BLANKET PURCHASE ORDER
STATE OF MARYLAND

SHIP TO:
AS SPECIFIED ON INDIVIDUAL ORDERS

VENDOR ID:
MEDLINE INDUSTRIES INC
ONE MEDLINE PL
MUNDELEIN, IL 60060
(800) 323-5886

REFER QUESTIONS TO:
ALLEGRA DAYE
(410) 767-4032
ALLEGRA.DAYE1@MARYLAND.GOV

ITB: EXPR DATE: 04/15/21 DISCOUNT TERMS: .
POST DATE: 05/22/20 CONTRACT AMOUNT: NET 30 DAY .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.

COVID-19
MEDLINE EMERGENCY AGREEMENT MMS2000161
THROUGH
MMCAP INFUSE
MEDICAL SUPPLIES

PURSUANT TO COMAR 21.05.06.02
AN EMERGENCY PROCUREMENT SHALL BE LIMITED TO THE PROCUREMENT OF ONLY THE TYPES OF ITEMS AND QUANTITIES OF ITEMS NECESSARY TO AVOID OR TO MITIGATE SERIOUS DAMAGE TO PUBLIC HEALTH, SAFETY, AND WELFARE AS FURTHER DEFINED IN COMAR 21.01.02.01B

REFERENCE: MINNESOTA MULTISTATE CONTRACTING ALLIANCE FOR PHARMACY (MMCAP INFUSE) CONTRACT NO. MMS2000161

CONTRACT START DATE: DATE OF AWARD
CONTRACT EXPIRATION DATE: APRIL 15, 2021
CONTRACT RENEWAL OPTIONS: NONE

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THIS EMERGENCY CONTRACT AGREEMENT IS IN ACCORDANCE WITH MMCAP INFUSE CONTRACT NUMBER MMS2000161.

*** CONTINUED, NEXT PAGE ***
BASED ON THIS CONTRACT, THE VENDOR WILL PROVIDE MEDICAL SUPPLY DISTRIBUTION SERVICES FOR THE STATE OF MARYLAND AND ITS USING AGENCIES.

MMCAP REPRESENTATIVE: JEFF SCHIMBENO
SENIOR ACCOUNT EXECUTIVE, EASTERN REGION
ADDRESS: 50 SHERBURNE AVENUE, SUITE 112
ST. PAUL, MN 55155
E-MAIL: JEFF.SCHIMBENO@STATE.MN.US
PHONE: 732.757.5470
WEBSITE: INFUSE-MN.GOV

VENDOR: MEDLINE INDUSTRIES, INC.
PRIMARY CONTACT: LUCAS MCGOVERN
PHONE: 1-847-837-2820
FAX: 1-847-949-2497
CONTACT EMAIL: LMCGOVERN@MEDLINE.COM

ANY ORDER PLACED BY A PARTICIPATING ENTITY FOR A PRODUCT AND/OR SERVICE AVAILABLE UNDER THE MASTER AGREEMENT SHALL BE DEEMED TO BE A SALE UNDER (AND GOVERNED BY THE PRICES AND OTHER TERMS AND CONDITIONS) OF THE MASTER AGREEMENT UNLESS THE PARTIES TO THE ORDER AGREE, IN WRITING, THAT ANOTHER CONTRACT OR AGREEMENT APPLIES TO SUCH ORDER.

VENDORS MUST EMAIL SIGNED PACKING SLIPS/RECEIPT/BILL OF LADING WITH YOUR FUTURE INVOICE(S). INVOICES WITH RECEIPT DOCUMENTS CAN BE EMAILED TO DGS.OSP-INVOICES@MARYLAND.GOV.
THE PURCHASE ORDER NUMBER MUST BE REFERENCED ON THE INVOICE.
<table>
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MEDICAL SUPPLIES

MEDLINE/VENDOR BRAND PRODUCTS - 30% OFF LIST PRICE
NON-MEDLINE/VENDOR PRODUCTS - 25% OFF LIST PRICE

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