



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

Request for Quotation

RFQ NUMBER
LGLOVES12

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
BUYER 42
304-558-8802

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR



4971 Central Avenue
 Monroe, Louisiana 71203
 (318) 325-8290

www.aossmedicalsupply.com

SHIP TO

ALL STATE AGENCIES
 AND POLITICAL SUBDIVISIONS
 VARIOUS LOCALES AS INDICATED
 BY ORDER

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
12/23/2011				

BID OPENING DATE: 01/31/2012 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	PK		998-67-01-021		237,640. ⁰⁰
GLOVES, EXAM, DISP. LATEX, NON-STERILE STATEWIDE CONTRACT PROVIDE EXAM GLOVES TO VARIOUS STATE AGENCIES SUCH AS HOSPITALS, REGIONAL JAILS, PRISONS AND POLITICAL SUBDIVISIONS, PER THE ATTACHED SPECIFICATIONS. INQUIRIES: WRITTEN QUESTIONS WILL BE ACCEPTED UNTIL CLOSE OF BUSINESS ON 01/11/2012. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO: TARA LYLE DEPARTMENT OF ADMINISTRATION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305 FAX: 304-558-4115 EMAIL: TARA.L.LYLE@WV.GOV ORDERS SHALL BE DELIVERED WITHIN TEN(10) WORKING DAYS AFTER ORDERS ARE PLACED. EMERGENCY ORDERS SHALL BE DELIVERED WITHIN FIVE (5) WORKING DAYS AFTER ORDERS ARE PLACED.						

RECEIVED
 2012 APR -2 AM 9:51
 WV PURCHASING DIVISION
 4-10-12

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Tara Lyle</i>	TELEPHONE 3183258290	DATE 3/20/2012
TITLE <i>President</i>	FEIN 72118499	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

✓ Done

GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.html and is hereby made part of the agreement provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
14. **CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as EQUAL to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).

39.9 +
87.78 +
71.82 +
53.2 +
1,864.8 +
9,235.2 +
7,903.2 +
19,846.8 +
4,161.6 +
26,239.5 +
43,406.1 +
34,363.8 +
3,748.5 +
9,639. +
10,296.9 +
4,528.8 +
84. +
84. +
6,942.6 +
420. +
8,544. +
21,586.95 +
13,910.7 +
10,292.85 +
45. +
243. +
237,640. *



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<p>ALL ORDERS TOTALING \$100.00 OR MORE SHALL BE DELIVERED FOB: DESTINATION (VENDOR SHALL PAY ALL SHIPPING CHARGES) THIS CONTRACT IS MANDATORY FOR ALL ORDERS OF THESE PRODUCTS IN EXCESS OF \$100.00. FOR ALL ORDERS LESS THAN \$100.00 THE AGENCY SHALL PAY THE SHIPPING CHARGES. ALL SHIPPING COSTS WILL BE INVOICED AS A SEPARATE CHARGE WITH THE ORIGINAL FREIGHT BILL ATTACHED TO THE INVOICE.</p> <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE UPON AWARD AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Linda Pruitt Lilew</i>	TELEPHONE 318 325 8290	DATE 3/20/2012
TITLE <i>President</i>	FEIN 721181499	ADDRESS CHANGES TO BE NOTED ABOVE

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<p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT WITHOUT FURTHER ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	<i>Ricki Brett Kiew</i>	TELEPHONE	318 325 8290	DATE	3 / 20 / 2012
TITLE	<i>President</i>	FEIN	721181499	ADDRESS CHANGES TO BE NOTED ABOVE	

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<p>SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>THE MODEL/BRAND/SPECIFICATIONS NAMED HEREIN ESTABLISH THE ACCEPTABLE LEVEL OF QUALITY ONLY AND ARE NOT INTENDED TO REFLECT A PREFERENCE OR FAVOR ANY PARTICULAR BRAND OR VENDOR. VENDORS WHO ARE BIDDING ALTERNATES SHOULD SO STATE AND INCLUDE PERTINENT LITERATURE AND SPECIFICATIONS. FAILURE TO PROVIDE INFORMATION FOR ANY ALTERNATES MAY BE GROUNDS FOR REJECTION OF THE BID. THE STATE RESERVES THE RIGHT TO WAIVE MINOR IRREGULARITIES IN BIDS OR SPECIFICATIONS IN ACCORDANCE WITH SECTION 148-1-4 (F) OF THE WEST VIRGINIA LEGISLATIVE RULES AND REGULATIONS.</p> <p>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.</p> <p>VENDOR PREFERENCE CERTIFICATE</p> <p>THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE VERSION WHICH IS AVAILABLE HERE: HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/VENPREF.PDF</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Linda Smith</i>	TELEPHONE 318 325 8290	DATE 3/20/2012
TITLE <i>President</i>	FEIN 721181499	ADDRESS CHANGES TO BE NOTED ABOVE

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PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: ----- 318 325 8299 ----- CONTACT PERSON (PLEASE PRINT CLEARLY): ----- Linda Prueitt -----						
***** THIS IS THE END OF RFQ LGLOVES12 ***** TOTAL:						\$237,640. ⁰⁰

SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

SIGNATURE	TELEPHONE	DATE
<i>Linda Prueitt</i>	318 325 8290	3/20/2012
TITLE	FAX	ADDRESS CHANGES TO BE NOTED ABOVE
<i>President</i>	318 325 8299	

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

**LGLOVES12
SPECIFICATIONS**

STANDARDS:

Gloves shipped under this contract (other than polyethylene gloves) must conform to the following:

- Most recent ASTM D3577 and D3578 standards.
- Most recent ASTM F1671 (test requirements for viral resistance) standard.
- BS EN 455-2000 (Parts 1 and 2 and clause 4.5 of Part 3).
- Polyethylene gloves shall be in conformance with FDA Rule 177.1520 for food contact.

No products covered by this specification shall be shipped to the user more than twelve (12) months from the date of manufacture.

MATERIALS:

LATEX gloves shall be compounded from virgin natural latex or any polymer compound that permits the glove to meet the specifications and is approved by the Food and Drug Administration.

VINYL gloves shall be compounded primarily from polyvinylchloride (PVC) paste.

NITRILE gloves shall be compounded primarily from a rubber cement or a synthetic polymer (e.g. "Nitrile").

POLYETHYLENE gloves shall be compounded from virgin polyethylene.

DESIGN:

Gloves (other than polyethylene gloves) shall be thin, soft, flexible, non-toxic, moisture resistant, and shall be of seamless construction and designed as ambidextrous.

The cuff shall be beaded, where indicated.

GENERAL INFORMATION:

All quantities are approximations only.

The award of this purchase order will be made to one bidder based on the low cost and best interest of the state. The award will not be split by item.

Gloves must be equal to the minimum specifications or better.

SPECIAL CONDITIONS:

Orders shall be delivered within ten (10) working days after orders are placed. Emergency orders shall be delivered within five (5) working days after orders are placed. Spending units must be advised in writing if orders will be delayed for any reason. Contractor shall carry an adequate stock to insure such delivery service for the duration of the contract.

All orders from this contract totaling \$100.00 or more shall be delivered FOB: Destination (vendor shall pay all shipping charges). This contract is mandatory for all orders of these products in excess of \$100.00. For all orders less than \$100.00 the agency shall pay shipping charges. All shipping costs will be invoiced as a separate charge with the original freight bill attached to the invoice.

NOTE: Stringing (issuing a series of requisitions to circumvent this limit) is a violation of Purchasing Policy.

The vendor shall not substitute any other brand of exam gloves from those awarded, nor sell any additional items under this contract not specifically covered herein, without prior written permission of the purchasing division.

Vendors must be manufacturers or regular, stocking dealers for the products they propose to offer and must carry a reasonable inventory of these products to meet the needs of state agencies. Vendors must agree to allow their stockrooms and warehousing facilities to be inspected by state purchasing at any time during the contract period.

Vendor is to provide a summary report of procurement volumes by item number and dollar amounts. This is a single report which is to be furnished upon request.

The State of West Virginia reserves the right to perform inspections and tests that are deemed necessary to assure that commodities conform to the prescribed requirements.

LGLOVES12
Vendor Pricing Page

I. VINYL EXAMINATION GLOVES (POWDERED):

Medical Grade, non-sterile, .08 mm minimum thickness, seamless, beaded cuff, ambidextrous, 100/box.

BRAND:				Est. Quantity	Unit Price per	Extended
	ITEM NO. & SIZE	CATALOG NO.	Boxes of 100 per Case	Per Boxes /100	Box of 100	Price
Small				15		0
Medium				33		0
Large				27		0
Xlarge				20		0

II. VINYL EXAMINATION GLOVES (POWDER FREE):

Medical Grade, non-sterile, .08 mm minimum thickness, seamless, beaded cuff, ambidextrous. 100/box.

BRAND:				Est. Quantity	Unit Price per	Extended
	ITEM NO. & SIZE	CATALOG NO.	Boxes of 100 per Case	Per Boxes /100	Box of 100	Price
Small				630		0
Medium				3120		0
Large				2670		0
Xlarge				6705		0

III. LATEX EXAMINATION GLOVES (POWDER FREE, SMOOTH FINISH):

Medical Grade, non-sterile, .15 mm minimum thickness, seamless, beaded cuff, ambidextrous. 100/box.

BRAND:				Est. Quantity	Unit Price per	Extended
	ITEM NO. & SIZE	CATALOG NO.	Boxes of 100 per Case	Per Boxes /100	Box of 100	Price
Small				816		0
Medium				5145		0
Large				8511		0
Xlarge				6738		0

IV. LATEX EXAMINATION GLOVES (POWDER FREE, TEXTURE GRIP):

Medical Grade, non-sterile, .15mm minimum thickness, seamless, beaded cuff, ambidextrous. 100/box.

BRAND:				Est. Quantity	Unit Price per	Extended
	ITEM NO. & SIZE	CATALOG NO.	Boxes of 100 per Case	Per Boxes /100	Box of 100	Price
Small				735		0
Medium				1890		0
Large				2019		0
Xlarge				888		0

V. NITRILE EXAMINATION GLOVES (POWDER FREE, TEXTURE GRIP):

LGLOVES12
Vendor Pricing Page

Non-sterile, .13 mm minimum thickness, seamless, beaded cuff, ambidextrous. 100/box.

BRAND:				Est. Quantity	Unit Price per	Extended
	ITEM NO. & SIZE	CATALOG NO.	Boxes of 100 per Case	Per Boxes /100	Box of 100	Price
Small				20		0
Medium				20		0
Large				1653		0
Xlarge				100		0

VI. NITRILE EXAMINATION GLOVE (POWDER FREE):

Non-sterile, .13mm minimum thickness, seamless, beaded cuff, ambidextrous. 100/box.

BRAND:				Est. Quantity	Unit Price per	Extended
	ITEM NO. & SIZE	CATALOG NO.	Boxes of 100 per Case	Per Boxes /100	Box of 100	Price
Small				1920		0
Medium				4851		0
Large				3126		0
Xlarge				2313		0

VII. POLYETHYLENE DISPOSABLE GLOVES:

1.25 mils minimum, powderless/sulpher free, ambidextrous, for food service and precision parts handling. 100/box

BRAND:				Est. Quantity	Unit Price per	Extended
	ITEM NO. & SIZE	CATALOG NO.	Boxes of 100 per Case	Per Boxes /100	Box of 100	Price
Medium				20		0
Large				108		0

All usages are approximate, for evaluation purposes only and have been annualized.

GRAND TOTAL 0

Vendor Name: _____

Vendor Address: _____

Phone No. _____

Fax No. _____

By signing the bid, you are agreeing that you meet the specifications contained in this RFQ and bid form.

Printed Name

Authorized Signature

State of West Virginia
VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
 Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
2. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4. **Application is made for 5% resident vendor preference for the reason checked:**
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (*West Virginia Code*, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Ass Medicals supply Inc. Signed: Linda Pruitt
 Date: 3/20/2012 Title: President

*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.



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

Request for Quotation

RFQ NUMBER
 LGLOVES12

PAGE
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
 BUYER 42
 304-558-8802

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR



4971 Central Avenue
 Monroe, Louisiana 71203
 (318) 325-8290

www.aossmedicalsupply.com

SHIP TO

ALL STATE AGENCIES
 AND POLITICAL SUBDIVISIONS
 VARIOUS LOCALES AS INDICATED
 BY ORDER

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
01/25/2012				

BID OPENING DATE: 02/16/2012 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
1. TO MOVE THE BID OPENING DATE FROM 01/31/2012 TO 2/16/2012.						
2. AGREEMENT ADDENDUM IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.						
END OF ADDENDUM NO. 1						
0001	1	PK		998-67-01-021		
				GLOVES, EXAM, DISP. LATEX, NON-STERILE		
***** THIS IS THE END OF RFQ LGLOVES12 ***** TOTAL:						<u>237,640⁰⁰</u>

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Linda To</i>	TELEPHONE 3783258290	DATE 3/28/2012
TITLE <i>President</i>	FEIN 721181499	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia
 Department of Administration
 Purchasing Division
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LGLOVES12

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TYPE NAME/ADDRESS HERE

VENDOR



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 Monroe, Louisiana 71203
 (318) 325-8290

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 BY ORDER

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DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
02/13/2012				

BID OPENING DATE: 02/28/2012 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 2						
1. TO MOVE THE BID OPENING DATE FROM 02/16/2012 TO 02/28/2012.						
2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.						
END OF ADDENDUM NO. 2						
C001	1	PK		998-67-01-021		
				GLOVES, EXAM, DISP. LATEX, NON-STERILE		
***** THIS IS THE END OF RFQ LGLOVES12 ***** TOTAL:						<u>237,640.⁰⁰</u>

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Paula H</i>	TELEPHONE 3183258290	DATE 2/28/2012
TITLE <i>President</i>	FEIN 721181499	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owned is an amount greater than one thousand dollars in the aggregate

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, Limited Liability Company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

Under penalty of law for false swearing (*West Virginia Code §61-5-3*), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

WITNESS THE FOLLOWING SIGNATURE

Vendor's Name: Aoss Medical Supply, Inc.

Authorized Signature: Brinda Pruitt Liew Date: 3/23/2012

State of Louisiana

County of Ouachita, to-wit:

Taken, subscribed, and sworn to before me this 27th day of March, 2012

My Commission expires Patsy P. Montgomery
Notary, Ouachita Parish, 20
Notary ID No. 16703
Commission Ex. With Life

AFFIX SEAL HERE

NOTARY PUBLIC Patsy P. Montgomery



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

Request for Quotation

RFQ NUMBER:
 LGLOVES12

PAGE:
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
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RFQ COPY
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4971 Central Avenue
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ALL STATE AGENCIES
 AND POLITICAL SUBDIVISIONS
 VARIOUS LOCALES AS INDICATED
 BY ORDER

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
02/23/2012				

BID OPENING DATE: 03/06/2012 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	QAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 3						
1. TO MOVE THE BID OPENING FROM 02/28/2012 TO 03/06/2012.						
2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.						
END OF ADDENDUM NO. 3						
0001	1	PK		998-67-01-021		
				GLOVES, EXAM. DISP. LATEX, NON-STERILE		
***** THIS IS THE END OF RFQ LGLOVES12 ***** TOTAL:						237,640. ⁰⁰

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *Andis Hood* TELEPHONE: 3183258290 DATE: 3/28/2012
 TITLE: *President* FEIN: 721181499 ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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 LGLOVES12

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RFQ COPY
 TYPE NAME/ADDRESS HERE

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ALL STATE AGENCIES
 AND POLITICAL SUBDIVISIONS
 VARIOUS LOCALES AS INDICATED
 BY ORDER

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
02/28/2012				

BID OPENING DATE: 03/13/2012 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 4		
				1. QUESTIONS AND ANSWERS ARE ATTACHED.		
				2. TO MOVE THE BID OPENING FROM 03/06/2012 TO 03/13/2012.		
				3. REVISED BID FORM ATTACHED. THIS FORM IS ALSO AVAILABLE IN ELECTRONIC FORMAT ON THE PURCHASING BULLETIN. SEE ADDITIONAL INFORMATION ON THE FOLLOWING PAGES.		
				4. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.		
				END OF ADDENDUM NO. 4		
0001	1	EK		998-67-01-021		
				GLOVES, EXAM, DISP. LATEX, NON-STERILE		
***** THIS IS THE END OF RFQ LGLOVES12 ***** TOTAL:						237,640. ⁰⁰

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *[Signature]* TELEPHONE: 318-58290 DATE: 3/28/2012

TITLE: *President* FEIN: 721181499 ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

LGLOVES12
ADDENDUM NO. 4

Questions:

Q1: Please provide a copy of the previous bid tabulation that shows who won the bid, the current price, and the current make/models being used.

A1: Please see attached bid tab and Change Order No. 1 for LGLOVES10.

Q2: The Specifications for the gloves are listed in two different areas. Page 7 of the bid documents list LGLOVES SPECIFICATIONS; however there are other specifications listed on the pricing pages for each individual glove. Which specifications are the most accurate? Certain specifications can also be about interpretation. Can the State please clarify and update the required specifications.

A2: The gloves must meet all of the mandatory specifications. A revised bid form is attached. Please use this revised form when submitting your bid.

Q3: Who and what is the determining factors when evaluating if the gloves being bid actually meet the required specifications. It states that the gloves must be equal to the Minimum specification or better. How does the State plan on elevating that price = specifications = price?

A3: The lowest bid meeting the specification will be awarded the contract.

Q4: Will the State accept gloves whereby the box uom is 200/box. This helps to save staffing time by reducing the number of times to refill.

A4: The containers at most facilities hold 100/box.

Q5: Your bid specifies Latex exam gloves **powder free smooth finish** and latex exam gloves **powder free texture grip**. According to our manufacturers a smooth finish is only available for **powdered** type gloves. Please advise if the finishes specified are erroneous.

A5: Please see revised bid form attached.

Clarifications:

1. The bid opening has been moved from 03/06/2012 to 03/13/2012. The bid opening time remains at 1:30 pm.
2. Remove the following sentence from the specifications:
"Most recent ASTM D3577 and D3578 standards."
3. A revised bid form is attached. Please use this form when completing your bid. Electronic copies of the bid forms will be attached to the WV Purchasing Bulletin.

Another hard copy will also be provided in this addendum. Vendors registered with the WV State Purchasing Division may download an electronic version of the bid forms at: <http://www.state.wv.us/admin/purchase/newbul.htm>

Vendors not registered with the WV Purchasing Division may request an electronic copy by contacting Tara Lyle with the WV Purchasing Division at Tara.L.Lyle@wv.gov. Please be sure to include the RFQ number in the subject line of your email.

4. No additional questions will be accepted for this RFQ.
5. A valid signature must be on the bid.



State of West Virginia
 Department of Administration
 Purchasing Division
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 TYPE NAME/ADDRESS HERE

VENDOR

4971 Central Avenue
 Monroe, Louisiana 71203
 (318) 325-8290



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DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
03/07/2012				

BID OPENING DATE: 04/03/2012 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 5						
1. TO MOVE THE BID OPENING DATE FROM 03/13/2012 TO 04/03/2012.						
2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.						
END OF ADDENDUM NO. 5						
0001	1	EK		998-67-01-021		
GLOVES, EXAM, DISP. LATEX, NON-STERILE						
***** THIS IS THE END OF RFQ LGLOVES12 ***** TOTAL:						237,640. ⁰⁰

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *Rinda G...* TELEPHONE: 318-325-8290 DATE: 2/28/2012
 TITLE: *President* FEIN: 721181499 ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

EXHIBIT 10

LGLOVES 12

REQUISITION NO.:

ADDENDUM ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.

ADDENDUM NO.'S:

NO. 1

NO. 2

NO. 3

NO. 4

NO. 5

I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS. VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.

Linda Pruett Liew

.....
SIGNATURE

Aoss Medical Supply, Inc.

.....
COMPANY

3/20/2012

.....
DATE

Aoss Medical Supply Inc.

I. VINYL EXAMINATION GLOVES (POWDERED):

BRAND: Nicholas Brand / Simply Brand		Est. Quantity	Unit Price per	Extended
ITEM NO. & SIZE	CATALOG NO.	Boxes of 100 per Case	Box of 100	Price
Small 746408 small	746408	10	2.66	39.90
Medium 746223 med	746223	10	2.66	87.78
Large 746225 Large	746225	10	2.66	71.82
Xlarge 746209 X-Large	746209	10	2.66	53.20

II. VINYL EXAMINATION GLOVES (POWDER FREE):

BRAND: Nicholas Powder-Free Vinyl		Est. Quantity	Unit Price per	Extended
ITEM NO. & SIZE	CATALOG NO.	Boxes of 100 per Case	Box of 100	Price
Small small 746275	746275	10	2.96	1864.80
Medium med 746227	746227	10	2.96	9235.20
Large Large 746229	746229	10	2.96	7903.20
Xlarge X large 746280	746280	10	2.96	19846.80

III. LATEX EXAMINATION GLOVES (POWDER FREE, SMOOTH FINISH):

BRAND: Sempermed		Est. Quantity	Unit Price per	Extended
ITEM NO. & SIZE	CATALOG NO.	Boxes of 100 per Case	Box of 100	Price
Small Small INDFT102	INDFT102	10	5.10	4161.60
Medium Med INDFT103	INDFT103	10	5.10	26239.50
Large Large INDFT104	INDFT104	10	5.10	43406.10
Xlarge Xlarge INDFT105	INDFT105	10	5.10	34363.80

IV. LATEX EXAMINATION GLOVES (POWDER FREE, TEXTURE GRIP):

BRAND: Tru Derma Powderfree Latex Textured		Est. Quantity	Unit Price per	Extended
ITEM NO. & SIZE	CATALOG NO.	Boxes of 100 per Case	Box of 100	Price
Small Small 107-6	107-6	10	5.10	3748.50
Medium Medium 107-7	107-7	10	5.10	9639.00
Large Large 107-8	107-8	10	5.10	10296.90
Xlarge X-large 107-9	107-9	10	5.10	4528.80

Aoss Medical Supply Inc.

V. NITRILE EXAMINATION GLOVES (POWDER FREE, TEXTURE GRIP):

BRAND:		E-Gloves P.F. Tex / Unisal 200			Est. Quantity	Unit Price per	Extended
	ITEM NO. & SIZE	CATALOG NO.	Boxes of 100 per Case	Per Boxes /100	Box of 100	Price	
Small	Small 108-6N	108-6N	10	20	4.20 per 100	84.00	
Medium	Med 108-7N	108-7N	10	20	4.20 per 100	84.00	
Large	Large 108-8N	108-8N	10	1,653	4.20 per 100	6942.60	
Xlarge	X Large 108-9N	108-9N	10	100	4.20 per 100	420.00	

VI. NITRILE EXAMINATION GLOVE (POWDER FREE):

BRAND:		Sempermed Nitrile gloves			Est. Quantity	Unit Price per	Extended
	ITEM NO. & SIZE	CATALOG NO.	Boxes of 100 per Case	Per Boxes /100	Box of 100	Price	
Small	Small GSN 102	GSN 102	10	1,920	4.45	8544.00	
Medium	Med GSN 103	GSN 103	10	4,851	4.45	21586.95	
Large	Large GSN 104	GSN 104	10	3,126	4.45	13910.70	
Xlarge	X Large GSN 105	GSN 105	10	2,313	4.45	10292.85	

VII. POLYETHYLENE DISPOSABLE GLOVES:

BRAND:		Amplex			Est. Quantity	Unit Price per	Extended
	ITEM NO. & SIZE	CATALOG NO.	Boxes of 100 per Case	Per Boxes /100	Box of 100	Price	
Medium	018-7 medium	018-7	10	20	2.25	45.00	
Large	018-8 Large	018-8	10	108	2.25	243.00	

All usages are approximate. for evaluation purposes only and have been annualized.

237,640.00

GRAND TOTAL

Vendor Name:

Aoss Medical Supply Inc.

Vendor Address:

4971 Central Avenue
Monroe, LA 71203

Phone No.

3183258290

Fax No.

3183258299

By signing the bid, you are agreeing that you meet the specifications contained in this RFQ and bid form.

Linda Pruitt-Lieuw

Linda Pruitt-Lieuw

Printed Name

Authorized Signature

Revised 2/28/2012



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

Request for Quotation

RFQ NUMBER
 LGLOVES12

PAGE
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
 BUYER 42
 304-558-8802

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR



4971 Central Avenue
 Monroe, Louisiana 71203
 1-800-462-8310
 (318) 325-8290

SHIP TO

ALL STATE AGENCIES
 AND POLITICAL SUBDIVISIONS
 VARIOUS LOCALES AS INDICATED
 BY ORDER

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
03/26/2012				

BID OPENING DATE: 04/10/2012 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 6						
<p>1. REVISED PRICING PAGES ATTACHED. VENDORS SHOULD USE THE ATTACHED PRICING PAGES. IF PREVIOUS VERSIONS OF THE PRICING PAGE HAVE BEEN SUBMITTED TO THE PURCHASING DIVISION, PLEASE USE THE ATTACHED PAGES AND RESUBMIT PRIOR TO THE BID OPENING DATE.</p> <p>ELECTRONIC COPIES OF THE PRICING PAGES WILL BE ATTACHED TO THE WV PURCHASING BULLETIN. VENDORS REGISTERED WITH THE WV PURCHASING DIVISION MAY DOWNLOAD AN ELECTRONIC VERSION OF THE PRICING PAGES AT HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/NEWBUL.HTM</p> <p>VENDORS NOT REGISTERED WITH THE PURCHASING DIVISION MAY REQUEST AN ELECTRONIC COPY BY CONTACTING TARA LYLE WITH THE PURCHASING DIVISION AT TARA.L.LYLE@WV.GOV. PLEASE BE SURE TO INCLUDE THE RFQ NUMBER IN THE SUBJECT LINE OF YOUR EMAIL.</p> <p>2. TO MOVE THE BID OPENING DATE FROM 04/03/2012 TO 04/10/2012.</p> <p>3. REINSERT THE MOST RECENT ASTM D3578 STANDARDS PREVIOUSLY REMOVED IN ADDENDUM NO. 4.</p> <p>4. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.</p> <p style="text-align: center;">END OF ADDENDUM NO. 6</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Tara Lyle</i>	TELEPHONE 3183258290	DATE 3/30/2012
TITLE President	FEIN 721181499	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

EXHIBIT 10

REQUISITION NO.: *LG LOVES 12*

ADDENDUM ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.

ADDENDUM NO.'S:

- NO. 1 ✓
- NO. 2 ✓
- NO. 3 ✓
- NO. 4 ✓
- NO. 5 ✓

I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS. VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.

.....
Rick Hill
 SIGNATURE

.....
Adss Medical Supply, Inc
 COMPANY

.....
3/30/2012
 DATE

SECTION A: COMPLETE THIS SECTION TO REGISTER WITH THE WEST VIRGINIA STATE TAX DEPARTMENT

1. WEST VIRGINIA TAXPAYER IDENTIFICATION NUMBER:

If you have a Federal Employers Identification Number, enter it. (All partnerships, corporations and sole-owners with employees must have a FEIN). If sole-owner (no employees), enter social security number.

72-1181499

2. BUSINESS NAME AND ACTUAL PHYSICAL LOCATION

3. MAILING ADDRESS (Where returns are to be sent)

Legal Business Or Corporate Name (Type or Print Using Blue/Black Ink)

Name (Type Or Print Using Blue/Black Ink)

AOSS Medical Supply, Inc.
DBA Division, Subsidiary or Trade Name

Additional Space For Name If Needed

Owner's Name (If Sole Owner)

Address (Street) DO NOT USE A POST OFFICE BOX NUMBER

Address (Street Or P.O. Box)

4971 Central Avenue

4971 Central Avenue

City State Zip Code
Monroe, Louisiana 71203

City State Zip Code
Monroe, Louisiana 71203

4. BUSINESS CLASS DESCRIPTION (FROM PAGES 16 THROUGH 19):

Enter primary business class:

423450

Description of your business activity:

Distributor and Partner - manufacturer of medical devices and ancillary disposable medical and non-medical products/supplies.

Secondary business class:

4234

5. BUSINESS DATA:

- A. Beginning date of business in West Virginia for the location entered in item 2 on this application: _____
- B. County where business is located. NOTE: County must match city in item 2 above. _____
- C. Person completing this application: Name: Linda Liew Telephone #: 318 325 8290
- D. Business telephone number: (318) 325-8290
- E. Estimated annual gross income for this location: 0 - \$20,000 over \$20,000
- F. Previous name of this business, if any, owner's name and location: N/A
- G. Are you now or have you ever been registered to do business in West Virginia? Yes ___ No
If yes, give name and West Virginia Identification Number: _____
- H. If you have other locations registered or multiple business locations being registered, do you desire to file consolidated tax returns?
Yes ___ No If yes, enter taxes to be consolidated and West Virginia Identification Number you desire to file under: _____
- I. Taxable year end for Federal Tax purposes - Enter month 12 (December)
- J. If nonprofit, do you have 501 C exemption status from the IRS? If yes, attach copy of determination letter. Yes ___ No ___
- K. Enter 5-digit Control Number assigned by the Secretary of State's Office, if applicable 9942A You must have a control number to submit this application.
A control number is not required for sole proprietorship or general partnership.

6. ENTER TYPE OF BUSINESS OWNERSHIP:

- A Sole-Owner D1 General Partnership E Joint Venture Z Other (Specify below)
- B Domestic Corporation D2 Limited Partnership F Association
- C Foreign Corporation D3 Limited Liability Partnership G Limited Liability Company

PARTNERS - MEMBERS - OFFICERS - OWNERS:

NAME	HOME ADDRESS	SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER
Hon (Eric) K. Liew	2505 Baywood Landing		
Linda Liew	Monroe, Louisiana 71201		
	(SAME)		

7. CHECK APPROPRIATE BLOCKS:

- A Operate a collection agency F Sell tangible personal property to consumers at retail level and do not maintain an established place of business in West Virginia (transient vendor)
- B Operate an employment agency G Use commercial weighing or measuring devices (i.e. scales, gas pumps, etc.)
- C Make consumer loans H Offer or sell goods or services to West Virginia Consumers by Telemarketing
- D Make supervised loans I None of the Preceding
- E Non-Resident Contractor

8. TYPE OF ACTIVITY:

- A Service C Wholesale E Construction G Manufacturing
- B Retail D Both (Retail & Wholesale) F Rental Z Other (Specify - Attach Information)

I certify this application to be true and correct to the best of my knowledge.

SIGNATURE

Linda Liew
(SIGNATURE REQUIRED)

TITLE

President

DATE

3/29/2012



B 2 9 1 1 0 9 0 1 W

- 9. **BEER BARREL TAX:** Will you hold a license to sell beer to licensed beer distributors? Yes _____ No (9) 5
 A. Will you hold a license to sell beer to licensed beer retailers? Yes _____ No (9A) 6
- 10. **BUSINESS AND OCCUPATION TAX:** Will you be providing the following: Public Utilities? Yes _____ No (10)
 A. Generating Electric Power for sale? Yes _____ No (10A)
 B. Operate a natural gas storage reservoir Yes _____ No (10B)
- 11. **TOBACCO PRODUCTS TAX:** Will you stamp and sell cigarettes at the wholesale level? Yes _____ No (11) 1
 A. Will you sell other tobacco products at the wholesale level? Yes _____ No (11A) 5
 B. Will you sell both cigarettes and other tobacco products at the wholesale level? Yes _____ No (11B) 9
 C. Will you sell cigarettes at the retail level? Yes _____ No (11C) 2
 D. Will you sell other tobacco products at the retail level? Yes _____ No (11D) 7
 E. Will you sell both cigarettes and other tobacco products at the retail level? Yes _____ No (11E) 8
- 12. **CONSUMERS SALES/SERVICE TAX:** Do you have a business location in WV from which you will make retail sales or do any service or maintenance work? Yes _____ No (12)
- 13. **CORPORATION NET INCOME/BUSINESS FRANCHISE TAX:** Are you registered with the West Virginia Secretary of State? Yes No _____ (13)
 A. Will you file your corporation tax returns in West Virginia on a consolidated basis under your parent corporation? Yes _____ No _____ (13A)
 B. If yes, enter parent's FEIN, name and address: _____ (13B)

 C. If S corporation, enter first year to which subchapter S status applies: _____ (13C)
 D. If partnership, enter date elected not to be treated as a partnership under Section 761 of the Internal Revenue Code _____ (13D)
- 14. **MOTOR FUEL EXCISE TAX:** Will you purchase, sell or transport fuel in West Virginia? If yes, you must complete West Virginia Motor Fuel Excise Tax License Application. Yes _____ No (14)
 A. Will you sell tax paid gasoline at the retail level? Yes _____ No (14A) 2
 B. Will you sell tax paid special fuel at the retail level? Yes _____ No (14B) 2
 C. Will you operate aircraft, watercraft or locomotives which haul freight or passengers within West Virginia? Yes _____ No (14C) 8
- 15. **LIQUOR/WINE RETAIL TAXES:** As a retailer, will you hold a license to sell liquor and/or wine by the bottle? Yes _____ No (15) M
 (Does not apply when sold in clubs, bars or restaurants).
- 16. **SEVERANCE TAX:** Will you hold title to or have an economic interest in the activity of severing, extracting, reducing to possession and producing for sale, profit or commercial use, any natural resource product? Yes _____ No (16)
 A. Will you produce or process coal only? Yes _____ No (16A)
 B. Will you produce timber? Yes _____ No (16B)
- 17. **SOFT DRINK TAX:** Will you sell bottled/canned soft drinks/syrups and/or powders? If yes, in what capacity? Yes _____ No (17)
 A. Bottler? Yes _____ No (17A) 3
 B. Wholesale? Yes _____ No (17B) 1
 C. Will you purchase soft drinks, Excise Tax not paid, from a bottler/wholesaler? Yes _____ No (17C) 4
 D. Will you purchase soft drinks, Excise Tax paid, from a bottler/wholesaler? Yes _____ No (17D) 2
- 18. **TELECOMMUNICATIONS TAX:** Will you be selling or furnishing local telegraph, telephone or other telecommunication services subject to regulation from Public Service Commission and not in competition with other firms? Yes _____ No (18)
- 19. **USE TAX:** Will you make purchases from outside of West Virginia for use in West Virginia (other than for resale)? Yes _____ No (19)
 A. Will you have salesmen or property located within West Virginia and/or advertise locally and/or deliver from out-of-state into West Virginia in your own vehicles? Yes _____ No (19A)
 B. If a foreign retailer will you be collecting West Virginia use tax on sales or services to West Virginia customers? .. Yes _____ No (19B) 2
- 20. **WINE LITER TAX:** Have you registered with the ABCC to sell wine to licensed wine distributors? Yes _____ No (20)
 A. To licensed wine retailers? Yes _____ No (20A) 4
 B. Will you sell wine products to West Virginia registered wine suppliers? Yes _____ No (20B) 3
- 21. **WITHHOLDING TAX:** Will you have West Virginia employees? Yes _____ No (21)
 A. Date you began or will begin withholding West Virginia income tax from employees N/A (21A)
 B. Number of employees subject to West Virginia income tax; Do not include owner or partners: N/A (21B)
 C. Are you an out-of-state business registering to report withholding tax only? Yes _____ No (21C)
- 22. **HEALTH CARE TAXES:**
 A. Are you a behavioral health center ? Yes _____ No (22A)
 B. Will you provide a health care service (includes ambulance)? Yes _____ No (22B)

A \$30.00 registration fee is due with this application with the exception of:
 non-profit organizations, foreign retailers, government agencies, agricultural/farming activities or a 'withholding only' account.

FOR THIS APPLICATION TO BE VALID AND TO AVOID DELAY IN PROCESSING, ALL PAGES MUST BE COMPLETED AND APPLICATION SIGNED.
 MAIL APPLICATION TO: West Virginia State Tax Department P.O. Box 11425, Charleston, WV 25339

This application may be photocopied as proof of registration until your Certificate(s) are issued.



SECTION 6: COMPLETE THIS SECTION TO REGISTER FOR AN UNEMPLOYMENT COMPENSATION ACCOUNT

All new businesses are required to complete this section.

1. Reason for applying:

New Business Additional location(s)

Merger Purchased business

Change of entity Reorganization

Other (describe) Required to register in order to bid on purchasing contracts in W.V.

2. Name, street address, telephone number and person to contact where payroll records are maintained:

Name _____

Address (Street Or P.O. Box) 4971 Central Avenue

City Monroe, Louisiana State 71203 Zip Code _____

Telephone Number (318) 325-8290

Contact Person _____

3. Date first wages paid to employees performing services in West Virginia. Write N/A if no services performed in West Virginia:

/ N/A /

4. Number of employees in West Virginia: 0

Number of employees in other States: 36

5. Estimated gross wages paid in first calendar quarter of operations:

\$ _____

6. If the reason for registering is due to the purchase of a business, merger, reorganization, or change of legal entity, provide the following information including percent of assets acquired (if needed, attach additional explanation of the transaction):

a. Percentage of assets acquired from former business: _____ %

b. Date former business was acquired by current business: _____

c. Unemployment compensation number of former business, if known: _____

d. Predecessor Signature: _____

7. Have you or do you expect to employ at least ONE worker in 20 different calendar weeks during calendar year? Yes No If yes, in what earliest month and year will the 20th week occur? Month _____ Year _____

8. Have you or do you expect to have a quarterly payroll of \$1500? Yes No If yes, in what earliest quarter and year will the quarter occur? Quarter _____ Year _____

9. For employers of domestic help only:

Have you or will you have as an individual or local college club, college fraternity or sorority a total payroll of \$1,000 or more in the State of West Virginia during any calendar quarter? Yes No If yes, indicate the earliest quarter and calendar year. Quarter _____ Year _____

10. For agricultural operations only:

Have you or will you have 10 or more workers for 20 weeks or more in any calendar year or have you paid or will you pay \$20,000 or more in wages during any calendar quarter? Yes No If yes, indicate the earliest quarter and calendar year. Quarter _____ Year _____

11. Are you liable for the Federal Unemployment Tax? If yes, in what year did you become liable? _____

In what states? _____

12. Certification. This report must be signed by owner if business is operated as an Individual proprietorship; by all members of a partnership if business is operated as a partnership or joint venture; or by an authorized officer of an incorporated business.

Date _____ Signature _____ Title _____

Date _____ Signature _____ Title _____

Date _____ Signature _____ Title _____

Date _____ Signature _____ Title _____

SECTION 7: COMPLETE THIS PART IF YOU ARE A NON-PROFIT ORGANIZATION OR GOVERNMENT ENTITY

1. If you are a non-profit organization with a 501 (c) (3) exemption, have you or do you expect to employ four or more workers in 20 different calendar weeks during a calendar year? Yes No If yes, in what earliest month and year will the 20th week occur? Month _____ Year _____

2. Elect options for unemployment compensation coverage. Contributions Reimbursement of trust fund (See instructions on page 10)

DO NOT WRITE IN THIS SECTION

Effective Date:	Federal ID Number:
Liability Date:	State ID Number:
Provision:	Rate: Merit Year:
Decision By: _____	Date: _____