



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

# State of West Virginia Master Agreement

Order Date: 06-14-2024

CORRECT ORDER NUMBER MUST  
 APPEAR ON ALL PACKAGES, INVOICES,  
 AND SHIPPING PAPERS. QUESTIONS  
 CONCERNING THIS ORDER SHOULD BE  
 DIRECTED TO THE DEPARTMENT  
 CONTACT.

<b>Order Number:</b>	CMA 0212 0212 PESTCTR22 3	<b>Procurement Folder:</b>	1062534
<b>Document Name:</b>	Statewide Contract for Pest Control	<b>Reason for Modification:</b>	CO#02: Issued to renew the original contract per the attached documents.
<b>Document Description:</b>	Statewide Contract for Pest Control		
<b>Procurement Type:</b>	Statewide MA (Open End)		
<b>Buyer Name:</b>			
<b>Telephone:</b>			
<b>Email:</b>			
<b>Shipping Method:</b>	Best Way	<b>Effective Start Date:</b>	2022-07-15
<b>Free on Board:</b>	FOB Dest, Freight Prepaid	<b>Effective End Date:</b>	2025-07-14

VENDOR		DEPARTMENT CONTACT	
<b>Vendor Customer Code:</b>	000000201655	<b>Requestor Name:</b>	Toby L Welch
STANDARD EXTERMINATING CO 905 7TH AVE		<b>Requestor Phone:</b>	(304) 558-8802
CHARLESTON WV 25302		<b>Requestor Email:</b>	toby.l.welch@wv.gov
US			
<b>Vendor Contact Phone:</b>	999-999-9999 Extension:		
<b>Discount Details:</b>			
	<b>Discount Allowed</b>	<b>Discount Percentage</b>	<b>Discount Days</b>
#1	No	0.0000	0
#2	No		0
#3	No		0
#4	No		0

**24**  
 FILE LOCATION \_\_\_\_\_

INVOICE TO	SHIP TO
ALL STATE AGENCIES VARIOUS LOCATIONS AS INDICATED BY ORDER	STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER
No City WV 99999	No City WV 99999
US	US

*6/14/24 6C*

Purchasing Division's File Copy

<b>Total Order Amount:</b>	Open End
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*MA 06/14/2024*  
**PURCHASING DIVISION AUTHORIZATION**  
 DATE: *[Signature]* 6/14/24  
 ELECTRONIC SIGNATURE ON FILE

**ATTORNEY GENERAL APPROVAL AS TO FORM**  
 DATE: *[Signature]*  
 ELECTRONIC SIGNATURE ON FILE  
*6/26/2024*

**ENCUMBRANCE CERTIFICATION**  
 DATE: *[Signature]*  
 ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

CHANGE ORDER:

Change Order #02: is issued to renew the original contract according to all terms, conditions, prices and specifications contained in the original contract including all authorized change orders.

Effective Date of Renewal: 07/15/2024 through 07/14/2025.

Renewal Years Remaining: (1)

All provisions of the original Contract and subsequent Change Orders not modified herein shall remain in full force and effect.

NO OTHER CHANGES

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	72102100				0.000000
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
				0.00	

**Commodity Line Description:** Pest Control Services - SEE PRICING PAGES

**Extended Description:**



MARK D. SCOTT  
CABINET SECRETARY

STATE OF WEST VIRGINIA  
DEPARTMENT OF ADMINISTRATION  
PURCHASING DIVISION  
2019 WASHINGTON STREET, EAST  
CHARLESTON, WEST VIRGINIA 25305-0130

SAMANTH L. WILLIS  
DIRECTOR

June 14, 2024

Wendell Brown, General Manager  
Standard Exterminating Company  
905 7<sup>th</sup> Avenue  
Charleston, WV 25302

Subject: WV Statewide Contract No.: CMA 0212 PESTCTR22 Pest Control Services

Dear Mr. Brown:

The State of West Virginia is offering to renew the subject contract under the same terms, conditions and pricing. The renewal dates are July 15, 2024 through July 14, 2025. Please mark your response below and complete the signature information, then return to my attention as soon as possible. You may return all renewal documents via email to [Mark.A.Atkins@wv.gov](mailto:Mark.A.Atkins@wv.gov).

We agree to renew the contract for the period as stated above under the same terms and conditions in the original purchase order and any change orders thereto.

We do not agree to renew the contract for the period as stated above under the same terms and conditions in the original purchase order and any change orders thereto.

Wendell Brown	<i>Wendell Brown</i>	Vice President	6-14-24
<i>Print Name</i>	<i>Signature</i>	<i>Title</i>	<i>Date</i>

Please call if you have any questions.

Regards,

*Mark A. Atkins, CPPB*

**Buyer Supervisor**  
West Virginia Department of Administration  
Purchasing Division  
2019 Washington Street, East  
POB 50130  
Charleston, WV 25305-0130  
Phone: 304.558.2307  
Email: [Mark.A.Atkins@wv.gov](mailto:Mark.A.Atkins@wv.gov)

# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>          <i>oo</i>          </u> Date: <u>          <i>6/26/2007</i>          </u>  Solicitation No. <u>          <i>CO#2</i>          </u>	Agency: WV Purchasing Division  Procurement Officer Submitting Requisition: Mark Atkins  Requisition No. CO#2 CMA PESTCTR2  PF No.: 1062534
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This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

## FOR ALL SOLICITATION TYPES:

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Use of most current terms and conditions <a href="http://www.state.wv.us/admin/purchase/TCP.pdf">www.state.wv.us/admin/purchase/TCP.pdf</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**FOR CHANGE ORDERS/RENEWALS:**

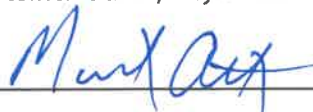
1	Two-party agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Secretary of State Verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	State debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Federal debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*\*The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.*

*For Purchasing Division Use Only:*

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

Signature: \_\_\_\_\_



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Business Organization Detail

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STANDARD EXTERMINATING COMPANY

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C   Corporation	3/18/1968		3/18/1968	Domestic	Profit			

Organization Information			
<b>Business Purpose</b>	3253 - Manufacturing - Chemical Manufacturing - Pesticide, Fertilizer, and Other Agricultural Chemical Mfg.	<b>Capital Stock</b>	10000.0000
<b>Charter County</b>	Kanawha	<b>Control Number</b>	0
<b>Charter State</b>	WV	<b>Excess Acres</b>	4
<b>At Will Term</b>		<b>Member Managed</b>	
<b>At Will Term Years</b>		<b>Par Value</b>	100.000000
<b>Authorized Shares</b>	100	<b>Young Entrepreneur</b>	Not Specified

Addresses	
Type	Address
<b>Local Office Address</b>	905 7TH AVE CHARLESTON, WV, 25302
<b>Mailing Address</b>	905 7TH AVE CHARLESTON, WV, 25302 USA
<b>Notice of Process Address</b>	WENDELL BROWN 905 7TH AVENUE CHARLESTON, WV, 25302
<b>Principal Office Address</b>	905 7TH AVE CHARLESTON, WV, 25302 USA
Type	Address

Officers	
Type	Name/Address
<b>President</b>	MELANIE LEANNE PERSON 905 7TH AVE CHARLESTON, WV, 25302
<b>Vice-President</b>	WENDELL BROWN 905 7TH AVE CHARLESTON, WV, 25302
Type	Name/Address

Date	Amendment
1/27/1988	DECREASE TO 50,000
Date	Amendment

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



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