



Department of Administration  
Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

State of West Virginia  
**Master Agreement**

Order Date: 04-21-2025

CORRECT ORDER NUMBER MUST  
APPEAR ON ALL PACKAGES, INVOICES,  
AND SHIPPING PAPERS. QUESTIONS  
CONCERNING THIS ORDER SHOULD BE  
DIRECTED TO THE DEPARTMENT  
CONTACT.

|                       |   |                                 |            |
|-----------------------|---|---------------------------------|------------|
| Order Number:         | CMA 0702 7814 TAX2400000005 4                     | Procurement Folder:             | 1414117    |
| Document Name:        | Security Guard Service for Revenue Center Bldg 22 | Reason for Modification:        |            |
| Document Description: | Security Guard Service for Revenue Center Bldg 22 | Change Order 2 contract renewal |            |
| Procurement Type:     | Central Master Agreement                          |                                 |            |
| Buyer Name:           |   |                                 |            |
| Telephone:            |   |                                 |            |
| Email:                |   |                                 |            |
| Shipping Method:      | Best Way  | Effective Start Date:           | 2024-06-01 |
| Free on Board:        | FOB Dest, Freight Prepaid                         | Effective End Date:             | 2026-05-31 |

| VENDOR   | DEPARTMENT CONTACT |                     |                     |               |    |    |        |   |    |    |  |  |    |    |  |  |    |    |  |  |   |
|--|--------------------|---------------------|---------------------|---------------|----|----|--------|---|----|----|--|--|----|----|--|--|----|----|--|--|---|
| Vendor Customer Code: VS0000045398<br>CAPITOL SECURITY SOLUTIONS LLC<br>9 ANTLER DRIVE<br><br>CULLODEN WV 25510<br>US<br>Vendor Contact Phone: 3048070840 Extension:<br><br>Discount Details:<br><table><thead><tr><th></th><th>Discount Allowed</th><th>Discount Percentage</th><th>Discount Days</th></tr></thead><tbody><tr><td>#1</td><td>No</td><td>0.0000</td><td>0</td></tr><tr><td>#2</td><td>No</td><td></td><td></td></tr><tr><td>#3</td><td>No</td><td></td><td></td></tr><tr><td>#4</td><td>No</td><td></td><td></td></tr></tbody></table> |                    | Discount Allowed    | Discount Percentage | Discount Days | #1 | No | 0.0000 | 0 | #2 | No |  |  | #3 | No |  |  | #4 | No |  |  | Requestor Name: Melissa L Anthony<br>Requestor Phone: (304) 558-6000<br>Requestor Email: manthony@wvsos.com<br><br><b>2025</b><br>FILE LOCATION _____ |
|  | Discount Allowed   | Discount Percentage | Discount Days       |               |    |    |        |   |    |    |  |  |    |    |  |  |    |    |  |  |   |
| #1   | No                 | 0.0000              | 0                   |               |    |    |        |   |    |    |  |  |    |    |  |  |    |    |  |  |   |
| #2   | No                 |                     |                     |               |    |    |        |   |    |    |  |  |    |    |  |  |    |    |  |  |   |
| #3   | No                 |                     |                     |               |    |    |        |   |    |    |  |  |    |    |  |  |    |    |  |  |   |
| #4   | No                 |                     |                     |               |    |    |        |   |    |    |  |  |    |    |  |  |    |    |  |  |   |

| INVOICE TO   | SHIP TO  |
|--|--|
| OPERATIONS DIVISION<br>TAX DIVISION OF<br><br>PO BOX 11748<br><br>CHARLESTON WV 25339-1748<br><br>US | OPERATIONS DIVISION<br>TAX DIVISION OF<br><br>REVENUE CENTER<br><br>1001 LEE ST E, STE 1<br><br>CHARLESTON WV 25301-1725<br><br>US |

4/23/25 GC

Total Order Amount:

Open End

Purchasing Division's File Copy

PURCHASING DIVISION AUTHORIZATION

DATE:

ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM

DATE:

ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

DATE:

ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Change Order

Change Order No.02 is issued to renew the original contract according to all terms, conditions, prices and specifications contained in the original contract including all authorized change orders Effective date of renewal \_\_June 1, 2025\_\_ through \_\_May 31, 2026\_\_. Renewal Years/Months Remaining: \_\_1 years\_\_

No other changes.

| Line         | Commodity Code | Manufacturer | Model No | Unit                    | Unit Price |
|--------------|----------------|--------------|----------|-------------------------|------------|
| 1            | 92121504       |              |          |                         | 0.000000   |
| Service From |                | Service To   |          | Service Contract Amount |            |
|              |                |              |          | 0.00                    |            |

**Commodity Line Description:** Guard II M-F 0600 to 1730**Extended Description:**

Exhibit "A" Pricing Page for pricing.

This position consists of 2 guards one working M-T-F and the other working W-TH of the week

| Line         | Commodity Code | Manufacturer | Model No | Unit                    | Unit Price |
|--------------|----------------|--------------|----------|-------------------------|------------|
| 2            | 92121504       |              |          |                         | 0.000000   |
| Service From |                | Service To   |          | Service Contract Amount |            |
|              |                |              |          | 0.00                    |            |

**Commodity Line Description:** Guard II M-F 0900 to 1730**Extended Description:**

Exhibit "A" Pricing Page for pricing.

| Line         | Commodity Code | Manufacturer | Model No | Unit                    | Unit Price |
|--------------|----------------|--------------|----------|-------------------------|------------|
| 3            | 92121504       |              |          |                         | 0.000000   |
| Service From |                | Service To   |          | Service Contract Amount |            |
|              |                |              |          | 0.00                    |            |

**Commodity Line Description:** Guard II M-F 0800 to 1630**Extended Description:**

Exhibit "A" Pricing Page for pricing.

Eric Nelson  
Secretary of Revenue



STATE TAX DEPARTMENT

Matthew Why  
State Tax Commissioner

April 17, 2025

Capitol Security Solutions LLC  
Attn: Steve Johnson  
9 Antler Drive  
Culloden, WV 25510

Ref: TAX24-05 CMA

Dear Mr. Johnson,

The West Virginia State Tax Division, Property Tax Division would like to "renew" their contract with Capitol Security Solutions LLC for an additional year. If you agree and approve, the date of service for this renewal will be June 1, 2025 through May 31, 2026.

Please sign below in acceptance of the renewal of this contract for one year at the same terms and conditions as the original contract. Also, attached is a copy of the Purchasing Affidavit which must be signed, notarized, and returned.

Upon acceptance, please return documents via email to [nora.m.adams@wv.gov](mailto:nora.m.adams@wv.gov) or via U.S. Mail at WV State Tax Division, Attn: Operations Division PO Box 11748, Charleston WV 25301-1748.

If you have any questions or need additional information, please contact me at (304) 558-8699.

Sincerely,

*Nora Adams*

Nora Adams, Procurement Specialist  
Operations Division

Accepted by: \_\_\_\_\_

Company Name: Capitol Security Solutions, LLC

Signature: *[Signature]*

Title: President

Date: 4/17/25

# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

|   |  |
|---|--|
| <i>Purchasing Division Use:</i><br>Buyer: <u>8</u> Date: <u>4/21/25</u><br><br>Solicitation No. <u>CMA TAX24*05</u> | Agency:<br>Tax<br><hr/> Procurement Officer Submitting Requisition:<br>Nora Adams<br><hr/> Requisition No.<br>CMA TAX24*06<br><hr/> PF No.:<br>1414117 |
|---|--|

This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

## FOR ALL SOLICITATION TYPES:

|   | Compliance Check Type  | Required                            | Provided, if Required    | Not Required             | Purch. Div. Confirmation |
|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 1 | Specifications and Pricing Page included   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Use of correct specification template  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Use of correct requisition type<br>[CRQS → CCT or CPO] or [CRQM → CMA]   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Use of most current terms and conditions<br>( <a href="http://www.state.wv.us/admin/purchase/TCP.pdf">www.state.wv.us/admin/purchase/TCP.pdf</a> ) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Maximum budgeted amount in wvOASIS   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Suggested vendors in wvOASIS   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Capitol Building Commission pre-approval   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Financing (Governor's Office) pre-approval   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Fleet Management Division pre-approval   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|           | Compliance Check Type                      | Required                 | Provided, if Required    | Not Required             | Purch. Div. Confirmation |
|-----------|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>10</b> | Insurance requirements                     |                          |                          |                          |                          |
|           | Commercial General Liability               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|           | Automobile Liability                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|           | Workers' Compensation/Employer's Liability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|           | Cyber Liability                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|           | Builder's Risk/Installation Floater        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|           | Professional Liability                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|           | Other (specify)                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>11</b> | Office of Technology CIO pre-approval      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12</b> | Treasurer's Office (banking) pre-approval  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### FOR CHANGE ORDERS/RENEWALS:

|          |  |                                     |                                     |                                     |                                     |
|----------|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>1</b> | Two-party agreement                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>2</b> | Standard change order language                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>3</b> | Office of Technology CIO approval                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>4</b> | Justification for price increases/backdating/other | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>5</b> | Bond Rider (Construction)                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>6</b> | Secretary of State Verification                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>7</b> | State debarment verification                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>8</b> | Federal debarment verification                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

*\*The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.*

*For Purchasing Division Use Only:*

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

Signature: David Pauline

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Business Organization Detail

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CAPITOL SECURITY SOLUTIONS LLC

| Organization Information        |                |                  |             |          |        |          |                  |                    |
|---------------------------------|----------------|------------------|-------------|----------|--------|----------|------------------|--------------------|
| Org Type                        | Effective Date | Established Date | Filing Date | Charter  | Class  | Sec Type | Termination Date | Termination Reason |
| LLC   Limited Liability Company | 4/4/2022       |                  | 4/4/2022    | Domestic | Profit |          |                  |                    |

| Organization Information |  |                |               |
|--------------------------|--|----------------|---------------|
| Business Purpose         | 5616 - Admin/Support Waste Mgt/Remediation Services - Administrative and Support Services - Investigation and Security Services (security guards, patrol, armored car, security systems, locksmiths) |                | Capital Stock |
| Charter County           | Cabell   | Control Number |               |
| Charter State            | WV   | Excess Acres   |               |
| At Will Term             | A  | Member Managed | MBR           |
| At Will Term Years       | Par Value  |                |               |
| Authorized Shares        | Young Entrepreneur   |                | No            |
|                          |  |                |               |

| Addresses                 |   |
|---------------------------|---|
| Type                      | Address   |
| Designated Office Address | 9 ANTLER DRIVE<br>CULLODEN, WV, 25510                   |
| Mailing Address           | 9 ANTLER DRIVE<br>CULLODEN, WV, 25510<br>USA            |
| Notice of Process Address | STEVEN JOHNSON<br>9 ANTLER DRIVE<br>CULLODEN, WV, 25510 |
| Principal Office Address  | 9 ANTLER DRIVE<br>CULLODEN, WV, 25510<br>USA            |
| Type                      | Address   |

| Officers  |   |
|-----------|---|
| Type      | Name/Address  |
| Member    | STEVEN JOHNSON<br>9 ANTLER DRIVE<br>CULLODEN, WV, 25510 |
| Organizer | STEVEN JOHNSON<br>9 ANTLER DRIVE<br>CULLODEN, WV, 25510 |
| Type      | Name/Address  |

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**Filed For**

2024

2023

**Date filed**

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For more information, please contact the Secretary of State's Office at 304-558-8000.

Monday, April 21, 2025 — 2:36 PM

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