STATE OF CALIFORNIA
DEPARTMENT OF GENERAL SERVICES - PROCUREMENT DIVISION

CONTRACT NOTIFICATION

***** MANDATORY *****

CONTRACT NUMBER: **1S-05-70-01**

DESCRIPTION: **COMPUTER EQUIPMENT: DESKTOPS AND WORKSTATIONS**

CONTRACTOR: **VARIOUS**

EFFECTIVE DATES: **6/30/2005** THROUGH **6/29/2007**

SUPERSEDES CONTRACT NO.: **NONE**

AREA: **STATEWIDE**

DISTRIBUTION: **STATE AND LOCAL AGENCIES**

* TAX: Add appropriate sales and use tax.
Exempt from Federal Excise Tax.

*Food contracts are tax exempt.

RITA HAMILTON, Deputy Director

Use of this agreement by all agencies is mandatory with monetary exceptions stated herein or contained in State Administrative Manual.

To obtain assistance or report non-compliance by supplier, or for any suggestions or recommendations write:

Department of General Services, Procurement Division, P.O. Box 989054, W. Sacramento, CA 95798-9054, or call: Contract Administrator, **BOB RIOLA** **916-375-4454, CALNET 480-4454**

Contract (Mandatory): 1S-05-70-01

CONTRACT #: 1S-05-70-01-01 - Western Blue - HP - Insight

SUPPLIER ID:	**190135**
NAME:	**WESTERN BLUE CORP**
ADDRESS:	**9745 BUSINESS PARK DR #A** **SACRAMENTO, CA 95827**
CONTACT:	**800-998-8020** **KEN WINEBERG**
FAX NUMBER:	**800-804-0870**
TERMS OF PAYMENT:	**Net**
FOB:	**Destination**
MINIMUM ORDER:	**$200.00**

CONTRACT #: 1S-05-01-70-02 - Gateway

SUPPLIER ID:	**711536**
NAME:	**GATEWAY COMPANIES INC**
ADDRESS:	**ATTN: CALIF SALES TEAM** **610 GATEWAY DRIVE Y-40** **N SIOUX CITY, SD 57049**
CONTACT:	**888-444-4925** **CHRIS FORD, EXT 33084**
FAX NUMBER:	**888-888-2041**
TERMS OF PAYMENT:	**.8% - 15 DAYS**
FOB:	**Destination**
MINIMUM ORDER:	**$200.00** **1% ON-LINE ORDERING DISCOUNT**

Western Blue's BOE Permit Number: SR-KH28-772045
Gateway's BOE Permit Number: 97-863374

CONTRACT MANAGEMENT:
Use of this agreement is MANDATORY with the monetary exceptions stated herein or contained in the State Administrative Manual. To obtain contract information, ordering assistance, offer suggestions, or report supplier non-compliance:

WRITE:
State of California
Department of General Services
Procurement Division
PO Box 989054
West Sacramento, CA 95798-9054

CONTACT:
Department of General Services, Procurement Division
Phone: 916-375-4400
Toll-Free: 800-559-5529
TTY Assistance: 916-376-1891

CONTRACT ADMINISTRATOR'S E-MAIL ADDRESS:
Bob.Riola@dgs.ca.gov

WESTERN BLUE CORPORATION

SALES TAX RESALE CERTIFICATE

Firm name: Western Blue Corporation

I HEREBY CERTIFY,
That I hold a valid seller's permit number: SR-KH 28-772045
Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling

Computers, Components, Peripherals and Furnishings

That the tangible personal property described herein which I shall purchase from:

Will be resold by me in the form of tangible personal property, PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood hat I am required by the ***Sales and Use Tax Law*** to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased: Computers, components, peripherals and furnishings

Dated: July 22 20 05 Signature Mathew S. Niemann

At: Sacramento, California By and Title: Mathew S. Niemann, CFO

Phone: 916-366-0708 Address: 9745 Business Park Drive, Suite "A"
Sacramento, CA. 95827

Revised November 11, 2005

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 6-2003)

1

INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this **fully completed** form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement.

NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.

2

PAYEE'S LEGAL BUSINESS NAME (Type or Print)

Western Blue Corporation, Insight Public Sector, Inc., and Hewlett Packard

SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)

E-MAIL ADDRESS

sales@westernblue.com

MAILING ADDRESS	**BUSINESS ADDRESS**
PO Box 713096	9475 Business Park Drive
CITY, STATE, ZIP CODE	**CITY, STATE, ZIP CODE**
Columbus, OH 43271-3096	Sacramento, CA 95827

3

PAYEE ENTITY TYPE

CHECK ONE BOX ONLY

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 36-3949000

☐ **PARTNERSHIP**

☐ **ESTATE OR TRUST**

CORPORATION:

- ☐ **MEDICAL** (e.g., dentistry, psychotherapy, chiropractic, etc.)
- ☐ **LEGAL** (e.g., attorney services)
- ☐ **EXEMPT** (nonprofit)
- ☑ **ALL OTHERS**

☐ **INDIVIDUAL OR SOLE PROPRIETOR. ENTER SOCIAL SECURITY NUMBER:** ___-__-____

(SSN required by authority of California Revenue and Tax Code Section 18646)

NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.

4

PAYEE RESIDENCY STATUS

☑ California resident - Qualified to do business in California or maintains a permanent place of business in California.

☐ California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding.

- ☐ No services performed in California.
- ☐ Copy of Franchise Tax Board waiver of State withholding attached.

5

I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.

AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	Date 11-11-05	Phone 916-366-0708
Brian Gai - VP Western Blue	Brian Hicks - VP Insight Public Sector, Inc	Daniel R. Kubat - Director Hewlett-Packard Company
Signatures:		

6

Please return completed form to:

Department/Office: _____

Unit/Section: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: (___) _____ **Fax:** (___) _____

E-mail Address: _____

For billing questions, please call 800-998-8020

DISPLAY CONSPICUOUSLY AT PLACE OF BUSINESS FOR WI

CALIFORNIA STATE BOARD OF EQUALIZATION

SELLER'S PERMIT

ACCOUNT NUMBER

1/1/2001 SR OHA 97-863374

GATEWAY COUNTRY STORES LLC
14303 GATEWAY PL
POWAY, CA 92064-7140

IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION

THIS PERMIT IS VALID UNTIL REVOKED OR CANCELED BUT IS NOT TRANSFERABLE. IF YOU SELL YOUR BUSINESS, OR DROP OUT OF A PARTNERSHIP, NOTIFY US OR YOU COULD BE RESPONSIBLE FOR SALES AND USE TAXES OWED BY THE NEW OPERATOR OF THE BUSINESS.

FOR GENERAL TAX QUESTIONS, PLEASE TELEPHONE OUR INFORMATION C

BOE-442-R REV. 1(8)-02

A MESSAGE TO OUR NEW PERMIT HOLDER

As a seller, you have rights and responsibilities under the Sales and Use Tax L endeavor and to better understand the law, we offer the following sources of help:

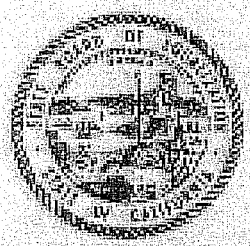
- Visiting our website at www.boe.ca.gov
- Visiting a district office
- Attending a Basic Sales and Use Tax Law Class offered at one of our district offi
- Sending your questions in writing to any one of our offices
- Calling our toll-free Information Center at 800-400-7115

As a seller, you have the right to issue resale certificates for merchandise that yo have the responsibility of not misusing resale certificates. While the sales tax is impos

- You have the right to seek reimbursement of the tax from your customer
- You are responsible for filing and paying your sales and use tax returns timely
- You have the right to be treated in a fair and equitable manner by the employees
- You are responsible for following the regulations set forth by the Board

As a seller, you are expected to maintain the normal books and records of a prudent b maintain these books and records for no less than four years, and make them available for

HICH ISSUED



THIS PERMIT DOES NOT AUTHORIZE THE HOLDER TO ENGAGE IN ANY BUSINESS CONTRARY TO LAWS REGULATING THAT BUSINESS OR TO POSSESS OR OPERATE ANY ILLEGAL DEVICE.

Not valid at any other address

ENTER AT 1-800-400-7115.

aw. In order to assist you in your

ces

u intend to resell. Conversely, you
ed upon the retailer:

of the Board

usinessperson. You are required to

When requested. You are also expected to notify us if you are buying, selling, adding a loc
adding or dropping a partner, officer, or member, or when you are moving any or all of yo
necessary to surrender this permit, you should only do so by mailing it to a Board office, or

If you would like to know more about your rights as a taxpayer, or if you are unable to rea
contact the Taxpayers' Rights Advocate office for help by calling toll-free, 888-324-2798 o
916-228-3119.

Please post this permit at the address for which it was issued and at a location visible

THE STATE BOARD OF EQUALIZA

Sales and Use Tax Department

spection by a Board representative
tion, or discontinuing your business,
our business locations. If it becomes
iving it to a Board representative.

olve an issue with the Board, please
r 916-324-2798. Their fax number is

to your customers.

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STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

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2

PAYEE'S LEGAL BUSINESS NAME (Type or Print)
Gateway Companies, Inc.

SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)

E-MAIL ADDRESS
www.gateway.com

MAILING ADDRESS
7565 Irvine Center Drive

BUSINESS ADDRESS
7565 Irvine Center Drive

CITY, STATE, ZIP CODE
Irvine, CA 92618

CITY, STATE, ZIP CODE
Irvine, CA 92618

3

PAYEE ENTITY TYPE

CHECK ONE BOX ONLY

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 4 6 - 0 4 3 1 3 9 8

☐ **PARTNERSHIP**

☐ **ESTATE OR TRUST**

CORPORATION:
- ☐ **MEDICAL** (e.g., dentistry, psychotherapy, chiropractic, etc.)
- ☐ **LEGAL** (e.g., attorney services)
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- ☑ **ALL OTHERS**

☐ **INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER:** ___ - __ - ____

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- ☐ Copy of Franchise Tax Board waiver of State withholding attached.

5

I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.

AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)
Scott M. Sherrick

TITLE
Director, Operations Offer Developmen

SIGNATURE

DATE
04/06/2005

TELEPHONE
(800) 779-2000

6

Please return completed form to:

Department/Office: _____

Unit/Section: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: (___) _____ **Fax:** (___) _____

E-mail Address: _____