

Section (A) Office Information

Office Number	Office Name	Phone #	Date
9340	North Valley Business Systems	(530) 242-1000	03/19/2018

Section (B) Billing Information

Company Name	Shasta County Health and Human Services Agency		
DBA			
Billing Address	P O Box 496005		
City State Zip+4	Redding	CA	96049-6005
Contact Name	Lynne Wilson	Phone	(530) 225-5172
Contact Title	Mail Room Manager	Fax	
Email Address		PO #	

Section (C) Installation Information (if different from billing information)

Company Name	Shasta County Health and Human Services Agency		
Installation Address	P O Box 496005		
City State Zip+4	Redding	CA	96049-6005
Contact Name	Lynne Wilson	Phone	(530) 225-5172
Contact Title	Mail Room Manager	Fax	
Email Address			
Main Post Office		PO 5-Digit Zip Code	

Section (D) Products

Qty	Model / Part Number	Description (include Serial Number, if applicable)	<input checked="" type="checkbox"/> See additional listed products on attached continuation schedule.
2	IS6000CPC	IS-6000 300 LPM Base, PostCard Version MMF, 15" Control Panel, Keyboard, LAN Kit & Line Conditioner	
2	IS56DWM PKG	IS-5000/6000 Dynamic Weighing Module	
2	MMC104	104" Custom Workstation w/Risers, Locking Doors	
2	ISWP70	IS Series 70lb. Weigh Platform	
2	IS6000ERR	IS-6000 e-RR Feature Activation & Starter Kit w/Bar Code Scanner	
2	ISDRKSENCB	Dark Mail Sensor Kit (IS5000 & IS6000)	
2	IS56STACKER	Expandable IS-5000/6000 Stacker	

Section (E) Lease Payment Information & Schedule

Tax Status: <input checked="" type="checkbox"/> Taxable <input type="checkbox"/> Tax Exempt <i>Certificate attached</i> Billing Frequency: <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annually Billing Method: <input type="checkbox"/> Standard <input checked="" type="checkbox"/> Arrears	Number of Months		Monthly Payment
	First	60	\$1,783.45
	Current Lease Number:		
	<input type="checkbox"/> ACH (Customer to submit authorization form)		

Section (F) Postage Meter & Postage Funding Information

Meter Model	IS6000AI	Machine Model	IS6000CPC
Postage Funding Method: Bill Me <input checked="" type="checkbox"/> Prepay by Check <input type="checkbox"/> ACH Debit (Submit customer authorization form) <input type="checkbox"/> OMAS <input type="checkbox"/> CPU (include authorization form)		Postage Funding Account: <input checked="" type="checkbox"/> POC <input type="checkbox"/> TMS <input type="checkbox"/> New <input type="checkbox"/> Existing Existing Account Number:	
Agency Code		Sub Agency Code	

Service Products (Check all that apply)

<input checked="" type="checkbox"/> Online Postal Rates iMeter™ App (SP10)
<input type="checkbox"/> Online Postal Expense Manager iMeter™ App (SP20/NeoStats)
<input type="checkbox"/> Online E-Services iMeter™ App (SP30)
<input type="checkbox"/> NeoShip BASIC - Requires NeoFunds/TotalFunds (EP70)
<input type="checkbox"/> NeoShip Install & User Guide (EP70GUIDES)
<input type="checkbox"/> RunMyMail <input type="checkbox"/> 3G/4G Cell Service
<input checked="" type="checkbox"/> Maintenance
<input checked="" type="checkbox"/> Installation/Training
<input type="checkbox"/> Software Support

In no case shall maximum compensation under this Agreement exceed \$107,007. This Agreement shall begin November 6, 2018 and shall end November 5, 2023, unless California Participating Addendum No. 7-17-70-42-02 is not renewed or becomes invalid prior to that date.

Section (G) Approval

Existing customers who currently fund the Postage account by ACH Debit will not be converted to NeoFunds/TotalFunds unless initialed here N/A.

This document consists of a Government Product Lease ("Lease") with MailFinance Inc.; and a Postage Meter Rental Agreement ("Rental Agreement") Your signature constitutes an offer to enter into the Lease and, if applicable, the other agreements, and acknowledges that you have received, read, and agree to all applicable terms and conditions (version DealerGovLease-04-16), which are also available at <http://neopostusa.com/terms/DealerGovLease-V04-16.pdf>, and that you are authorized to sign the agreements on behalf of the customer identified above. The applicable agreements will become binding on the companies identified above only after an authorized individual accepts your offer by signing below, or when the equipment is shipped to you. **State of California Participating Addendum No. 7-17-70-42-02 Mailroom Equipment, Supplies and Maintenance Arizona NASPO ValuePoint Master Agreement NO. ADSP016-169901, attached hereto and incorporated herein, shall control this Agreement. ***Purchase Order to Be Completed By County Upon Acceptance*****

LES BAUGH, CHAIRMAN
Board of Supervisors
County of Shasta
State of California

Date Accepted

Accepted by Neopost USA and its Affiliates

Date Accepted

Company Name: Shasta County Health and Human Services Agency

Schedule (D) Product Continuation Schedule (Continued)

Qty	Model / Part Number	Description (Include Serial Number, if applicable)
2	ISELDPKG	IS-490/5000/5500/6000 Remote Label Dispenser w/Stand
2	WP3070STDN	30/70lb Scale Stand

Product Lease Agreement Continuation Schedule
MailFinance, 478 Wheelers Farms Rd, Milford CT 06461
Form L51186e-V04-16 revision 04/16 (PF)

Printed on 03/19/2018 10:11 AM

Approved as to form:
RUBIN E. CRUSE, JR
County Counsel

By: Alan B. Cox 9/14/18

Alan B. Cox
Deputy County Counsel

RISK MANAGEMENT APPROVAL

By: James Johnson 09/18/18

James Johnson
Risk Management Analyst

INFORMATION TECHNOLOGY APPROVAL

By: Tom Schreiber 9/19/18

Tom Schreiber
Chief Information Officer

IT Approved:

Gretchen Allen, Dep. Dir. 9/19/18