



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

State of West Virginia Delivery Order

Order Date: 11-19-2025

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:	CDO 0506 2949 HSC2400000003 3	Change Order No:	1	Procurement Folder:	1421377
Document Name:	Inv 1962079-20240131B-Hosting & Maintenance DAVE modules			Reason for Modification:	CO1 - Move payment reference to correct CMA line. No other changes.
Document Description:	Inv 1962079-20240131B-Hosting & Maintenance DAVE modules				
Procurement Type:	Central Delivery Order				
Buyer Name:	Roberta A Wagner				
Telephone:	(304) 558-0437				
Email:	roberta.a.wagner@wv.gov				
Shipping Method:	Best Way			Master Agreement Number:	CMA 0506 HSC2400000001 3
Free on Board:	FOB Dest, Freight Prepaid				

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000220077 LEXISNEXIS VITALCHEK NETWORK INC 6 CADILLAC DR STE 400 BRENTWOOD TN 37027 US Vendor Contact Phone: 6155859919 Extension:	Requestor Name: Phillippa Lewin Requestor Phone: (304) 356-4148 Requestor Email: phillipa.a.lewin@wv.gov																				
Discount Details:	2026 FILE LOCATION _____																				
<table><tr><th></th><th>Discount Allowed</th><th>Discount Percentage</th><th>Discount Days</th></tr><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></table>			Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No		
		Discount Allowed	Discount Percentage	Discount Days																	
#1		No	0.0000	0																	
#2		No																			
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
PURCHASING DIRECTOR 304-356-4116 HEALTH AND HUMAN RESOURCES BPH - VITAL RECORDS 350 CAPITOL ST, RM 165 CHARLESTON WV 25301-3701 US	PURCHASING DIRECTOR 304-356-4116 HEALTH AND HUMAN RESOURCES BPH - VITAL RECORDS 350 CAPITOL ST, RM 165 CHARLESTON WV 25301-3701 US

Total Order Amount:	\$350,543.33
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Purchasing Division's File Copy

CH 11/20/25

PURCHASING DIVISION AUTHORIZATION
DATE: 11/21/25
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: 11-21-25
ELECTRONIC SIGNATURE ON FILE

Extended Description:

Invoice 1962079-20240131B

Change Order 01 - Move payment reference to correct CMA line. No other changes.

Milestones 1-6 on CMA HSC24*001

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	80111713	0.00000		\$0.0000	\$0.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-03-01	2024-12-31			2024-02-29	

Commodity Line Description: DAVE Birth & Fetal Death Registries - Yr 1 Maintenance**Extended Description:**

Order Number CMA 0506 2949 HSC2400000001 1

Vendor 220077

DAVE Birth & Fetal Death - Year 1 Maintenance. Line 6

Time Period 03/010/2024-12/31/2024

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	80111713	0.00000		\$0.0000	\$0.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-03-01	2024-12-31			2024-02-29	

Commodity Line Description: DAVE Hosting Fee-Year 1**Extended Description:**

Order Number CMA 0506 2949 HSC2400000001 1

Vendor 220077

DAVE Hosting Fee - Year 1. Line 7

Time Period 03/010/2024-12/31/2024

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	80111713	0.00000		\$0.0000	\$0.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-03-01	2024-12-31			2024-02-29	

Commodity Line Description: DAVE Death - Year 1 Maintenance**Extended Description:**

Order Number CMA 0506 2949 HSC2400000001 1

Vendor 220077

DAVE Death - Year 1 Maintenance. Line 5

Time Period 03/010/2024-12/31/2024

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	80111713	0.00000		\$0.0000	\$103,000.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-03-01	2024-12-31			2024-02-29	

Commodity Line Description: DAVE Birth & Fetal Death Registries - Yr 1 Maintenance**Extended Description:**

Order Number CMA 0506 2949 HSC2400000001 1

Vendor 220077

DAVE Birth & Fetal Death - Year 1 Maintenance. Line 6

Time Period 03/010/2024-12/31/2024

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
5	80111713	0.00000		\$0.0000	\$132,612.50
Service From		Service To		Manufacturer	Model No
2024-03-01		2024-12-31			2024-02-29

Commodity Line Description: DAVE Hosting Fee-Year 1

Extended Description:
Order Number CMA 0506 2949 HSC2400000001 1
Vendor 220077
DAVE Hosting Fee - Year 1. Line 7
Time Period 03/010/2024-12/31/2024

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
6	80111713	0.00000		\$0.0000	\$114,930.83
Service From		Service To		Manufacturer	Model No
2024-03-01		2024-12-31			2024-02-29

Commodity Line Description: DAVE Death - Year 1 Maintenance

Extended Description:
Order Number CMA 0506 2949 HSC2400000001 1
Vendor 220077
DAVE Death - Year 1 Maintenance. Line 5
Time Period 03/010/2024-12/31/2024

Hi Justin,
I have a question regarding
the Invoice. Lisa C. has a total credit balance
of \$100,000.00 as of 10/15/2023.
I have a balance of \$100,000.00.
I have a balance of \$100,000.00.
I have a balance of \$100,000.00.

Thank you

I will have to process a change order to the delivery order to change reference to the CMA since I have unapplied the payments. Please let me know when you will be ready to process the change order and I will prepare the CMA to change the payments. I will let the other vendors know that the payments are being processed.

Thank you

On Oct 24, 2023 at 9:29 AM Justin K. (j.kin@hsc.org) wrote:
Hi Justin,

Apologies, I was unexpectedly out yesterday.

Change order issue is with CMA HSC24'03 and HSC24'02.

AD/DO	Invoice	AD/DO	CMA	Correct Ref	Avail
CMA HSC24'03	1962079	1	1	6	\$ 103,000.00
CMA HSC24'03	20240131B	2	2	7	\$ 132,612.50
CMA HSC24'03	1962079	3	3	5	\$ 114,620.83
CMA HSC24'03	20240131B	4	4	14	\$ 88,400.00
AD HSC24'02	1962079-20240301	5	5	1	\$ 250,000.00

I have also attached a completed pricing sheet form. If you need any additional information or documentation from our side, please let me know. Once the payments have been received, should I ask purchasing on this end to start a change order or should I send you an accounting adjustment request?

Thank you

Justin



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All Words

e.g. 1606N020Q02




Filter By

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For more information on how to use our keyword search, visit our [help guide](#)

Simple Search

Search Editor

- ☐ Any Words 
- ☐ All Words 
- ☐ Exact Phrase 

e.g. 123456789, Smith Corp

"LEXISNEXIS VITALCHEK NETWORK INC."



Classification



Excluded Individual



Excluded Entity



Federal Organizations



Exclusion Type



Exclusion Program



Location



Dates



Reset 

Entity Information ^



All Entity Information

Entities

Disaster Response Registry

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West Virginia Secretary of State — Online Data Services

Business and Licensing

Online Data Services Help

Business Organization Detail

NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.

LEXISNEXIS VITALCHEK NETWORK INC.

** See Attached **

Organization Information

Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	11/20/1995		11/20/1995	Foreign	Profit			

Organization Information

Business Purpose	5111 - Information - Publishing Industries (except Internet) - Newspaper/Periodical/Book/Directory & Mailing List/Greeting Cards Publishers	Capital Stock	0.0000
Charter County		Control Number	0
Charter State	TN	Excess Acres	0
At Will Term		Member Managed	
At Will Term Years		Par Value	0.000000
Authorized Shares	0	Young Entrepreneur	Not Specified

Addresses

Type	Address
Mailing Address	1000 ALDERMAN DRIVE ALPHARETTA, GA, 30005 USA
Notice of Process Address	C T CORPORATION SYSTEM 5098 WASHINGTON ST W STE 407 CHARLESTON, WV, 253131561
Principal Office Address	1000 ALDERMAN DRIVE ALPHARETTA, GA, 30005 USA
Type	Address

Officers

Type	Name/Address

Director	MARK KELSEY 1000 ALDERMAN DRIVE ALPHARETTA, GA, 30005
Director	WILLIAM MIN 1105 NORTH MARKET STREET SUITE 501 WILMINGTON, DE, 19801
President	MARK KELSEY 1000 ALDERMAN DR ALPHARETTA, GA, 30005
Secretary	RENEE SIMONTON 1105 NORTH MARKET ST SUITE 501 WILMINGTON, DE, 19801
Treasurer	SUZANNE PERRY 1105 NORTH MARKET ST SUITE 501 WILMINGTON, DE, 19801
Vice-President	SUZANNE PERRY 1105 NORTH MARKET STREET SUITE 501 WILMINGTON, DE, 19801
Type	Name/Address

DBA

DBA Name	Description	Effective Date	Termination Date
LEXISNEXIS PAYMENT SOLUTIONS	TRADENAME	12/30/2021	
DBA Name	Description	Effective Date	Termination Date

Name Changes

Date	Old Name
1/6/2010	VITAL CHEK NETWORK, INC.
Date	Old Name

Date	Amendment
1/6/2010	NAME CHANGE: FROM VITAL CHEK NETWORK, INC.
Date	Amendment

Annual Reports

Filed For
2025
2024
2023
2022
2021
2020
2019
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Date filed

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

Monday, November 10, 2025 — 12:40 PM

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Connecticut

201 Merritt 7 Corporate
Park
Norwalk, CT 06851
[View in Google Maps](#)

4 Davis Road West
Old Lyme, CT 06371
[View in Google Maps](#)

District of Columbia

1150 18th St NW, Ste 600
Washington, DC 20036
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1400 K Street NW Suite
1100
Washington, DC 20005
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Delaware

1105 North Market Street
Wilmington, DE 19801
[View in Google Maps](#)

Florida

777 Yamato Rd
2nd and 6th Floors
Boca Raton, FL 33487
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6601 Park of Commerce
Blvd
Boca Raton, FL 33487
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643 SW 4th Avenue Suite
130
Gainesville, FL 32601
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12802 Tampa Oaks
Boulevard Suite 120
Temple Terrace, FL 33637
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Georgia

1000 Alderman Dr
Alpharetta, GA 30005
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1855 Satellite Boulevard,
Sugarloaf Business Park
Duluth, GA 30097
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Oregon

522 SW 5th Ave.
Portland, Oregon 97204

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830 NE Holladay Street
Portland, OR 97232

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Pennsylvania

7 Walnut Grove Drive
Horsham, PA 19044

[View in Google Maps](#)

2520 Renaissance Blvd,
Ste 100
King of Prussia, PA 19406

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1600 John F. Kennedy
Boulevard, Four Penn
Center

Philadelphia, PA 19103

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Nova Tower 2, 2
Allegheny Center
Pittsburgh, PA 15212

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Puerto Rico

1095 Wilson Avenue,
Puerta Del Condado
Office Center
San Juan, PR 00907

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Tennessee

One Creekside Crossing
Six Cadillac Dr, Ste 400
Brentwood, TN 37027

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901 Woodland St
Nashville, TN 37206

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Texas

4691 N Mesa St
El Paso, TX 79912

2727 Allen Parkway,
Wortham Tower,
Houston, TX 77019

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Huston</u> Date: <u>11/20/25</u> Solicitation No. <u>CDO HSC24*03</u>	Agency: WV Office of Shared Administration Procurement Officer Submitting Requisition: Heather White Requisition No. CDO HSC24*3 CO1 PF No.: 1421377
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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 [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 (www.state.wv.us/admin/purchase/TCP.pdf)	<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
10	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"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR CHANGE ORDERS/RENEWALS:

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

Cynthia Husted