

State of Oregon

Amendment No. 10 to  
Price Agreement No. 9713

1. This is Amendment No. 10 (this "Amendment") to that certain Price Agreement No. 9713 (as amended from time to time, the "Price Agreement") effective March 27, 2009, by and between the State of Oregon acting by and through its Department of Administrative Services, Procurement Services, ("DAS"), for the benefit of State Agencies and other Authorized Purchasers, and Art Design International, Inc. ("Contractor"). This Amendment is effective on the date that it is fully executed and approved as required by applicable law. (the "Effective Date").

2. The Price Agreement is amended to update the following:

a) The current term, ending March 26, 2014 is extended until March 26, 2015.

b) Attachment A. Certified Authorized Representative:

- 1) Authorized Representative's Name: Harris Worksystems  
Business Address: 12150 SW Garden Place, Tigard OR 97223  
Telephone Number (direct line): 503-924-6300  
Cell Phone Number: 503-209-9816  
Fax Number: 503-644-7112  
E-mail: [colleenh@harrisworksystems.com](mailto:colleenh@harrisworksystems.com)

3. Certification: The individual signing on behalf of Contractor hereby certifies and swears under penalty of perjury: (a) the number shown on this form is Contractor's correct taxpayer identification; (b) Contractor is not subject to backup withholding because (i) Contractor is exempt from backup withholding, (ii) Contractor has not been notified by the IRS that Contractor is subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified Contractor that Contractor is no longer subject to backup withholding; (c) s/he is authorized to act on behalf of Contractor, s/he has authority and knowledge regarding Contractor's payment of taxes, and the best of her/his knowledge, Contractor is not in violation of any Oregon tax laws (including, without limitation, the following pursuant to OAR 150-305.385(6)-(B): For purposes of this certification, "Oregon tax laws" means a state tax imposed by ORS 401.792 to 401.816 (Tax For Emergency Communications), 118 (Inheritance Tax), 314 (Income Tax), 316 (Personal Income Tax), 317 (Corporate Excise Tax), 318 (Cigarettes and Tobacco Products Tax), and the elderly rental assistance program under ORS 310.630 to 310.706; and any local taxes administered by the Department of Revenue under ORS 305.620.

Acknowledgement

Contractor, by execution of this Amendment, hereby acknowledges that Contractor has read this Amendment, understands it, and agrees to be bound by its terms and conditions.

Approvals:

Art Design International, Inc.:



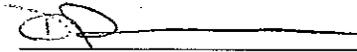
By:

Printed Name: Chris Maas

Title: VP Sales

Date: 1/22/14

The State of Oregon, acting by and through its Department of Administrative Services,  
Procurement Services:

By:  \_\_\_\_\_

Printed Name: Debbie Dennis

Title: State Procurement Services Manager

Date: 2-5-14

copy  
HARRIS  
9713

Attachment A

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Certified Authorized Representative  
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The following persons are certified by the awarded Manufacturers to be an Authorized Representatives of the Manufacturer with full authority to act on behalf of the Manufacturer under the Price Agreement:

1.) Authorized Representative's Name: HARRIS WORKSYSTEMS  
 Business Address: 9810 SW NIMBUS AVE, BEAVERTON, OR 97008 - change  
 Telephone Number: 503-643-3018  
 Fax Number: 503-664-7112 - change  
 Email Address: colleenh@harrisworksystems.com

2.) Authorized Representative's Name: OTT WORKSPACE  
 Business Address: 3621 NW YEON AVENUE, PORTLAND, OR 97210  
 Telephone Number: 503-227-3107  
 Fax Number: 503-737-3550  
 Email Address: jim.chatfield@officemw.com

3.) Authorized Representative's Name: INTERIOR OFFICE CONCEPT  
 Business Address: 2009 COMMERCE DRIVE, MEDFORD, OR 97504  
 Telephone Number: 541-776-4043  
 Fax Number: 541-776-3812  
 Email Address: michelle@interiorofficeconcepts.com

If additional pages are needed please provide information in this format.

(Attach all required Addenda)  
All designated Addenda shall be signed and returned with the Offer documents and are to be added to this Price Agreement.

Attachment A

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Certified Authorized Representative

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The following persons are certified by the awarded Manufacturers to be an Authorized Representatives of the Manufacturer with full authority to act on behalf of the Manufacturer under the Price Agreement:

1.) Authorized Representative's Name: OFFICE VALUE

Business Address: 63011 PLATEAU DRIVE, SUITE 1, BEND, OR 97701

Telephone Number: 541-385-3187 800-842-1205

Fax Number: 541-383-4930

Email Address: biren@officevalue.net

2.) Authorized Representative's Name: OFFICE WORLD

Business Address: 115 CLEVELAND STREET, EUGENE, OR 97402

Telephone Number: 541-687-9704

Fax Number: 541-485-2910

Email Address: cherihany@officeworld.com

3.) Authorized Representative's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

If additional pages are needed please provide information in this format.

**(Attach all required Addenda)**

All designated Addenda shall be signed and returned with the Offer documents and are to be added to this Price Agreement.