



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

Purchase Order

PURCHASE ORDER NO
WVARF10

PAGE
1

BLANKET RELEASE
00

CORRECT PURCHASE ORDER NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES, AND SHIPPING PAPERS. QUESTIONS CONCERNING THIS PURCHASE ORDER SHOULD BE DIRECTED TO THE BUYER AS NOTED BELOW.

CHANGE ORDER
17

INVOICE TO

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

AGENCY COPY

VENDOR

*709052549 304-205-7970
 WV ASSOC OF REHAB FACILITIES
 400 ALLEN DR STE 100
 CHARLESTON WV 25302

SHIPP TO

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

DATE PRINTED		TERMS OF SALE		FEIN/SSN	FUND
04/24/2013		NET 30		550633886	
SHIP VIA		FOB		FREIGHT TERMS	ACCOUNT NUMBER
BEST WAY		DESTINATION		PREPAID	MUL-MUL
LINE	QUANTITY	UOP	VENDOR ITEM NO	UNIT PRICE	AMOUNT
	DELIVERY DATE	CAT. NO.	ITEM NUMBER		
CHANGE ORDER #17					
TO EXTEND THE ORIGINAL CONTRACT ACCORDING TO ALL TERMS, CONDITIONS, PRICES AND SPECIFICATIONS CONTAINED IN THE ORIGINAL CONTRACT AND ALL AUTHORIZED CHANGE ORDERS.					
NO CHANGE IN CONTRACT TOTAL.					
EFFECTIVE DATE OF EXTENSION: 05/01/2013 THROUGH 12/31/2013					
ALL PROVISIONS OF THE ORIGINAL CONTRACT AND SUBSEQUENT CHANGE ORDERS NOT MODIFIED HEREIN SHALL REMAIN IN FULL FORCE AND EFFECT.					
NO OTHER CHANGES.					
				PREVIOUS PO TOTAL==>	OPEN END
				PO NET CHANGE (+)==>	
					PURCHASING DIVISION CERTIFIED ENCUMBERED
					APR 29 2013
					<i>Beverly Toler</i>
					OPEN END
					TOTAL

IF APPROVAL AS TO FORM IS REQUIRED BY ATTORNEY GENERAL, CHECK HERE

APPROVED AS TO FORM BY
 ASSISTANT ATTORNEY GENERAL

BY


BUYER *[Signature]* 304-558-8802

PURCHASING DIVISION AUTHORIZED SIGNATURE

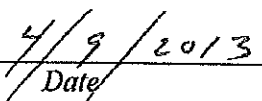
State of West Virginia Contract Extension: May 1, 2013 – December 31, 2013
Contract No. WVARF10

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

State of West Virginia:



Name/Signature

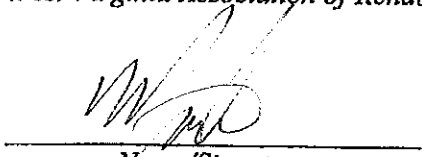


Date

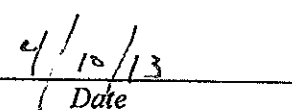


Title

West Virginia Association of Rehabilitation Facilities, Inc.:



Name/Signature



Date



Title