

**LOS RIOS COMMUNITY COLLEGE DISTRICT PURCHASE ORDER NO 0001103952**

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

Date	Revision	Page
02/25/2019		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
1017253 DOWELLZ HANEYB	04ASPH130 SME	

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

**Supplier:** 0000041754  
 IDESIGN SOLUTIONS  
 205 SE SPOKANE STREET STE 300  
 PORTLAND OR 97202

**Phone:** (877) 730-4770  
**Fax:** (503) 713-5814

**email:** scott@idesign.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	3D SCANNER - ITEM# 33023 EINSCAN PRO 2X PLUS 3D SCANNER HANDHELD - WITH SOLID EDGE SHINING 3D VERSION SOFTWARE	1.00	EA	6,599.00	6,599.00	02/25/2019
2- 1	TRIPOD AND TURNTABLE - ITEM# 33030 IND PACK 2X - ADD ON FOR EINSCAN PRO 2X PLUS SCANNER	1.00	EA	699.00	699.00	02/25/2019
3- 1	CAMERA COLOR PACK - ITEM# 33044 - ADD ON FOR EINSCAN 2X PLUS SCANNER	1.00	EA	699.00	699.00	02/25/2019
4- 1	HD PRIME PACK - ITEM# 33051 - ADD ON FOR EINSCAN PRO 2X PLUS SCANNER	1.00	EA	829.00	829.00	02/25/2019

QUOTE# 033572-2594 VALID TO 04/30/19

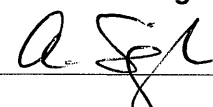
Sub Total Amount	8,826.00
Sales Tax Amount	684.01
Total PO Amount	9,510.01

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	6490	12	FL.VI.MAKR	49000	00000	442D	9,510.01	2019

0001017253CHAVEZA19-FEB-2019

Verification of this purchase order can be made using the Los Rios Community College District web site listed below.

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

0000003680

<b>Business Unit:</b> GENFD		<b>OPEN</b>
Req ID:	Date	Page
0001017253	02/11/2019	2
Requisition Name: 2019 iDESIGN SOLUTIONS		
Requester		Bldg#
Zachary Dowell		SME
Requester Signature		
Buyer: Brenda Haney		
Approved:		
Entered By: SAATIA 11-FEB-2019		

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

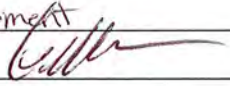
Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
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**Purchases Charged to Catagorical Programs, Grants or Special Project.**

This purchase is in compliance with the requirement of Makerspace

For grants/special projects 442D

Eligible Equipment

Name: 

 Approval Signature	Approval Signature	Approval Signature
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# Requisition

**Supplier:** MISCELLANEOUS  
 \*\*\*\*\*  
 \*\*\*\*\* CA 95825  
 United States  
  
**email:**

000003680

<b>Business Unit:</b> GENFD OPEN	
Req ID: 0001017253	Date: 02/11/2019
Page 1	
Requisition Name: 2019 iDESIGN SOLUTIONS	
Requester: Zachary Dowell	Bldg#: SME
Requester Signature	
Buyer: Brenda Haney	
Approved:	
Entered By: SAATIA 11-FEB-2019	

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

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	EINSCAN 2XPLUS COLOR (33044)	1	EA	699.00	699.00	02/25/2019
	ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQUIP	1		PROFILE: EQP:OTHER		
2-1	EINSCAN HD PRIME 2XP (33051)	1	EA	829.00	829.00	02/25/2019
	ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQUIP	1		PROFILE: EQP:OTHER		
3-1	EINSCAN IND PACK 2X (33030)	1	EA	699.00	699.00	02/25/2019
	ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQUIP	1		PROFILE: EQP:OTHER		
4-1	EINSCAN-PRO 2X PLUS (33023)	1	EA	6,599.00	6,599.00	02/25/2019
	ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQUIP	1		PROFILE: EQP:OTHER		

8,826.00 Sub-total  
 684.01 Est. tax

Total Requisition Amount: 9,510.01

iDesign Solutions  
 Technology Sales & Services to Advance 21st  
 Century Skills  
 205 SE Spokane St., Suite 300  
 Portland, OR, 97202  
 Phone: 1-877-730-4770  
 Fax: 1-855-713-5811  
 Email: sales@idesignsol.com  
 Website: www.idesignsol.com

Quote #033572-2594  
 Date: 2/1/2019

When contacting EinScan, they redirecting us to the regional distributor: iDESIGN

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount
GENFD	6490	12	FL.VI.MAKR	49000	00000	442D	8,826.00

Approval Signature 	Approval Signature 	Approval Signature
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Quote # 033572-2594  
 Created Date 2/1/2019  
 Expiration Date 4/30/2019  
 Valid to Date 4/30/2019

**Technology Sales & Services to Advance 21<sup>st</sup> Century Skills**

205 SE Spokane St., Suite 300  
 Portland, OR, 97202  
 Phone: 1-877-730-4770  
 Fax: 1-855-713-5811  
 Email: [sales@idesignsol.com](mailto:sales@idesignsol.com)  
 Website: [www.idesignsol.com](http://www.idesignsol.com)

**Bill To/Ship To Address**

**Bill To Name** Folsom Lake Community College  
**Bill To** 10 College Parkway  
 Folsom, CA 95630  
 USA

**Ship To Name** Folsom Lake Community College  
**Ship To** 10 College Parkway  
 Folsom, CA 95630  
 USA  
**Name** Amira Saati

**Sales Contact Information**

**Prepared By** Scott Read  
**Phone** (877) 730-4770

**Email** [scott@idesignsol.com](mailto:scott@idesignsol.com)  
**Extension** 222

**Quote Terms**

**Terms** Net 30

**Ship Via** Ground

**Quote Line Items**

Quantity	Product Description	Sales Price	Total Price
1.00	EINSCAN 2XPLUS COLOR (33044)	\$699.00	\$699.00
1.00	EINSCAN HD PRIME 2XP (33051)	\$829.00	\$829.00
1.00	EINSCAN IND PACK 2X (33030)	\$699.00	\$699.00
1.00	EINSCAN-PRO 2X PLUS (33023)	\$6,599.00	\$6,599.00

<b>Subtotal</b>	\$8,826.00
<b>Cost of Shipping</b>	\$0.00
<b>Combined Tax</b>	7.25%
<b>Tax</b>	639.89
<b>Total</b>	\$9,465.89

**Additional Notes**

**Quote End Notes** Free Shipping

**iDESIGN Sales Terms & Policy**

PRICES SUBJECT TO CHANGE WITHOUT NOTICE - PRICES BASED UPON TOTAL PURCHASE - ALL DELIVERY, TRAINING OR CONSULTING SERVICES TO BE BILLED AT PUBLISHED RATES FOR EACH ACTIVITY INVOLVED - GENERALLY ALL HARDWARE COMPUTER COMPONENTS PROPOSED ABOVE ARE COVERED BY A LIMITED ONE YEAR WARRANTY, COVERING PARTS AND LABOR ON A DEPOT BASIS - WE SPECIFICALLY DISCLAIM ANY AND ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OR WITH REGARD TO ANY LICENSED PRODUCTS. WE SHALL NOT BE LIABLE FOR ANY LOSS OF PROFITS, BUSINESS, GOODWILL, DATA,



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

# VENDOR PACKET

1. REVIEW :

- Welcome Letter
- Vendor Application
- Contractor Requirements for public works projects including maintenance
- Insurance Requirements for vendors providing onsite or contract services
- Purchase Order Terms and Conditions

2. COMPLETE AND RETURN:

- Vendor Application
- Federal Tax Form W-9
- CA Tax Form(s) - 590, 587, 588, 589 as applicable
- Insurance Certificate

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VENDOR NAME:    iDesign Solutions   

Return the following documents via email, mail or fax:

Application     W-9     CA Tax Form     Insurance

Email – [lrccdpurchase@losrios.edu](mailto:lrccdpurchase@losrios.edu)  
Mail – 1919 Spanos Court, Sacramento, CA 95825  
Fax – (916) 568-3145



**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: Scott Read

NAME OF FIRM <u>i Design Solutions</u>		FEDERAL ID# OR SOCIAL SECURITY # <u>68-0681651</u>	
MAILING ADDRESS <u>205 SE Spokane St Suite 300 Portland, OR 97202</u>		REMIT ADDRESS (if different) <u>CA Tax # 102578617</u>	
PHONE <u>822-730-4770</u>	FAX <u>503-713-5814</u>	EMAIL <u>Scott@idesignsol.com</u>	

WEBSITE <u>www.idesignsol.com</u>			ORGANIZATION/REGISTRATION (Check all that apply)																
			Individual	Contractor License#															
<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>Scott Read</u></td> <td><u>Sales Support Mgr</u></td> <td><u>scott@idesignsol.com</u></td> </tr> <tr> <td><u>Steven Gatterman</u></td> <td><u>Ed. Prep</u></td> <td><u>steveng@idesignsol.com</u></td> </tr> <tr> <td><u>Mindy Throckmole</u></td> <td><u>Ed. Prep</u></td> <td><u>Mindy@idesignsol.com</u></td> </tr> </tbody> </table>			AUTHORIZED COMPANY REPRESENTATIVES			Name	Title/Capacity	Email	<u>Scott Read</u>	<u>Sales Support Mgr</u>	<u>scott@idesignsol.com</u>	<u>Steven Gatterman</u>	<u>Ed. Prep</u>	<u>steveng@idesignsol.com</u>	<u>Mindy Throckmole</u>	<u>Ed. Prep</u>	<u>Mindy@idesignsol.com</u>	Partnership	DIR Registration#
AUTHORIZED COMPANY REPRESENTATIVES																			
Name	Title/Capacity	Email																	
<u>Scott Read</u>	<u>Sales Support Mgr</u>	<u>scott@idesignsol.com</u>																	
<u>Steven Gatterman</u>	<u>Ed. Prep</u>	<u>steveng@idesignsol.com</u>																	
<u>Mindy Throckmole</u>	<u>Ed. Prep</u>	<u>Mindy@idesignsol.com</u>																	
			Non Profit																
			<input checked="" type="checkbox"/> Corporation (List State Incorporated)																
			<u>DE</u>	Is business registered in the State of California?															
			Yes	No															

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES AVAILABLE TO THE DISTRICT		
<u>Vex Robotics</u>		
<u>3D printers/scanners/label printers</u>		
<u>STEAM coding products</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>SR</u> INITIALS		Payment Terms <u>30 Days</u>	Discounts Extended <u>Depends on product &amp; quantity</u>
		Refund/Returns <u>30 Days</u>	
		SIGNATURE: <u>Scott Read</u> TITLE: <u>Sales Support Mgr.</u> DATE: <u>2/11/19</u>	

# Los Rios Community College District

## TYPES OF CONTRACT SERVICE

A. General Contractors and Specialized Services:

- \_\_\_\_\_ Aircraft or Air Charter
- \_\_\_\_\_ Ambulance Services
- \_\_\_\_\_ Asbestos Abatement
- \_\_\_\_\_ Food Services and Catering
- \_\_\_\_\_ General Construction Contracts (Plant or Other Facilities)
- \_\_\_\_\_ Hazardous Waste Services
- \_\_\_\_\_ International Study Travel Abroad
- \_\_\_\_\_ Medical Services (including optical and laboratory)
- \_\_\_\_\_ Professional Services (Accountants, Actuaries, Architects, Attorneys, Engineers, Financial Services, Insurance, Surveyors)
- \_\_\_\_\_ Special Events Community Services/Pyrotechnical Displays Transportation Services
- \_\_\_\_\_ High Voltage Services

B. Building/Grounds and Maintenance Services:

- \_\_\_\_\_ Building and Grounds Maintenance (Electrical, HVAC, painting, plumbing, roofing, etc.)
- \_\_\_\_\_ Elevator Maintenance
- \_\_\_\_\_ Groundskeepers
- \_\_\_\_\_ Janitor/Custodial
- \_\_\_\_\_ Special Events Community Services
- \_\_\_\_\_ Tree Removal/Trimming
- \_\_\_\_\_ Roadway/Parking Lot Striping

C. Repair, Installation, and Independent Contractors Services:

- \_\_\_\_\_ Carpet Installation and Cleaning
- \_\_\_\_\_ Door and Window Services
- \_\_\_\_\_ Floor Installation, Cost Estimators, Schedule Consultants
- \_\_\_\_\_ Facilities Planning Consultants, QA Plan Reviewers
- \_\_\_\_\_ Garage Door Installation, Fence Repairs
- \_\_\_\_\_ Independent services contracts (grants writers, professional speakers, trainers, and facilitators, report writers, and evaluation/assessment reports)
- \_\_\_\_\_ Information Technology
- \_\_\_\_\_ Locksmith Services
- \_\_\_\_\_ Shower/Tub and Tile Repair



# 2017 Withholding Exemption Certificate

590

The payee completes this form and submits it to the withholding agent. The withholding agent keeps this form with their records.

**Withholding Agent Information**

Name iDesign Solutions

**Payee Information**

Name iDesign Solutions  SSN or ITIN  FEIN  CA Corp no.  CA SOS file no. 68-0681651

Address (apt./ste., room, PO box, or PMB no.) 205 SE Spokane St Suite 300

City (If you have a foreign address, see instructions.) Portland State OR ZIP code 97202

**Exemption Reason**

Check only one box.

By checking the appropriate box below, the payee certifies the reason for the exemption from the California income tax withholding requirements on payment(s) made to the entity or individual.

- 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 notify the withholding agent. See instructions for General Information D, Definitions.
- Corporations:**  
The corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.
- Partnerships or Limited Liability Companies (LLCs):**  
The partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.
- Tax-Exempt Entities:**  
The entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 \_\_\_\_\_ (insert letter) or Internal Revenue Code Section 501(c) \_\_\_\_\_ (insert number). If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.
- Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit-Sharing Plans:**  
The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.
- California Trusts:**  
At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.
- Estates — Certification of Residency of Deceased Person:**  
I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return.
- Nonmilitary Spouse of a Military Servicemember:**  
I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

**CERTIFICATE OF PAYEE:** Payee must complete and sign below.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to [ftb.ca.gov](http://ftb.ca.gov) and search for **privacy notice**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined the information on this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare under penalties of perjury that if the facts upon which this form are based change, I will promptly notify the withholding agent.

Type or print payee's name and title Scott Reed, Sales Support Telephone (512) 330-4700  
 Payee's signature Scott Reed Date 2/6/18

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**iDESIGN USA CORP**

2 Business name/disregarded entity name, if different from above

**iDESIGN SOLUTIONS**

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.

**205 SE SPOKANE STREET, SUITE 300**

6 City, state, and ZIP code

**PORTLAND, OR 97202**

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.  
See Specific Instructions on page 3.

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									

**or**

Employer identification number									
6	8	-	0	6	8	1	6	5	1

### Part II Certification

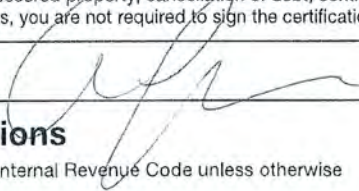
Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 for Part II, later.

**Sign Here**

Signature of U.S. person ▶



Date ▶

6/25/2018

### General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



THE HARTFORD  
BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251

February 7, 2019

Los Rios Community College District  
1919 SPANOS CT  
SACRAMENTO CA 95825-3905

**Account Information:**

<b>Policy Holder Details :</b>	IDESIGN USA CORP DBA IDESIGN SOLUTIONS
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**Contact Us**

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Business Service Center

**Business Hours:** Monday - Friday  
(7AM - 7PM Central Standard Time)

**Phone:** (866) 467-8730

**Fax:** (888) 443-6112

**Email:** [agency.services@thehartford.com](mailto:agency.services@thehartford.com)

**Website:** <https://business.thehartford.com>

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/07/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATIONIS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER J D FULWILER & COMPANY INS/PHS 52709600 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78265	CONTACT NAME:			
	PHONE (A/C, No, Ext):	(866) 467-8730	FAX (A/C, No):	(888) 443-6112
E-MAIL ADDRESS:				
INSURER(S) AFFORDING COVERAGE			NAIC#	
INSURED IDESIGN USA CORP DBA IDESIGN SOLUTIONS 205 SE SPOKANE ST STE 300 PORTLAND ,OR 97202-6487	INSURER A :	The Hartford Accident and Indemnity Insurance Company		22357
	INSURER B :			
	INSURER C :			
	INSURER D :			
	INSURER E :			
	INSURER F :			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COM/OP AGG
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			52 UEC HB8019	02/21/2019	02/21/2020	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b> BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR CLAIMS-MADE DED: <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E. L. EACH ACCIDENT E. L. DISEASE -EA EMPLOYEE E. L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Those usual to the Insured's Operations.

**CERTIFICATE HOLDER**

Los Rios Community College District  
1919 SPANOS CT  
SACRAMENTO CA 95825-3905

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Susan L. Castaneda*

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**From:** [Scott Read](#)  
**To:** [Awabdy, Amira](#)  
**Cc:** [steven@idesignsol.com](mailto:steven@idesignsol.com)  
**Subject:** EinScan quote-iDESIGN Solutions  
**Date:** Friday, February 1, 2019 1:20:08 PM  
**Attachments:** [Folsom Lake Community College Scanner V1.pdf](#)

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Hello Amira,

we received a quote request from Afinia and they have passed it along to us as we are their authorized reseller in the area. I have attached a quote for the EinScan items you mentioned. Please let me know if I have the correct address on the quote and would be looking for the extended warranty on the EinScan?

Regards,

Scott Read  
Sales Support Manager  
iDESIGN Solutions  
1-877-730-4770 ext. 222  
Cell: 716-604-6723

Technology Sales & Services to Advance 21st Century Skills



growshapes

**Growshapes LLC**  
195 HWY 50, PO BOX 7172-475  
Stateline, NV 89449 US  
(408) 667-6877  
info@growshapes.com  
http://www.growshapes.com

**ADDRESS**

Zachary Dowell  
Folsom Lake College  
10 College Parkway, Folsom  
Folsom, CA 95630 USA

**SHIP TO**

Zachary Dowell  
Folsom Lake College  
10 College Parkway, Folsom  
Folsom, CA 95630 USA

**QUOTE 1319**

**DATE** 01/23/2019

**EXPIRATION DATE** 02/06/2019

ACTIVITY	QTY	RATE	AMOUNT
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<b>Shining 3D:EinScan 2X Plus</b> EinScan Pro 2X Plus	1	6,899.00	6,899.00
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- Components
- 3D Scanner
  - Calibration Panel

- Technical Specification
- Supports 4 scanning modes with various optional accessories
  - Single shot scan accuracy ranges from 0.04mm to 0.1mm depending on scanning mode
  - 1.5M points per second/30fps
  - Single scan range is 208 x 136 – 312 x 204 mm
  - Working distance 5.1m
  - Improved software with new UI and new operation mode which can set the resolution option after scanning during data processing to enable faster scanning
  - Mesh editing features such as hole filling, smoothing, sharpening added
  - Export file format: stl, obj, ply, asc, p3 (global markers file)
  - Requires the Color Pack option to capture texture

- Minimum System Requirements
- NVIDIA GTX770 GPU
  - Intel i7 CPU
  - 1 USB 3.0 port
  - 16GB RAM
  - Video memory more than 4GB

- Supported Operating Systems
- Standard-PC (64 bit – Windows 7, 8,10)

Make Checks payable to Growshapes LLC

ACTIVITY	QTY	RATE	AMOUNT
<b>Shining 3D:EinScan 2X Plus Color Pack</b> Color Pack for EinScan Pro 2X	1	769.00	769.00
• Captures full color texture with geometry			
<b>Shining 3D:EinScan 2X Series Industrial Pack</b> Industrial Pack for EinScan Pro 2X & 2X Plus	1	769.00	769.00
• Converts the handheld scanner into a static desktop scanner providing higher accuracy			
• Contains a tripod to put your 3D scanner on and an automated turntable			
<b>Shining 3D:EinScan 2X Plus HD Prime Pack</b> HD Prime Pack for EinScan Pro 2X Plus	1	879.00	879.00
• Allows markers free scanning under Handheld HD Scan mode			
• Captures fine details especially of objects with enough geometries			
Payment in full prior to shipment. 20% restocking fee for returns within 30 days. All returns costs paid for by buyer. Purchase Orders on standard net 30 payment days terms accepted from universities, colleges and schools.		SUBTOTAL	9,316.00
		DISCOUNT	-250.00
		<b>TOTAL</b>	<b>\$9,066.00</b>

Accepted By

Accepted Date

*For comparison only*