STATE OF NEW HAMPSHIRE
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST
CONCORD NH 03301-6398

DATE: 2/26/2020

CONTRACT #: 8002179

NIGP CODE: 938-5900

CONTRACT FOR: Lab Equipment Service & Repairs

VENDOR CODE #: 174649

CONTRACTOR: Perkin Elmer Health Sciences Inc.

SUBMITTED FOR ACCEPTANCE BY:

ERICA BRISSON, PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

RECOMMENDED FOR ACCEPTANCE BY:

PAUL RHODES, ADMINISTRATOR III
BUREAU OF PURCHASE AND PROPERTY

APPROVED FOR ACCEPTANCE BY:

GARY S. LUNETTA, DIRECTOR
DIVISION OF PROCUREMENT & SUPPORT SERVICES

ACCEPTED FOR THE STATE OF NEW HAMPSHIRE UNDER THE AUTHORITY GRANTED TO ME BY NEW HAMPSHIRE REVISED STATUTES, ANNOTATED 21-I:14, XII.

CHARLES M. ARLINGHAUS, COMMISSIONER
DEPARTMENT OF ADMINISTRATIVE SERVICES
SECOND AMENDMENT TO THE CONTRACT
BETWEEN PERKIN ELMER HEALTH SCIENCES, INC.
AND
THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
FOR LAB EQUIPMENT SERVICES AND REPAIRS
CONTRACT # 8002179

This Second Amendment (hereinafter referred to as the "Amendment"), dated this 12 day of February, 2020, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as "the State") and Perkin Elmer Health Sciences, Inc. (hereinafter referred to as "the Contractor") for Lab Equipment Services and Repairs.

WHEREAS, pursuant to an agreement effective July 1, 2017, amended by the First Amendment on November 19, 2019 and set to expire June 30, 2022, (hereinafter referred to as "the Agreement"), the Contractor agreed to perform certain lab equipment services and repairs for the State in consideration of payment by the State of certain sums as specified therein; and

WHEREAS, pursuant to Section 18 of the Agreement, the Agreement may be amended by an instrument in writing executed by both parties;

NOW, THEREFORE, for and in consideration of the mutual promises set forth in this Amendment and the underlying Agreement, the parties do mutually agree as follows:

1. Delete in its entirety Form Number P-37, item 1.8 Price Limitation and substitute the following:

   1.8 $389,488.86

2. Amend Exhibit B Payment & Pricing; add the following:

<table>
<thead>
<tr>
<th>Public Health Laboratories (PHL)</th>
<th>July 1, 2019 – June 30, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zephyr Work Station, Model: Zephyr G3 NGS, S/S ZY1720N0612</td>
<td>$13,128.00</td>
</tr>
</tbody>
</table>

3. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on June 20, 2017, amended by the First Amendment on November 19, 2019 and set to expire on June 30, 2022. The contract shall remain in full force and effect.
PERKIN ELMER HEALTH SCIENCES, INC.

By: __________________________

KAREN A. HARRINGTON
(Print Name)

Title: ASSISTANT SECRETARY

Date: 02/12/20

STATE OF NEW HAMPSHIRE

By: __________________________

(Charles M. Arlinghaus)
(Print Name)

Title: COMMISSIONER,
Department of Administrative Services

Date: 02/24/20

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 18 day of February 2020

There appeared before me, the state and county foresaid a person who satisfactorily identified himself as

KAREN A. HARRINGTON

And acknowledge that he executed this document indicated above.

In witness thereof, I hereunto set my hand and official seal.

(Notary Public/Justice of the Peace)

My commission expires:

January 31, 2022

(Date)
PERKINELMER HEALTH SCIENCES, INC.
Officer's Certificate

I, Judith A. Albrecht, Assistant Secretary of PerkinElmer Health Sciences, Inc., a corporation duly organized and existing under the laws of the state of Delaware (the "Corporation"), do hereby certify that the following is a true and correct copy of a resolution which was duly adopted at a meeting of the Board of Directors of the Corporation on the 16th day of May, 2019, and that the same has not been rescinded or modified and remains in full force and effect as of the date hereof:

FURTHER RESOLVED: That the Officers of the Corporation are each authorized to execute, deliver and perform any and all agreements, instruments, certificates, governmental filings and documents as such officer or officers deem necessary or appropriate in connection with the operation of the Corporation; and

I further certify that at all times since May 17, 2018, Karen A. Harrington has been an Assistant Secretary of the Corporation, and that the signature set forth opposite her name below is her true and genuine signature:

Name: Karen A. Harrington  Office: Assistant Secretary

This certificate expires Thursday, May 21, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Corporation this 25 day of February, 2020.

(SEAL)

By: Judith A. Albrecht  Title: Assistant Secretary

State of Connecticut  County of Fairfield, ss.

On this 25 day of February, 2020, before me personally appeared Judith A. Albrecht, to me personally known, who, being by me duly affirmed, did say that he/she is Assistant Secretary of PerkinElmer Health Sciences, Inc., and that said instrument was signed and sealed on behalf of said company by authority of its board of directors, and said Judith A. Albrecht acknowledged said instrument to be the free act and deed of said company.

(SEAL)

By: Julia A. Hamilton  Title: Notary Public

My commission expires: August 31, 2023
CERTIFICATE OF LIABILITY INSURANCE

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).

Producer: Aon Risk Services Northeast, Inc.
Boston MA office
53 State Street
Suite 201
Boston MA 02109 USA

Contact Name:
Phone: (617) 283-7122
Fax (A.C. No.): 800-363-0105
E-mail Address:

Insured:
Perkin-Elmer Inc.
710 Bridgeport Avenue
#075
Shelton CT 06484 USA

Insurer(s) Affording Coverage:

| Insurer A | Liberty Mutual Fire Ins Co | 23035 |
| Insurer B | National Union Fire Ins Co of Pittsburgh | 19445 |
| Insurer C | Liberty Insurance Corporation | 42404 |

Certificate Number: 570079863664
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.

Limits shown are as requested:

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>EACH OCCURRENCE</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMERCIAL GENERAL LIABILITY</td>
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<td>$2,000,000</td>
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<tr>
<td>AUTOMOBILE LIABILITY</td>
<td>AS2-611-004166-270</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>UMBRELLA LIABILITY</td>
<td>282953351</td>
<td>$1,000,000</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</td>
<td>WC7611004086460</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

This certificate is for informational purposes only and does not affect any rights of the certificate holder under the policies of insurance listed above.

Certificate No.: 570079863664

Description of Operations / Locations / Vehicles (ACORD 101, Additional Remarks Schedule, may be attached if more space is required):

State of New Hampshire
Administrative Services
25 Capitol Street, Room 102
Concord NH 03301 USA

Date (MM/DD/YYYY): 12/27/2019

©1988-2015 ACORD CORPORATION. All rights reserved.
Business Information

Business Details

Business Name: PERKINELMER HEALTH SCIENCES, INC.

Business Type: Foreign Profit Corporation

Business Creation Date: 03/08/2004

Date of Formation in Jurisdiction: 03/08/2004

Principal Office Address: 940 Winter Street, Waltham, MA, 02451, USA

Citizenship / State of Incorporation: Foreign/Delaware

Business ID: 467306

Business Status: Good Standing

Name in State of Incorporation: PERKINELMER HEALTH SCIENCES, INC.

Mailing Address: 940 Winter St ATTN: J. Higgins, Waltham, MA, 02451, USA

Last Annual Report Year: 2019

Next Report Year: 2020

Phone #: NONE

Fiscal Year End Date: NONE

Duration: Perpetual

Business Email: jessica.higgins@perkinelmer.com

Notification Email: jessica.higgins@perkinelmer.com

Principal Purpose

S.No  NAICS Code  NAICS Subcode

1  OTHER / DESIGNS, MANUFACTURES, MARKETS AND SERVICES LIFE SCIENCES INSTRUMENTS AND PRODUCTS.

Page 1 of 1, records 1 to 1 of 1
Principals Information

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Business Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>John L. Healy / Vice President</td>
<td>940 Winter Street, Waltham, MA, 02451, USA</td>
</tr>
<tr>
<td>John L. Healy / Secretary</td>
<td>940 Winter Street, Waltham, MA, 02451, USA</td>
</tr>
<tr>
<td>John L. Healy / Director</td>
<td>940 Winter Street, Waltham, MA, 02451, USA</td>
</tr>
<tr>
<td>Alan Fletcher / Vice President</td>
<td>68 Elm Street, Hopkinton, MA, 01748, USA</td>
</tr>
<tr>
<td>David C. Francisco / Vice President</td>
<td>940 Winter Street, Waltham, MA, 02451, USA</td>
</tr>
</tbody>
</table>

Registered Agent Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>C T Corporation System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Office Address:</td>
<td>2 1/2 Beacon Street, Concord, NH, 03301 - 4447, USA</td>
</tr>
<tr>
<td>Registered Mailing Address:</td>
<td>2 1/2 Beacon Street, Concord, NH, 03301 - 4447, USA</td>
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</tbody>
</table>

Trade Name Information

No Trade Name(s) associated to this business.

Trade Name Owned By

No Records to View.

Trademark Information

<table>
<thead>
<tr>
<th>Trademark Number</th>
<th>Trademark Name</th>
<th>Business Address</th>
<th>Mailing Address</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No records to view.

Filing History  Address History  View All Other Addresses  Name History

Shares  Businesses Linked to Registered Agent  Return to Search  Back

NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- Contact Us
STATE OF NEW HAMPSHIRE
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST
CONCORD NH 03301-6398

DATE: 11/15/19

CONTRACT #: 8002179

NIGP CODE: 938-5900

CONTRACT FOR: Lab Equipment Service & Repair

CONTRACTOR: Perkin Elmer Health Sciences Inc.

VENDOR CODE #: 174649

SUBMITTED FOR ACCEPTANCE BY:

[Signature]
ERICA BRISSON, PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

RECOMMENDED FOR ACCEPTANCE BY:

[Signature]
PAUL RHODES, ADMINISTRATOR III
BUREAU OF PURCHASE AND PROPERTY

APPROVED FOR ACCEPTANCE BY:

[Signature]
GARY S. LUNETTA, DIRECTOR
DIVISION OF PROCUREMENT & SUPPORT SERVICES

ACCEPTED FOR THE STATE OF NEW HAMPSHIRE UNDER THE AUTHORITY GRANTED TO ME BY NEW HAMPSHIRE REVISED STATUTES, ANNOTATED 21-I:14, XII.

[Signature]
CHARLES M. ARLINGHAUS, COMMISSIONER
DEPARTMENT OF ADMINISTRATIVE SERVICES

[Signature]
[Date: 11/15/19]
FIRST AMENDMENT TO THE CONTRACT
BETWEEN PERKIN ELMER HEALTH SCIENCES, INC.
AND
THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
FOR LAB EQUIPMENT SERVICES AND REPAIRS
CONTRACT # 8002179

This First Amendment (hereinafter referred to as the “Amendment”), dated this 11/14/2019 day of
November, 2019, is by and between the State of New Hampshire, Department of Administrative Services
(hereinafter referred to as “the State”) and Perkin Elmer Health Sciences, Inc. (hereinafter referred to as “the
Contractor”) for Lab Equipment Services and Repairs.

WHEREAS, pursuant to an agreement effective July 1, 2017 set to expire June 30, 2022
(hereinafter referred to as “the Agreement”), the Contractor agreed to perform certain lab
equipment services and repairs for the State in consideration of payment by the State of certain sums
as specified therein; and

WHEREAS, pursuant to Section 18 of the Agreement, the Agreement may be amended by an
instrument in writing executed by both parties;

NOW, THEREFORE, for and in consideration of the mutual promises set forth in this Amendment
and the underlying Agreement, the parties do mutually agree as follows:

1. Delete in its entirety Form Number P-37, item 1.8 Price Limitation and substitute the following:
   1.8 $376,360.86

2. Amend Exhibit B Payment & Pricing; add the following:

<table>
<thead>
<tr>
<th>Public Health Laboratories (PHL)</th>
<th>July 1, 2020 - 2021</th>
<th>FY 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zephyr Work Station, Model: Zephyr G3 NGS, S/N ZY1720N0612</td>
<td>$12,504.00</td>
<td>$13,004.16</td>
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</tbody>
</table>

Remove the following equipment:

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<th>Public Health Laboratories (PHL)</th>
<th>FY2020</th>
<th>FY2021</th>
<th>FY2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICP MS [Ellie] ELANDRCII S/N Q0480204 (291N2052106)</td>
<td>REMOVED</td>
<td>REMOVED</td>
<td>REMOVED</td>
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<tr>
<td>MasSoftware S/N Q0480204</td>
<td>REMOVED</td>
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<tr>
<td>Chiller - Polyscience, Model N8122248, Serial # 4E1691356</td>
<td>REMOVED</td>
<td>REMOVED</td>
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<tr>
<td>CETEC ASX  - 520 040579A520</td>
<td>REMOVED</td>
<td>REMOVED</td>
<td>REMOVED</td>
</tr>
</tbody>
</table>

3. All other provisions of the Agreement, as approved by the Commissioner, Department of Administrative
   Services on June 20, 2017, shall remain in full force and effect.
PERKIN-ELMER HEALTH SCIENCES, INC.

By: ____________________________
    Judith Albrect
    (Print Name)

Title: Assistant Secretary

Date: 11/14/19

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 14th day of November, 2019,
There appeared before me, the state and county foressaid a person who satisfactorily identified himself as

__________________
    Judith Albrect

And acknowledge that he executed this document indicated above.

In witness thereof, I hereunto set my hand and official seal.

__________________
    (Notary Public/Justice of the Peace)

My commission expires:

__________________
    January 31, 2022
    (Date)

STATE OF NEW HAMPSHIRE

By: ____________________________
    Charles M. Arlinghaus
    (Print Name)

Title: Commissioner,
       Department of Administrative Services

Date: 11-19-19
PERKINELMER HEALTH SCIENCES, INC.

Officer's Certificate

I, _Karen A. Harrington, Assistant Secretary of PerkinElmer Health Sciences, Inc., a corporation duly organized and existing under the laws of the state of Delaware (the "Corporation"), do hereby certify that the following is a true and correct copy of a resolution which was duly adopted at a meeting of the Board of Directors of the Corporation on the 16th day of May, 2019, and that the same has not been rescinded or modified and remains in full force and effect as of the date hereof:

FURTHER RESOLVED: That the Officers of the Corporation are each authorized to execute, deliver and perform any and all agreements, instruments, certificates, governmental filings and documents as such officer or officers deem necessary or appropriate in connection with the operation of the Corporation; and

I further certify that at all times since April 6, 2009, Judith A. Albrecht has been an Assistant Secretary of the Corporation, and that the signature set forth opposite her name below is her true and genuine signature:

Name: Judith A. Albrecht
Office: Assistant Secretary
Signature: 

This certificate expires Thursday, May 21, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Corporation this 12th day of June, 2019.

(SEAL)

PERKINELMER HEALTH SCIENCES, INC.

By: ___________________________
Name: Karen A. Harrington
Title: Assistant Secretary

State of Connecticut  
County of Fairfield, ss.  

On this 12th day of June, 2019, before me personally appeared Karen A. Harrington, to me personally known, who, being by me duly affirmed, did say that he/she is Assistant Secretary of PerkinElmer Health Sciences, Inc., and that said instrument was signed and sealed on behalf of said company by authority of its board of directors, and said acknowledged said instrument to be the free act and deed of said company.

By: ___________________________
Name: Julia A. Hamilton
Title: Notary Public

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/31/2018

PRODUCER
Aon Risk Services Northeast, Inc.
Boston MA Office
53 State Street
Suite 2201
Boston MA 02109 USA

INSURED
Perkin-Elmer Inc.
710 Bridgeport Avenue
#075
Shelton CT 06484 USA

INSURER(S) AFFORDING COVERAGE
INSURER A: Liberty Mutual Fire Ins Co
INSURER B: Liberty Insurance Corporation
INSURER C: National Union Fire Ins Co of Pittsburgh

COVERAGES
CERTIFICATE NUMBER: 570074533058
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. Limits shown are as requested.

<table>
<thead>
<tr>
<th>INSURER</th>
<th>TYPE OF INSURANCE</th>
<th>ADDED SUB LIMITS</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF</th>
<th>POLICY EXP</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
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<td>01/01/2019</td>
<td>01/01/2020</td>
<td>EACH OCCURRENCE: $2,000,000</td>
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<tr>
<td>A</td>
<td>AUTOMOBILE LIABILITY</td>
<td>OCCUR</td>
<td>AS2-611-004166-279</td>
<td>01/01/2019</td>
<td>01/01/2020</td>
<td>COMBINED SINGLE LIMIT (Ex accident): $2,000,000</td>
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<tr>
<td>C</td>
<td>UMBRELLA LIABILITY</td>
<td>OCCUR, CLAIMS-MADE</td>
<td>28295066</td>
<td>01/01/2019</td>
<td>01/01/2020</td>
<td>EACH OCCURRENCE: $1,000,000</td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Perkin Elmer Lab Repair and Service, Reference Quote No. 40594181. State of New Hampshire is included as Additional Insured with respect to the General Liability policy where required by written contract.

CERTIFICATE HOLDER
State of New Hampshire
Administrative Services
Bureau of Purchase and Property
25 Capitol Street, Room 102
Concord NH 03301 USA

CANCELLATION

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
Aon Risk Services Northeast, Inc.
I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that PERKINELMER HEALTH SCIENCES, INC. is a Delaware Profit Corporation registered to transact business in New Hampshire on March 08, 2004. I further certify that all fees and documents required by the Secretary of State’s office have been received and is in good standing as far as this office is concerned.

Business ID: 467306
Certificate Number: 0004481417

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire,
this 1st day of April A.D. 2019.

William M. Gardner
Secretary of State
STATE OF NEW HAMPSHIRE
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST
CONCORD NH 03301-6398

DATE: 6/19/2017

CONTRACT #: 8002179

NIGP CODE: 938-59*

CONTRACT FOR: Lab Equipment Service and Repair

CONTRACTOR: PerkinElmer Health Sciences, Inc.

VENDOR CODE #: 174649

SUBMITTED FOR ACCEPTANCE BY:

Katie Daley, Purchasing Agent
Bureau of Purchase and Property

RECOMMENDED FOR ACCEPTANCE BY:

Alan Hoffman, Purchasing Manager
Bureau of Purchase and Property

RECOMMENDED FOR ACCEPTANCE BY:

Paul Rhodes, Administrator III
Bureau of Purchase and Property

APPROVED FOR ACCEPTANCE BY:

Gary Luneita, Administrator IV
Bureau of Purchase and Property

ENDORSED FOR ACCEPTANCE BY:

Lisa M. Pollard, Director
Division of Procurement & Support Services

ACCEPTED FOR THE STATE OF NEW HAMPSHIRE UNDER THE AUTHORITY GRANTED TO ME BY NEW HAMPSHIRE REVISED STATUTES, ANNOTATED 21-I:14, XII.

Joe Bouchard, Assistant Commissioner
Department of Administrative Services

DATE 6-20-17

Revised 4/20/17 PAR
**Notice:** This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**AGREEMENT**
The State of New Hampshire and the Contractor hereby mutually agree as follows:

**GENERAL PROVISIONS**

<table>
<thead>
<tr>
<th>1.1</th>
<th>State Agency Name</th>
<th>1.2</th>
<th>State Agency Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State of New Hampshire</td>
<td></td>
<td>State House Annex, Room 102</td>
</tr>
<tr>
<td></td>
<td>Administrative Services</td>
<td></td>
<td>25 Capitol Street</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Concord, NH 03301</td>
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</table>

<table>
<thead>
<tr>
<th>1.3</th>
<th>Contractor Name</th>
<th>1.4</th>
<th>Contractor Address</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>PerkinElmer Health Sciences, Inc.</td>
<td></td>
<td>710 Bridgeport Ave.</td>
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<td></td>
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<td></td>
<td>Shelton, CT 06484</td>
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<table>
<thead>
<tr>
<th>1.5</th>
<th>Contractor Phone Number</th>
<th>1.6</th>
<th>Account Number</th>
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<td>(203)402-1903</td>
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<th>Completion Date</th>
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<th>Price Limitation</th>
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<tr>
<th>1.9</th>
<th>Contracting Officer for State Agency</th>
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<tr>
<td></td>
<td>Katie Daley, Purchasing Agent</td>
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<table>
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<tr>
<th>1.10</th>
<th>State Agency Telephone Number</th>
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<tr>
<td></td>
<td>(603)271-3135</td>
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<tr>
<th>1.11</th>
<th>Contractor Signature</th>
</tr>
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<table>
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<tr>
<th>1.12</th>
<th>Name and Title of Contractor Signatory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Judith Albright, Assistant Secretary</td>
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</tbody>
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<table>
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<tr>
<th>1.13</th>
<th>Acknowledgement: State of Connecticut, County of Manchester</th>
</tr>
</thead>
</table>

On [date], before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

<table>
<thead>
<tr>
<th>1.13.1</th>
<th>Signature of Notary Public or Justice of the Peace</th>
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<tr>
<th>1.13.2</th>
<th>Name and Title of Notary or Justice of the Peace</th>
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<tr>
<th>1.15</th>
<th>Name and Title of State Agency Signatory</th>
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<th>1.16</th>
<th>Approval by the N.H. Department of Administration, Division of Personnel (if applicable)</th>
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<th>1.17</th>
<th>Approval by the Attorney General (Form, Substance and Execution) (if applicable)</th>
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<th>1.18</th>
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EXHIBIT A
SCOPE OF SERVICES

1. INTRODUCTION
PerkinElmer Health Sciences, Inc. (hereinafter referred to as the "Contractor") hereby agrees to provide the State of New Hampshire (hereinafter referred to as the "State"), Department of Administrative Services, with Lab Equipment Service and Repair in accordance with the bid/proposal submission in response to State Request for Bid #1977-17 and as described herein.

2. CONTRACT DOCUMENTS
This Contract consists of the following documents ("Contract Documents") in order of precedence:

   a. State of New Hampshire Terms and Conditions, General Provisions Form P-37
   b. EXHIBIT A Scope of Services
   c. EXHIBIT B Payment Terms
   d. EXHIBIT C Special Provisions
   e. EXHIBIT D RFB 1977-17

3. TERM OF CONTRACT
This contract shall commence on July 1, 2017 or the date approved by the Commissioner of Administrative Services, whichever is later, and terminates on June 30, 2022, a period of approximately five (5) years.

4. SCOPE OF WORK
The Contractor shall cover the following services of laboratory equipment/instrumentation currently manufactured by PerkinElmer or its designee:

   The Contractor shall provide:
   1. Maintenance and repair services for all instruments listed under Exhibit B.
   2. Unlimited toll-free telephone support during the hours of 8:30 AM and 5:00 PM (EST), Monday through Friday. Contractor shall respond by telephone within four (4) hours of the initial call for service.
   3. Emergency repairs shall occur between the hours of 8:30 AM and 5:00 PM, Monday through Friday.
   4. Unlimited emergency on-site repair services, to be provided within three (3) business days from the time it is determined that on-site repairs are needed.
   5. Immediate notification of all recommended critical software issues.
   6. Installation of all Original Equipment Manufacturer (OEM) recommended non-billable software and documentation for updates and new releases.
   7. A 5% minimum discount on classroom, web and onsite training.
   8. One (1) Preventative Maintenance (PM) visit performed by a Field Service Engineer per year on all applicable equipment specified under Exhibit B, and shall include:

      a. Shall perform all maintenance functions as noted in the owner's manual and recommended by the manufacturer.
b. The Preventative Maintenance Visit shall occur at a mutually agreeable time which may be combined with a repair visit.

c. Test to assure the equipment is functioning according to factory acceptable standards.

9. All labor, travel costs, telephone assistant costs, and service parts, including consumable parts required for PM/repair/updates/etc. are included in the pricing listed in Exhibit B.

The State of New Hampshire reserves the right to add or delete equipment throughout the term of the agreement.

WARRANTY REQUIREMENTS:
The Contractor shall be required to warranty all of the equipment awarded for a period of not less than ninety (90) days, or the manufacturer's United States warranty standard period of time, whichever is greater, from the date the items are received, inspected and accepted by the State of New Hampshire. The warranty shall cover 100% of all parts, shipping, labor, travel, lodging and expenses.

All services performed under this Contract(s) shall be performed between the hours of 8:30 A.M. and 5:00 P.M. unless other arrangements are made in advance with the State. Any deviation in work hours shall be pre-approved by the Contracting Officer. The State requires one-day advance knowledge of said work schedules to provide security and access to respective work areas. No premium charges will be paid for any off-hour work.

The Contractor shall not commence work until such time they have been met at the laboratory and briefed by a member or representative of agency laboratory staff.

The State shall require correction of defective work or damages to any part of a building or its appurtenances when caused by the Contractor's employees, equipment or supplies. The Contractor shall replace in satisfactory condition all defective work and damages rendered thereby or any other damages incurred. Upon failure of the Contractor to proceed promptly with the necessary corrections, the State may withhold any amount necessary to correct all defective work or damages from payments to the Contractor.

The Contractor's work staff shall consist of qualified persons completely familiar with the products and equipment they shall use. The Contracting Officer may require the Contractor to dismiss from the work such employees as deems incompetent, careless, insubordinate, or otherwise objectionable, or whose continued employment on the work is deemed to be contrary to the public interest or inconsistent with the best interest of security and the State.

The Contractor or their personnel shall not represent themselves as employees or agents of the State.

While on State property, employees shall be subject to the control of the State, but under no circumstances shall such persons be deemed to be employees of the State.

All personnel shall observe all regulations or special restrictions in effect at the State Agency.

The Contractor's personnel shall be allowed only in areas where services are being performed. The use of State telephones is prohibited.
If sub-contractors are to be utilized, please include information regarding the proposed sub-contractors including the name of the company, their address, contact person and three references for clients they are currently servicing.

5. TERMINATION

The State of New Hampshire has the right to terminate the contract at any time by giving the Contractor thirty (30) days advance written notice.

6. OBLIGATIONS AND LIABILITY OF THE CONTRACTOR

The Contractor shall provide all services strictly pursuant to, and in conformity with, the specifications described in State RFQ #1977-17, as described herein, and under the terms of this Contract.

The Contractor shall agree to hold the State of NH harmless from liability arising out of injuries or damage caused while performing this work. The Contractor shall agree that any damage to building(s), materials, equipment or other property during the performance of the service shall be repaired at its own expense, to the State’s satisfaction.

7. DEBARTMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

The Contractor certifies, by signature of this contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or Agency.

8. CONFIDENTIALITY & CRIMINAL RECORD

If requested by the using agency, the Contractor and its employees, and Sub-Contractors (if any), shall be required to sign and submit a Confidential Nature of Department Records Form and a Criminal Authorization Records Form. These forms shall be submitted to the individual using agency prior to the start of any work.

9. INSURANCE

Certificate of insurance amounts must be met and maintained throughout the term of the contract and any extensions as per the P-37, section 14 and cannot be cancelled or modified until the State receives a 10 day prior written notice.
EXHIBIT B
PAYMENT TERMS

1. CONTRACT PRICE

The Contractor hereby agrees to provide Lab Equipment Service and Repair in complete compliance with the terms and conditions specified in Exhibit A for an amount up to and not to exceed a price of $445,000.00; this figure shall not be considered a guaranteed or minimum figure; however, it shall be considered a maximum figure from the effective date of through the expiration date set as June 30, 2022.

2. PRICING STRUCTURE

Fiscal Years:

FY18 will be from July 1, 2017 to June 30, 2018
FY19 will be from July 1, 2018 to June 30, 2019
FY20 will be from July 1, 2019 to June 30, 2020
FY21 will be from July 1, 2020 to June 30, 2021
FY22 will be from July 1, 2021 to June 30, 2022

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<tr>
<th>LABS/EQUIPMENT</th>
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<th>FY2020</th>
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The State of New Hampshire reserves the right to add or delete equipment in this agreement within the contract period. As a result, a contingency of 10% of the contract price limitation shall be authorized, in the event an agency adds equipment(s) to be serviced under this agreement, the above listed prices shall remain firm.

4. INVOICE

Itemized invoices shall be submitted to the individual agency after the completion of the job/services and shall include a brief description of the work done along with the location of work.

Contractor shall be paid within 30 days after receipt of properly documented invoice and acceptance of the work to the State’s satisfaction.

Contractor shall be paid by Procurement Card when invoice is received.

5. PAYMENT

Payments shall be made via Procurement Card.
EXHIBIT C
SPECIAL PROVISIONS

There are no special provisions of this contract.
EXHIBIT D

RFB #1977-17 is incorporated here within.