



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: 09-18-2025

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 0613 9905 VNF2400000002 3	Procurement Folder:	1264409
Document Name:	Medical Oxygen	Reason for Modification:	
Document Description:	Medical Oxygen	Change Order no. 02 To Renew Contract	
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2023-09-15
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2026-09-14

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000188473 AIRGAS INC 1 OREGON ST  CHARLESTON WV 25387 US Vendor Contact Phone: 304-353-6471 Extension:  Discount Details: <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: Peggy L. Alexander Requestor Phone: (304) 626-1600 Requestor Email: peggy.l.alexander@wv.gov  <b>2026</b> FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY  CLARKSBURG WV 26301 US	VETERAN'S NURSING FACILITY 1 FREEDOMS WAY  CLARKSBURG WV 26301 US

CR 9-22-25  
Purchasing Division's File Copy

Total Order Amount: Open End

10/18/25 9/22/25  
PURCHASING DIVISION AUTHORIZATION  
DATE: 9/22/25  
ELECTRONIC SIGNATURE ON FILE

9-25-25  
ATTORNEY GENERAL APPROVAL AS TO FORM  
DATE: 9/25/25  
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION  
DATE: 9-25-25  
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 9/15/2025 through 9/14/2026.

Renewal Years Remaining: 1

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	42271702			EA	4.500000
<b>Service From</b>		<b>Service To</b>	<b>Service Contract Amount</b>		
2023-09-15		2026-09-14	0.00		

**Commodity Line Description:** Medical Oxygen Cylinder

**Extended Description:**

Medical Oxygen Cylinder - unit price each

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	85161505			EA	0.210000
<b>Service From</b>		<b>Service To</b>	<b>Service Contract Amount</b>		
2026-09-15		2026-09-14	0.00		

**Commodity Line Description:** Medical or surgical equipment or implant rental and shipping

**Extended Description:**

Cylinder Rental Per Day.



*West Virginia Veterans Nursing Facility  
One Freedoms Way  
Clarksburg WV 26301*

August 15, 2025

Greg Ray  
Air Gas  
One Oregon St.  
Charleston, WV 25387

RE: Renewal CMA 0613 9905 VNF24\*02

Dear Mr. Ray,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 9/15/2025 to 9/14/2026. If your company agrees to this renewal, please sign below and return to my attention as soon as possible.

If you have any questions or concerns, feel free to contact me at (304) 626-1600 .

Regards,

Michael Clevenger  
Procurement Supervisor

We agree to renew the contract for the period stated above under the same terms, conditions, and pricing as in the original Purchase Order and any subsequent Change Orders.

X   
SIGNATURE

8-22-25  
DATE

ERIC SENIER  
PRINT NAME

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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.*

**AIRGAS USA, LLC**

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC   Limited Liability Company	11/23/2011		11/23/2011	Foreign	Profit			

<b>Organization Information</b>			
<b>Business Purpose</b>	4238 - Wholesale Trade - Merchant Wholesalers, Durable Goods - Machinery, Equipment and Supplies Merchant Wholesalers (construction, mining, farm, garden, industrial machinery & supplies, service establishment, transportation)		<b>Capital Stock</b>
<b>Charter County</b>			<b>Control Number</b>
<b>Charter State</b>	DE	<b>Excess Acres</b>	
<b>At Will Term</b>	A	<b>Member Managed</b>	MGR
<b>At Will Term Years</b>	<b>Par Value</b>		

<b>Authorized Shares</b>	<b>Young Entrepreneur</b>	Not Specified

<b>Addresses</b>	
<b>Type</b>	<b>Address</b>
<b>Designated Office Address</b>	1 OREGON STREET CHARLESTON, WV, 25325
<b>Mailing Address</b>	SUITE 100 259 N. RADNOR-CHESTER RD. RADNOR, PA, 19087 USA
<b>Notice of Process Address</b>	C T CORPORATION SYSTEM 5098 WASHINGTON ST W STE 407 CHARLESTON, WV, 253131561
<b>Principal Office Address</b>	SUITE 100 259 N. RADNOR-CHESTER RD. RADNOR, PA, 19087 USA
<b>Type</b>	<b>Address</b>

<b>Officers</b>	
<b>Type</b>	<b>Name/Address</b>
<b>Manager</b>	JENNIFER HERNANDEZ SUITE 100, 259 N. RADNOR-CHESTER RD. RADNOR, PA, 19087
<b>Manager</b>	R. JAY WORLEY SUITE 100, 259 N. RADNOR-CHESTER RD. RADNOR, PA, 19087
<b>Member</b>	MICHAEL MOLININI 114 EXETER ROAD DEVON, PA, 19333
<b>Type</b>	<b>Name/Address</b>

<b>DBA</b>			
<b>DBA Name</b>	<b>Description</b>	<b>Effective Date</b>	<b>Terminatio</b>
AIRGAS	TRADENAME	11/23/2011	

AIRGAS DRY ICE	TRADENAME	1/25/2023	
AIRGAS NATIONAL CARBONATION	TRADENAME	3/6/2014	
<b>DBA Name</b>	<b>Description</b>	<b>Effective Date</b>	<b>Termination Date</b>

<b>Mergers</b>				
<b>Merger Date</b>	<b>Merged</b>	<b>Merged State</b>	<b>Survived</b>	<b>Survived State</b>
4/4/2012	AIRGAS-GREAT LAKES, INC.	DE	AIRGAS USA, LLC	WV
12/31/2012	AIRGAS - EAST, INC.	DE	AIRGAS USA, LLC	WV
5/19/2016	AIRGAS SPECIALTY GASES, INC.	TX	AIRGAS USA, LLC	WV
12/22/2016	AIR LIQUIDE HEALTHCARE AMERICA CORPORATION	FL	AIRGAS USA, LLC	WV
12/22/2016	AIR LIQUIDE INDUSTRIAL U.S. LP	DE	AIRGAS USA, LLC	WV
12/22/2016	AIR LIQUIDE AMERICA SPECIALTY GASES LLC	DE	AIRGAS USA, LLC	WV
8/24/2017	AIR LIQUIDE IC GP LLC	DE	AIRGAS USA, LLC	WV
8/24/2017	AIR LIQUIDE IC LP LLC	DE	AIRGAS USA, LLC	WV
1/8/2018	AIRGAS CARBONIC, INC.	DE	AIRGAS USA, LLC	WV
1/8/2018	AIRGAS MERCHANT GASES, LLC	DE	AIRGAS USA, LLC	WV
10/31/2019	TA CORPORATE HOLDINGS, INC.	DE	AIRGAS USA, LLC	WV
9/25/2023	AIRGAS GREAT LAKES, INC.	DE	AIRGAS USA, LLC	WV
<b>Merger Date</b>	<b>Merged</b>	<b>Merged State</b>	<b>Survived</b>	<b>Survived State</b>

<b>Date</b>	<b>Amendment</b>
<b>1/8/2018</b>	MERGER: MERGING AIRGAS CARBONIC, INC., A QUALIFIED DE CORPORATION, AIRGAS MERCHANT GASES, LLC, A QUALIFIED DE LIMITED LIABILITY COMPANY WITH AND INTO AIRGAS USA, LLC, A QUALIFIED WV LIMITED LIABILITY COMPANY, THE SURVIVOR
<b>8/30/2017</b>	MERGER: MERGING AIR LIQUIDE IC GP LLC, A QUALIFIED DE LIMITED LIABILITY COMPANY, AIR LIQUIDE IC LP LLC, A NON-QUALIFIED DE ORGANIZATION WITH AND INTO AIRGAS USA, LLC, A QUALIFIED WV LIMITED LIABILITY COMPANY, THE SURVIVOR
<b>8/30/2017</b>	MERGER: MERGING AIR LIQUIDE IC LP LLC, A NON-QUALIFIED DE ORGANIZATION, AIR LIQUIDE IC GP LLC, A QUALIFIED DE LIMITED

	LIABILITY COMPANY WITH AND INTO AIRGAS USA, LLC, A QUALIFIED WV LIMITED LIABILITY COMPANY, THE SURVIVOR
<b>8/24/2017</b>	MERGER: MERGING AIR LIQUIDE IC GP LLC, A QUALIFIED DE LIMITED LIABILITY COMPANY, AIR LIQUIDE IC LP LLC, A NON-QUALIFIED DE ORGANIZATION WITH AND INTO AIRGAS USA, LLC, A QUALIFIED WV LIMITED LIABILITY COMPANY, THE SURVIVOR
<b>12/22/2016</b>	MERGER: MERGING AIR LIQUIDE HEALTHCARE AMERICA CORPORATION, A QUALIFIED FL CORPORATION WITH AND INTO AIRGAS USA, LLC, A QUALIFIED WV LIMITED LIABILITY COMPANY, THE SURVIVOR
<b>12/22/2016</b>	MERGER: MERGING AIR LIQUIDE INDUSTRIAL U.S. LP, A QUALIFIED DE LIMITED PARTNERSHIP WITH AND INTO AIRGAS USA, LLC, A QUALIFIED WV LIMITED LIABILITY COMPANY, THE SURVIVOR
<b>12/22/2016</b>	MERGER: MERGING AIR LIQUIDE AMERICA SPECIALTY GASES LLC , A QUALIFIED DE LIMITED LIABILITY COMPANY WITH AND INTO AIRGAS USA, LLC, A QUALIFIED WV LIMITED LIABILITY COMPANY, THE SURVIVOR
<b>5/19/2016</b>	MERGER: MERGING AIRGAS SPECIALTY GASES, INC., A NON-QUALIFIED TX ORGANIZATION WITH AND INTO AIRGAS USA, LLC, A QUALIFIED WV LIMITED LIABILITY COMPANY, THE SURVIVOR
<b>12/31/2012</b>	MERGER: MERGING AIRGAS - EAST, INC., A QUALIFIED DE CORPORATION WITH AND INTO AIRGAS USA, LLC, A QUALIFIED WV LIMITED LIABILITY COMPANY, THE SURVIVOR
<b>4/4/2012</b>	MERGER: MERGING AIRGAS-GREAT LAKES, INC., A NON-QUALIFIED DE ORGANIZATION WITH AND INTO AIRGAS USA, LLC, A QUALIFIED WV LIMITED LIABILITY COMPANY, THE SURVIVOR
<b>Date</b>	<b>Amendment</b>

<b>Annual Reports</b>
<b>Filed For</b>
2025
2024
2023
2022
2021
2020
2019
2018
2017
2016
2015

2014
2013
2012
<b>Date filed</b>

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

Friday, August 15, 2025 — 9:47 AM

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"AirGas USA LLC"



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# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>8</u> Date: <u>9/22/25</u>  Solicitation No. <u>CMA VNF24*02</u>	Agency: Veterans Clarksburg <hr/> Procurement Officer Submitting Requisition: Michael Clevenger <hr/> Requisition No. CMA VNF24*02 <hr/> PF No.: 1264409
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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 ( <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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b>	Standard change order language	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b>	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b>	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b>	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b>	Secretary of State Verification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b>	State debarment verification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b>	Federal debarment verification	<input checked="" type="checkbox"/>	<input 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