

LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASE ORDER NO 0001086564

PURCHASING: (916) 568-3071 • FAX: (916) 568-3145
 ACCOUNTING OPS: (916) 568-3065 • FAX: (916) 286-3636

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

Date 04/21/2016	Revision	Page 1
Payment Terms NET 30	Freight Terms Shipping Point	Ship Via Best Metho
Reference: 1007876 COOK E ROUILLER S		Location / Dept 04ASPH108 EOPS

Supplier: 0000037464
 LILITAB LLC
 39 LARKSPUR STREET STE B
 SAN RAFAEL CA 94901

Phone: (888) 705-0190
Fax: (888) 705-0190

email: michael@lilitab.com

Ship To: FOLSOM LAKE COLLEGE
 RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630-6798
 United States

Bill To: 1919 Spanos Court
 Sacramento CA 95825-3981
 United States

Tax Exempt? N

Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	FLOOR MOUNT #G25PM-WFM	5.00 EA	280.25	1,401.25	05/05/2016
2- 1	FLOOR BASE - WHITE #G2XA-WBP	5.00 EA	95.00	475.00	05/05/2016
3- 1	IPAD PRO (12.9") HEAD - G2.5, PRO, WHITE, W/ CAMPIN #C25HUP-WPM	5.00 EA	190.00	950.00	05/05/2016
4- 1	BROCHURE HOLDER - WHITE CLIPS #G2XA-CWBH	5.00 EA	19.00	95.00	05/05/2016
5- 1	SHIPPING (UPS GROUND)	1.00 EA	81.65	81.65	05/05/2016

PER QUOTE# 70422938 (INCLUDES 5% EDUCATION DISCOUNT)

FLOOR PRO TABLET KIOSK

ACCOUNT# 7042

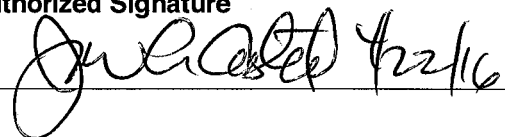
Sub Total Amount	3,002.90
Sales Tax Amount	240.23
Total PO Amount	3,243.13

BU	Acct	Fd	Org	Proj	Sub	Proj	Amount	BYear
GENFD	6490	12	FL.VS.EOPS	64300	00000	408A	3,243.13	2016

0001007876KIRKLINK20-APR-2016

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

Authorized Signature



Notice to vendor: You are responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of goods by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30
 MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

LOS RIOS COMMUNITY COLLEGE DISTRICT

American River College • Cosumnes River College • Folsom Lake College • Sacramento City College

PURCHASE ORDER TERMS AND CONDITIONS

1. **APPLICABLE LAW:** The contract resulting from this order shall be governed by the laws of the State of California
2. **COMPLETION OF ORDERS:** LRCCD reserves the right to withhold payment until order is completed.
3. **DISCOUNTS:** Please show cash payment discount offered on your invoice in connection with any discount offered, time will be computed from date of delivery of the supplies or equipment, or from date correct invoices are received in the office specified by LRCCD if the latter date is later than the date of delivery. Payment is deemed to be made for the purpose of earning discount, on the date payment is mailed or on behalf of LRCCD.
4. **INVOICES:** Invoices shall be prepared and submitted in duplicate unless otherwise specified. Invoices shall contain Purchase order number, date, description of items, sizes and quantities, unit prices, extended totals, place and date of delivery. Invoices or vouchers not on printed bill heads shall be signed by the CONTRACTOR or person furnishing the supplies or services. Every invoice shall be properly itemized. If LRCCD has not received billing for product or services within a one year period LRCCD will not be held responsible for satisfying the debt.
5. **CHANGES:** No change or modification in terms, quantities, or specifications may be made without express authorization in writing from the LRCCD Purchasing Office and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto. If unit cost of any item exceeds the amount shown by 10% or \$250.00 whichever is less do not ship. Contact LRCCD Purchasing at the phone number provided.
6. **BILL OF LADING:** If Bill of Lading is applicable to this order, send originals to "Ship to" address and duplicate Bill of Lading with invoices to "Bill to" address. All correspondence, invoices, bills of lading, shipping memos, packages, etc., must show purchase order number. If factory shipment, advise factory to comply.
7. **TRANSPORTATION CHARGES:** Invoices for prepaid transportation charges must be supported by original receipted expense bills.
8. **FOB POINT AND FREIGHT CHARGES:** Unless otherwise specified on this order, all items shall be delivered FOB Destination. No charge for delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, or for any other purpose will be paid by LRCCD unless expressly included and itemized in the order. Unless otherwise shown, on "FOB Shipping Point" transactions, CONTRACTOR shall arrange for lowest cost transportation, prepay and add freight to invoice and furnish supporting freight bills if the amount exceeds \$50.00. On "FOB Shipping Point" transactions, should any shipments under this purchase order be received by LRCCD in a damaged condition and any related freight loss and damage claims filed against the carrier or carriers be wholly or partially declined with the inference that damage was the result of the act of the shipper such as inadequate packaging or loading or some inherent defect in the equipment and/or material, CONTRACTOR on request of LRCCD shall at CONTRACTOR's own expense assist LRCCD in establishing carrier liability by supplying evidence that the equipment and/or materials was properly constructed, manufactured, packaged, and secured to withstand normal transportation conditions. Shipments that are California intrastate in nature and where freight is to be borne by LRCCD shall be tendered to carriers with written instructions that rate and charges may not exceed the lowest lawful rates on file with the California Public Utilities Commission.
9. **PATENT INDEMNITY:** The CONTRACTOR shall hold LRCCD, its officers, agents and employees harmless from alleged liability of any nature or kind, including costs and attorney fees and expenses, for infringement or use of any copyrighted or uncopyrighted composition, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
10. **TAXES:** Certain articles sold to LRCCD are exempt from certain Federal excise taxes. LRCCD will reimburse the CONTRACTOR for, or pay directly, all California State and local sales and use taxes applicable to this purchase.
11. **EQUAL OPPORTUNITY EMPLOYER:** The acceptance of this purchase order by a supplier of goods and services is a certification that such supplier complies with all provisions of executive order 11246 and is an equal opportunity employer.
12. **GENERAL SAFETY ORDERS:** All materials, supplies and services sold to LRCCD shall conform to the general safety orders of the State of California. All materials, except as otherwise specified, must be new and of the best quality of their respective kinds.
13. **INDEMNIFICATION:** CONTRACTOR shall indemnify, defend and hold harmless LRCCD, its trustees, officers, agents, employees and volunteers, from any and all claims, demands, suits, causes of action, damages, penalties, breaches of this agreement, infringement of patent rights, costs, expenses, violations of employee occupational health and safety laws, attorney fees, losses or liability, property damage, personal injuries to or death of persons, arising out of, alleged to have arisen out of, or relating in any way to CONTRACTOR's work to be performed under this agreement, except if caused solely by the negligence of LRCCD.
14. **TERMINATION:** LRCCD may terminate this agreement and be relieved of the payment of any consideration to CONTRACTOR should CONTRACTOR fail to perform the covenants herein contained at the time and in the manner herein provided. In the event of such termination LRCCD may proceed with the work in any manner deemed proper by LRCCD. The cost to LRCCD shall be deducted from any sum due the CONTRACTOR under this agreement and the balance if any, shall be paid the CONTRACTOR upon demand.
15. **ASSIGNMENT:** Without the written consent of LRCCD, this agreement is not assignable by CONTRACTOR either in whole or in part.
16. **PUBLIC WORKS PROJECTS:** CONTRACTOR must comply with Public Contract Code.
17. **CA LABOR CODE:** Pursuant to Section 1700, and following, the CONTRACTOR shall pay not less than the prevailing rate of per diem wages as determined by the Director of the California Department of Industrial Relations. Copies of such prevailing rate of per diem wages are on file at the Business Office of the Los Rios Community College District, 1919 Spanos Court, Sacramento, CA 95825. Those copies shall be made available to any interested party upon request. The CONTRACTOR shall forfeit, as penalty to the LRCCD, Fifty Dollars (\$50.00) for each calendar day or portion thereof, for each workman paid less than the stipulated prevailing rates for any work done under the contract by him/her or by any subcontractor under him, in violation of the provisions of such Labor Code.
18. **NOTICE:** Your employees may be exposed to hazardous substances during the course of their work while on LRCCD property. For additional information on the hazardous substances that your employees may be exposed to contact the LRCCD General Services Department at (916) 568-3048.
19. **INSURANCE:** CONTRACTOR shall, at all times, maintain in full force and effect the following insurance: Workers' Compensation, Commercial General Liability, Auto Liability, and Professional Liability if licensed professional. Policy limits for each shall be at least \$1,000,000 AND \$3,000,000 AGGREGATE for bodily injury, personal injury and property damage. Any combination of General Liability and Excess Coverage can be combined to meet the Aggregate. LRCCD shall be named as an additional insured on CONTRACTOR's policies. The CONTRACTOR shall provide a certificate of insurance and required endorsements to comply with this section at least 15 days prior to commencement of work under this contract. The certificate shall state that LRCCD will be given 30 days notice of any material change or cancellation in coverage.
20. **DISQUALIFIED EMPLOYEES:** CONTRACTOR shall ensure that persons who perform services on LRCCD property have not been convicted of any felony, or any controlled substance offense or any sex offense as those terms are defined by Education Code section 87008-87010. If LRCCD determines that any person employed by CONTRACTOR to work on LRCCD property is incompetent, unfaithful, intemperate, disorderly, abusive or is otherwise unsatisfactory, CONTRACTOR shall cause that employee to be removed from working on LRCCD property immediately, and that person shall not be employed again on LRCCD property.
21. **WORK AUTHORIZATION:** Prior to LRCCD's acceptance of this Agreement, CONTRACTORS who are not U.S. citizens must provide verification of (a) work authorization status from the appropriate U.S. Department of State; (b) a copy of their U.S. visa; (c) the number of days present in the U.S.; and (d) tax treaty status. LRCCD shall not make any payments to CONTRACTOR unless CONTRACTOR holds the appropriate U.S. visa. CONTRACTOR is responsible for ensuring they are in possession of the appropriate visa.
22. **WARRANTY:** CONTRACTOR expressly warrants that all materials, goods, equipment, services, and/or labor shall conform to the requirements set forth or incorporated into this order and any applicable industry standards or requirements, shall be merchantable and free from defects in workmanship, materials and/or design (including latent defects), and shall perform as specified. CONTRACTOR further warrants that all materials, goods, equipment, services, and/or labor will be fit and sufficient for the particular purposes intended by LRCCD. Unless agreed upon otherwise between LRCCD and CONTRACTOR, the warranty period shall be the longer of: (a) any express warranty included in this service agreement; (b) one year after the materials, goods, equipment, services, and/or labor are accepted by LRCCD; or (c) any warranty period provided under any applicable California law.

Requisition

Supplier MISCELLANEOUS

 ***** CA 95825
 United States

Ship To: RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630-6798

Business Unit: GENFD		OPEN
Req ID: 0001007876	Date 04/13/2016	Page 1
Requisition Name: LILITAB		
Requester Elizabeth Cook	Bldg# EOPS	
Requester Signature		
Buyer: Suzanne Rouiller		
Approved:		

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	FLOOR MOUNT: G25PM-WFM	5	EA	280.25	1,401.25	
	ASSET DEPT: EOPS LOCATION: 04ASPH108 CATEGORY: EQU:OTHER 5 PROFILE: EQUIP					
2-1	FLOOR BASE - WHITE: G2XA-WBP	5	EA	95.00	475.00	
	ASSET DEPT: EOPS LOCATION: 04ASPH108 CATEGORY: EQU:OTHER 5 PROFILE: EQUIP					
3-1	IPAD PRO (12.9") HEAD - G2.5, PRO, WHITE: C25HUP-WPM, W/ CAMPIN	5	EA	190.00	950.00	
	ASSET DEPT: EOPS LOCATION: 04ASPH108 CATEGORY: EQU:OTHER 5 PROFILE: EQUIP					
4-1	BROCHURE HOLDER - WHITE CLIPS: G2XA-CWBH	5	EA	19.00	95.00	
	ASSET DEPT: EOPS LOCATION: 04ASPH108 CATEGORY: EQU:OTHER 5 PROFILE: EQUIP					
5-1	SHIPPING (UPS GROUND)	1	EA	81.65	81.65	
	ASSET DEPT: EOPS LOCATION: 04ASPH108 CATEGORY: SHP 1 PROFILE: EQUIP					

Total Requisition Amount: 3,002.90

LILITAB INSPIRED INTERACTIONS
 39 LARKSPUR ST. STE B
 SAN RAFAEL, CA 94901

LILITAB REPRESENTATIVE WAS EMAILED THE VENDOR PACKET - 4/13/2016

TOTAL COST: \$3236.60 (INCLUDES 5% EDUCATION DISCOUNT) ;INLCUDES 5 - FACEPLATES - IPAD PRO 12.9" WHITE- C25A-WFP-PCP AT NO CHARGE

Quote# 70422938 Valid 04/13-16 - 05/13-16
 Taxable Merchandise Subtotal = \$2,921.25 (*)
 UPS Shipping (non-taxable) \$ 81.65 (*)
 Sales Tax 8.00 % \$ 233.70

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>
GENFD	6490	12	FL.VS.EOPS	64300	00000	408A	3,002.90

Approval Signature 	Approval Signature 	Approval Signature
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Requisition

Supplier MISCELLANEOUS

 ***** CA 95825
 United States

Ship To: RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630-6798

Business Unit: GENFD		OPEN
Req ID: 0001007876	Date 04/13/2016	Page 2
Requisition Name: LILITAB		
Requester Elizabeth Cook		Bldg# EOPS
Requester Signature		
Buyer: Suzanne Rouiller		
Approved:		

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
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Purchases Charged to Catagorical Programs, Grants or Special Project.

This purchase is in compliance with the requirement of EOPS

For grants/special projects 408A

Name: Libby Cook

Approval Signature 	Approval Signature	Approval Signature
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inspired interactions

lilitab
39 Larkspur St.
Suite B
San Rafael CA 94901

Bill to:

Ship to:

Libby Cook
Folsom Lake College
10 College Parkway
Folsom, CA 95630
United States

Libby Cook
Folsom Lake College
10 College Parkway
Folsom, CA 95630
United States

Notification Email:

Notification Phone Number:

Account Number 7042
Quote Number 70422938
Issue Date 4/13/2016
Due Date 5/13/2016

Date	Project/Item	Shipping	Time/QTY	Price	Taxes	Total
4/13/2016	G25PM-WFM Floor Mount - Pro, 6-Pin, White, G2.5 - Compatible with K, H and M Pro Heads - Includes: - Floor Mount - MagDOCK - Base cover if sold without a baseplate/ Base Housing if sold with a Baseplate	None	5	295.00 <u>280.25</u>	CA Sales tax	1,475.00 <u>1401.25</u>

L1

***Note: Mounting bolts not included if ordered without a Baseplate*

4/13/2016	G2XA-WBP Floor Base - White - Compatible with Floor, Counter and Surface Mounts (Pro and Basic) - 12" x 12" x 1/4" - When ordered with a Floor Mount, includes a Base Housing which conveniently stores your Power Supply and/or surplus cable length.	None	5	100.00 <u>95.00</u>	CA Sales tax	-73.75 <u>475.00</u>
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L2

4/13/2016	C25HUP-WPM iPad Pro (12.9") Head - G2.5, Pro, White - Compatible with Pro Mounts - Includes: - Custom metal enclosure (no rear camera)	None	5	200.00 <u>190.00</u>	CA Sales tax	-25.00 <u>950.00</u>
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L3

↓

opening) for 12.9" iPad Pro
 - Faceplate of your choice

4/13/2016	C25A-WFP-PCP Faceplate - iPad Pro (12.9"), Cam- Pin, White - Compatible with iPad Pro (12.9") configured Heads (custom metal enclosure) - Camera opening and pinhole at the Home Button location	None	5	N/A	CA Sales tax	-50.00 N/A
4/13/2016	G2XA-CWBH Brochure Holder - White Clips - Compatible with all Floor Mounts	None	5	20.00 19.00	CA Sales tax	100.00 95.00
4/13/2016	Shipping (UPS Ground)	None	1	81.65	CA Sales tax	-5.00 81.65

(Item No Charge) 5% DISC
 included in desc w/ L3 / Head Unit

L3
L4
L5

non-taxable

Folsom 95630 - Point of Delivery STX 8.00% Sales TAX

Sub-Total: \$3,002.90
 CA Sales tax @ 9.2500% (3,002.90-Taxable) 277.77
 Total: \$3,280.67

Balance Owing: \$3,280.67

REQ/PO Total \$ 3,236.60

Due on Receipt

QUOTE ONLY

Lilitab return policy

You may return new, unopened items in their original packaging within 30 days of delivery for a full refund minus a 10% restocking fee.
 Opened items may be returned in their original packaging within 14 days as long as they have not been used and are in new condition. The same 10% restocking fee will apply.
 Custom & customized items are not returnable except in the case of a defect in workmanship or materials.
 If your product was damaged in shipping the following steps MUST be adhered to in order to receive a refund or replacement products:

1. Document damage to both packaging and contents with photos.
2. Keep all packaging until informed that it can be discarded.
3. Report your damage claim and upload photos via the form on the Support Request page in our Support section within 48 hours of receipt of goods.
4. A lilitab representative will contact you within 24 hours to arrange a UPS pickup and shipment of replacement products.



LOS RIOS
 COMMUNITY COLLEGE DISTRICT
 1919 Spanos Court ■ Sacramento, CA 95825
 PURCHASING DEPARTMENT (916) 568-3071
 Fax (916)568-3145 ■ lrccdpurchase@losrios.edu

VENDOR APPLICATION

Return signed completed form to Purchasing via fax or email.

NAME: Michael McCloud

NAME OF FIRM <u>lilitab</u>		FEDERAL ID# OR SOCIAL SECURITY # <u>45 - 2839748</u>	
MAILING ADDRESS <u>39 Larkspur St, Suite B San Rafael, CA 94901</u>		REMIT ADDRESS (if different)	
PHONE <u>808 705-0190</u>	FAX <u>808 705-0190</u>	EMAIL <u>Michael@lilitab.com</u>	

WEBSITE <u>www.lilitab.com</u>			ORGANIZATION/REGISTRATION (Check all that apply)																
<table border="1"> <thead> <tr> <th colspan="3">AUTHORIZED COMPANY REPRESENTATIVES</th> </tr> <tr> <th>Name</th> <th>Title/Capacity</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>* <u>Michael McCloud</u></td> <td><u>VP</u></td> <td><u>michael@lilitab.com</u></td> </tr> <tr> <td><u>Adriana Karkkanen</u></td> <td><u>Ops Mgr</u></td> <td><u>adriana@lilitab.com</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			AUTHORIZED COMPANY REPRESENTATIVES			Name	Title/Capacity	Email	* <u>Michael McCloud</u>	<u>VP</u>	<u>michael@lilitab.com</u>	<u>Adriana Karkkanen</u>	<u>Ops Mgr</u>	<u>adriana@lilitab.com</u>				<input type="checkbox"/> Individual	Contractor License#
			AUTHORIZED COMPANY REPRESENTATIVES																
			Name	Title/Capacity	Email														
			* <u>Michael McCloud</u>	<u>VP</u>	<u>michael@lilitab.com</u>														
<u>Adriana Karkkanen</u>	<u>Ops Mgr</u>	<u>adriana@lilitab.com</u>																	
<input type="checkbox"/> Partnership	DIR Registration#																		
<input type="checkbox"/> Non Profit																			
<input checked="" type="checkbox"/> (CA) Corporation (List State Incorporated)																			
Is business registered in the State of California?			<input checked="" type="radio"/> Yes	<input type="radio"/> No															

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES AVAILABLE TO THE DISTRICT		
<u>tablet kiosks & components thereof</u>		

VENDOR CERTIFICATION		OTHER BUSINESS INFORMATION	
I certify that all statements contained herein are correct. I understand that this information will be used as a basis for evaluating my request to receive bid invitations for purchases. I understand that being placed on the qualified vendor bid list does not in any way represent an endorsement of my firm by Los Rios, nor does it relieve my firm of providing bonds and insurances as required. I further agree to disclose any known or potential conflicts of interest relating to my business and Los Rios. I understand the requirements for fulfilling and invoicing orders. I further certify this firm is an equal opportunity employer. <u>AK</u> INITIALS		Payment Terms <u>Net 30</u>	Discounts Extended <u>5%</u>
		Refund/Returns	<u>Open - 14 days</u> <u>Sealed 30 days</u> > 10% restocking fee
		<u>AK</u> SIGNATURE	<u>Adriana Karkkanen Ops Mgr</u> TITLE
			<u>4/14/16</u> DATE

LOS RIOS PURCHASING ONLY:
 www.losrios.edu/purchasing

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) lilitab llc	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input checked="" type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) 39 Larkspur Street Suite B	Requester's name and address (optional)
City, state, and ZIP code San Rafael, CA 94901		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
Employer identification number	
45 - 2859748	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶ Apr 29, 2013
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Withholding Exemption Certificate

(This form can only be used to certify exemption from nonresident withholding under California R&TC Section 18662. This form cannot be used for exemption from wage withholding.)

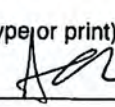
File this form with your withholding agent. (Please type or print)		Withholding agent's name	
Vendor/Payee's name lilitab, llc		Vendor/Payee's <input type="checkbox"/> SOS no. 45-2859748	<input type="checkbox"/> Social security number <input type="checkbox"/> California corp. no. <input checked="" type="checkbox"/> FEIN
Vendor/Payee's address (number and street) 39 Larkspur St, Suite B		APT no.	Private Mailbox no.
City San Rafael		State CA	Vendor/Payee's daytime telephone no. (888) 705-0190
		ZIP Code 94901	

I certify that for the reasons checked below, the entity or individual named on this form is exempt from the California income tax withholding requirement on payment(s) made to the entity or individual. Read the following carefully and check the box that applies to the vendor/payee:

- Individuals – Certification of Residency:**
I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly inform the withholding agent. See instructions for Form 590, General Information D, for the definition of a resident.
- Corporations:**
The above-named corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State to do business in California. The corporation will withhold on payments of California source income to nonresidents when required. If this corporation ceases to have a permanent place of business in California or ceases to be qualified to do business in California, I will promptly inform the withholding agent. See instructions for Form 590, General Information E, for the definition of permanent place of business.
- Partnerships:**
The above-named partnership has a permanent place of business in California at the address shown above or is registered with the California Secretary of State, and is subject to the laws of California. The partnership will file a California tax return and will withhold on foreign and domestic nonresident partners when required. If the partnership ceases to do any of the above, I will promptly inform the withholding agent. **Note:** For withholding purposes, a Limited Liability Partnership is treated like any other partnership.
- Limited Liability Companies (LLC):**
The above-named LLC has a permanent place of business in California at the address shown above or is registered with the California Secretary of State, and is subject to the laws of California. The LLC will file a California tax return and will withhold on foreign and domestic nonresident members when required. If the LLC ceases to do any of the above, I will promptly inform the withholding agent.
- Tax-Exempt Entities:**
The above-named entity is exempt from tax under California or federal law. The tax-exempt entity will withhold on payments of California source income to nonresidents when required. If this entity ceases to be exempt from tax, I will promptly inform the withholding agent.
- Insurance Companies, IRAs, or Qualified Pension/Profit Sharing Plans:**
The above-named entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.
- California Irrevocable Trusts:**
At least one trustee of the above-named irrevocable trust is a California resident. The trust will file a California fiduciary tax return and will withhold on foreign and domestic nonresident beneficiaries when required. If the trustee becomes a nonresident at any time, I will promptly inform the withholding agent.
- Estates – Certification of Residency of Deceased Person:**
I am the executor of the above-named person's estate. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return and will withhold on foreign and domestic nonresident beneficiaries when required.

CERTIFICATE: Please complete and sign below.

Under penalties of perjury, I hereby certify that the information provided herein is, to the best of my knowledge, true and correct. If conditions change, I will promptly inform the withholding agent.

Vendor/Payee's name and title (type or print) Adriana Karkkanen Operations Manager
 Vendor/Payee's signature ►  Date 4/14/16