STATE OF CALIFORNIA
DEPARTMENT OF GENERAL SERVICES - PROCUREMENT DIVISION

CONTRACT NOTIFICATION

***** MANDATORY *****

CONTRACT NUMBER: **1S-05-70-06**

DESCRIPTION: **COMPUTER EQUIPMENT: PERIPHERALS**

CONTRACTOR: **WESTERN BLUE CORP**

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-05-70-06

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:	**$50.00**	

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

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

Revised November 10, 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

PO Box 713096

BUSINESS ADDRESS

9475 Business Park Drive

CITY, STATE, ZIP CODE

Columbus, OH 43271-3096

CITY, STATE, ZIP CODE

Sacramento, CA 95827

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PAYEE ENTITY TYPE

CHECK ONE BOX ONLY

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

☐ **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.

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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.

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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:		

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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

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

STANDARD AGREEMENT

FOR I.T. GOODS/SERVICES ONLY

IT Hardware – PC Goods
Subcategory: Peripherals

REGISTRATION NUMBER	
PURCHASING AUTHORITY NUMBER	AGREEMENT NUMBER **1S-05-70-06**

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
   Hewlett-Packard/Insight/Western Blue (hereafter called
2. The term of this Agreement is:
3. The maximum amount of this Agreement is: $ 0 to $14,700,000.00 (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 Software Special Provisions, 1/21/03, 3 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	CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME *(If other than an individual, state whether a corporation, partnership, etc.)* Hewlett Packard/Western Blue/Insight (joint bid)	MG Smith 7/1/05 GENERAL SERVICES LEGAL SERVICES
BY *(Authorized Signature)* [signature] / [signature] — DATE SIGNED 6/29/05	
PRINTED NAME AND TITLE OF PERSON SIGNING DANIEL R. KUBAT, DIRECTOR, FINANCE / Brian Gai (VP) / [signature] Brian Hicks VP Insight	
ADDRESS 9745 Business Park Dr Suite A, Sacramento CA 95827	
STATE OF CALIFORNIA	
AGENCY NAME Department of General Services, Procurement Division	
BY (Authorized Signature) [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	☐ Exempt per

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