STATE OF CALIFORNIA
DEPARTMENT OF GENERAL SERVICES - PROCUREMENT DIVISION

CONTRACT NOTIFICATION

***** MANDATORY *****

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

DESCRIPTION: **COMPUTER EQUIPMENT: MONITORS**

CONTRACTOR: **GATEWAY COMPANIES INC**

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-05-70-05

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:	**0.8% - 15 DAYS**
FOB:	**Destination**
MINIMUM ORDER:	**$200.00**
	1% ON-LINE ORDERING DISCOUNT

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

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 INCURRED BY THE NEW OPERATOR OF THE BUSINESS.

FOR GENERAL TAX QUESTIONS, PLEASE TELEPHONE OUR INFORMATION CI

BOE-442-I REV. 13 (P-SD)

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:

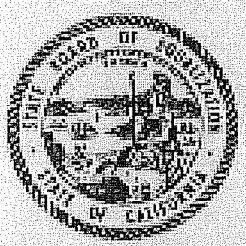
- Visiting our website at www.boe.ca.gov
- Visiting a district office
- Attending a Basic Sales and Use Tax Law Class offered at one of our district offi
- Sending your questions in writing to any one of our offices
- Calling our toll-free Information Center at 800-400-7115

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 i

HICH ISSUED



THIS PERMIT DOES NOT AUTHORIZE THE HOLDER TO ENGAGE IN ANY BUSINESS CONTRARY TO LAWS REGULATIONS THAT GOVERN 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
sed 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 loca
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 res
contact the Taxpayers' Rights Advocate office for help by calling toll-free, 888-324-2798 o
916-323-3319.

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

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

to your customers.

TION

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)

Gateway Companies, Inc.

SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	**E-MAIL ADDRESS**
	www.gateway.com

MAILING ADDRESS	**BUSINESS ADDRESS**
7565 Irvine Center Drive	7565 Irvine Center Drive
CITY, STATE, ZIP CODE	**CITY, STATE, ZIP CODE**
Irvine, CA 92618	Irvine, CA 92618

3

PAYEE ENTITY TYPE

CHECK ONE BOX ONLY

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 46-0431398

☐ **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)	**TITLE**
Scott M. Sherrick	Director, Operations Offer Developmen
SIGNATURE	**DATE** / **TELEPHONE**
	04/06/2005 / (800) 779-2000

6

Please return completed form to:

Department/Office: _____

Unit/Section: _____

Mailing Address: _____

City/State/Zip: _____

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

E-mail Address: _____

STATE OF CALIFORNIA
STANDARD AGREEMENT
STD. 213 (NEW 06/03)

STANDARD AGREEMENT

FOR I.T. GOODS/SERVICES ONLY

IT Hardware – PC Goods
Subcategory: Monitors

REGISTRATION NUMBER	
PURCHASING AUTHORITY NUMBER	AGREEMENT NUMBER
	1S-05-70-05

1. This Agreement is entered into between the State Agency and the Contractor named below
   STATE AGENCY'S NAME
   Department of General Services (hereafter called
   CONTRACTOR'S NAME
   Gateway Companies, Inc. (hereafter called
2. The term of this Agreement is: June 30, 2005 through June 29, 2007, with options to extend contract for up to three (3) additional one-year periods.
3. The maximum amount of this Agreement is: $ 0 to $5,400,000.00 (annually)
4. The parties agree to comply with the terms and conditions of the following attachments which are by this reference made a part of the Agreement:

   Attachment 1 – Statement of Work
   Attachment 2 – General Provisions – Information Technology (GSPD-401 IT), 8/16/04, 10 Pages
   Attachment 3 – Information Technology Purchase Special Provisions, 1/21/03, 2 Pages
   Attachment 4 – Information Technology Maintenance Special Provisions, 1/21/03, 5 Pages
   Attachment 5 – Cost (Final Pricing Worksheets)

   Bidder's entire proposal (eRFP #DGS 5007) is hereby incorporated as part of this contract.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME *(If other than an individual, state whether a corporation, partnership, etc.)*
GATEWAY COMPANIES, INC.

BY *(Authorized Signature)*
✍ [signature]

DATE SIGNED
6/30/05

PRINTED NAME AND TITLE OF PERSON SIGNING
Vincent P. Riera V.P. Government

ADDRESS
7565 IRVINE CTR. DRIVE, IRVINE, CA 92618

STATE OF CALIFORNIA

AGENCY NAME
Department of General Services, Procurement Division

BY (Authorized Signature)
✍ Rita Hamilton

DATE SIGNED
6/30/05

PRINTED NAME AND TITLE OF PERSON SIGNING
RITA HAMILTON, Deputy Director

ADDRESS
707 3rd Street, 2nd Floor
West Sacramento, CA 95605

CALIFORNIA Department of General Services Use Only

[signature] 6/30/05 GENERAL SERVICES LEGAL SERVICES

☐ Exempt per