

# USA MEDICAL SUPPLY



## Government Past Performance Contracts

***Our manufacturing of PPE has allowed us to complete over \$200,000,000 of self-funded government orders in 2020. A few example contracts...***

### State of California – Department of General Services

USA Medical was the manufacture of choice for this \$179,000,000 contract awarded to this clothing company and delivered the entire order in less than 30 days. USA Medical Supply also financed the entire transaction:

STATE OF CALIFORNIA - GENERAL SERVICES PROCUREMENT DIVISION  
**PURCHASING AUTHORITY PURCHASE ORDER**  
 STD. 65 (Rev. 03/2020) Page 1 of 1

DATE Apr 17, 2020		AMENDMENT NO.	PURCHASE ORDER NUMBER M14605-T14543					
Department of General Services SHIP Fontana UPS Warehouse-M14605 TO 14650 Meyer Canyon Drive Fontana, CA 92336		AGENCY BILLING CODE 030100	PURCHASING AUTHORITY NO.					
BILL TO Department of General Services 707 3RD STREET, MS 413 WEST SACRAMENTO, CA 95605		LEVERAGED PROCUREMENT AGREEMENT NUMBER						
TO SUPPLIER ADDRESS BUKO LLC 233 Pacific Street, 5d Brooklyn, NC 11201		INFORMATION TECHNOLOGY PROJECT IDENTIFICATION NUMBER						
<b>AGENCY OR BUYER INFORMATION</b>								
AGENCY TRACKING/REQUISITION NUMBER (Optional)								
AGENCY NAME Department of General Services								
CONTACT NAME Michael Wong								
CONTACT E-MAIL ADDRESS michael.wong@dgs.ca.gov								
CONTACT PHONE NUMBER (916) 441-9619		CONTACT FAX NUMBER						
SUPPLIER CONTACT NAME Lisa Kornman-Avila	SUPPLIER PHONE NUMBER (646) 247-9493	SUPPLIER FAX NUMBER	SUPPLIER E-MAIL ADDRESS info@bukollc.com					
PAYMENT TERMS Attached	CERTIFICATION NUMBER <input type="checkbox"/> Certified Small Business <input type="checkbox"/> Certified Microbusiness	EXPIRATION DATE	<input type="checkbox"/> Certified DVBE <input type="checkbox"/> EXPIRATION DATE					
SHIPPING INSTRUCTIONS REQUIRED DELIVERY DATE May 1, 2020	<input checked="" type="checkbox"/> F.O.B. Destination FRT. PPD <input type="checkbox"/> F.O.B. Destination FRT. PPD/ADD. Freight not to exceed cost stated on P.O. <input type="checkbox"/> F.O.B. Origin	CITY OF ORIGIN	STATE ZIP CODE					
<b>TERMS AND CONDITIONS</b>								
A-1 <input checked="" type="checkbox"/> General Provisions are incorporated herein by reference to: <input checked="" type="checkbox"/> Form GSPO - 401 Non-IT Commodities Revision Date: 6/8/2010 OR <input type="checkbox"/> Form GSPO - 401IT Revision Date: <input type="checkbox"/> Attached OR <input checked="" type="checkbox"/> Published at: www.dgs.ca.gov/pdf		TAXABLE SUBTOTAL TAX RATE SALES TAX INSTALLATION						
A-2 <input type="checkbox"/> This order is issued under a Department of General Services (DGS) Leveraged Procurement Agreement (LPA). Terms and Conditions set forth in that agreement (LPA number referenced in the block titled Leveraged Procurement Agreement No.) are incorporated herein by reference as if set forth in full text.		SHIPPING FREIGHT OTHER NON-TAXABLE \$179,000,000.00 GRAND TOTAL \$179,000,000.00						
B <input type="checkbox"/> Agency Special Provisions are attached and titled								
C <input checked="" type="checkbox"/> Any other attachments, such as specifications, Statement of Work, or Information Technology Model Language Modules, are identified in the product or services description area or on continuation pages.								
<b>PROCUREMENT METHODS</b>								
<input type="checkbox"/> COMPETITIVE: Solicitation Number (if applicable) <input type="checkbox"/> LEVERAGED <input type="checkbox"/> DVBE / SMALL BUSINESS (GC 14838.5(a)) <input type="checkbox"/> NON-COMPETITIVELY BID <input checked="" type="checkbox"/> EXEMPT								
PROGRAM / CATEGORY (Code / Title) Program 99	FUND TITLE Service Revolving Fund	VERIFIED NO STATE SURPLUS AVAILABLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PAID BY CAL-CARD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
ITEM 7760-001-0666	CHAPTER 23	STATUTE 2019	FISCAL YEAR 19/20					
OBJECT OF EXPENDITURE (Code and Title) 5340290 Health and Medical		<input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> Operating Expense						
<b>CERTIFICATION AND APPROVAL OF EXECUTIVE OFFICER</b> I HEREBY CERTIFY, on personal knowledge, that this order for purchasing the items specified below is issued in accordance with the procedure prescribed by law governing the purchase of such items for the State of California; and that all such legal requirements have been fully complied with.								
AUTHORIZING NAME Michael Wong		AUTHORIZING TITLE Contracts Administrator						
AUTHORIZING SIGNATURE 		CERTIFIED CORRECT SIGNATURE						
UNENCUMBERED REMAINDER AFTER POSTING THIS ORDER TO ALLOTMENT EXPENDITURE LEDGER ADJUSTMENT INCREASING ENCUMBRANCES ADJUSTMENT DECREASING ENCUMBRANCES								
ITEM NUMBER	QUANTITY	LIMIT	UNSPSC	RECYCLED PRODUCT	PRODUCT OR SERVICE DESCRIPTION	CATEGORY	UNIT PRICE	EXTENSION TOTAL
1		ea			Level 2 Isolation Gowns	NonTaxable		\$179,000,000.00
					Attachment 1 included			
					*Sales Tax Exempt Per EO N-46-20*			
					*FEMA Special Provisions attached*			

## State of Florida – Division of Emergency Management

6/1/2020

Order B760B4



**Order No. B760B4**

Version Number: 1  
 Internal Version: false  
 Issued on Fri, 29 May, 2020  
 Created on Fri, 29 May, 2020 by Ariba System

**Supplier:**  
 USA Capital Fund LLC  
 2450 hollywood blvd suite 503  
 hollywood, FL 33020  
 United States  
 Phone: 1786-708-5552  
 Fax: 1  
 Contact: Eli Rouimi

**Ship To:**  
 DEM Tallahassee  
 Sadowski Building  
 2555 Shumard Oak Boulevard  
 Tallahassee, FL 32399-2100  
 United States  
 Phone: 1850-815-4000

**Deliver To:**  
 EOCactivation1

**Bill To:**  
 Division of Emergency Management  
 Sadowski Building  
 2555 Shumard Oak Boulevard  
 Tallahassee, FL 32399-2100  
 United States  
 Phone: 1850-815-4000  
 Entity Description: Executive Office of the Governor  
 Organization Code: 31800800000  
 Object Code: 000000-341007  
 Expansion Option: 71  
 Exemption Status: No  
 Exemption Reason?:

Item	Description	Part Number	Unit	Qty	Need By	Unit Price	Extended Amount
1	<b>SMS Material Level 2 Isolation Gown</b>		each	500,000	None	\$6.75000 USD	\$3,375,000.00000 USD
	<b>Unit ...</b>						
	SMS Material Level 2 Isolation Gown						
	Unit Price - \$6.750						
	Qty - 500,000						
	<b>Location</b>						
	State - SLRC						
	2702 Directors Row						
	Orlando, FL 32809						

## FEMA – Dept of Homeland Security

USA Medical was the manufacture of choice for this \$10,500,000 contract awarded to this technology company and delivered the entire order in less than 72hrs. USA Medical Supply also financed the entire transaction:

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE	PAGE OF PAGES 1   7
2. AMENDMENT/MODIFICATION NO. P00005	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (if applicable)
6. ISSUED BY NETC DEPT OF HOMELAND SECURITY FEMA ACQUISITION PREPAREDNESS SECTION BUILDING D - ACQUISITION 16825 SOUTH SETON AVENUE EMMITTSBURG MD 21727	CODE NETC	7. ADMINISTERED BY (if other than item 6)	CODE
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) ORSA TECHNOLOGIES LLC ATTN JONATHAN WOODRUFF 15035 N 75TH STREET SCOTTSDALE AZ 85260		(X) 9A. AMENDMENT OF SOLICITATION NO.	9B. DATED (SEE ITEM 11)
CODE 010488560 FACILITY CODE		10A. MODIFICATION OF CONTRACT/ORDER NO. 70FA2020C0000004	10B. DATED (SEE ITEM 13) 05/04/2020

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended,  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 9 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (if required)  
See Schedule

**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
X	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
	D. OTHER (Specify type of modification and authority)

**E. IMPORTANT:** Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

DUNS Number: 010488560

The purpose of this no-cost modification is to incorporate a revised Attachment E - Letter of Assignment (USA Medical Supply) for the assignment of claims specifically for CLINs 0002 - 0004 (only), per the request of the contractor, ORSA (email dated June 19, 2020). The Letter of Assignment (MAGM LLC) from Modification P00003 shall be disregarded. The delivery date for CLINs 0002, 0003 and 0004 is also updated to June 19, 2020. No other changes have been made.

DO/DPAS Rating: NONE

Except as provided herein, all terms and conditions of the document referenced in item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		15A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) James Suerdieck TEL: 301-447-7244 EMAIL: James.suerdieck@fema.dhs.gov	
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	15C. DATE SIGNED	15B. UNITED STATES OF AMERICA JAMES D SUERDIECK <small>Digitally signed by JAMES D SUERDIECK Date: 2020.06.19 16:42:39 -0400</small>	15C. DATE SIGNED 6/19/2020  (Signature of Contracting Officer)

CONTINUATION SHEET		REFERENCE NO. OF DOCUMENT BEING CONTINUED		
		70FA2020C00000004/P00006		
NAME OF OFFEROR OR CONTRACTOR				
ORSA TECHNOLOGIES LLC				
ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)
	Organisation: 4400 Object Class: 2664 Fund Type: R  Change Item 0002 to read as follows (amount shown is the obligated amount):			
0002	Medical Isolation Gown, Level-2 polyproline, non-woven material - One Size, FFP Previous Obligation Amount: \$3,625,000.00 Modification Obligation Amount: -\$125,000.00 New Obligation Amount: \$3,500,000.00  Product/Service Code: 6515 Product/Service Description: MEDICAL AND SURGICAL INSTRUMENTS, EQUIPMENT, AND SUPPLIES	500000	EA	7.00
	Change Item 0003 to read as follows (amount shown is the obligated amount):			
0003	Medical Isolation Gown, Level-2 polyproline, non-woven material - One Size, FFP Previous Obligation Amount: \$3,625,000.00 Modification Obligation Amount: -\$125,000.00 New Obligation Amount: \$3,500,000.00  Product/Service Code: 6515 Product/Service Description: MEDICAL AND SURGICAL INSTRUMENTS, EQUIPMENT, AND SUPPLIES	500000	EA	7.00
	Change Item 0004 to read as follows (amount shown is the obligated amount):			
0004	Medical Isolation Gown, Level-2 polyproline, non-woven material - One Size, FFP Previous Obligation Amount: \$3,625,000.00 Modification Obligation Amount: -\$125,000.00 New Obligation Amount: \$3,500,000.00  Product/Service Code: 6515 Product/Service Description: MEDICAL AND SURGICAL INSTRUMENTS, EQUIPMENT, AND SUPPLIES	500000	EA	7.00

**State of Louisiana – Government Office of Homeland Security & Emergency**



**STATE OF LOUISIANA**  
Gov Off of Homeland Security & Emerg

Vendor Number/Name/Address:  
0310202998  
USA CAPITAL FUND LLC  
USA MEDICAL SUPPLY LLC  
2450 HOLLYWOOD BLVD STE 503  
HOLLYWOOD, FL 33020

<b>PURCHASE ORDER CHANGE</b>	
Number:	2000487984
Version:	3
Date Issued:	04/24/2020
Fiscal Year:	2020
Buyer:	DAVID YOUNGBLOOD
Phone:	2259257346
Email:	david.youngblood@la.gov

All terms and conditions in the solicitation are part of this order as if fully reproduced herein.

**Deliver To:**  
GOHSEP GOV OFF OF HOMELAND SEC & EMER  
PR  
7667 INDEPENDENCE BLVD  
BATON ROUGE, LA 70806

**Invoice To Address:**  
Gov Off of Homeland Security & Emerg  
Office of Management and Finance  
7667 Independence Blvd.  
Baton Rouge, LA 70806

**Ship To Contact:**  
DAVID YOUNGBLOOD  
2259257346  
DAVID.YOUNGBLOOD@LA.GOV

Terms of payment: Vendor payable upon  
FOB Point: DESTINATION  
Shopping Cart Number: \_\_\_\_\_  
Bid Response Number: \_\_\_\_\_  
Invitation to Bid: \_\_\_\_\_  
Total Amount of PO: \$3,315,000.00

As soon as we receive delivery, you can submit invoice, we will confirm receipt of delivery and approve payment immediately. If you are set up at EFT, payment occurs overnight. Delivery is needed as soon as possible. Please see details below. The Governor's Office of Homeland Security and Emergency Preparedness is requesting these items to be delivered to:

290 E. Airport  
Central Warehouse Dock 1  
Baton Rouge, LA 70806

Any extension to this original purchase order requires an updated purchase order with GOHSEP's approval.

Warehouse POC  
PFC Adam Ray

225-400-2840

LINE	DESCRIPTION	QTY	UOM	UNIT PRICE	EXTENDED AMOUNT
1	Product Category: 42131606 DESCRIPTION: Level 2 Isolation Gowns	500,000	EA	6.63000	3.315.000.00

**State of New Mexico – Department of Health**



**State of New Mexico  
Purchase Order**

PO Number to be on all Invoices and Correspondence

Page: 1

**Department of Health**

1190 St. Francis Dr  
P. O. Box 26110  
Santa Fe NM 87502-6110  
United States

**Dispatched**

<b>Purchase Order</b> 66500-0000168368	<b>Date</b> 03-31-2020	<b>Revision</b>
<b>Payment Terms</b> Pay Now	<b>Freight Terms</b> FOB Destination	<b>Ship Via</b> Best Way
<b>Buyer</b> DANETTE MEDRANO	<b>Phone</b>	<b>Currency</b> USD

**Dispatch Via Print**

**Supplier:** 0000145670  
USA CAPITAL FUND LLC  
USA MEDICAL SUPPLY  
2450 HOLLYWOOD BLVD SUITE  
503  
HOLLYWOOD FL 33020-0000  
United States

**Ship To:** 1190 St. Francis Dr  
P. O. Box 26110  
Santa Fe NM 87502-  
6110  
United States

**Bill To:** 1190 St. Francis Dr  
P. O. Box 26110  
Santa Fe NM 87502-  
6110  
United States

**Origin:** EXC      **ExclExcl#:** 13-1-99-C

Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1	Personal Protective Equipment (PPE) Shipping is included  66500-06101-ZD20014-544200- - - -92060-E2020	1.00	EA	\$2,581,000.00	\$2,581,000.00	03/31/2020
<b>Schedule Total</b>					<u>\$2,581,000.00</u>	
<p>Ship to: Attention Diego Arencon, Deputy Chief of Staff DHSEM 47 Bataan Boulevard Santa Fe, NM 87508</p> <p>Remit to: Nm Department of Health Ocate Complex 47 Bataan Blvd. Santa Fe, NM 87508</p> <p>Bionet Quote #0002 SHIP TO: DHSEM 47 Bataan Blvd Santa Fe, NM 87508</p>						
<b>Item Total</b>					<u>\$2,581,000.00</u>	
<b>Total PO Amount</b>					<u>\$2,581,000.00</u>	

Agency Approval - I certify that the proposed purchase represented by this document is authorized by and is made in accordance with all State (and if applicable Federal) legislation rules and regulation. I further certify that adequate unencumbered cash and budget expenditure authority exists for this proposed purchase and all other outstanding purchase commitments and accounts payable.

**Authorized Signature**

**State of New Mexico – Department of Health**



**State of New Mexico  
Purchase Order**

PO Number to be on all Invoices and Correspondence

Page: 1

**Department of Health**

1190 St. Francis Dr  
P. O. Box 26110  
Santa Fe NM 87502-6110  
United States

**Dispatched**

<b>Purchase Order</b> 66500-0000169344	<b>Date</b> 05-20-2020	<b>Revision</b>
<b>Payment Terms</b> Pay Now	<b>Freight Terms</b> FOB Destination	<b>Ship Via</b> Best Way
<b>Buyer</b> DANETTE MEDRANO	<b>Phone</b>	<b>Currency</b> USD

**Dispatch Via Print**

**Supplier:** 0000145670  
USA CAPITAL FUND LLC  
USA MEDICAL SUPPLY  
2450 HOLLYWOOD BLVD SUITE  
503  
HOLLYWOOD FL 33020-0000  
United States

**Ship To:** Ship to:  
Attention Diego Arencon,  
Deputy Chief of Staff  
47 Bataan Bouleyard  
Santa Fe, NM 87508

**Bill To:** 1190 St Francis Dr.  
P O Box 26110  
Santa Fe NM 87502-  
6110  
United States

**Origin:** EXC      **Excl\Excl#:** 13-1-99-C

Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1	3-Ply Medical Surgical Mask Qty 700,000 @ .64 ea = \$448,000.00 Includes taxes and shipping  66500-06102-ZE1010-544200- - - -92024-E1010	1.00	EA	\$448,000.00	\$448,000.00	05/20/2020
				<b>Schedule Total</b>	<u>\$448,000.00</u>	
				<b>Item Total</b>	<u>\$448,000.00</u>	
2 - 1	Level 2 SBPP Gown Qty- 250,000 @ \$4.39 Ea = \$1,097,500.00 Includes taxes and shipping  66500-06102-ZE1010-544200- - - -92024-E1010	1.00	EA	\$1,097,500.00	\$1,097,500.00	05/20/2020
				<b>Schedule Total</b>	<u>\$1,097,500.00</u>	
				<b>Item Total</b>	<u>\$1,097,500.00</u>	
				<b>Total PO Amount</b>	<u>\$1,545,500.00</u>	

**State of New Mexico – Department of Health**



**Department of Health**  
 1190 St. Francis Dr  
 P. O. Box 26110  
 Santa Fe NM 87502-6110  
 United States

**State of New Mexico  
 Purchase Order**

PO Number to be on all Invoices and Correspondence

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<b>Approved</b>			<b>Dispatch Via Print</b>		
Purchase Order	Date	Revision			
66500-0000170229	07-01-2020				
Payment Terms	Freight Terms	Ship Via			
Pay Now	FOB Destination	Best Way			
Buyer	Phone	Currency			
Yancy P. Montoya		USD			

**Supplier:** 0000145670  
 USA CAPITAL FUND LLC  
 USA MEDICAL SUPPLY  
 2450 HOLLYWOOD BLVD SUITE  
 503  
 HOLLYWOOD FL 33020-0000  
 United States

**Ship To:** 1190 St. Francis Dr  
 P. O. Box 26110  
 Santa Fe NM 87502-  
 6110  
 United States

**Bill To:** 1190 St. Francis Dr  
 P. O. Box 26110  
 Santa Fe NM 87502-  
 6110  
 United States

Line- Sch	Origin: EXC	Item/Description	ExclExcl#:	13-1-99-C	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1		Nasal Swab Stick #1500 900,000 each x \$0.50 = \$499530.41			1.00	EA	\$499,530.41	\$499,530.41	07/01/2020
		66500-06101-ZD20008-544200- - - -92060-E2020							
		<b>Schedule Total</b>						<u>\$499,530.41</u>	
		<b>Item Total</b>						<u>\$499,530.41</u>	
2 - 1		Nasal Swab Stick #1500 100,000 each x \$0.50 = \$469.59			1.00	EA	\$469.59	\$469.59	07/01/2020
		66500-06101-ZD20014-544200- - - -92060-E2020							
		<b>Schedule Total</b>						<u>\$469.59</u>	
		<b>Item Total</b>						<u>\$469.59</u>	
		<b>Total PO Amount</b>						<u>\$500,000.00</u>	