



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: 04-28-2026

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 0613 9905 VNF250000007 2	<b>Procurement Folder:</b>	1612085
<b>Document Name:</b>	Pharmacy Supplies and Services	<b>Reason for Modification:</b>	
<b>Document Description:</b>	Pharmacy Supplies and Services	Change Order No. 01 To Renew Contract	
<b>Procurement Type:</b>	Central Master Agreement		
<b>Buyer Name:</b>			
<b>Telephone:</b>			
<b>Email:</b>			
<b>Shipping Method:</b>	Best Way	<b>Effective Start Date:</b>	2025-06-01
<b>Free on Board:</b>	FOB Dest, Freight Prepaid	<b>Effective End Date:</b>	2027-05-31

VENDOR		DEPARTMENT CONTACT			
<b>Vendor Customer Code:</b>	000000227888	<b>Requestor Name:</b>	Michael A Clevenger		
UNIQCARE PHARMACY LLC 3538 TEAYS VALLEY RD		<b>Requestor Phone:</b>	304-626-1600		
HURRICANE WV 25526		<b>Requestor Email:</b>	michael.a.clevenger@wv.gov		
US		<div style="font-size: 48px; font-weight: bold;">2026</div> <div style="font-size: 24px; font-weight: bold;">FILE LOCATION _____</div>			
<b>Vendor Contact Phone:</b>	999-999-9999			<b>Extension:</b>	
<b>Discount Details:</b>					
<b>Discount Allowed</b>	<b>Discount Percentage</b>			<b>Discount Days</b>	
#1 No	0.0000	0			
#2 No					
#3 No					
#4 No					

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

*4/30/26 60*

Purchasing Division's File Copy

<b>Total Order Amount:</b>	Open End
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*QR*  
**PURCHASING DIVISION AUTHORIZATION**  
 DATE: *4/29/26*  
 ELECTRONIC SIGNATURE ON FILE

**ATTORNEY GENERAL APPROVAL AS TO FORM**  
 DATE: *5/4/2026*  
 ELECTRONIC SIGNATURE ON FILE

**ENCUMBRANCE CERTIFICATION**  
*Cody Rose*  
 DATE: *5-5-26*  
 ELECTRONIC SIGNATURE ON FILE

**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 6/1/2026 through 5/31/2027.

Renewal Years Remaining: 2

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85121900				0.000000
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
	2025-06-01	2027-05-31		0.00	

**Commodity Line Description:** Pharmacy Supplies and Services

**Extended Description:**

See Pricing page for pricing

Pharmacy Supplies and Services



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

April 23, 2026

Joshua Curry  
Uniqcare Pharmacy LLC  
3538 Teays Valley Rd.  
Hurricane, WV 25526

RE: Renewal CMA 0613 9905 VNF25\*07

Dear Mr. Curry,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 6/1/2026 to 5/31/2027. 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

4-27-2026  
DATE

Josh Curry  
PRINT NAME



### Search

All Words

e.g. 1606N020Q02

#### Filter By

#### Keyword Search

For more information on how to use our keyword search, visit our [help guide](#)

#### Simple Search

#### Search Editor

- Any Words
- All Words
- Exact Phrase

e.g. 123456789, Smith Corp

"Uniqcare Pharmacy LLC"

Entity

Location

Status

- Active
- Inactive

[Reset](#)

[Entity Information](#)



[All Entity Information](#)

[Entities](#)

[Disaster Response Registry](#)

[Responsibility / Q...](#)



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## West Virginia Secretary of State — Online Data Services

### Business and Licensing

Online Data Services Help

### Business Organization Detail

*NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.*

### UNIQCARE PHARMACY LLC

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC   Limited Liability Company	1/18/2013		1/18/2013	Domestic	Profit			

Organization Information			
<b>Business Purpose</b>	4242 - Wholesale Trade - Wholesale Trade, Nondurable Goods - Drugs and Druggists' Sundries Merchant Wholesalers		<b>Capital Stock</b>
<b>Charter County</b>	Putnam	<b>Control Number</b>	99YM6
<b>Charter State</b>	WV	<b>Excess Acres</b>	
<b>At Will Term</b>	A	<b>Member Managed</b>	MBR
<b>At Will Term Years</b>		<b>Par Value</b>	
<b>Authorized Shares</b>		<b>Young Entrepreneur</b>	Not Specified

<b>Addresses</b>	
<b>Type</b>	<b>Address</b>
<b>Designated Office Address</b>	3538 TEAYS VALLEY ROAD HURRICANE, WV, 25526
<b>Notice of Process Address</b>	MIKE EBBERT 3538 TEAYS VALLEY RD HURRICANE, WV, 25526
<b>Principal Office Address</b>	3538 TEAYS VALLEY ROAD HURRICANE, WV, 25526 USA
<b>Principal Office Mailing Address</b>	3538 TEAYS VALLEY RD HURRICANE, WV, 25526 USA
<b>Type</b>	<b>Address</b>

<b>Officers</b>	
<b>Type</b>	<b>Name/Address</b>
<b>Member</b>	JOSHUA H CURRY 8745 HOWELLS MILL RD ONA, WV, 25545
<b>Member</b>	MIKE EBBERT 18 RALPH DRIVE HURRICANE, WV, 25526
<b>Member</b>	DAVID KELLER PO BOX 126 BARTLETT, OH, 45713
<b>Organizer</b>	JOSHUA H CURRY RR 2 BOX 133 ONA, WV, 25545 USA
<b>Organizer</b>	MIKE EBBERT AND ONE OTHER 18 RALPH DRIVE HURRICANE, WV, 25526 USA
<b>Type</b>	<b>Name/Address</b>

<b>Annual Reports</b>	
<b>Filed For</b>	
2025	
2024	

2023
2022
2021
2020
2019
2018
2017
2016
2015
2014
<b>Date filed</b>

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

Wednesday, April 29, 2026 — 8:39 AM

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# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>#13</u> Date: <u>4/29/2024</u>  Solicitation No. <u>CMA VNF 25*07</u>  <div style="font-size: 2em; color: blue; font-family: cursive;">COT#1 Renewal</div>	Agency: WVNF  Procurement Officer Submitting Requisition: Michael Clevenger  Requisition No. CMA VNF25*07  PF No.: 1612085
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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:** Provided, if Required

				<b>Not Required</b>	<b>Purch. Div. Confirmation</b>
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 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 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
<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 checked="" 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 type="checkbox"/>
<b>4</b>	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b>	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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 \_\_\_\_\_

*Jessica Kelly*