BLANKET PURCHASE ORDER
STATE OF MARYLAND

BPO NO: 001B0600016  PRINT DATE: 06/26/19  PAGE: 01

SHIP TO:
AS SPECIFIED ON INDIVIDUAL ORDERS

<table>
<thead>
<tr>
<th>VENDOR ID:</th>
<th>REFER QUESTIONS TO:</th>
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<tbody>
<tr>
<td>METROPOLITAN PROTECTIVE SERVICES INC</td>
<td>JATAVIA RUFFIN</td>
</tr>
<tr>
<td>5001 FORBES BOULEVARD</td>
<td>(410) 767-4296</td>
</tr>
<tr>
<td>SUITE C</td>
<td><a href="mailto:JATAVIA.RUFFIN2@MARYLAND.GOV">JATAVIA.RUFFIN2@MARYLAND.GOV</a></td>
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<tr>
<td>LANHAM, MD</td>
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<tr>
<td>(301) 772-2412</td>
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ITB: 001IT821001  EXPR DATE: 10/01/22  POST DATE: 06/13/19  DISCOUNT TERMS: .  NET 30 DAY  CONTRACT AMOUNT: 221,408.00

TERMS:
ARTICLES HEREIN ARE EXEMPT FROM MARYLAND SALES AND USE TAXES BY EXEMPTION CERTIFICATE NUMBER 3000256-3 AND FROM FEDERAL EXCISE TAXES BY EXEMPTION NUMBER 52-73-0358K. IT IS THE VENDOR'S RESPONSIBILITY TO ADVISE COMMON CARRIERS THAT AGENCIES OF THE STATE OF MARYLAND ARE EXEMPT FROM TRANSPORTATION TAX.

MODIFICATION #1:
THIS MODIFICATION IS BEING DONE TO CORRECT THE EXPIRATION DATE ON THE 2126 SCREEN FOR BPO LINE NUMBER 1.

N00 20 GF010 0804 $74,097.71
N00 21 GF010 0804 $73,507.29
N00 22 GF010 0804 $73,803.00

THIS CONTRACT IS DESIGNATED AN SBR ONLY CONTRACT.

VENDOR CONTACT:
M. HOLIDAY, (301) 772-2412, MHOLIDAY@METRO-PROTECT.COM

AGENCY CONTACT:
TRACEY GAMBLE, (410) 767-7256, TRACEY.GAMBLE@MARYLAND.GOV

PLEASE MAINTAIN THE IFB AND ADDENDUM FOR FUTURE REFERENCE.
TO PROVIDE UNARMED GUARD SERVICES FOR THE DHS- BALTIMORE COUNTY (OSC) FOR A PERIOD OF THREE (3) YEARS BEGINNING OCTOBER 1, 2019 THROUGH SEPTEMBER 30, 2022 IN ACCORDANCE WITH THE CONTRACT TERMS, CONDITIONS AND SPECIFICATIONS.

CONTRACT AMOUNT: $221,408.00       HOURLY RATE: $18.50/HOUR

THE BLANKET PURCHASE ORDER (BPO) ISSUED AS A RESULT OF THE INVITATION TO BID (ITB) AND ANY SUBSEQUENT AMENDMENTS, MODIFICATIONS OR OPTIONS ISSUED RELEVANT TO THE ITB OR BPO, SHALL COMPLY WITH ALL OF THE TERMS, CONDITIONS AND SPECIFICATIONS ISSUED WITH THE ITB AND ARE INCORPORATED IN AND MADE PART OF THE BPO.

IF THE STATE OF MARYLAND OR OTHER REGULATORY BODY REQUIRES A LICENSE OR CERTIFICATE TO PERFORM THE SERVICES REQUIRED, PLEASE PROVIDE THE LICENSE NUMBER AND DATE OF ISSUANCE.

___106-3705____       ___1/31/2022_____
LICENSE NUMBER       DATE OF EXPIRATION

IF YOU ARE A DEPARTMENT OF TRANSPORTATION CERTIFIED MINORITY BUSINESS, PLEASE PROVIDE YOUR CERTIFICATION NUMBER.

MDOT'S MBE CERTIFICATION NUMBER

******** LAST PAGE *******