Tel: (603)-271-2431

TDD: Access Reply NH

1-800-852-3793

www.puc.nh.gov

October 21, 2026

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
New Hampshire State House
Concord, New Hampshire 03301

REQUESTED ACTION

Pursuant to RSA 365:37, authorize the New Hampshire Public Utilities Commission (PUC) to enter into an amendment to an existing contract with eScribers, LLC (eScribers) of Phoenix, AZ (Vendor # 283445), to provide remote court reporting and transcription services to the Commission by executing an available two-year extension, amending the completion date from October 30, 2026, to October 30, 2028, effective upon Governor and Council approval. There are no additional funds being added to the contract. The original contract was approved by Governor and Council on November 13, 2024, Item #65 for \$369,000. **Funding is 100% Other Funds (Special Utility Assessment).**

EXPLANATION

The PUC respectfully requests approval of an amendment to extend an existing contract with eScribers, LLC, to perform court reporting and transcription services. The amendment does not increase the cost limitation of \$369,000, of which \$312,282.70 remains available. As the rates for services rendered remain the same for the extension of the contract, the only change is the completion date.

This contractor is responsible for attending scheduled PUC hearings, performing stenography services, and providing a true and accurate record of the proceeding. This work is a necessary part of the PUC's responsibilities, and this contractor provides a cost-effective means to carry it out. We are requesting this extension of the existing contract to capitalize on the contractor's familiarity with New Hampshire's regulatory process to minimize orientation costs and to avoid the downtime associated with procuring and onboarding a new consultant, which would limit the time they could effectively commit to

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October 21, 2026
Page 2 of 2

pending cases. The rates for services rendered remain the same for the extension of the contract and the overall price limitation of this contract does not change.

In the event that special utility assessment funds are no longer available, general funds will not be requested to support this contract.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Chris Ellms Jr.", written in a cursive style.

Christopher J. Ellms, Jr.
Chairman

CONTRACT AMENDMENT

This Contract Amendment (Amendment) is entered into by and between the State of New Hampshire, acting by and through the New Hampshire Public Utilities Commission (Commission), 21 S. Fruit Street, Concord, NH 03301, (hereinafter referred to as State) and eScribers, LLC of Phoenix, AZ (Vendor # 283445), (hereinafter referred to as the Contractor), collectively referred to as (the Parties).

WHEREAS, the Parties have entered into a contract, approved by the Governor and Executive Council on November 13, 2024, item #65 (hereinafter referred to as the Contract);

WHEREAS, the Parties desire to extend the Contract as provided in this Amendment; and

WHEREAS, the Contract allows for amendments by an instrument in writing executed by both Parties;

NOW THEREFORE, in consideration of the foregoing, and the covenants and conditions contained in the Contract, and set forth herein, the Parties hereto do hereby agree as follows:

1. P-37, Section 1.7, Completion Date, of the existing Contract is hereby deleted in its entirety and replaced with the following: October 30, 2028.
2. The completion date referenced in Exhibit C, Section 1, is stricken and is replaced by the following: October 30, 2028.
3. This Amendment hereunder shall become effective upon approval by the New Hampshire Governor and Executive Council.
4. Except as specifically amended and modified by the terms and conditions of this Amendment, the Contract and the obligations of the Parties hereunder, shall remain in full force and effect with the terms and conditions set forth herein.

IN WITNESS WHEREOF, the Parties hereto have set their hands the date first-written below.

eScribers, LLC



Sept 9, 2026

By: _____

Date: _____

Julius Aryeh Bak, CEO

STATE OF NEW HAMPSHIRE

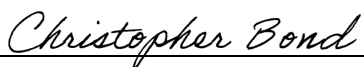
Public Utilities Commission



Date: September 10, 2026

Christopher J. Ellms, Jr., Chairman

Approval by the Attorney General's Office (Form, Substance and Execution)



Date: 9.24.26

Christopher G. Bond, Associate Attorney General

Approval by the Governor and Executive Council

G&C Meeting Date: _____

G&C Item #: _____

State of New Hampshire

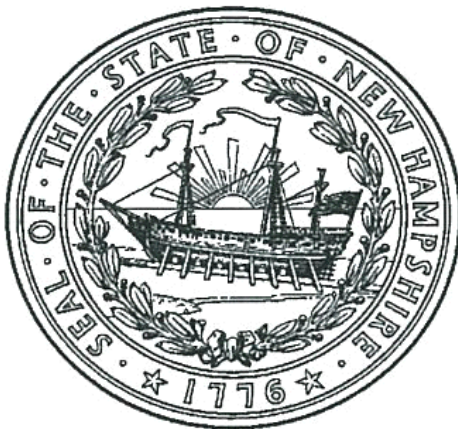
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that ESCRIBERS, LLC is a Arizona Limited Liability Company registered to transact business in New Hampshire on August 01, 2023. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **938440**

Certificate Number: **0008011669**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 8th day of September A.D. 2026.

A handwritten signature in black ink, appearing to read "David M. Scanlan", written over a horizontal line.

David M. Scanlan
Secretary of State

Certificate of Authority by Vote

I, Linda Spear, hereby certify that I am duly elected Clerk/Secretary of
(Name)
eScribers. I hereby certify the following is a true copy of a vote taken at
(Name of Municipality)

a meeting of the Board of Directors, duly called and held on August 19, 2026,
at which a quorum of the Directors were present and voting.

Voted: That Julius Aryeh Bak (may list more than one person) is
(Name and Title)

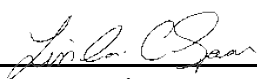
duly authorized to enter into contracts or agreements on behalf of

eScribers with the State of New Hampshire and any of
(Name of Municipality)

its agencies or departments and further is authorized to execute any documents
which may in his/her judgment be desirable or necessary to affect the purpose of
this vote.

I hereby certify that said vote has not been amended or repealed and remains in full
force and effect as of the date of the contract to which this certificate is attached. I further
certify that it is understood that the State of New Hampshire will rely on this certificate as
evidence that the person(s) listed above currently occupy the position(s) indicated and that they
have full authority to bind the corporation. To the extent that there are any limits on the
authority of any listed individual to bind the corporation in contracts with the State of New
Hampshire, all such limitations are expressly stated herein.

Dated: 09/25/2026

Attest: 
(Name & Title)

Linda C. Spear, Business Development Mgr.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/24/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER RSC Insurance Brokerage, Inc. P O Box 818035 Cleveland OH 44181	CONTACT NAME: Michael J. Knight PHONE (A/C, No, Ext): 484-324-2794 E-MAIL ADDRESS: michael.knight@bbrown.com	FAX (A/C, No):
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Sentinel Insurance Company		11000
INSURER B : Travelers Casualty & Surety Company Of America		31194
INSURER C : Twin City Fire Insurance Co		29459
INSURER D : Lloyds of London		15792
INSURER E :		
INSURER F :		

COVERAGES**CERTIFICATE NUMBER:** 2112380956**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			44SBABA1930	1/1/2026	1/1/2027	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			44SBABA1930	1/1/2026	1/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			44SBABA1930	1/1/2026	1/1/2027	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N ☐	N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Professional Liability			107207908	1/16/2026	1/16/2027	Each Occurrence/Aggr. \$5,000,000
C	3rd Party Cyber & Network Liab.			MB 0358722	10/20/2025	10/20/2026	Each Occurrence/Aggr. \$2,000,000
D	Excess Professional Liability			PSO0440663446	1/16/2026	1/16/2027	Each Occurrence/Aggr. \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

E Commercial Crime (including 3rd Party Coverage) Policy #CAPP E872200 03, 8/14/2025 to 10/20/2026; \$2,000,000 Each Occurrence; \$2,000,000 Annual Aggregate Limits.

Evidence Only.

CERTIFICATE HOLDER**CANCELLATION**State of New Hampshire Public Utilities Commission
21 S Fruit Street
Suite 10
Concord NH 03301

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/20/2026

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PRODUCER Marsh Affinity a division of Marsh USA LLC. PO BOX 14404 Des Moines, IA 50306-9686	CONTACT NAME: Marsh Affinity	
	PHONE (A/C, No, Ext): 800-743-8130	FAX (A/C, No):
INSURED ADP TotalSource FL XVIII, Inc. 5800 Windward Parkway Alpharetta, GA 30005 U/C/F: ESCRIBERS, LLC 7227 N 16TH ST STE 207 Phoenix, AZ 850200000	E-MAIL ADDRESS: ADPTotalSource@marsh.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: New Hampshire Insurance Co.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC # 23841		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ N	N/A	WC 051659166 AZ	07/01/2026	07/01/2027	PER X STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

All worksite employees working for ESCRIBERS, LLC paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. Proprietor/Partner/Executive Officer/Member are not excluded as long as they are in the ADPTS payroll or have completed the SEI Participation Addendum.

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire Public Utilities Commission
21 S. Fruit Street
Ste. 10
Concord, NH 03301-2429

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jo Phillips

ACORD 25 (2016/03)

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