




The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

## Header 1

 List View

## General Information

## Contact

## Default Values


## Discount

## Document Information

## Clarification Request

Procurement Folder: 1463750


Procurement Type: Central Purchase Order

Vendor ID:  


Legal Name: Gold Station Medical

Alias/DBA: Gold Station Medical

Total Bid: \$20,146.14

Response Date:  

Response Time: 

Responded By User ID:  

First Name: 

Last Name: 

Email: 

Phone: 

SO Doc Code: CRFQ

SO Dept: 0613

SO Doc ID: VNF2500000002

Published Date: 7/15/24

Close Date: 7/30/24

Close Time: 13:30

Status: Closed

Solicitation Description: 

Total of Header Attachments: 1

Total of All Attachments: 1



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

State of West Virginia  
Solicitation Response

**Proc Folder:** 1463750  
**Solicitation Description:** Negative Pressure Wound Therapy System  
**Proc Type:** Central Purchase Order

Solicitation Closes	Solicitation Response	Version
2024-07-30 13:30	SR 0613 ESR07292400000000737	1

**VENDOR**  
VS0000046583  
Gold Station Medical

**Solicitation Number:** CRFQ 0613 VNF2500000002  
**Total Bid:** 20146.13999999999941792339086 **Response Date:** 2024-07-29 **Response Time:** 00:36:50  
**Comments:**

**FOR INFORMATION CONTACT THE BUYER**  
David H Pauline  
304-558-0067  
david.h.pauline@wv.gov

<b>Vendor</b>		
<b>Signature X</b>	<b>FEIN#</b>	<b>DATE</b>

All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Negative Pressure Wound Therapy System	3.00000	EA	6715.380000	20146.14

Comm Code	Manufacturer	Specification	Model #
42191707			

**Commodity Line Comments:** The Genadyne XLR8 Negative Pressure Wound Therapy Device is a lightweight and efficient solution for wound care, weighing only 585 grams (1.3 pounds). It offers a suction capacity of 4.0 liters per minute and operates quietly, enhancing patient comfort and sleep quality. The device features a 12-hour lithium battery that charges fully in just 3 hours, ensuring minimal interruptions to care. Manufactured by Genadyne Biotechnologies in the United States, the XLR8 is designed for effective and convenient negative pressure wound therapy.

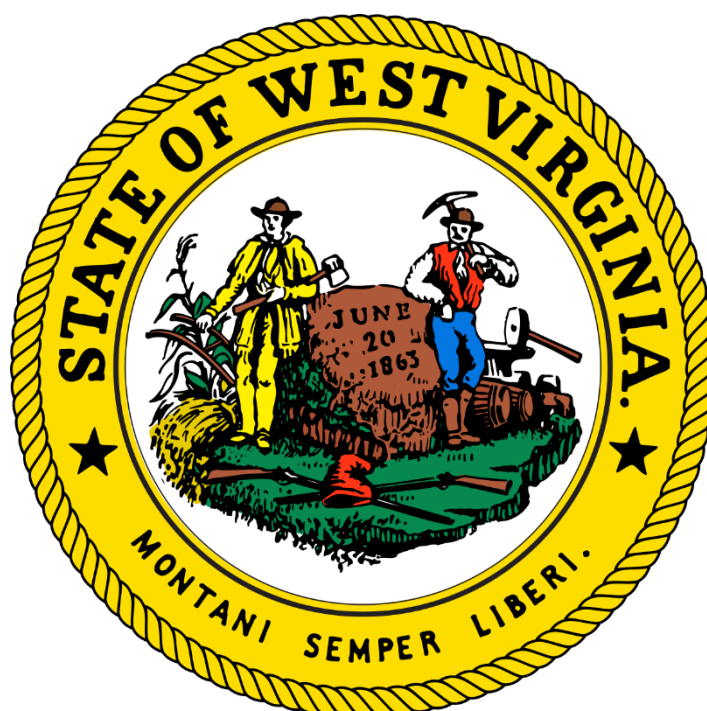
**Extended Description:**

See Attached Exhibit "A" Pricing Page to input pricing.  
 Negative Pressure Wound Therapy Systems, KCI 60050 FREEDOM V.A.C unit or equal

# **GOLD STATION MEDICAL**

1505 George Dieter Drive St 109502 El Paso, Texas 79936

Call: +1(888)-392-2566 | Email: [info@goldstationmedical.com](mailto:info@goldstationmedical.com)



**STATE OF WEST VIRGINIA  
DEPARTMENT OF ADMINISTRATION  
PURCHASING DIVISION  
CRFQ 0613 VNF2500000002 –  
NEGATIVE PRESSURE WOUND THERAPY SYSTEM**

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# GOLD STATION MEDICAL

1505 George Dieter Drive St 109502 El Paso, Texas 79936

Call: +1(888)-392-2566 | Email: [info@goldstationmedical.com](mailto:info@goldstationmedical.com)



July 28, 2024

Department of Administration  
Purchasing Division  
2019 Washington St E  
Charleston WV 25305 US

To Whom It May Concern:

I am pleased to introduce Gold Station Medical, a leading provider of medical equipment and supplies. Our company specializes in sourcing a wide range of medical equipment to meet the diverse healthcare needs of hospitals, clinics, and government entities. As a minority-owned small business, we are dedicated to sourcing top-quality Medical, Dental, Hospital supplies, PPE, and Covid protection products from both overseas and local vendors to support our clients since the onset of the Covid19 pandemic.

For all communications related to the RFQ, I will be your primary point of contact. Please feel free to reach out to me at the following contact information:

- **Gold Station Medical**
- **P:** +1(888)392-2566 (Ext 7000)
- **E:** [tola@goldstationmedical.com](mailto:tola@goldstationmedical.com)
- **Address:** 1505 George Dieter Dr, Suite 109-502, El Paso, Texas, United States 79936

Thank you for considering Gold Station Medical. We look forward to the opportunity to collaborate and contribute to the success of this project.

Sincerely,

*Adetola Akomolafe*  
**ADETOLA AKOMOLAFE**  
Founder & CEO  
Gold Station Medical



July 28, 2024

Department of Administration  
Purchasing Division  
2019 Washington St E  
Charleston WV 25305 US

Subject: Bid Submission for CRFQ 0613 VNF2500000002 – Negative Pressure Wound Therapy System

To Whom It May Concern:

We are pleased to submit our bid for CRFQ 0613 VNF2500000002, as detailed below:

1. **Item:** Negative Pressure Wound Therapy System  
**Quantity:** 3 each

**Product Quality:** While we are proposing an alternate brand/model for the Negative Pressure Wound Therapy System, rest assured that our selection meets or exceeds the requirements outlined in your specifications. The proposed system is supported by comprehensive warranties and certifications, ensuring reliable performance and adherence to high standards of quality.

**Competitive Pricing:** We offer pricing that aligns with your budgetary constraints and ensures the best value for your investment.

**Delivery and Logistics:** We are committed to timely delivery and efficient logistics management to meet your deadlines. Please confirm your preferred delivery timeline so we can ensure prompt processing and shipment.

**Customer Support:** Gold Station Medical prides itself on excellent customer service. Our team is available to address any questions or concerns you may have throughout the procurement process and beyond.



# **GOLD STATION MEDICAL**

1505 George Dieter Drive St 109502 El Paso, Texas 79936

Call: +1(888)-392-2566 | Email: [info@goldstationmedical.com](mailto:info@goldstationmedical.com)



We look forward to the opportunity to serve the State of West Virginia and contribute to your healthcare initiatives with our high-quality equipment. Should you have any queries or require further information, please do not hesitate to contact us at (281) 213-0375 or [israfel@goldstationmedical.com](mailto:israfel@goldstationmedical.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Israfel Andang".

**ISRAFEL ANDANG**

Contract Specialist

Gold Station Medical



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

State of West Virginia  
Centralized Request for Quote

<b>Proc Folder:</b> 1463750			<b>Reason for Modification:</b>
<b>Doc Description:</b> Negative Pressure Wound Therapy System			
<b>Proc Type:</b> Central Purchase Order			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2024-07-15	2024-07-30 13:30	CRFQ 0613 VNF2500000002	1

BID RECEIVING LOCATION

BID CLERK  
DEPARTMENT OF ADMINISTRATION  
PURCHASING DIVISION  
2019 WASHINGTON ST E  
CHARLESTON WV 25305  
US

VENDOR

**Vendor Customer Code:** VS0000046583  
**Vendor Name :** Gold Station Medical  
**Address :**  
**Street :** 1505 George Dieter Dr Suite 109-502  
**City :** El Paso  
**State :** Texas **Country :** United States **Zip :** 79936  
**Principal Contact :** Adetola Akomolafe  
**Vendor Contact Phone:** +1(888)392-2566 **Extension:** 7000

FOR INFORMATION CONTACT THE BUYER

David H Pauline  
304-558-0067  
david.h.pauline@wv.gov

<b>Vendor</b>	85-111-7639
<b>Signature X</b> <i>Adetola Akomolafe</i>	<b>FEIN#</b>
	<b>DATE</b> 07/28/2024

All offers subject to all terms and conditions contained in this solicitation

<b>ADDITIONAL INFORMATION</b>
The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Veterans Nursing Facility located at 1 Freedom Way, Clarksburg, WV 26301, to establish a one time purchase of three Negative Pressure Wound Therapy Systems per the Specifications and Terms and Conditions as attached hereto.

<b>INVOICE TO</b>	<b>SHIP TO</b>
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY  CLARKSBURG WV US	VETERAN'S NURSING FACILITY 1 FREEDOMS WAY  CLARKSBURG WV US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Negative Pressure Wound Therapy System	3.00000	EA		

<b>Comm Code</b>	<b>Manufacturer</b>	<b>Specification</b>	<b>Model #</b>
42191707			

**Extended Description:**  
See Attached Exhibit "A" Pricing Page to input pricing.

Negative Pressure Wound Therapy Systems, KCI 60050 FREEDOM V.A.C unit or equal

<b>SCHEDULE OF EVENTS</b>		
<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Vendor Technical Question Due By 11:00 am., est.	2024-07-18

## Exhibit A - CRFQ VNF25\*02

## Pricing Page

**Negative Pressure Wound Therapy System**

Line	Description	Quantity	UNIT PRICE	TOTAL PRICE
1	Vendor must provide information below:	3	6,715.38	\$ 20,146.15 -

**Provide make, model, description or pertinent information here:**

The Genadyne XLR8 Negative Pressure Wound Therapy Device is a lightweight and efficient solution for wound care, weighing only 585 grams (1.3 pounds). It offers a suction capacity of 4.0 liters per minute and operates quietly, enhancing patient comfort and sleep quality. The device features a 12-hour lithium battery that charges fully in just 3 hours, ensuring minimal interruptions to care. Manufactured by Genadyne Biotechnologies in the United States, the XLR8 is designed for effective and convenient negative pressure wound therapy.

**\*\*ALL ORDER QUANTITIES ARE ESTIMATED AND FOR BIDDING PURPOSES ONLY\*\***

**\*\*PRICES MUST BE ALL INCLUSIVE.**

**WVVNF WILL NOT PAY SEPARATELY FOR ANY FEES SUCH AS FREIGHT, FUEL, HANDLING, ETC. \*\*\***

Vendor:	Gold Station Medical		
Address:	1505 George Dieter Dr Suite 109-502 El Paso, Texas 79936		
Phone:	Office: +1(888)392-2566 (Ext 7000) Cell:		Other:
Email:	tola@goldstationmedical.com		
Name:	Adetola Akomolafe		
Signature:	<i>Adetola Akomolafe</i>		



### **KCI 60050 FREEDOM V.A.C**

#### **NEGATIVE PRESSURE WOUND THERAPY SYSTEMS**

- V.A.C. Freedom™ Therapy Unit
- Dimension: 6.5"(16.51cm) W x 3.125"(7.9cm) H x 7.5"(19.05cm) D
- Weight: 3.20 lbs. (1.45 kg)
- Canister volume: 300 mL
- Battery Life: Approximately 12 hours
- Electrical Charger/External Supply Input: 100-240 VAC, 50/60 Hz, 1 Amp
- Charger/External Supply Output: 18 VDC, 2.2 Amp
- Maximum Electrical Leakage: <100 Microamps IEC
- Negative Pressure: 50-200 mmHg
- Mode of Operation: Continuous and Intermittent
- Intensity: Variable

**\$ 28,000.00**



### **GENADYNE XLR8**

#### **NEGATIVE PRESSURE WOUND THERAPY DEVICE**

- Brand: GENADYNE XLR8
- Manufacturer: GENADYNE BIOTECHNOLOGIES
- Country of Origin: United States
- Application: Negative Pressure Wound Therapy Device
- L: 150mm / 5.9in W: 99mm / 3.9in H: 53mm / 2.1in
- Lightweight – 585 grams or 1.3 pounds.
- Suction Capacity – 4.0 liters per minute.
- Whisper Quiet Operation – allows patients to get better quality sleep.
- 12 Hour Lithium Battery with 3 hours to Fully Charged – easy to manage, minimal interruptions to care.
- Supports Multiple Languages – clinical staff, patients and caregivers can understand the functions of the pump.
- 6 Advanced Alert Notifications:
  - Leakage, Blockage, Canister Full, Check Dressing, Low Battery, Critical Battery
- Easy and intuitive programming and maintenance
- Clear and Visible Display – Pressure, System & Battery Status
- Simple, Lockable Controls – guarantees no unwanted interference with patient's care
- Continuous or variable Pressure

**\$ 6,715.38**



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for GOLD STATION CAPITAL, LLC (file number 803622627), a Domestic Limited Liability Company (LLC), was filed in this office on May 18, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 20, 2023.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson  
Secretary of State

- ★ Please contact this office immediately if any information on this license is incorrect.
- ★ This license must be displayed at the address licensed.
- ★ The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a \$100.00 delinquency fee for each location and must be remitted before the license will be issued.
- ★ A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at [www.dshs.texas.gov](http://www.dshs.texas.gov).
- ★ Please submit written notice if you close or sell your business.
- ★ If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: <https://www.surveymonkey.com/r/RLUsurvey>. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

GOLD STATION MEDICAL  
1505 GEORGE DIETER DR STE 109 502  
EL PASO TX 79936



**TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
REGULATORY LICENSING UNIT**



GOLD STATION CAPITAL LLC DBA  
**GOLD STATION MEDICAL**  
11351A JAMES WATT DR  
EL PASO, TX 79936

*Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:*

**WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS**

License # 1003790  
Expires: January 11, 2026

**NON-TRANSFERABLE**

*[Signature]*  
Commissioner

517837



- ★ Please contact this office immediately if any information on this license is incorrect.
- ★ This license must be displayed at the address licensed.
- ★ The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a \$100.00 delinquency fee for each location and must be remitted before the license will be issued.
- ★ A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- ★ Please submit written notice if you close or sell your business.
- ★ If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

GOLD STATION MEDICAL  
1505 GEORGE DIETER DR STE 109 502  
EL PASO TX 79936



**TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
REGULATORY LICENSING UNIT**



GOLD STATION CAPITAL LLC DBA  
**GOLD STATION MEDICAL**  
11351A JAMES WATT DR  
EL PASO, TX 79936

*Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:*

**FOOD WHOLESALER & DEVICE DISTRIBUTOR**

License # 1002136  
Expires: December 20, 2025

**NON-TRANSFERABLE**

*[Signature]*  
Commissioner

514204



# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► <i>Adetola Akomolafe</i>	Date ► 03/04/2024
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*