



**State of West Virginia
Department of Administration
Purchasing Division**

NOTICE

Due to the size of this bid, it was impractical to scan every page for online viewing. We have made an attempt to scan and publish all pertinent bid information. However, it is important to note that some pages were necessarily omitted.

If you would like to review the bid in its entirety, please contact the buyer. Thank you.



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
MCH10072

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
**ROBERTA WAGNER
 304-558-0067**

RFQ COPY

TYPE NAME/ADDRESS HERE

V
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Remedy Repack
 655 Kolter Drive
 Indiana PA 15701
 Attn: Cathleen Zilner

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O

HEALTH AND HUMAN RESOURCES
 BPH - OMCFH
 MATERIALS MANAGEMENT
 900 BULLITT STREET
 CHARLESTON, WV
 25301 304-558-3417

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
01/14/2010				

BID OPENING DATE: **02/02/2010** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
OPEN END CONTRACT						
OPEN END CONTRACT TO PROVIDE FAMILY PLANNING PROGRAM SERVICES FOR PHARMACEUTICAL REPACKAGING PER THE ATTACHED SPECIFICATIONS						
0001	2,500	VIAL		270-19	\$1.50	\$3,750.00
	DOXYCYCLINE 100 MG 14			TABS/VIAL		
0002	500	VIAL		270-19	2.20	1,100.00
	TETRACYCLINE 500 MG 28			TABS/VIAL		
0003	3,500	VIAL		270-19	1.75	6,125.00
	FLAGYL 500 MG 14			TABS/VIAL		
0004	25	VIAL		270-19	1.30	32.50
	CIPROFLOXACIN 500 MG 1			TAB/VIAL		

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Cathleen Zilner</i>	TELEPHONE 866-845-3791 x1068	DATE February 8, 2010
TITLE Director of Operations	FEN 20-4037334	ADDRESS CHANGES TO BE NOTED ABOVE

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



State of West Virginia
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 Indiana PA 15701
 Attn: Cathleen Zilner

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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0005	1,000	VIAL		270-10	\$1.20	\$1,200.00
	FLUCONAZOLE 150 MG 1 TAB/VIAL					
	EXHIBIT 3					
	LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON 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.					
	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.					
	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.					
	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.					

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *Cathleen Zilner* TELEPHONE 866-845-3791 x1068 DATE February 8, 2010

TITLE Director of Operations FEIN 20-4037334 ADDRESS CHANGES TO BE NOTED ABOVE

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<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 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>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Cathleen Zilner</i>	TELEPHONE 8660845-3791 x1068	DATE Feb 8, 2010
TITLE Director of Operations	FEIN 20-4037334	ADDRESS CHANGES TO BE NOTED ABOVE

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LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
CONTACT PERSON (PLEASE PRINT CLEARLY): Cathleen Zilner						

***** THIS IS THE END OF RFQ MCH10072 ***** TOTAL:						\$12,207.50

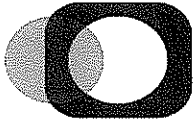
SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Cathleen Zilner</i>	TELEPHONE 866-845-3791 x1068	DATE Feb 8, 2010
TITLE Director of Operations	FEIN 20-4037334	ADDRESS CHANGES TO BE NOTED ABOVE

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Packing Slip

RF-048-00-PACS



RemedyRepack

RemedyRepack
655 Kolter Drive
Indiana, Pa 15701

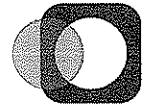
Contact: Matthew Heller
Phone Number: (724) 349-1111 ext. 1095
Fax: (724) 349-2636

Ship from **RemedyRepack**
655 Kolter DR.
Indiana,PA15701

Ship to: **Dept of Admin Purchasing Divion**
2019 Washington Street East
Building 15
Charleston, WV 25305-0130
(304) 558-0067

Customer ID	Reference Number	Payment Terms	
Customer Contact	Shipping Method	Ship Date: 2/8/2010	Due Date:
Robert Wagner	Priority Overnight		

Item	Order Qty.	Description / NDC #	Comments
Quotation MCH10072	1		RECEIVED 2010 FEB -9 AM 11:31 WV PURCHASING DIVISION



RemedyRepack™

February 8, 2010

655 Kolter Drive
Indiana, PA 15701

724.465.8762
1.866.845.3791
1.866.307.9744 fax
www.remedyrepack.com

Department of Administration
Purchasing Division
Building 15
2019 Washington Street, East
Charleston, WV 25305-0130

Attn: Roberta Wagner

Dear Ms. Wagner:

Please find enclosed our quotation for your RFQ MCH10072. We appreciate this opportunity to quote on the pharmaceutical repackaging for your Family Planning Program Services.

Remedy Repack is a FDA Registered Drug Repacker and is also registered with the DEA (certificates of registration enclosed). In business since 2006, we are the sole drug repacker to Diamond Pharmacy Services, the nation's largest correctional pharmacy. We also provide medication repackaging services to the PA Department of Health for a contract very similar to yours. This contract has been recently renewed.

We emphasize customer service and reliability through our extensive quality systems and our seasoned staff. We were audited by the DEA in June 2008 and by the FDA last May. Having passed both audits, we were also asked by the FDA to speak at the AFDO Conference (Association of Food and Drug Officials) in Pittsburgh regarding our quality systems.

Please feel free to contact me with any questions or to schedule a visit to our facility in Western PA. I can be reached at 1.866.845.3791 ext. 1068 or on my cell at 412.719.0276.

Sincerely,

Cathleen I. Zilner
Director of Operations

WV Department of Health and Human Resources
 Bureau for Public Health
 Office of Maternal, Child and Family Health

RFQ# MCH10072

Part 1 PURPOSE

1.1 PURPOSE

The purpose of this Request for Quotation (RFQ) is to engage the services of a vendor to provide pharmaceutical repackaging for selected prescription drugs for the Office of Maternal, Child and Family Health, Family Planning Program located at 350 Capitol Street, Room 427, Charleston, West Virginia.

1.2 BACKGROUND

Within the West Virginia Department of Health and Human Resources (WVDHHR), Bureau for Public Health, the Office of Maternal, Child and Family Health (OMCFH) offers preventive health care and screening services through a community-based network of health care providers throughout the State. The Family Planning Program (FPP) provides comprehensive reproductive health care, medical services, counseling and education, contraceptive methods, and laboratory services. Family Planning Program services are offered through a statewide network of 151 participating provider agencies.

Part 2 CONTRACTUAL SERVICES

2.1 REQUIRED SERVICES

The vendor will be responsible for the repackaging of pharmaceuticals dispensed at the 151 Family Planning Program clinic sites throughout the State. The vendor will purchase all pharmaceuticals. Generic drugs will be purchased unless the Family Planning Program requests the purchase of specific brand name drugs. Family Planning Program is requesting pharmaceutical repackaging for the following prescription drugs. Strengths, packaging requirements and estimated annual usage are also listed.

	Approx. Annual Usage
Doxycycline 100 mg 14 tabs/vial	2500 vials
Tetracycline 500 mg 28 tabs/vial	500 vials
Flagyl 500 mg 14 tabs/vial	3500 vials
Ciprofloxacin 500mg 1 tab/vial	25 vials
Fluconazole 150mg 1 tab/vial	1000 vials

The vendor will supply medication in unit-of-use doses. Vendor will supply tamper-proof, plastic, amber or opaque prescription vials. Vendor will supply and affix labels for repackaged drugs to include:

- a. Name of drug
- b. Strength of drug

WV Department of Health and Human Resources
Bureau for Public Health
Office of Maternal, Child and Family Health

RFQ# MCH10072

- c. Quantity of drug
- d. Expiration date
- e. Space for date and patient name
- f. Full directions for use
- g. Name of manufacturer (generic drugs)
- h. Lot number
- i. Auxilliary labels (as indicated for appropriate drugs)

2.2 ADMINISTRATIVE AND OPERATIONAL REQUIREMENTS

Vendor must supply two (2) double tab peel off labels for record keeping. One shall be marked for application to the patient chart and one will be marked for the purpose of lot number tracking and inventory control.

Vendor must supply medications with minimum expiration dates of one year. Vendor must have no minimum order requirements. Vendor must inform the Family Planning Program immediately when any purchased drugs are recalled.

Vendor must ship pharmaceutical supplies by express delivery service, i.e. United Parcel Service, Federal Express, etc. within 7 days (excluding holidays) after receipt of order. Vendor must ship supplies to DHHR Materials Management with freight prepaid by vendor. A shipping invoice must accompany each shipment.

PART 3 GENERAL TERMS AND CONDITIONS

3.1 REJECTION OF QUOTATION/BIDS

The State reserves the right to accept any or all quotations/bids if it is determined to be in the State's best interests. The Department may withdraw this RFQ at any time for any reason. Receipt of a quotation confers no rights upon the bidder. A contract based upon this RFQ may or may not be awarded. Then, said contract must be approved as to form by the Attorney General's Office.

3.2 SUBCONTRACTS PROHIBITED

The successful vendor will be solely responsible for all work performed under the contract. The vendor shall not enter into written or oral subcontracts for performance of work under the contract without written permission of the agency.

3.3 COMPLIANCE WITH LAW AND REGULATIONS

The vendor shall pay any sales, use, and personal property taxes arising out of this contract and the transactions contemplated thereby. Any other taxes levied upon this contract, the transaction, or the equipment, or services delivered pursuant hereto shall be borne by the vendor.

The vendor shall comply with all applicable laws, rules and regulations including, but not limited to those relating to hospital licensure, State and Federal labor laws and laws, rules and policies related to the WVDHHR.

The vendor shall be responsible for compliance with all workplace safety requirements, including, but not limited to compliance with applicable OSHA and all other applicable environmental agency requirements for storage, labeling, handling and disposal of all items used in the performance of duties associated with cytology services. The vendor shall appropriately train its employees in proper workplace safety requirements.

3.4 RECORD RETENTION AND CONFIDENTIALITY

The vendor will maintain financial records pertaining to the contract for five (5) years following the end of the State fiscal year during which the contract is terminated or State and Federal audits of the contract have been completed, whichever is later. If questions about accounting records arise during an audit, the accounting records pertaining to the contract shall be retained until resolution of all pending audit questions and for one (1) year following the termination of any litigation relating to the contract if the litigation has not terminated within the above five (5) year period. Accounting records and procedures shall be subject to State and Federal approval.

3.5 CHANGES IN SCOPE

Formal contract amendments and/or change orders will be negotiated by the Department with the vendor, whenever necessary, to address changes to the terms and conditions, costs of, or scope of work included under the contract. An approved contract amendment/change order means one approved by the WV Department of Health and Human Resources, the WV Department of Administration, and all other applicable State agencies prior to the effective date of such amendment/change order. An approved contract amendment/change order is required whenever the change affects the payment provision and the scope of work performed by the vendor. Vendor shall not change the scope of services to be conducted without the approval of the State. As soon as possible after receipt of a written change request, but in no event more than thirty (30) days thereafter, the vendor shall provide the State a

written statement that the change has no price impact on the contract or if there is a price impact, provide a description of the price increase or decrease involved in implementing the change.

3.6 TERMINATION OF THE CONTRACT

The Department may terminate a contract resulting from this RFQ at any time that the vendor fails to carry out its responsibilities under the terms of any contract resulting from this RFQ to satisfaction of the Department, Bureau or Office of Maternal, Child and Family Health.

The Department shall provide the vendor with notice of conditions endangering performance. If after such notice the vendor fails to remedy this conditions contained in this notice, within the time period contained in the notice, the Department shall issue the vendor an order to stop all work immediately. The Department shall be obligated only for services rendered and accepted prior to the date of the notice of termination.

The contract may also be terminated upon mutual agreement of the parties with thirty (30) days prior notice.

3.7 INVOICE AND PAYMENTS

The vendor shall submit invoices, in arrears to the Office of Maternal, Child and Family Health, Family Planning Program for all services provided pursuant to the terms of the contract. The invoices shall be in a format approved by the Department. The vendor must submit an original itemized invoice for each order placed against this contract. Payment will be made in arrears after receipt of each completed order.

3.8 TERM OF CONTRACT

Contract shall be for a period of one year with the option of two (2), one (1) year renewal periods.

COST SHEET FOR MCH10072

<u>Item #</u>	<u>Apprx. Annual Usage</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>TOTAL COST</u>
	<u>QUANTITY</u>			
1	2500 VIALS	DOXYCYCLINE 100 MG 14 TABS/VIAL	\$1.50	\$3,750.00
2	500 VIALS	TETRACYCLINE 500 MG 28 TABS/VIAL	2.20	1,100.00
3	3500 VIALS	FLAGYL 500 MG 14 TABS/VIALS	1.75	6,125.00
4	25 VIALS	CIPROFLOXACIN 500 MG 1 TAB/VIAL	1.30	32.50
5	1000 VIALS	FLUCONAZOLE 150MG 1 TAB/VIAL	1.20	1,200.00
		TOTAL COST		\$12,207.50

Award will be made to the vendor with the lowest overall cost who meets specifications.

Vendor must submit an original itemized invoice for each order. Payment will be made in arrears after receipt of each completed order. Orders will be placed on an as needed basis.

Rev. 09/08

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: Remedy RepackSigned: Date: February 8, 2010Title: Director of Operations

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

RFQ No. MCH10072STATE 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 owed is an amount greater than one thousand dollars in the aggregate

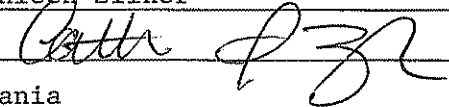
DEFINITIONS:

"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 SIGNATUREVendor's Name: Cathleen ZilnerAuthorized Signature:  Date: February 8, 2010State of PennsylvaniaCounty of Indiana, to-wit:Taken, subscribed, and sworn to before me this 8 day of February, 2010.My Commission expires February 11, 2011.

AFFIX SEAL HERE

NOTARY PUBLIC 

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal
Deborah L. Rodgers, Notary Public
Indiana Boro, Indiana County
My Commission Expires Feb. 11, 2011

Member, Pennsylvania Association of Notaries

Purchasing Affidavit (Revised 12/15/09)



State of West Virginia
 Department of Administration
 Purchasing Division
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 Charleston, WV 25305-0130

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 304-558-0057**

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 655 Kolter Drive
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BID OPENING DATE: **02/10/2010** BID OPENING TIME: **01-30PM**

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1 1. QUESTIONS AND ANSWERS ARE ATTACHED. 2. MOVING BID OPENING FROM 2/2/10 TO 2/10/10. 3. 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. EXHIBIT 10 REQUISITION NO.: MCH10072 ADDENDUM ACKNOWLEDGEMENT I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO M PROPOSAL, PLANS AND/OR SPECIFICATION, ETC. ADDENDUM NO. S: <input checked="" type="checkbox"/> 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						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: *Cathleen Zilner* TELEPHONE: 866-845-3791 x1068 DATE: 2/8/10

TITLE: Director of Operations ID: 2004037334 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
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

**Request for
 Quotation**

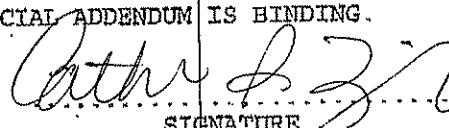
RFQ NUMBER: MCH10072

PAGE: 2

ADDRESS CORRESPONDENCE TO ATTENTION:
 ROBERTA WAGNER
 304-558-0067

RFQ COPY
 TYPE NAME/ADDRESS HERE
 Remedy Repack
 Cathleen Zilner
 655 Kolter Drive
 Indiana PA 15701

HEALTH AND HUMAN RESOURCES
 BPH - OMCFH
 MATERIALS MANAGEMENT
 900 BULLITT STREET
 CHARLESTON, WV
 25301 304-558-3417

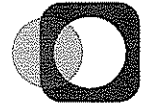
DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS		
01/27/2010						
BID OPENING DATE: 02/10/2010		BID OPENING TIME: 01:30PM				
LINE	QUANTITY	UOP	UNIT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.						
 SIGNATURE Remedy Repack COMPANY February 8, 2010 DATE						
NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID REV. 09/21/2009 END OF ADDENDUM NO. 1						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE: _____ TELEPHONE: 866-845-3791 x1068 DATE: Feb 8, 2010

TITLE: Director of Operations FEIN: 20-4037334 ADDRESS CHANGES NOTED ABOVE

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



RemedyRepack™

February 9, 2010

655 Kolter Drive
Indiana, PA 15701

Department of Administration

Purchasing Division

Building 15

2019 Washington Street, East

Charleston, WV 25305-0130

724.465.8762
1.866.845.3791
1.866.307.9744 fax
www.remedyrepack.com

Attn: Roberta Wagner

Re: RFQ MCH10072

Dear Ms. Wagner:

Please accept my apologies as I believe these documents may have been omitted from our bid package which shipped to you yesterday. Please add the enclosed FDA and DEA certificates of registration to our package.

Thank you,

Cathleen I. Zilner

Director of Operations

RECEIVED


2010 FEB 10 A 10:17

PURCHASING DIVISION
STATE OF WV

138524

Form Approved: OMB No. 0910-0045. Expiration Date: December 31

See OMB Statement on Reverse.

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION REGISTRATION OF DRUG ESTABLISHMENT/ LABELER CODE ASSIGNMENT (In accordance with Public Law 92-387)				RE 84,370 134761		FDA USE ONLY MAY 20 09 10:38			
NOTICE: This report is required by law (21 C.F.R. 207.20). Failure to report can result in imprisonment for not more than one year or a fine of not more than \$1,000, or both. (FD&C Act, Section 303).						LABELER CODE 24236 / 49349	REGISTRATION NUMBER 3005841768		
SECTION A - SITE INFORMATION									
REPORTING FIRM NAME RemedyRepack					STATE OF INC. PA				
SITE ADDRESS (No P.O. Box) 655 Kolter Dr.					SITE TELEPHONE NUMBER (724) 465-8762				
CITY Indiana		STATE PA	ZIP CODE 15701	COUNTRY US	BUSINESS CATEGORY: <input checked="" type="checkbox"/> HUMAN <input type="checkbox"/> VETERINARY				
SITE MAILING ADDRESS (If different from site address)									
CITY		STATE	ZIP CODE	COUNTRY	SITE INTERNET/EMAIL ADDRESS Kathleen Ziiner				
DOING BUSINESS AS (DBA) NAME OF FIRM (if applicable)									
PARENT COMPANY NAME									
REASON(S) FOR SUBMISSION <input type="checkbox"/> Firm Registration <input type="checkbox"/> Registration of Additional Site <input type="checkbox"/> Re-Registration <input type="checkbox"/> LC Assignment <input type="checkbox"/> Name Change				<input type="checkbox"/> Address Change <input type="checkbox"/> Merger/Buyout <input type="checkbox"/> Reentry into Business with Same Name <input type="checkbox"/> Out of Business		TYPE OF OWNERSHIP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Coop. Assn. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other _____		PERSON SUBMITTING DATA AND TELEPHONE BUSINESS TYPE <input type="checkbox"/> Manufacturer <input checked="" type="checkbox"/> Repacker <input type="checkbox"/> Relabeler <input type="checkbox"/> Distributor* <input type="checkbox"/> Foreign Country <input type="checkbox"/> Analytical Lab <input type="checkbox"/> Other _____	
SECTION B - FIRM COMPLIANCE MAILING ADDRESS for Annual Listing Report and/or Firm Correspondence									
NUMBER AND STREET AND/OR P.O. BOX and ATTENTION LINE and/or Internal Mail Code 655 Kolter Dr.					TELEPHONE NUMBER (724) 465-8762				
CITY Indiana		STATE PA	ZIP CODE 15701	COUNTRY US	COMPLIANCE INTERNET/EMAIL ADDRESS phays@remedyrepack.com				
SECTION C - ADDITIONAL FIRM AND SITE INFORMATION									
NAME OF OWNER, PARTNERS OR OFFICERS				TITLE		POSITION			
Kathleen Ziiner				<input checked="" type="checkbox"/> President		<input checked="" type="checkbox"/> RECEIVED			
Mark Ziiner				<input checked="" type="checkbox"/> Vice President		<input type="checkbox"/>			
Joan Ziiner				<input checked="" type="checkbox"/> Secretary		<input checked="" type="checkbox"/> MAY 18 2009			
LouAnn Bowser				<input checked="" type="checkbox"/> Treasurer		<input checked="" type="checkbox"/> DRLS			
OTHER FIRMS DOING BUSINESS AT THIS SITE									
LABELER CODE		FIRM NAME		LABELER CODE		FIRM NAME			
SECTION D - SIGNATURE									
SIGNATURE OF AUTHORIZING OFFICIAL 				TITLE President		DATE 5/11/2009			
*DISTRIBUTOR'S CERTIFICATION: As a Distributor, I am submitting product listing information to the FDA on my own behalf. I have provided a copy of this certification (Form FDA 2656) to the registered manufacturer(s). My signature and phone number are listed below.									
RETURN THIS FORM TO: FOOD AND DRUG ADMINISTRATION CDER/DRUG REGISTRATION AND LISTING (HFD-337) 5600 FISHERS LANE ROCKVILLE, MD 20857 INTERNET: DRLS@FDA.HHS.GOV				SIGNATURE OF DISTRIBUTOR DISTRIBUTOR'S TELEPHONE NUMBER ()					

FORM FDA 2656 (8/07) (FRONT)

NOTE: Validation of this form is not to be construed as FDA approval of the establishment or its products.

PREVIOUS EDITION IS OBSOLETE