BLANKET PURCHASE ORDER
STATE OF MARYLAND

BPO NO: 001B9400411 PRINT DATE: 05/30/19 PAGE: 01

SHIP TO:
AS SPECIFIED ON INDIVIDUAL ORDERS

VENDOR ID:
RENTOKIL NORTH AMERICA INC
DBA TARGET SPECIALTY PRODUCTS
PO BOX 14084
READING, PA 19612

REFER QUESTIONS TO:
GWENDOLYN ADAMS
(410) 767-7662
GWENDOLYN.ADAMS@MARYLAND.GOV

ITB: 001IT820976 EXPR DATE: 12/31/19
POST DATE: 04/19/19 DISCOUNT TERMS: . NET 30 DAY
CONTRACT AMOUNT: 75,828.00

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.

ACCOUNT SPECIFIC CONTRACT
THE MARYLAND DEPARTMENT OF AGRICULTURE (MDA)
INSECTICIDE MOSQUITO CONTROL PROGRAM

CONTRACT TERM:

COMPANY NAME: RENTOKIL NORTH DBA TARGET SPECIALTY PRODUCTS
VENDOR CONTACT: KAREN FROME
VENDOR NUMBER: 443-867-0881
VENDOR ADDRESS: 3630 COMMERCE DRIVE SUITE 111, HALETHORPE, MD 21227
VENDOR EMAIL: KAREN.FROME@TARGET-SPECIALTY.COM

AGENCY: MARYLAND DEPARTMENT OF AGRICULTURE (MDA)
AGENCY CONTACT: BRIAN PRENDERGAST
AGENCY ADDRESS: 50 HARRY S. TRUMAN PARKWAY, ANNAPOLIS, MD 21401
AGENCY NUMBER: 410-841-5870
AGENCY EMAIL: BRIAN.PRENDERGAST@MARYLAND.GOV

DELIVERY:

*** CONTINUED, NEXT PAGE ***
THE CONTRACTOR SHALL SUPPLY THE MDA THE ITEM LISTED FROM THE DATE OF AWARD THROUGH THE ENTIRE CONTRACT TERM. DELIVERED IS REQUIRED SEVEN (7) DAYS AFTER A PURCHASE ORDER IS PLACED BY MDA.

PRODUCT MAY BE SHIPPED AT THE FOLLOWING LOCATIONS:
MARYLAND DEPARTMENT OF AGRICULTURE
MOSQUITO CONTROL OFFICE
50 S. TRUMAN PARKWAY, ANNAPOLIS, MD 21401
410-841-5870

MARYLAND DEPARTMENT OF AGRICULTURE
MOSQUITO CONTROL OFFICE
8071 GREENMEADE DRIVE, COLLEGE PARK, MD 20742
410-841-5870

MARYLAND DEPARTMENT OF AGRICULTURE
MOSQUITO CONTROL OFFICE
27722 NANTICOKE ROAD, UNIT 2, SALISBURY, MD 21801
410-543-6626

MARYLAND DEPARTMENT OF AGRICULTURE
MOSQUITO CONTROL OFFICE
43955 COMMERCE AVENUE, HOLLYWOOD, MD, 20636
301-373-4263

CALVERT COUNTY MOSQUITO CONTROL OFFICE
4665 HALLOWING POINT ROAD, PRINCE FREDERICK, MD 20678
410-535-6924

QUANTITY IS AN ESTIMATE AND IS NOT A MAXIMUM OR MINIMUM GUARANTEE.

INVOICE:

THE VENDOR WILL INVOICE TO THE ADDRESS WHERE THE PRODUCT IS REQUESTED AND DELIVERED. VENDOR MUST INCLUDE THE ZIP CODE OF THE COMPANY ADDRESS ON ALL INVOICES. FAILURE TO DO SO MAY RESULT IN DELAY OF PAYMENT.

THE DEPARTMENT OF GENERAL SERVICES "TERMS AND CONDITIONS" FOR COMMODITY CONTRACTS OVER $50,000" AND ALL SPECIFICATIONS, TERMS AND CONDITIONS OF SOLICITATION #001B9400376/MDDGS31042994 ARE INCORPORATED HEREIN BY REFERENCE.
### BLANKET PURCHASE ORDER

**STATE OF MARYLAND**

<table>
<thead>
<tr>
<th>LINE #</th>
<th>STATE ITEM ID</th>
<th>U/M</th>
<th>UNIT COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td>67545-100025</td>
<td>GL</td>
<td>940.9600</td>
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(S)-METHOPRENE (ISOPROPYL (2E,4E,7S)-11-METHOXY-3,7,11-TRIMETHY-2,4-DODECADIENOATE)

COMMON NAME - METHOPRENE INSECTICIDE

TRADE NAME - ALTOSID LIQUID LARVICIDE CONCENTRATE

PERCENT BY WEIGHT - (S)-METHOPRENE - 20%

INERT INGREDIENT - 80%

FORMULATION TO CONTAIN 1.72 LBS/GALLON ACTIVE INGREDIENT.

PRODUCT TO BE SUPPLIED IN FIVE (5) GALLON CONTAINERS.

NO SUBSTITUTE

ESTIMATED AMOUNT TO BE PURCHASED PER UNIT PRICE: 30 GALLONS.

| 0002   | 37545-100024  | CS  | 476.0000  |

METHOPRENE INSECTICIDE-ALTOSID BRIQUETS.

ESTIMATED AMOUNT TO BE PURCHASED PER UNIT PRICE: UP TO 100 CASES.

_______________________________ END OF ITEM LIST _______________________________

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.

________________________        _______________________
LICENSE NUMBER                DATE OF EXPIRATION

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

*** CONTINUED, NEXT PAGE ***
MDOT'S MBE CERTIFICATION NUMBER

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