



COMPANY INFORMATION

Date: May 19, 2017

<b>Company:</b>	Vincent Corporation		
<b>Phone:</b>	(813) 248-2650	<b>Web Site:</b>	www.vincentcorp.com
<b>Address:</b>	2810 E 5th Ave.	<b>City:</b>	Tampa
<b>State:</b>	Florida	<b>Zip Code:</b>	33605

BUSINESS CONTACT

TECHNICAL CONTACT

<b>Name:</b>	Bob Johnston	<b>Name:</b>	Same as business contact
<b>Phone:</b>	(813) 248-2650	<b>Phone:</b>	
<b>Email:</b>	bob@vincentcorp.com	<b>Email:</b>	
<b>Address:</b>	2810 E 5th Ave.	<b>Address:</b>	
<b>City:</b>	Tampa	<b>City:</b>	
<b>State:</b>	Florida	<b>State:</b>	
<b>Zip Code:</b>	33605	<b>Zip Code:</b>	

BUSINESS HISTORY

How long have you been in business? 36 years

Are you part of a larger company? Yes  No

Did you exist as another company before this company was formed? Yes  No  If so, what was that company's name?

Number of employees? 45

What is your business structure? Corporation

What types of insurance and or surety do you provide?

Not applicable - no field installations performed

Describe your business service(s). For example: consulting, development, engineering, equipment sales, finance, other.

Equipment manufacturing and sales

Describe your area or region of operation.

Global

Does your company hold any patents or the rights to any patents? Yes  No  If yes, please describe.

Fiber Filter external tensioning springs

Do you manufacture equipment? Yes  No  If yes, please describe. Dewatering screw presses, static (sidehill) screens, shredders, and Fiber Filters

**Do you integrate equipment manufactured by others?** Yes  No

*If you integrate, please list the names of the companies you represent.*

**How do you answer potential customer's questions about financial strength of your company?**

Strong (debt free, large order backlog)

**Do you offer technical/service support?** Yes  No  *If so, what methods?*

Via phone; site visit by engineer as necessary

**Do you offer design services?** Yes  No  *If yes, please describe.*

**Do you offer financing?** Yes  No  *If so, what terms?*

**Are you a full stop shop?** *Design to construction to operate?* Yes  No  *If so, please describe.*

**Do you have preferred partners?** Yes  No  *If so, please list and provide contact information/identify partners by name.*

**Do you have any third-party verification/research that has been done on this technology?** Yes  No

*If so, please describe.*

**Do you provide a performance guarantee?** Yes  No  *If so, what are you guaranteeing?*

*For example: up time, methane production, biogas production, parasitic load, throughput, O&M cost, percent recovery, other. Please describe.*

**Are there any other aspects of your business that you feel should be included in this document?**

## INITIAL TECHNOLOGY OVERVIEW

**This information is to guide in the development of a more specific and detailed Technology Information Request.**

***Please answer the following questions for each Technology or Service Provided.***

**What is the name of the technology or service you provide?**

Manure dewatering screw presses and static screens

**What unit process is the technology used in?**

*For example: initial collection/transfer manure storage, energy recovery, primary/coarse solids recovery, advanced suspended/fine solids recovery, drying, struvite production, nitrification denitrification, ammonia stripping, algae, vermi composting, membrane filtration, evaporation, other.*

Primary/coarse solids recovery

**How many systems have you installed on dairy farms or other livestock operations?**

80+

Size of farm(s)?

100+ cows

Location of farm(s)?

National and international

What's the smallest and largest farm using your system?

100 cows up to 30,000 cows

Input material description and characteristics: *For example: raw manure, digestate, screened digestate, suitable non-farm feedstocks, other.*

Raw manure (scrape or flush), digestate, hog manure

Does the technology treat the full manure stream for a farm or a fraction of the stream?

Full

Do you consider this a mature system or ongoing farm development?

Mature

Any weather constraints? Yes  No  *If so, please describe.*

Any bedding constraints? Yes  No  *If so, please describe.*

Is this process scalable and to what extent (top and bottom limits)? Yes  No  *If so, please describe.*

Press sizes ranging from 6" diameter screws up to 30" diameter screws

Do you have a known scaling factor? Yes  No  *If so, please describe.*

Relative throughputs of one size press to the others is well established

Input and output of your unit/system – do you have a mass balance analysis? Yes  No  *If so, please describe.*

Available upon request

Do you consider this technology part of a larger system that you provide? Yes  No  *If so, please describe.*

Has your technology been accepted by the NRCS? Yes  No  *If so, please describe.*

Would you be willing to provide information for a technical review? Yes  No

Would you be willing to respond to a Request for Quotation (RFQ) on a generic project for comparison of your technology against other technologies in the same unit process? Yes  No

**REFERENCES**

**Please provide customers or colleagues with whom we can discuss your business and performance.**

*Please include a list with company name, location, contact name and contact information below.*

**Reference 1**

**Company Name:** Trident Processes

**Company Location:** Sumas, WA and Abbotsford, BC

<b>Contact Name:</b>	Kerry Doyle
<b>Contact Information:</b>	604-330-2500 x 113; kerry.doyle@tridentprocesses.com

**Reference 2**

<b>Company Name:</b>	High Plains Dairy
<b>Company Location:</b>	Plains, KS
<b>Contact Name:</b>	Oscar
<b>Contact Information:</b>	620-563-9441

**Reference 3**

<b>Company Name:</b>	Fair Oaks Farms
<b>Company Location:</b>	Fair Oaks, IN
<b>Contact Name:</b>	Hugh Clark
<b>Contact Information:</b>	219-869-4052

**Reference 4**

<b>Company Name:</b>	
<b>Company Location:</b>	
<b>Contact Name:</b>	
<b>Contact Information:</b>	

**Are there any other facts about this technology that you feel should be included in this document?** *If so, please describe below.*