



Form GSOP 1-PIN (04/98)

STATE OF CALIFORNIA
Department of General Services - Office of Procurement

PURCHASE ORDER

Purchase Order No. 62275
Rev. Date 12/18/2008

Table with columns: Supplier No., Solicitation No., Delivery Date, FOB Point, Invoice Terms, Agency Billing, Agency Purchase Estimate, Purchase Estimate, Revision, Agency Contact, Phone, Date Received.

SHAVLIK TECHNOLOGIES INC
2665 LONG LAKE ROAD
SUITE 400
ROSEVILLE, MN 55113
Attn: CHRIS MCSORLEY
Phone: 916-941-8212

CA DEPT OF HEALTH CARE
SERVICES-ITSD MS 6301
PO BOX 997713
SACRAMENTO, CA 95899-7413
Attn: NICK HROMYAK LIST #46

Main table with columns: Item No., Quantity, Unit, Commodity Code, Description, Unit Price, Extension. Includes terms and conditions and line items 1-4.

Sales and/or use tax to be extra unless noted above

Table with columns: Buyer (Marty Zubeidi), Phone (916-375-4435), BOC Number.

Handwritten signature of John Chaff

STATE OF CALIFORNIA

Department of General Services - Office of Procurement

PURCHASE ORDER CONTINUATION

Form GSOP 2-PIN (04/98)

<i>Purchase Order No.</i> 62275	<i>Revision</i>	<i>Date</i> 12/18/2008	<i>Supplier No.</i> 812598	<i>Supplier Name</i> SHAVLIK TECHNOLOGIES INC
---	-----------------	---------------------------	-------------------------------	--

<i>Item No.</i>	<i>Quantity</i>	<i>Unit</i>	<i>Commodity Code</i>	<i>Description</i>	<i>Unit Price</i>	<i>Extension</i>
ONE DAY ON SITE INSTALLATION AND TRAINING						
5	300	EA	7090-000-0003-7	SOFTWARE LICENSE NETCHK PROTECT FOR SERVERS (ADDITIONAL LICENSES)	42.5300	12,759.00
6	300	EA	7090-000-0007-4	SOFTWARE MAINTENANCE (AS DESCRIBED) NETCHK PROTECT FOR SERVERS ENTERPRISE SUPPORT (SUPPORT)	15.0000	4,500.00
7	100	EA	7090-000-0007-4	SOFTWARE MAINTENANCE (AS DESCRIBED) NETCHK PROTECT FOR SERVERS	0.0000	0.00
8	100	EA	7090-000-0007-4	SOFTWARE MAINTENANCE (AS DESCRIBED) NETCHK PROTECT FOR SERVERS ENTERPRISE SUPPORT (ENHANCED)	0.0000	0.00
Total Value:						39,326.95

NOTE:

Electronic download only. There will be no tax charged against this Purchase Order.

CHANGE ORDERS:

This Purchase Order may be amended, modified, or terminated at any time by mutual agreement of the parties in writing. Change orders amending, modifying or terminating the Purchase Order, including any modifications of the compensation payable, may be issued only by the State Procurement Officer. All such change orders shall be in writing and issued only upon written concurrence of the supplier. Termination, as that term is used in this section, does not include termination for default of the supplier.

STATE CONTRACTS AND PROCUREMENT REGISTRATION:

This Purchase Order has been registered into the State Contracts and Procurement Registration System (<https://www.scprs.dgs.ca.gov>). The Registration Number is: 42601208348817

California Department of Health Care Services
Information Technology Services Division (ITSD)

STATEMENT OF WORK

NETCHK SOFTWARE.

This Statement of Work ("Agreement") reflects the services to be provided by Shavlik Technologies, LLC, hereinafter referred to as the "Contractor," for the California Department of Health Care Services, hereinafter referred to as the "State".

SCOPE

The Contractor will provide support in the implementation and ongoing maintenance of NetChk Protect. Support will include the following services:

- 8 hour on-site configuration and training services
 - Includes 4-hour training class (limited to 6-8 students), coursework covers product overview and core concepts. Training class is specific to State environment and implementation.
 - NetChk Protect application installation, configuration and testing.
- 9x5 Phone Support.
- Software version upgrades.
- Patches and Fixes.
- The State shall be notified by the Contractor of all patches and software upgrades mentioned above and such patches and version upgrades shall be distributed via electronic download as soon as they are publicly released.

PERIOD OF PERFORMANCE

The term of this Agreement is the date the Purchase Order is signed through 10/30/2009.

BILLING INFORMATION

The Contractor shall submit invoices (including the purchase order number) to the following address:

Attn: Hector Castaneda
CA Department of Health Care Services
ITSD MS 6301
PO BOX 997713
Sacramento, CA 95899-7413
Phone (916) 440 7217

POINTS OF CONTACT

Contractor Primary Contact:

Christopher McSorley, Regional Sales Manager
3010 Melina Drive
El Dorado Hills, CA 95762
Ph: 916-941-8212
Fax: 651-426-3345
Email: chris.mcsorley@shavlik.com

State's Primary Contact:

Hector Castaneda
CA Department of Health Care Services
ITSD MS 6301
PO BOX 997713
Sacramento, CA 95899-7413
Phone: (916) 440-7217
Email: Hector.Castaneda@dhcs.ca.gov
Fax: (916) 440-7060

Please forward renewal notices to the attention of the State's Primary Contact.

TERMINATION:

The State reserves the right to cancel maintenance anytime with a thirty (30) day written notice. Notification of cancellation will be sent to the Contractor's Project Manager.