



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

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

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 that 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 2005 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

STANDARD AGREEMENT

FOR I.T. GOODS/SERVICES ONLY

IT Hardware – PC Goods
Subcategory: Desktops and Workstation

PURCHASING AUTHORITY NUMBER	REGISTRATION NUMBER
	AGREEMENT NUMBER
	1S-05-70-01-01

- 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
 Hewlett-Packard/Insight/Western Blue (hereafter called
- The term of this Agreement is:
- The maximum amount of this Agreement is: \$ 0 to \$34,800,000.00 (annually)
- 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 - Information Technology Software Special Provisions, 1/21/03, 3 Pages
- Attachment 6 - Information Technology Personal Services Special Provisions, 1/21/03, 5 Pages
- Attachment 7 - 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	CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) <i>Hewlett Packard/Western Blue/Insight (joint bid)</i>	<i>Mr. Keith</i> <i>7/1/05</i> GENERAL SERVICES LEGAL SERVICES
BY (Authorized Signature) <i>[Signature]</i> DATE SIGNED <i>6/29/05</i>	
PRINTED NAME AND TITLE OF PERSON SIGNING <i>DANIEL R. KUBAT DIRECTOR, FINANCE / Brian Gai (VP) / Brian Hicks - VP Insight</i>	
ADDRESS <i>9745 Business Park Drive Suite A, Sacramento CA 95827</i>	
STATE OF CALIFORNIA	
AGENCY NAME Department of General Services, Procurement Division	
BY (Authorized Signature) <i>[Signature]</i> DATE SIGNED <i>6/30/05</i>	
PRINTED NAME AND TITLE OF PERSON SIGNING RITA HAMILTON, Deputy Director	
ADDRESS 707 3rd Street, 2 nd Floor West Sacramento, CA 95605	
	<input type="checkbox"/> Exempt per

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**

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

PARTNERSHIP **CORPORATION:**
 ESTATE OR TRUST **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)

CHECK ONE BOX ONLY

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 Development

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: _____

DISPLAY CONSPICUOUSLY AT PLACE OF BUSINESS FOR WA

CALIFORNIA STATE BOARD OF EQUALIZATION

SELLER'S PERMIT

ACCOUNT NUMBER

1/1/2001 SR OWA 97-863374

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

BUYER IS AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY WITHIN CALIFORNIA.

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

FOR GENERAL TAX QUESTIONS, PLEASE TELEPHONE OUR INFORMATION CI

1-800-547-4115 (TAX-1115)

A MESSAGE TO OUR NEW PERMIT HOLDER

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

- Visiting our website at www.sbe.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 you 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 copies from certified

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IT Hardware – PC Goods

Subcategory: Desktops and Workstation

REGISTRATION NUMBER
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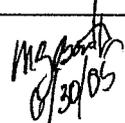
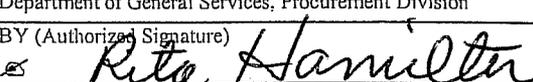
PURCHASING AUTHORITY NUMBER

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 DEPARTMENT OF GENERAL SERVICES (hereafter called State)
 CONTRACTOR'S NAME
 Gateway Companies, Inc. (hereafter called Contractor)
- 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.
- The maximum amount of this Agreement is: \$ 0 to \$34,800,000.00 (annually)
- 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:

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

CONTRACTOR		CALIFORNIA Department of General Services Use Only	
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) GATEWAY COMPANIES, INC.		 GENERAL SERVICES LEGAL SERVICES	
BY (Authorized 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) 	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			
		<input type="checkbox"/> Exempt per	

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

If you would like to know more about your rights as a taxpayer, or if you are unable to reach the Taxpayer's Rights Advocate office for help by calling toll-free, 888-324-2799 or 916-323-6319.

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

THE STATE BOARD OF EQUALIZATION
Sales and Use Tax Department

represented 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.

ROK