



The City of  
**OKLAHOMA CITY**  
 DEPARTMENT OF FINANCE

**APPROVED**

1-2-2024

BY THE CITY COUNCIL  
*Angie K. Simpson* CITY CLERK

November 1, 2023

Fuzzells Business Equipment  
 5959 N.W. 37th Street  
 Oklahoma City, OK 73122

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R23-C221067** for **Office Printers, Scanners, multi-Function Devices, and related Supplies and Services** for the term **1/15/2024 through 1/14/2025** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **November 30, 2023**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

**YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL.** Should the Contracting Entity decide not to renew the above contract, you will be notified in writing or electronically. **This form may be mailed, faxed, emailed, scanned, or otherwise electronically submitted for contract/pricing agreement renewal.**

If you have any questions, please contact me at (405) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

*Carla Jack*

Carla Jack, Senior Buyer  
 Procurement Services

YES Yes, I would like to renew per the above mentioned.  
 \_\_\_\_\_ No, I do not wish to renew.

**[INTERNAL USE ONLY]**

\_\_\_\_\_ The Contracting Entity chooses not to renew the above contract/pricing agreement.

*Joe Fuzzell*  
**JOE FUZZELL**  
**FUZZELL'S BUSINESS EQUIPMENT**  
 \_\_\_\_\_  
**PRINTED NAME**  
**PRESIDENT**  
 \_\_\_\_\_  
**TITLE**  
 \_\_\_\_\_  
**AUTHORIZED SIGNATURE**  
**FUZZELL'S CALCULATOR CORNER, INC.**  
 \_\_\_\_\_  
**COMPANY NAME**  
**5959 N.W. 37TH ST.**  
 \_\_\_\_\_  
**STREET ADDRESS**  
**OKLAHOMA CITY, OK 73122**  
 \_\_\_\_\_  
**CITY, STATE AND ZIP CODE**  
**405-721-2222**  
 \_\_\_\_\_  
**BUSINESS TELEPHONE**  
**JOE@FUZZELLS.COM**  
 \_\_\_\_\_  
**CONTACT E-MAIL**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/10/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Ascent Insurance Group, LLC 17308 N May Ave  Edmond OK 73012		<b>CONTACT NAME:</b> Stefanie Martin <b>PHONE (A/C, No, Ext):</b> (405) 341-5996 <b>E-MAIL ADDRESS:</b> stefanie@youraig.com		<b>FAX (A/C, No):</b>
<b>INSURED</b> Fuzzells Calculator Corner, 5959 NW 37th Street  Oklahoma City OK 73122		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A:</b> PHOENIX INS CO		25623
		<b>INSURER B:</b> TRAVELERS CAS INS CO OF AMER		19046
		<b>INSURER C:</b> TRAVELERS PROPERTY CAS CO OF AMER		25674
		<b>INSURER D:</b> CHARTER OAK FIRE INS CO		25615
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

**COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			6807A778291	10/19/2023	10/19/2024	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> SPC						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 4,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 4,000,000
							\$
B	<b>AUTOMOBILE LIABILITY</b>			BA0N375334	05/21/2023	05/21/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			CUP7A828422	10/19/2023	10/19/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 5,000	<input type="checkbox"/> CLAIMS-MADE					PRDCO \$ 1,000,000
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			UB0K900017	02/04/2023	02/04/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
Additional insured(s) on the listed policies are those required by the contract.  
  
contract number (R23-C221067)

<b>CERTIFICATE HOLDER</b>  City of Oklahoma City and its Trust  100 North Walker Ste 200 Oklahoma City, OK 73102	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Stefanie Martin</i>
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The City of  
**OKLAHOMA CITY**  
DEPARTMENT OF FINANCE

**APPROVED**

1-2-2024

BY THE CITY COUNCIL  
*Amy K. Simpson* CITY CLERK

November 1, 2023

Inland Associates Inc  
18965 W. 158th Street  
Olathe, KS 66062-8014

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R23-C221068 for Office Printers, Scanners, Multi-Function Devices, and Related Supplies and Services** for the term **1/15/2024 through 1/14/2025** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **November 30, 2023**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

**YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL.** Should the Contracting Entity decide not to renew the above contract, you will be notified in writing or electronically. **This form may be mailed, faxed, emailed, scanned, or otherwise electronically submitted for contract/pricing agreement renewal.**

If you have any questions, please contact me at (405) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

Carla Jack, Senior Buyer  
Procurement Services

Yes, I would like to renew per the above mentioned.  
 No, I do not wish to renew.

[INTERNAL USE ONLY]

The Contracting Entity chooses not to renew the above contract/pricing agreement.

*Peggy Meader*  
\_\_\_\_\_  
PRINTED NAME  
*President*  
\_\_\_\_\_  
TITLE  
*Peggy Meader*  
\_\_\_\_\_  
AUTHORIZED SIGNATURE  
*Inland Associates, Inc.*  
\_\_\_\_\_  
COMPANY NAME  
*18965 W. 158th St.*  
\_\_\_\_\_  
STREET ADDRESS  
*Olathe, KS 66062*  
\_\_\_\_\_  
CITY, STATE AND ZIP CODE  
*913-764-7477*  
\_\_\_\_\_  
BUSINESS TELEPHONE  
*pmeader@inland4500.com*  
\_\_\_\_\_  
CONTACT E-MAIL



THE HARTFORD  
BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251

November 7, 2023

The City of Oklahoma City and Its Trust  
100 N WALKER AVE STE 200  
OKLAHOMA CITY OK 73102-2230

### Account Information:

Policy Holder Details :	INLAND ASSOCIATES, INC.
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### Contact Us

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#### Need Help?

Chat online or call us at  
(866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/07/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> GRAHAM ROGERS/PHS 38382780 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	<b>CONTACT NAME:</b> PHONE (866) 467-8730 (A/C, No, Ext):		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC#</b>
<b>INSURED</b> INLAND ASSOCIATES, INC. 18965 W 158TH ST OLATHE KS 66062-8014	<b>INSURER A :</b> Hartford Underwriters Insurance Company		30104
	<b>INSURER B :</b> Hartford Fire and Its P&C Affiliates		00914
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYYY)	LIMITS	
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability	X		38 SBA AG6YBB	07/01/2023	07/01/2024	EACH OCCURRENCE	\$2,000,000
	<input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			38 SBA AG6YBB	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			38 SBA AG6YBB	07/01/2023	07/01/2024	EACH OCCURRENCE	\$2,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 10,000						AGGREGATE	\$2,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		38 WBC AG6YZR	07/01/2023	07/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$500,000
							E.L. DISEASE -EA EMPLOYEE	\$500,000
							E.L. DISEASE - POLICY LIMIT	\$500,000
A	Employment Practices Liability Insurance			38 SBA AG6YBB	07/01/2023	07/01/2024	Each Claim Limit	\$25,000
							Annual Aggregate Limit	\$25,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Those usual to the Insured's Operations. The Business Liability Coverage Part includes The City of Oklahoma City and its Trusts are Blanket Additional Insured By Contract Endorsement, Form SL 30 32. RE: Contract #R24-C221068

**CERTIFICATE HOLDER****CANCELLATION**

The City of Oklahoma City and Its Trust  
 100 N WALKER AVE STE 200  
 OKLAHOMA CITY OK 73102-2230

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Susan L. Castaneda*

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The City of  
**OKLAHOMA CITY**  
 DEPARTMENT OF FINANCE

**APPROVED**

1-2-2024

BY THE CITY COUNCIL  
 Amy K. Simpson CITY CLERK

November 1, 2023

Pacific East Industries  
 4409 Camino De Las Estrellas  
 Newbury Park, CA 91320

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R23-C221069 for Office Printers, Scanners, Multi-Function Devices, and Related Supplies and Services** for the term **1/15/2024 through 1/14/2025** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **November 30, 2023**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

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If you have any questions, please contact me at (405) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

Carla Jack, Senior Buyer  
 Procurement Services

Yes, I would like to renew per the above mentioned.  
 No, I do not wish to renew.

[INTERNAL USE ONLY]

The Contracting Entity chooses not to renew the above contract/pricing agreement.

Lisa Showalter  
 PRINTED NAME  
owner  
 TITLE  
  
 AUTHORIZED SIGNATURE  
Pacific East Industries  
 COMPANY NAME  
4409 Camino de las Estrellas  
 STREET ADDRESS  
Newbury Park CA 91320  
 CITY, STATE AND ZIP CODE  
888-490-9749  
 BUSINESS TELEPHONE  
Lisa@paceast.net  
 CONTACT E-MAIL



The City of  
**OKLAHOMA CITY**  
 DEPARTMENT OF FINANCE

**APPROVED**

1-2-2024

BY THE CITY COUNCIL  
*Carla Jack* CITY CLERK

November 1, 2023

R K Black Inc  
 4000 NW 39th St  
 Oklahoma City, OK 73112-2964

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R23-C221070 for Office Printers, Scanners, Multi-Function Devices, and Related Supplies and Services** for the term **1/15/2024 through 1/14/2025** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **November 30, 2023**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

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Thank you,

Carla Jack, Senior Buyer  
 Procurement Services

Yes, I would like to renew per the above mentioned.  
 No, I do not wish to renew.

[INTERNAL USE ONLY]

The Contracting Entity chooses not to renew the above contract/pricing agreement.

*Gary Hackett*  
 PRINTED NAME  
*Director*  
 TITLE  
  
 AUTHORIZED SIGNATURE  
*RK Black, Inc*  
 COMPANY NAME  
*3401 NW 63rd sub 200*  
 STREET ADDRESS  
*OKC OK 73116*  
 CITY, STATE AND ZIP CODE  
*(405) 943-9800*  
 BUSINESS TELEPHONE  
*ghackett@rkblack.com*  
 CONTACT E-MAIL

# LETTER OF AUTHORIZATION

THIS LETTER OF AUTHORIZATION MUST BE COMPLETED IF THE ATTACHED LEGALLY BINDING DOCUMENT WAS NOT SIGNED BY THE STATUTORILY AUTHORIZED OFFICER ON BEHALF OF THE CONTRACTING ENTITY.

City of Oklahoma City or related Public Trust:

This letter authorizes Gary Blackett to  
(PRINTED NAME OF AUTHORIZED AGENT)

sign the attached legally binding document on behalf of RK Black Inc  
(CONTRACTING ENTITY)

Sincerely,

  
Signature of Authorizing Officer

V.P Operations  
Printed Title

11/7/2023  
Date

Kelley R. Sanchez  
Printed Name of Authorizing Officer

ksanchez@rkblack.com  
Email Address of Authorizing Officer

<b>NOTE: If the Contracting Entity is a(n):</b>	
<b>Corporation</b>	The authorizing officer <b>must</b> be: <b>President, Vice-President, Chairperson, or Vice-Chairperson</b>
<b>LLC</b>	The authorizing officer <b>must</b> be: <b>Manager, Managing Member, President, or Vice-President</b>
<b>Partnership</b>	The authorizing officer <b>must</b> be: <b>General Partner</b>
<b>Joint Venture</b>	The authorizing officer <b>must</b> be: <b>An Authorized Officer of Each of the Ventures</b>





The City of  
**OKLAHOMA CITY**  
DEPARTMENT OF FINANCE

**APPROVED**

1-2-2024

BY THE CITY COUNCIL  
*Amy K. Simpson* CITY CLERK

November 1, 2023

Standley Systems LLC  
520 W Minnesota  
Chickasha, OK 73018

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R23-C221071 for Office Printers, Scanners, Multi-Function Devices, and Related Supplies and Services** for the term **1/15/2024 through 1/14/2025** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **November 30, 2023**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

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If you have any questions, please contact me at (405) 297-2453, Fax (405) 297-2142 or Email: [carla.jack@okc.gov](mailto:carla.jack@okc.gov).

Thank you,

*Carla Jack*

Carla Jack, Senior Buyer  
Procurement Services

Yes, I would like to renew  
per the above mentioned.  
 No, I do not wish to renew.

[INTERNAL USE ONLY]

The Contracting Entity  
chooses not to renew the  
above contract/pricing  
agreement.

*Greg Elliott*  
PRINTED NAME  
*COO - owner*  
TITLE  
*[Signature]*  
AUTHORIZED SIGNATURE  
*Standley Systems*  
COMPANY NAME  
*528 W. Iowa Ave*  
STREET ADDRESS  
*Chickasha OK 73018*  
CITY, STATE AND ZIP CODE  
*405-224-0819*  
BUSINESS TELEPHONE  
*gelliott@standleys.com*  
CONTACT E-MAIL

