**SHIP TO:**

AS SPECIFIED ON INDIVIDUAL ORDERS

<table>
<thead>
<tr>
<th>VENDOR ID:</th>
<th>REFER QUESTIONS TO:</th>
</tr>
</thead>
</table>
| RR DONNELLEY & SONS COMPANY  
8401 CONNECTICUT AVE STE 500  
CHEVY CHASE, MD 20815  
(410) 859-2841 | KIMBERLY HACKETT  
(410) 767-0788  
KIMBERLY.HACKETT@MARYLAND.GOV |

<table>
<thead>
<tr>
<th>ITB:</th>
<th>EXPR DATE: 10/31/20</th>
<th>DISCOUNT TERMS: .</th>
<th>NET 30 DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>POST DATE: 09/20/19</td>
<td></td>
<td>CONTRA CT AMOUNT: 127,836.98</td>
</tr>
</tbody>
</table>

**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.

**AGENCY CONTRACT**

FOR

LASER PRINT SECURITY PAPER FOR BIRTH AND DEATH CERTIFICATES

FOR

THE DEPARTMENT OF MENTAL HEALTH AND HYGIENE (DHMH)

**THIS IS (1) ONE OF (2) RENEWALS AGAINST CONTRACT 001B7400169.**

VENDOR CONTACT: BILL BROWN
VENDOR ADDRESS: 8401 CONNECTICUT AVENUE, SUITE 500  
CHEVY CHASE, MARYLAND 20815

VENDOR PHONE: 301-771-4359
VENDOR E-MAIL: BILL.H.BROWN@RRD.COM

**CONTRACT PERIOD:** BEGINNING NOVEMBER 01, 2019 THROUGH OCTOBER 31, 2020, WITH THE SAME TERMS, CONDITIONS AND PRICE.

THIS IS THE FIRST RENEWAL OF TWO (2). THE STATE HAS UNILATERAL TO RENEW THIS CONTRACT FOR ONE MORE ONE-YEAR TERM.

RELEASES SHALL BE MADE AS REQUESTED BY THE USING AUTHORITY ON AN "AS REQUIRED" BASIS.

*** CONTINUED, NEXT PAGE ***
TERMS (cont’d):

QUANTITIES STATED ARE ESTIMATES ONLY AND ARE NOT TO BE CONSTRUED AS ANY MINIMUM OR MAXIMUM GUARANTEE. USAGE WILL BE FOR THE ACTUAL REQUIREMENTS OF THE AGENCY AND MAY VARY FROM THE ESTIMATED QUANTITIES.

THE CERTIFICATES MUST BE PACKED IN CARTONS, FACED DOWN, LOW NUMBERS ON TOP OF PACK. THE CERTIFICATES MUST BE SHRINK-WRAPPED, 500 PER PACK.

THE FOLLOWING LABEL TO APPEAR ON THE END OF EACH CARTON:
1. DOCUMENT:
2. QUANTITY:
3. STARTING AND ENDING NUMBERS, VENDOR'S NAME AND ADDRESS AND PURCHASE ORDER NUMBER
4. PACKAGING:

DELIVERY: ALL DOCUMENTS PRINTED WILL BE DELIVERED UNDER SECURE CONDITIONS AND CLEARLY MARKED FOR INSIDE DELIVERY, LIFT GATE NEEDED.

SHIPPED F.O.B. DESTINATION

CERTIFICATES ARE REQUESTED FROM THE DIVISION OF VITAL RECORDS BUSINESS OFFICE. THE CERTIFICATES MUST BE RECEIVED BY THE AGENCY NO LATER THAN SEVEN (7) BUSINESS DAYS AFTER THE REQUEST.

UPON AWARD, VENDOR MUST CONTACT MRS. SHARON KING AT THE DIVISION OF VITAL RECORDS (410-764-3191) FOR THE STARTING/ENDING NUMBER SEQUENCE. THE VENDOR WILL BE RESPONSIBLE FOR VERIFYING THAT ALL NUMBERS ARE ACCOUNTED FOR PRIOR TO DELIVERY.

DELIVERY:
DIVISION OF VITAL RECORDS
6764-B REISTERSTOWN ROAD
BALTIMORE, MARYLAND 21215
CONTACT: MRS. SHARON KING
PHONE: 410-764-3191
SHAROND.KING@MARYLAND.GOV

VENDOR MUST INCLUDE THE 9-DIGIT ZIP CODE OF COMPANY ADDRESS ON ALL INVOICES. FAILURE TO DO SO MAY RESULT IN DELAY OF PAYMENT. THIS PURCHASE IS FOR PAYROLL AND INCOME TAX CHECK PAPER.

THE DEPARTMENT OF GENERAL SERVICES "TERMS AND CONDITIONS" FOR COMMODITY CONTRACTS OVER $25,000" AND ALL SPECIFICATIONS, TERMS AND

*** CONTINUED, NEXT PAGE ***
**BLANKET PURCHASE ORDER**

**STATE OF MARYLAND**

**CONDITIONS OF SOLICITATION #001IT820349/MDDGS31027869 INCORPORATED HEREIN BY REFERENCE.**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Total Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td>90640-00000X M</td>
<td>61.1200</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PRINTING, GENERAL</td>
<td></td>
<td>STATE OF MARYLAND LASTER PRINT SECURITY PAPER</td>
<td>BIRTH CERTIFICATES</td>
</tr>
<tr>
<td>0002</td>
<td>90640-00000X M</td>
<td>79.0200</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PRINTING, GENERAL</td>
<td></td>
<td>STATE OF MARYLAND LASTER PRINT SECURITY PAPER</td>
<td>DEATH CERTIFICATES</td>
</tr>
</tbody>
</table>

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

**AUTHORIZED BY:** ____________________________ **DATE:** _______________