

# LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASE ORDER NO 0001103296

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	Revision	Page
01/10/2019		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
1016550 DOWELLZ HANEYB	04ASPH130 SME	

**Supplier:** 0000041532  
 SENSOREX CORPORATION  
 11751 MARKON DRIVE  
 GARDEN GROVE CA 92841

**Phone:** (714) 895-4344  
**Fax:** (714) 894-4839

**email:** brigitte.ngo-trinh@sensorex.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	SENSOR CARTRIDGE	1.00 EA	153.50	153.50	01/10/2019
	PH SENSOR CARTRIDGE				
2- 1	SENSOR HOLDER	1.00 EA	135.25	135.25	01/10/2019
	SENSOR HOLDER, PT 100				
3- 1	CABLE ASSEMBLY	2.00 EA	93.75	187.50	01/10/2019
	CABLE ASSEMBLY (FOR S8000 & CS8000)				
4- 1	DO SENSOR	1.00 EA	627.50	627.50	01/10/2019
	DO SENSOR, 4-20 MA, 0-100%				
5- 1	SENSOR	1.00 EA	173.50	173.50	01/10/2019
	COND SENSOR, K=1, RTD1000				
6- 1	COND STANDARD	1.00 EA	9.50	9.50	01/10/2019
7- 1	TRANSMITTER	1.00 EA	214.75	214.75	01/10/2019
	COND 4-20 MA BLIND TRANSMITTER				
8- 1	TRANSMITTER	1.00 EA	214.75	214.75	01/10/2019
	PH 4-20 MA BLIND TRANSMITTER				
9- 1	CABLE ASSEMBLY (IF USE EM802)	2.00 EA	57.75	115.50	01/10/2019
10- 1	FLOW CELL, 3/4"X3/4" SLIP	2.00 EA	42.25	84.50	01/10/2019
11- 1	SHIPPING	1.00 EA	15.00	15.00	01/10/2019

QUOTE DATED 12/27/18 FROM BRIDGETTE NGO-TRINH

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

Authorized Signature  
 on Total PO  
 Amount Page

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.

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 SENSOREX CORPORATION  
 11751 MARKON DRIVE  
 GARDEN GROVE CA 92841

**Phone:** (714) 895-4344  
**Fax:** (714) 894-4839

**email:** brigitte.ngo-trinh@sensorex.com

**Ship To:** FOLSOM LAKE COLLEGE  
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 United States

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Tax Exempt? N

Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
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Sub Total Amount	1,931.25
Sales Tax Amount	148.51
Total PO Amount	2,079.76

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	4300	12	FL.VI.MAKR	49000	00000	482U	925.85	2019
GENFD	6490	12	FL.VI.MAKR	49000	00000	482U	1,153.91	2019

0001016550CHAVEZA08-JAN-2019

Verification of this purchase order can be made using the Los Rios Community College District web site listed below. If you have any questions, please contact the Purchasing Office at (916)568-3071.

<http://www.losrios.edu/purchasing/povalidation>

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

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## 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

FLC BUSINESS SERVICES

**email:**

DEC 21 P 3:49

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

<b>Business Unit:</b> GENFD OPEN	
Req ID: 0001016550	Date: 12/20/2018
Requisition Name: 2019 Sensorex	
Requester: Zachary Dowell	Bldg#: SME
Requester Signature	
Buyer: Brenda Haney	
Approved:	
Entered By: SAATIA 20-DEC-2018	

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
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F: 1 (714) 894 4839  
 www.sensorex.com

<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	4300	12	FL.VI.MAKR	49000	00000	482U	859.25
GENFD	6490	12	FL.VI.MAKR	49000	00000	482U	1,072.00

**Purchases Charged to Catagorical Programs, Grants or Special Project.**

This purchase is in compliance with the requirement of Makerspace

For grants/special projects 482U

Eligible Supply & Equipment

Name: [Signature]

Approval Signature 	Approval Signature 	Approval Signature
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Sensorex  
 11751 Markon Drive,  
 Garden Grove, CA 92841  
 T: +1 (714) 895 4344  
 F: +1 (714) 894 4839  
[www.Sensorex.com](http://www.Sensorex.com)



**QUOTATION**

Date: 12/27/2018  
 Valid Until: 1/26/2019

Customer Info	
Name:	Max Mahoney
Company Name:	Folsom Lake College
Street Address:	
City, St ZIP:	
Phone:	
Email:	<a href="mailto:malonem@flc.losrios.edu">malonem@flc.losrios.edu</a>

Prepared By
<b>Brigitte Ngo-Trinh</b>
<a href="mailto:brigitte.ngo-trinh@sensorex.com">brigitte.ngo-trinh@sensorex.com</a>
714-230-2767

Part#	Item Description	QTY	Unit Price	Amount
S8000CD	pH Cartridge	1	153.5	153.5
EA899TC/PT1	Sensor Holder, PT100	1	135.25	135.25
S855/20/TL/TK	Cable Assembly (S8000 & CS8000)	2	93.75	187.5
DO6441/T/10/TL	DO sensor, 4-20 mA, 1-100%	1	627.5	627.5
CS8000TC/P1K	Cond Sensor, K=1, RTD1000	1	173.5	173.5
TDS300/P	Cond Standard	1	9.5	9.5
				0
EM802-EC-MA	Cond 4-20 mA Blind Transmitter	1	214.75	214.75
EM802-pH-MA	pH 4-20 mA Blind Transmitter	1	214.75	214.75
S853/20/TL	Cable Assembly (if use EM802)	2	57.75	115.5
				0
FC875/S	Flow Cell, 3/4 x 3/4 Slip	2	42.25	84.5
				0
				0
				0
<b>Thank you for your business!</b>			<b>Subtotal</b>	1916.25
			<b>Discount</b>	
			<b>Estimated Frieght</b>	
			<b>Total Quote</b>	1916.25

This quotation is not a contract or a bill. It is our best estimate of the total price for the service and goods described above.

Customer Acceptance		
Signature:	Printed Name:	Date:

If you have any questions, please contact us at (714) 895 4344  
[www.sensorex.com](http://www.sensorex.com)

**From:** Mahoney, Maximillian  
**To:** Awabdy, Amira  
**Subject:** Fw: Sensor Quote  
**Date:** Tuesday, November 20, 2018 4:23:55 PM  
**Attachments:** [image002.png](#)  
[image003.png](#)  
[image004.png](#)  
[FOLSOM LAKE COLLEGE 11202018.pdf](#)

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Amira,

Here is the quote from sensorex.  
The shipping and tax is included in the text of her email.

-max

Max Mahoney, Ph.D.  
Chemistry Department Folsom Lake College  
Office - FL2-124

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**From:** Brigitte Ngo-Trinh <Brigitte.Ngo-Trinh@sensorex.com>  
**Sent:** Tuesday, November 20, 2018 4:20 PM  
**To:** Mahoney, Maximillian  
**Subject:** RE: Sensor Quote

Hello Max,

Please see attached for the quote.

Estimated shipping via FEDEX GROUND - \$15  
Estimated Tax at 7.75% - \$148.50

Cheers,



Brigitte Ngo-Trinh

*Inside Sales and Technical Specialist*  
**Sensorex**

o: +1 7148954344 d: +1 7142302767  
a: 11751 Markon Drive, Garden Grove, CA 92841  
w: [www.sensorex.com](http://www.sensorex.com)  
e: [brigitte.ngo-trinh@sensorex.com](mailto:brigitte.ngo-trinh@sensorex.com)



**From:** Mahoney, Maximillian <MahoneM@flc.losrios.edu>  
**Sent:** Tuesday, November 20, 2018 2:52 PM

**To:** Brigitte Ngo-Trinh <Brigitte.Ngo-Trinh@sensorex.com>

**Subject:** Sensor Quote

Hi Brigitte,

We spoke awhile ago about some sensors for our aquaponics project. I'm wondering if I can have a complete quote for the following items including tax and shipping?

Sensorex SKU:

S8000CD + EA99TC/PT1 + S855/20/TL/TL-1  
DO6441/T/10/TL

CS8000TC/P1K

TDS300

We are connecting these sensors to a PLC+SCADA. Under what circumstances would we need this transmitter?:

Sensorex SKU: EM802-PH-MA

Thank you for your help,

Max

Max Mahoney, Ph.D.  
Chemistry Department Folsom Lake College  
Office - FL2-124





**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: \_\_\_\_\_

<b>NAME OF FIRM</b> Sensorex Corporation		<b>FEDERAL ID# OR SOCIAL SECURITY #</b> 45-4390688	
<b>MAILING ADDRESS</b> 11751 Markon Dr Garden Grove, CA 92841		<b>REMIT ADDRESS (if different)</b>	
<b>PHONE</b> 714-895-4349	<b>FAX</b> 714-894-4839	<b>EMAIL</b> orders@sensorex.com	

<b>WEBSITE</b> www.sensorex.com	<b>ORGANIZATION/REGISTRATION</b> (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>BRIGITTE NGO-TRINH</td> <td>inside sales / Tech Support</td> <td>brigitte.ngo-trinh @sensorex.com</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		AUTHORIZED COMPANY REPRESENTATIVES			Name	Title/Capacity	Email	BRIGITTE NGO-TRINH	inside sales / Tech Support	brigitte.ngo-trinh @sensorex.com							Individual _____ Contractor License# Partnership _____ DIR Registration# Non Profit _____ DE Corporation (List State Incorporated) _____ Is business registered in the State of California? Yes <input checked="" type="radio"/> No <input type="radio"/>
AUTHORIZED COMPANY REPRESENTATIVES																	
Name	Title/Capacity	Email															
BRIGITTE NGO-TRINH	inside sales / Tech Support	brigitte.ngo-trinh @sensorex.com															

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES AVAILABLE TO THE DISTRICT		

<b>VENDOR CERTIFICATION</b> 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. _____ INITIALS	<b>OTHER BUSINESS INFORMATION</b> Payment Terms: <u>Advanced Payment / credit card</u> Discounts Extended: <u>to be discussed</u> Refund/Returns: _____	
	_____ SIGNATURE	ISR/TS TITLE

# 2018 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

### Payee Information

Name

SENSOREX CORPORATION

SSN or ITIN  FEIN  CA Corp no.  CA SOS file no.

45-4390688

Address (apt./ste., room, PO box, or PMB no.)

11751 Markon Drive

City (If you have a foreign address, see instructions.)

GARDEN GROVE

State

CA

ZIP code

92841

### 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/forms](http://ftb.ca.gov/forms) and search for 1131. 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 Brian Vasquez VP Finance

Telephone (714) 895-4344

Payee's signature 

Date 10/19/18

## 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.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <i>Sensorex Corporation</i></p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input checked="" type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> 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 <b>not</b> 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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: x-small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. <i>11751 Markon Dr</i></p> <p>6 City, state, and ZIP code <i>Garden Grove, CA 92841</i></p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

### 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										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>										
or										
Employer identification number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">4</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">5</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">4</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">3</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">9</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">0</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">6</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">8</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">8</td> </tr> </table>	4	5	-	4	3	9	0	6	8	8
4	5	-	4	3	9	0	6	8	8	

### 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	<p>Signature of U.S. person ▶ <i>[Handwritten Signature]</i></p>	<p>Date ▶ <i>10/19/18</i></p>
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### 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.*

**From:** [Dowell, Zachary](#)  
**To:** [Korniychuk, Margarita](#)  
**Subject:** RE: PO# 0001103296 SENSOREX CORPORATION  
**Date:** Friday, May 24, 2019 12:21:30 PM  
**Attachments:** [image001.png](#)

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Can we do (or did we already) a partial on this?

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**From:** Korniychuk, Margarita <[KorniyM@flc.losrios.edu](mailto:KorniyM@flc.losrios.edu)>  
**Sent:** Friday, May 24, 2019 12:20 PM  
**To:** Dowell, Zachary <[DowellZ@flc.losrios.edu](mailto:DowellZ@flc.losrios.edu)>  
**Subject:** RE: PO# 0001103296 SENSOREX CORPORATION

Thank you so much for the update.

---

**From:** Dowell, Zachary <[DowellZ@flc.losrios.edu](mailto:DowellZ@flc.losrios.edu)>  
**Sent:** Friday, May 24, 2019 11:04 AM  
**To:** Korniychuk, Margarita <[KorniyM@flc.losrios.edu](mailto:KorniyM@flc.losrios.edu)>  
**Subject:** RE: PO# 0001103296 SENSOREX CORPORATION

Just off the phone with the vendor. They are researching and will get back to me. I will let you know as soon as they figure it out.

Thanks,  
Zack

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**From:** Korniychuk, Margarita <[KorniyM@flc.losrios.edu](mailto:KorniyM@flc.losrios.edu)>  
**Sent:** Friday, May 24, 2019 10:46 AM  
**To:** Dowell, Zachary <[DowellZ@flc.losrios.edu](mailto:DowellZ@flc.losrios.edu)>  
**Subject:** RE: PO# 0001103296 SENSOREX CORPORATION

I attached the Packing List. I just went through the Packing List again and it seems like Line 9 is included but Line 3 is not.

---

**From:** Dowell, Zachary <[DowellZ@flc.losrios.edu](mailto:DowellZ@flc.losrios.edu)>  
**Sent:** Friday, May 24, 2019 10:38 AM  
**To:** Korniychuk, Margarita <[KorniyM@flc.losrios.edu](mailto:KorniyM@flc.losrios.edu)>  
**Subject:** RE: PO# 0001103296 SENSOREX CORPORATION

Margarita,

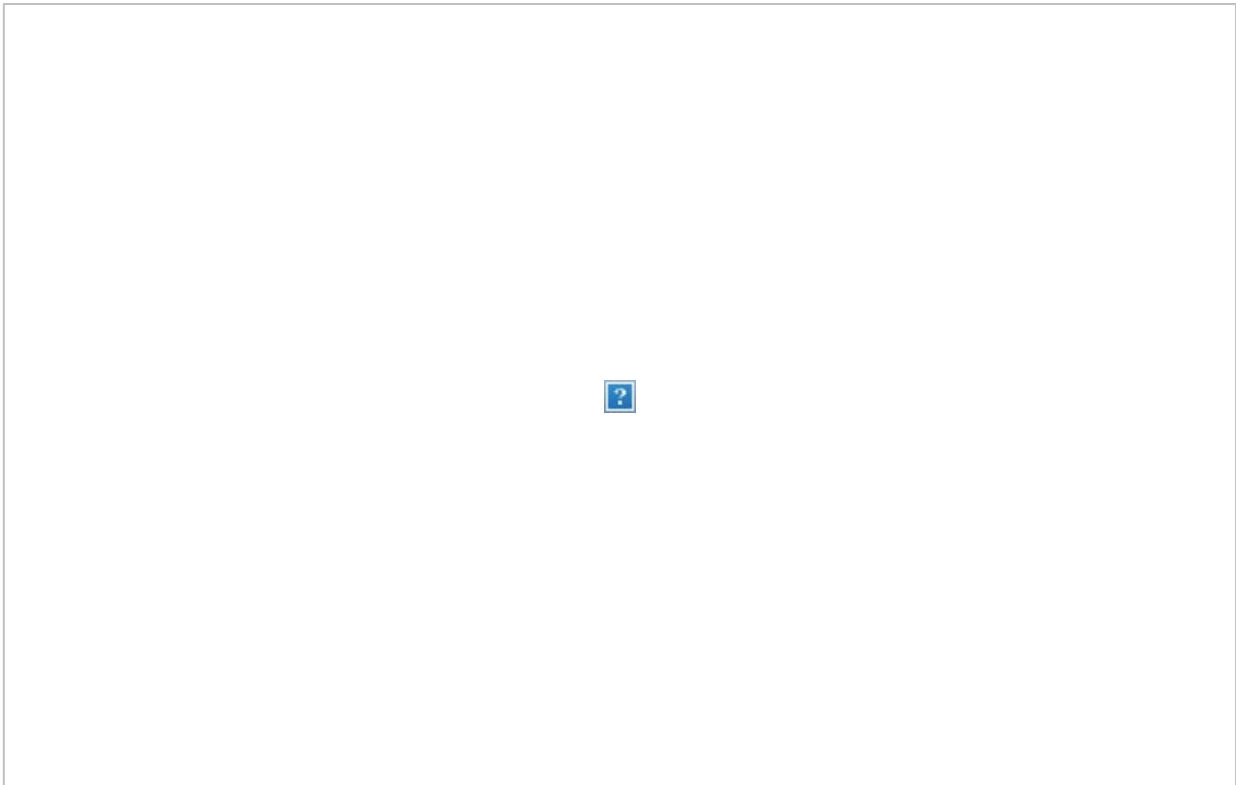
I am holding the Sensorex box, and it contains 11 items, not 13. I believe, however that we received line 3, but NOT line 9. Is there a copy somewhere of the packing list?

Zack

---

**From:** Korniychuk, Margarita <[KorniyM@flc.losrios.edu](mailto:KorniyM@flc.losrios.edu)>  
**Sent:** Friday, May 24, 2019 10:24 AM  
**To:** Dowell, Zachary <[DowellZ@flc.losrios.edu](mailto:DowellZ@flc.losrios.edu)>  
**Subject:** RE: PO# 0001103296 SENSOREX CORPORATION

Of course, see below.



---

**From:** Dowell, Zachary <[DowellZ@flc.losrios.edu](mailto:DowellZ@flc.losrios.edu)>  
**Sent:** Friday, May 24, 2019 10:22 AM  
**To:** Korniychuk, Margarita <[KorniyM@flc.losrios.edu](mailto:KorniyM@flc.losrios.edu)>  
**Subject:** RE: PO# 0001103296 SENSOREX CORPORATION

Margarita,

Is there a way to see what that line is?

Zack

---

**From:** Korniychuk, Margarita <[KorniyM@flc.losrios.edu](mailto:KorniyM@flc.losrios.edu)>  
**Sent:** Friday, May 24, 2019 10:11 AM  
**To:** Dowell, Zachary <[DowellZ@flc.losrios.edu](mailto:DowellZ@flc.losrios.edu)>

**Cc:** Machani, Rachana <[MachanR@flc.losrios.edu](mailto:MachanR@flc.losrios.edu)>; Thiessen, Levi <[ThiessL@flc.losrios.edu](mailto:ThiessL@flc.losrios.edu)>; Ndiaye, Ababacar <[NdiayeA@flc.losrios.edu](mailto:NdiayeA@flc.losrios.edu)>

**Subject:** PO# 0001103296 SENSOREX CORPORATION

Good morning Zach,

Can you please confirm if you have or have not received Line #3 from PO# 0001103296 SENSOREX CORPORATION?

Thank you,

*Margarita Korniychuk*

Business Services – Purchasing

Folsom Lake College | 10 College Parkway | Folsom, CA 95630

☎ 916.608.6635 | ✉ [korniym@flc.losrios.edu](mailto:korniym@flc.losrios.edu)