



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

State of West Virginia  
**Master Agreement**

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

Order Date: 08-13-2024

Order Number:	CMA 0613 9905 VNFFOODSER24C 2	Procurement Folder:	1239129
Document Name:	Food Service Cafeteria Workers	Reason for Modification:	Change Order No. 01 To renew contract
Document Description:	Food Service Cafeteria Workers		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2023-08-15
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-08-14

VENDOR		DEPARTMENT CONTACT	
Vendor Customer Code:	VS0000039603	Requestor Name:	Michael A Clevenger
LIMITLESS HEALTHCARE INC		Requestor Phone:	304-626-1600
PO BOX 633		Requestor Email:	michaelclevenger06@gmail.com
JANE LEW	WV 26378	<div style="font-size: 48px; font-weight: bold;">2025</div> <div style="font-size: 24px; font-weight: bold;">FILE LOCATION</div>	
US			
Vendor Contact Phone:	3046410438 Extension:		
Discount Details:			
Discount Allowed	Discount Percentage	Discount Days	
#1 No	0.0000	0	
#2 No			
#3 No			
#4 No			

INVOICE TO	SHIP TO
DIVISION OF VETERANS AFFAIRS	VETERAN'S NURSING FACILITY
1 FREEDOMS WAY	1 FREEDOMS WAY
CLARKSBURG WV 26301	CLARKSBURG WV 26301
US	US

*8/13/24*

Purchasing Division's File Copy

Total Order Amount:	Open End
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PURCHASING DIVISION AUTHORIZATION  
 DATE: *JA 8.15.24*  
 ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM  
 DATE: *John L. Gray*  
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION  
 DATE: *8-21-24*  
 ELECTRONIC SIGNATURE ON FILE

*8/21/2024*

**Extended Description:**

Change Order

Change Order No. 01 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 8/15/2024 through 8/14/2025.

Renewal Years Remaining: 2

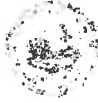
No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85101600				0.000000
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
	2023-08-15	2025-08-14		0.00	

**Commodity Line Description:** Food Service Cafeteria Workers

**Extended Description:**

See pricing pages for hourly rates for weekday, weekend, holiday and other important dates.



*West Virginia Veterans Nursing Facility  
One Freedom Way  
Clarksburg WV 26301*

July 31, 2024

Heather Nicholas  
Limitless Healthcare Inc  
Po Box 638  
Jane Lew, WV 26378

RE: Renewal CMA-0613-9905-VNFFOODSER24C

Dear Ms. Nicholas,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 8/15/2024 to 8/14/2025. If your company agrees to this renewal, please sign below and return to my attention as soon as possible.

If you have any questions or concerns, feel free to contact me at (304) 626-1600.

Regards,

Michael Clevenger  
Procurement Supervisor

We agree to renew the contract for the period stated above under the same terms, conditions, and pricing as in the original Purchase Order and any subsequent Change Orders.

X

SIGNATURE

PRINT NAME

DATE

8/10/2024

# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>      8      </u> Date: <u>  8/15/24  </u>  Solicitation No. <u>  CMA VNFFOOD24C  </u>	Agency: WVNF  Procurement Officer Submitting Requisition: Michael Clevenger  Requisition No. CMA VNFFOOD24C  PF No.: 1239129
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

**FOR CHANGE ORDERS/RENEWALS:**

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

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## West Virginia Secretary of State — Online Data Services

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Online Data Services Help

### Business Organization Detail

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### LIMITLESS HEALTHCARE, INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C   Corporation	1/21/2022		1/21/2022	Domestic	Profit			

Organization Information			
<b>Business Purpose</b>	6216 - Health Care and Social Assistance - Ambulatory Health Care Services - Home Health Care Services		<b>Capital Stock</b> 500.0000
<b>Charter County</b>	Lewis		<b>Control Number</b>
<b>Charter State</b>	WV		<b>Excess Acres</b>
<b>At Will Term</b>			<b>Member Managed</b>
<b>At Will Term Years</b>			<b>Par Value</b> 5.000000
<b>Authorized Shares</b>	100		<b>Young Entrepreneur</b> No

<b>Addresses</b>	
<b>Type</b>	<b>Address</b>
<b>Local Office Address</b>	190 MIDSTREAM WAY STE 1 JANE LEW, WV, 26378
<b>Mailing Address</b>	P O BOX 633 JANE LEW, WV, 26378 USA
<b>Notice of Process Address</b>	LIMITLESS HEALTHCARE, INC. P O BOX 633 JANE LEW, WV, 26378
<b>Principal Office Address</b>	190 MIDSTREAM WAY STE 1 JANE LEW, WV, 26378 USA
<b>Type</b>	<b>Address</b>

<b>Officers</b>	
<b>Type</b>	<b>Name/Address</b>
<b>Incorporator</b>	HEATHER NICHOLAS 336 E 1ST ST WESTON, WV, 26452
<b>President</b>	HEATHER NICHOLAS 336 E 1ST ST WESTON, WV, 26452
<b>Type</b>	<b>Name/Address</b>

<b>Annual Reports</b>	
<b>Filed For</b>	
2024	
2023	
<b>Date filed</b>	

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

Thursday, August 1, 2024 — 10:00 AM

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"Limitless Healthcare" 

**Federal Organizations**



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