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: 07-08-2026

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 VNFFOODSER24C 4	**Procurement Folder:**	1239129
Document Name:	Food Service Cafeteria Workers	**Reason for Modification:**	
Document Description:	Food Service Cafeteria Workers	Change Order No. 03 To renew contract	
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	**Effective Start Date:**	2023-08-15
Free on Board:	FOB Dest, Freight Prepaid	**Effective End Date:**	2027-08-14

VENDOR

Vendor Customer Code: VS0000039603
LIMITLESS HEALTHCARE INC
PO BOX 633

JANE LEW WV 26378
US
Vendor Contact Phone: 3046410438 **Extension:**

Discount Details:

	Discount Allowed	Discount Percentage	Discount Days
#1	No	0.0000	0
#2	No		
#3	No		
#4	No		

DEPARTMENT CONTACT

Requestor Name: Michael A Clevenger
Requestor Phone: 304-626-1600
Requestor Email: michaelclevenger06@gmail.com

2027
FILE LOCATION_____

INVOICE TO

DIVISION OF VETERANS AFFAIRS
1 FREEDOMS WAY

CLARKSBURG WV 26301
US

SHIP TO

VETERAN'S NURSING FACILITY
1 FREEDOMS WAY

CLARKSBURG WV 26301
US

CR 7-21-26

Purchasing Division's File Copy

Total Order Amount: Open End

7/17/26

PURCHASING DIVISION AUTHORIZATION
DATE: 7/20/26
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
DATE: 7/27/2026
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: 7-28-26
ELECTRONIC SIGNATURE ON FILE

Extended Description:

Change Order

Change Order No. 03 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 8/15/2026 through 8/14/2027.

Renewal Years Remaining: 0

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85101600				0.000000
	Service From	**Service To**		**Service Contract Amount**	
	2023-08-15	2027-08-14		0.00	

Commodity Line Description: Food Service Cafeteria Workers

Extended Description:

See pricing pages for hourly rates for weekday, weekend, holiday and other important dates.

West Virginia Veterans Nursing Facility
One Freedoms Way
Clarksburg WV 26301

July 1, 2026

Heather Nicholas
Limitless Healthcare Inc.
Po Box 633
Jane Lew, WV 26378

RE: Renewal CMA 0613 9905 VNFFOODSER24C

Dear Ms. Nicholas,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 8/15/2026 to 8/14/2027. 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 _____ 7/1/2026
SIGNATURE DATE

Heather Nicholas
PRINT NAME

ISR Workspace: Increased Contract Volume
Show Details
Jun 26, 2026

Subcontracting Plan Reporting system issues resolved
Show Details
Jun 10, 2026

See All Alerts

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- ◉ Exact Phrase

e.g. 1606N020Q02

"Limitless Healthcare Inc" ×

Federal Organizations

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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.

LIMITLESS HEALTHCARE, INC.

Organization Information

Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C | Corporation	1/21/2022		1/21/2022	Domestic	Profit			

Organization Information

Business Purpose	6216 - Health Care and Social Assistance - Ambulatory Health Care Services - Home Health Care Services	**Capital Stock**	500.0000
Charter County	Lewis	**Control Number**	
Charter State	WV	**Excess Acres**	
At Will Term		**Member Managed**	
At Will Term Years		**Par Value**	5.000000
Authorized Shares	100	**Young Entrepreneur**	No

Addresses

Type	Address
Designated Office Address	3034 OLD ROUTE 33 SUITE 201 HORNER, WV, 26372
Notice of Process Address	LIMITLESS HEALTHCARE, INC. P O BOX 633 JANE LEW, WV, 26378
Principal Office Address	3034 OLD ROUTE 33 SUITE 201 HORNER, WV, 26372 USA
Principal Office Mailing Address	P O BOX 633 JANE LEW, WV, 26378 USA
Type	Address

Officers

Type	Name/Address
Director	KRISTEN CLEVENGER 463 CENTER AVENUE WESTON, WV, 26452
Incorporator	HEATHER NICHOLAS 336 E 1ST ST WESTON, WV, 26452
President	HEATHER NICHOLAS 507 MCCANNS RUN ROAD JANE LEW JANE LEW, WV, 26378
Vice-President	ALEX NICHOLAS II 507 MCCANNS RUN ROAD JANE LEW JANE LEW, WV, 26378
Type	Name/Address

Annual Reports

Filed For
2026
2025
2024
2023

Date filed

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

Thursday, June 25, 2026 — 11:18 AM

COMPLIANCE VERIFICATION CHECKLIST
FOR REQUISITION SUBMISSION

Purchasing Division Use:	Agency:
Buyer: #13 Date: 7/16/2026	WVVNF
Solicitation No. CMA-VNFFOODSER24C	Procurement Officer Submitting Requisition: Michael Clevenger
	Requisition No. CMA VNFFOODSER24C
	PF No.: 1239129

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:

		Provided, if Required	Required	Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included	☑	☐	☐	☐
2	Use of correct specification template	☑	☐	☐	☐
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	☑	☐	☐	☐
4	Use of most current terms and conditions (www.state.wv.us/admin/purchase/TCP.pdf)	☑	☐	☐	☐
5	Maximum budgeted amount in *wv*OASIS	☑	☐	☐	☐
6	Suggested vendors in *wv*OASIS	☑	☐	☐	☐
7	Capitol Building Commission pre-approval	☐	☐	☐	☐
8	Financing (Governor's Office) pre-approval	☐	☐	☐	☐
9	Fleet Management Division pre-approval	☐	☐	☐	☐

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

FOR CHANGE ORDERS/RENEWALS:

1	Two-party agreement	☑	☑	☐	☐
2	Standard change order language	☑	☑	☐	☐
3	Office of Technology CIO approval	☐	☐	☑	☐
4	Justification for price increases/backdating/other	☐	☐	☑	☐
5	Bond Rider (Construction)	☐	☐	☑	☐
6	Secretary of State Verification	☑	☑	☐	☐
7	State debarment verification	☑	☑	☐	☐
8	Federal debarment verification	☑	☑	☐	☐

**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: _____