



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

Solicitation

| |
|----------|
| NUMBER |
| MHC13123 |

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| PAGE |
| 1 |

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

RFQ COPY
 TYPE NAME/ADDRESS HERE

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HEALTH AND HUMAN RESOURCES
 JOHN MANCHIN, SR. HEALTH CARE
 401 GUFFEY STREET
 FAIRMONT, WV
 26554 304-363-2500

| |
|--------------|
| DATE PRINTED |
| 04/16/2013 |

BID OPENING DATE: 04/22/2013 BID OPENING TIME 1:30PM

| LINE | QUANTITY | UOP | CAT NO. | ITEM NUMBER | UNIT PRICE | AMOUNT |
|---|----------|-----|---------|-------------|------------|--------|
| ADDENDUM NO. 2 | | | | | | |
| 1. ADDENDUM ISSUED TO PROVIDE VENDORS A COPY OF THE MANDATORY PRE-BID SIGN-IN SHEET. | | | | | | |
| 2. TO PROVIDE ADDENDUM ACKNOWLEDGEMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN THE DISQUALIFICATION OF YOUR BID. | | | | | | |
| ***** END OF ADDENDUM NO. 2 ***** | | | | | | |

| | | | |
|-----------|------|-----------------------------------|------|
| SIGNATURE | | TELEPHONE | DATE |
| TITLE | FEIN | ADDRESS CHANGES TO BE NOTED ABOVE | |

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



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RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
 JOHN MANCHIN, SR. HEALTH CARE
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 26554 304-363-2500

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|---|----------|-----|----------|-------------|------------|--------|
| 0001 | 1 | EA | | 898-80 | | |
| DELL MODEL OTC12D MANUAL OVERHEAD TUBE CRANE SYSTEM | | | | | | |
| TO PROVIDE LABOR, MATERIALS AND EQUIPMENT TO PROVIDE AND INSTALL A DELL MODEL OTC12D MANUAL RADIOGRAPHIC SYSTEM OR EQUAL. | | | | | | |
| ***** THIS IS THE END OF RFQ MHC13123 ***** TOTAL: | | | | | | |

| | | |
|-----------|-----------|-----------------------------------|
| SIGNATURE | TELEPHONE | DATE |
| TITLE | FEIN | ADDRESS CHANGES TO BE NOTED ABOVE |

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

SOLICITATION NUMBER: MHC13123

Addendum Number: 2

The purpose of this addendum is to modify the solicitation identified as (“Solicitation”) to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation:

1. To provide Vendors a copy of the mandatory pre-bid sign-in sheet.
2. To provide addendum acknowledgement.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

SIGN IN SHEET

Page 2 of 1Request for Proposal No. MHC-13123

PLEASE PRINT

Date: 4-11-13

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

| FIRM & REPRESENTATIVE NAME | MAILING ADDRESS | TELEPHONE & FAX NUMBERS |
|---|--|----------------------------------|
| Company: <u>Century Medical System</u> | <u>1394 Froy Rd</u> | PHONE <u>412-323-4484</u> |
| Rep: <u>GARY RASSI</u> | | TOLL FREE |
| Email Address: <u>GARY @ CMS XRAY .COM</u> | | FAX <u>412 323.4690</u> |
| Company: <u>AMIS SYSTEMS</u> | <u>221 22ND ST.</u> | PHONE <u>304-547-0793</u> |
| Rep: <u>TOM KINDER</u> | <u>HUNTINGTON, WV 25703</u> | TOLL FREE |
| Email Address: <u>TOM.KINDER@AMISSYSTEMS.COM</u> | | FAX <u>304-525-5682</u> |
| Company: <u>ServiceNet Medical Group</u> | | PHONE <u>740-707-0291</u> |
| Rep: <u>ROB SCRIBNER</u> | | TOLL FREE <u>800-830-1035</u> |
| Email Address: <u>Rob@xray-service.com</u> | <u>5262 Washington Rd Albany, OH 45710</u> | FAX <u>740-698-7169</u> |
| Company: <u>Radon Medical Imaging</u> | <u>3254 US Route 60 East</u> | PHONE <u>(304)343-8933</u> |
| Rep: <u>Chad Wilcox</u> | <u>ONA WV 25545</u> | TOLL FREE |
| Email Address: <u>Cwilcox@radon med wv.com</u> | | FAX <u>(304) 343-8937</u> |
| Company: _____ | | PHONE |
| Rep: _____ | | TOLL FREE |
| Email Address: _____ | | FAX |

THOMAS L. SCHEIDT
President of Sales & Marketing

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Albany, Ohio 45710

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Digital Imaging Specialist

Toll Free 1-800-830-1035
Cell Phone 740-707-0291

Office 740-698-4113
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Rob@xrayservice.com

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Chad

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Fax: (304) 446-1111
Cell: (304) 446-1111

Toll Free: (866) 866-8666

• **GARY D. ROSSI**
gary@cmsxray.com

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Pittsburgh, PA 15235 Fax (412) 373-4690
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www.amissystems.com



TOM KINDER
Senior Vice President of Sales

tom.kinder@amissystems.com
(304) 525-8974
(800) 446-4135
(304) 525-5682 Fax
(304) 543-0793 Cell

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: MHC13123

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|---|--|
| <input type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further 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.

Company

Authorized Signature

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.
Revised 6/8/2012