



STATE OF CALIFORNIA
DEPARTMENT OF GENERAL SERVICES - PROCUREMENT DIVISION

CONTRACT NOTIFICATION

***** MANDATORY *****

CONTRACT NUMBER: **1S-05-70-02**

DESCRIPTION: **COMPUTER EQUIPMENT: NOTEBOOKS**

CONTRACTOR: **VARIOUS**

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

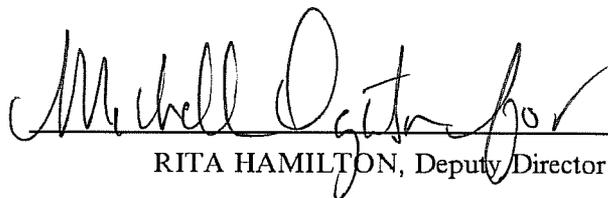
SUPERSEDES CONTRACT NO.: **NONE**

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-05-70-02

SUPPLIER ID: 9164
NAME: I B M CORP/LENOVO INC
ADDRESS: 419 DAVIS DRIVE
OFFICE A125D
DURHAM, NC 27713

CONTACT: 866-426-4011 ELLEN MAULTSBY
FAX NUMBER: 877-234-2432
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: 0.8% - 15 DAYS
FOB: Destination
MINIMUM ORDER: \$200.00
1% ON-LINE ORDERING DISCOUNT

IBM's BOE Permit Number: 098006714
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:

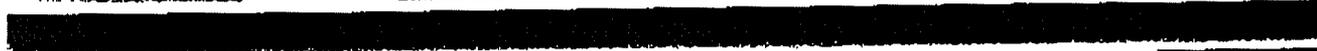
Bob.Riola@dgs.ca.gov

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	<p>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.</p> <p>NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.</p>								
2	<p>PAYEE'S LEGAL BUSINESS NAME (Type or Print) Lenovo (United States) Inc.</p> <table border="1"> <tr> <td>SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</td> <td>E-MAIL ADDRESS kaoneil@us.ibm.com</td> </tr> <tr> <td>MAILING ADDRESS P.O. Box 643055</td> <td>BUSINESS ADDRESS 419 Davis Drive</td> </tr> <tr> <td>CITY, STATE, ZIP CODE Pittsburgh, PA 15264-3055</td> <td>CITY, STATE, ZIP CODE Durham, NC 27705</td> </tr> </table>			SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS kaoneil@us.ibm.com	MAILING ADDRESS P.O. Box 643055	BUSINESS ADDRESS 419 Davis Drive	CITY, STATE, ZIP CODE Pittsburgh, PA 15264-3055	CITY, STATE, ZIP CODE Durham, NC 27705
SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS kaoneil@us.ibm.com								
MAILING ADDRESS P.O. Box 643055	BUSINESS ADDRESS 419 Davis Drive								
CITY, STATE, ZIP CODE Pittsburgh, PA 15264-3055	CITY, STATE, ZIP CODE Durham, NC 27705								
3	<p>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 5 2 - 2 4 4 9 1 5 3</p> <p><input type="checkbox"/> PARTNERSHIP CORPORATION:</p> <p><input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)</p> <p><input type="checkbox"/> LEGAL (e.g., attorney services)</p> <p><input type="checkbox"/> EXEMPT (nonprofit)</p> <p><input checked="" type="checkbox"/> ALL OTHERS</p> <p><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: - </p> <p style="text-align: right;"><small>(SSN required by authority of California Revenue and Tax Code Section 18646)</small></p>		<p>NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.</p>						
4	<p><input type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California.</p> <p><input checked="" type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding.</p> <p><input type="checkbox"/> No services performed in California.</p> <p><input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.</p>								
5	<p>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.</p> <table border="1"> <tr> <td>AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Kathleen A. O'Neil</td> <td>TITLE Activation Manager</td> </tr> <tr> <td>SIGNATURE <i>Kathleen A. O'Neil</i></td> <td>DATE 10/05/2005</td> </tr> <tr> <td></td> <td>TELEPHONE (919) 517-2133</td> </tr> </table>			AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Kathleen A. O'Neil	TITLE Activation Manager	SIGNATURE <i>Kathleen A. O'Neil</i>	DATE 10/05/2005		TELEPHONE (919) 517-2133
AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Kathleen A. O'Neil	TITLE Activation Manager								
SIGNATURE <i>Kathleen A. O'Neil</i>	DATE 10/05/2005								
	TELEPHONE (919) 517-2133								
6	<p>Please return completed form to:</p> <p>Department/Office: _____</p> <p>Unit/Section: _____</p> <p>Mailing Address: _____</p> <p>City/State/Zip: _____</p> <p>Telephone: (____) _____ Fax: (____) _____</p> <p>E-mail Address: _____</p>								



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**California State
BOARD OF EQUALIZATION (BOE)**

My CA

Sales and Use Tax Permit Verification

Permit Number 098006714 is Valid

Owner Name: INTERNATIONAL BUSINESS MACH.CORP
Business Name: IBM U.S.
Address: 150 KETTLETOWN ROAD
 SOUTHBURY
 CT
Start Date: 02/22/1922

This seller's permit has multiple locations. Only the permit's main address is displayed

If the number you are attempting to verify is not on this system or you have questions regarding this number please contact BOE at 800-400-7115.
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DISPLAY CONSPICUOUSLY AT PLACE OF BUSINESS FOR WA

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 TO BRING TO SALES AND USE TAX LAW TO ENFORCE IN THE BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY WITHIN THE STATE OF CALIFORNIA.

THIS PERMIT IS VALID UNTIL REVOKED OR CANCELED BUT IS NOT TRANSFERABLE. IF YOU SELL YOUR BUSINESS, CREDITS OR DEBIT WITHIN THE STATE OF CALIFORNIA, YOU WILL BE RESPONSIBLE FOR SALES AND USE TAXES COLLECTED BY THE NEW OPERATOR OF THE BUSINESS.

FOR GENERAL TAX QUESTIONS, PLEASE TELEPHONE OUR INFORMATION CENTER

1-800-542-1222, 130-111

A MESSAGE TO OUR NEW PERMIT HOLDER

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

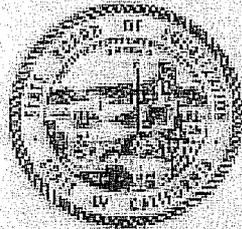
- Visiting our website at www.sbe.ca.gov
- Visiting a district office
- Attending a Basic Sales and Use Tax Law Class offered at one of our district offices
- Sending your questions in writing to any one of our offices
- Calling our toll-free Information Center at 800-400-7115

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 imposed on you, you have the right to:

- 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 business operator. You are expected to maintain these books and records for no less than four years, and make them available to the Board.

NOT ISSUED



THIS PERMIT DOES NOT
AUTHORIZE THE HOLDER
TO ENGAGE IN ANY
BUSINESS OR VENTURE TO
LARGE MEASUREMENT THAT
IS UNLAWFUL OR TO
VIOLATE ANY FEDERAL LAWS.

For more information contact:

ENTER AT 1-800-400-7115.

aw. In order to assist you in your

DES

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

of the Board

businessperson. You are required to

when requested. You are also expected to notify us if you are buying, selling, adding a job, adding or dropping a partner, officer, or member, or when you are moving any or all of the 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 reach contact the Taxpayers' Rights Advocate office for help by calling toll-free, 888-824-2790 or 916-333-3519.

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

THE STATE BOARD OF EQUALIZATION
Sales and Use Tax Department

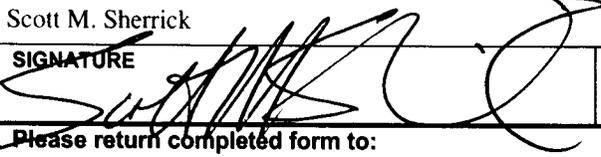
represented by a board representative
tion or discontinuing your business,
our business locations. If it becomes
bring it to a Board representative.

olve an issue with the Board, please
n 816-324-2700. Our fax number is

to your customers.

HOV

PAYEE DATA RECORD(Required when receiving payment from the State of California in lieu of IRS W-9)
STD. 204 (Rev. 6-2003)

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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	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 46-0431398		NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
<input type="checkbox"/> PARTNERSHIP		CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input checked="" type="checkbox"/> ALL OTHERS	
<input type="checkbox"/> ESTATE OR TRUST			
CHECK ONE BOX ONLY <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER:		(SSN required by authority of California Revenue and Tax Code Section 18646)	
4	<input checked="" type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. <input type="checkbox"/> No services performed in California. <input type="checkbox"/> 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 Development
	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: _____		

STANDARD AGREEMENT
FOR I.T. GOODS/SERVICES ONLY

IT Hardware – PC Goods
Subcategory: Notebooks

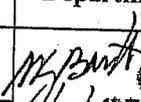
PURCHASING AUTHORITY NUMBER	REGISTRATION NUMBER
	AGREEMENT NUMBER
	1S-05-70-02-01

- This Agreement is entered into between the State Agency and the Contractor named below
 STATE AGENCY'S NAME
 Department of General Services
 CONTRACTOR'S NAME
 IBM (hereafter called _____)
 (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 \$16,000,000.00 (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.) IBM		 GENERAL SERVICES LEGAL SERVICES	
BY (Authorized Signature) Kim Hewitt	DATE SIGNED 6/29/05		
PRINTED NAME AND TITLE OF PERSON SIGNING Kim Hewitt, Region Executive			
ADDRESS 2710-S Gateway Oaks Dr. Sacramento, CA 95833			
STATE OF CALIFORNIA			
AGENCY NAME Department of General Services, Procurement Division			
BY (Authorized Signature) Rita Hamilton	DATE SIGNED 6/29/05		
PRINTED NAME AND TITLE OF PERSON SIGNING RITA HAMILTON, Deputy Director			
ADDRESS 707 3 rd Street, 2 nd Floor West Sacramento, CA 95605			
		<input type="checkbox"/> Exempt per	

STANDARD AGREEMENT

FOR I.T. GOODS/SERVICES ONLY

IT Hardware – PC Goods
Subcategory: Monitors

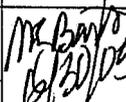
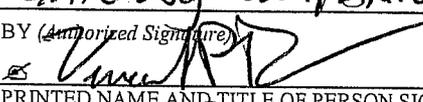
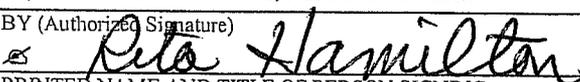
REGISTRATION NUMBER
PURCHASING AUTHORITY NUMBER
AGREEMENT NUMBER 1S-05-70-05

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 CONTRACTOR'S NAME
 Gateway Companies, Inc. (hereafter called
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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		<input type="checkbox"/> Exempt per
BY (Authorized Signature) 	DATE SIGNED 6/30/05	
PRINTED NAME AND TITLE OF PERSON SIGNING RITA HAMILTON, Deputy Director		
ADDRESS 707 3 rd Street, 2 nd Floor West Sacramento, CA 95605		