EXHIBIT 13

From: Chang, Fee@DGS
To: Cuellar, Monica; Wiechec, Jutta; Chivaro, Rick; Watson, Allan; Sturmfels, Andrew@DGS; Greene Ross, Karen; Shell, Angela@DGS; Spano, Jim; Hollingsworth, Jason; "Finn, Karen"; Kim, Daniel@DGS; Simonson, Bill@DGS; Lee, Lilian@DGS
Cc: Gonzalez, Elizabeth; Wong, Michael@DGS; Lee, Lilian@DGS
Subject: RE: email chain restored w/all who need to know.....
Date: Wednesday, March 25, 2020 5:01:27 PM
Attachments: YO01PRN09070@dgs.ca.gov_20200325_154910.pdf
YO01PRN09070@dgs.ca.gov_20200325_154830.pdf
YO01PRN09070@dgs.ca.gov_20200325_154750.pdf
YO01PRN09070@dgs.ca.gov_20200325_154709.pdf
YO01PRN09070@dgs.ca.gov_20200325_154600.pdf
YO01PRN09070@dgs.ca.gov_20200325_154506.pdf

Hi,

DGS Claim Schedules face sheets and support documents have been sent to SCO. Please see attached.

Thanks

Fee Chang
Chief Accounting Officer
Office of Fiscal Services
Department of General Services
707 Third Street, West Sacramento, CA 95605
http://ofs.dgs.ca.gov

Phone 916.376.5150
Fax 916.376.5155
Email fee.chang@dgs.ca.gov

DGS
GENERAL SERVICES

Excellence in the Business of Government

From: Cuellar, Monica <mcuellar@sco.ca.gov>
Sent: Wednesday, March 25, 2020 4:41 PM
To: Wiechec, Jutta <JWiechec@sco.ca.gov>; Chang, Fee@DGS <Fee.Chang@dgs.ca.gov>; Chivaro, Rick <rchivaro@sco.ca.gov>; Watson, Allan <AWatson@sco.ca.gov>; Sturmfels, Andrew@DGS <Andrew.Sturmfels@dgs.ca.gov>; Greene Ross, Karen <KGreeneRoss@sco.ca.gov>; Shell, Angela@DGS <Angela.Shell@dgs.ca.gov>; Spano, Jim <jspano@sco.ca.gov>; Hollingsworth, Jason <JHollingsworth@sco.ca.gov>; 'Finn, Karen' <Karen.Finn@dof.ca.gov>; Kim, Daniel@DGS <Daniel.Kim@dgs.ca.gov>; Simonson, Bill@DGS <Bill.Simonson@dgs.ca.gov>; Lee, Lilian@DGS <Lilian.Lee@dgs.ca.gov>
Cc: Gonzalez, Elizabeth <EGonzalez@sco.ca.gov>; Wong, Michael@DGS <Michael.Wong@dgs.ca.gov>

Subject: RE: email chain restored w/all who need to know.....

We need to get these warrants printed ASAP to make the GLS cutover for tonight's overnight. Please forward claim schedule face sheet ASAP.

From: Wiechec, Jutta <JWiechec@sco.ca.gov>
Sent: Wednesday, March 25, 2020 4:38 PM
To: Chang, Fee <Fee.Chang@dgs.ca.gov>; Chivaro, Rick <rchivaro@sco.ca.gov>; Watson, Allan <AWatson@sco.ca.gov>; Sturmfels, Andrew@DGS <Andrew.Sturmfels@dgs.ca.gov>; Greene Ross, Karen <KGreeneRoss@sco.ca.gov>; Shell, Angela@DGS <Angela.Shell@dgs.ca.gov>; Spano, Jim <jspano@sco.ca.gov>; Hollingsworth, Jason <JHollingsworth@sco.ca.gov>; 'Finn, Karen' <Karen.Finn@dof.ca.gov>; Kim, Daniel@DGS <Daniel.Kim@dgs.ca.gov>; Simonson, Bill@DGS <Bill.Simonson@dgs.ca.gov>; Lee, Lilian@DGS <Lilian.Lee@dgs.ca.gov>; Cuellar, Monica <mcuellar@sco.ca.gov>
Cc: Gonzalez, Elizabeth <EGonzalez@sco.ca.gov>; Wong, Michael@DGS <Michael.Wong@dgs.ca.gov>
Subject: RE: email chain restored w/all who need to know.....

Lilian will contact Allan Watson and Monica Cuellar for special handling instructions.

From: Chang, Fee@DGS <Fee.Chang@dgs.ca.gov>
Sent: Wednesday, March 25, 2020 4:32 PM
To: Wiechec, Jutta <JWiechec@sco.ca.gov>; Chivaro, Rick <rchivaro@sco.ca.gov>; Watson, Allan <AWatson@sco.ca.gov>; Sturmfels, Andrew@DGS <Andrew.Sturmfels@dgs.ca.gov>; Greene Ross, Karen <KGreeneRoss@sco.ca.gov>; Shell, Angela@DGS <Angela.Shell@dgs.ca.gov>; Spano, Jim <jspano@sco.ca.gov>; Hollingsworth, Jason <JHollingsworth@sco.ca.gov>; 'Finn, Karen' <Karen.Finn@dof.ca.gov>; Kim, Daniel@DGS <Daniel.Kim@dgs.ca.gov>; Simonson, Bill@DGS <Bill.Simonson@dgs.ca.gov>; Lee, Lilian@DGS <Lilian.Lee@dgs.ca.gov>
Cc: Gonzalez, Elizabeth <EGonzalez@sco.ca.gov>; Wong, Michael@DGS <Michael.Wong@dgs.ca.gov>
Subject: RE: email chain restored w/all who need to know.....

Jutta,

We are running the face sheet now. Will email to you directly.

Fee/Lilian

From: Wiechec, Jutta <JWiechec@sco.ca.gov>
Sent: Wednesday, March 25, 2020 4:19 PM

STATE OF CALIFORNIA
CLAIM SCHEDULE
STD. 218 (REV. 3-91) OFS (7/98)

(DO NOT WRITE IN THIS SPACE)

DATE FILED

	FUND	SUB	FUND NAME
PAYABLE FROM	0666	001	Service Revolving Fund
	AGENCY NO.		AGENCY NAME
	7760		Department of General Services

	YR. OF STAT.	METH.	REFERENCE/ITEM	SEQ	FFY	CHAPTER	STATUTES
APPROPRIATION	2019		001			23	2019
	PURPOSE						
	A- Program Support						

FED. CATALOG NUMBER	SCO PROJ.	CATEGORY	PGM.	ELE.	COMP.	TASK	GENERAL LEDGER	RECEIPT OBJECT	F/S	AMOUNT	DESCRIPTION
			99							109,878,099.00	

SCHEDULE NUMBER: 19000177
AUDIT CODE | SCH. TYPE
PRINT WARRANT DATE
ISSUE WARR. DATE (REQUEST.)

LINE NO.	P.O. NO. OR "C"	CLAIMANT	AMOUNT	(✓)
1		BLUE FLAME MEDICAL LLC	99,000,000.00	
2		EPIC RELIABLE SERVICES LLC	10,878,099.00	

DATE ISSUED (ACTUAL)
CONTROLLER'S WARRANT NUMBERS

SIGN. | CALC.
PURCH. | CONTR.

19000177 | TOTAL OF SCHEDULE | 109,878,099.00

CORRECTIONS ENTERED

I hereby certify under penalty of perjury as follows:

"That I am a duly appointed, qualified and acting officer of the herein named state agency, department, board, commission, office, or institution; that the within claim is in all respects true, correct, and in accordance with law; that the services mentioned herein were actually rendered and supplies delivered to the state agency in accordance with the contract and law; that authorizations for purchases have been duly obtained wherever required and that amounts claimed and articles delivered comply therewith; that the amounts of any refunds to claimants indicated herein were received from such claimants by the herein named agency in excess of that legally due it under the law, or are otherwise lawfully due such claimants; that all of the expenditures herein set forth are in accordance with the current budget allotments and provisions as approved by the Budget Division of the State Department of Finance, and that none of the expenditures are in excess thereof; that there has been full compliance with all provisions or restrictions in the budget act or any other appropriation relating to expenditures herein; that the claimants named herein are each entitled to the amount specified opposite their respective names and actually have been paid or will be paid as allowed when warrant is received from the State Controller; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code, in incurring the items of expense mentioned in the attached claim, or in any other way; that any disaster service worker for whom compensation or reimbursement for expenses incurred is claimed herein has, if required by law, taken, subscribed, and filed the oath set forth in Section 3103 of the Government Code."

AUDITED | APPR. PAY
P/A BAL. OK | WARR. OK
REPORTABLE PAYMENTS PER S.A.M. 8422.19

SIGNED	TITLE	DATE
Allison Cates	ACCOUNTING OFFICER	03/25/20

APPROVED (IF REQUIRED)
CONTACT TELEPHONE (OPTIONAL)

NUMBER
AMOUNT
$
TOTAL SUBJECT TO USE TAX
$

DGS0214

Blue Flame Medical LLC
499 South Capitol St., SW Suite 420
Washington, DC 20003 US

Blueflame Medical

INVOICE

BILL TO
Michael Wong
Contracts Administrator
Procurement Division
Department of General Services
State of California
916-441-9619
Michael.Wong@dgs.ca.gov

INVOICE	20032501 A
DATE	03/25/2020
TERMS	Due on receipt
DUE DATE	03/25/2020

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
03/25/2020	N95 Masks	N95 Mask Models: DTC 3B DTX 3X L-288 SEKURA-321	100,000,000	4.76	476,000,000.00
	Sales Tax	Sales Tax - Zip Code [redacted] Rate 7.975%	1	37,961,000.00	37,961,000.00
	Shipping	Shipping Cost for 100,000,000 Masks	1	95,200,000.00	95,200,000.00

BALANCE DUE ~~$609,161,000.00~~

75% Due Now - $456,888,600

pay # 99,000,000.00

DGS0215

STATE OF CALIFORNIA
CLAIM SCHEDULE
STD. 218 (REV. 3-91) OFS (7/98)

(DO NOT WRITE IN THIS SPACE)

DATE FILED

PAYABLE FROM	FUND: 0666	SUB: 001	FUND NAME: Service Revolving Fund							
	AGENCY NO.: 7760		AGENCY NAME: Department of General Services							
APPROPRIATION	YR. OF STAT.: 2019	MNTH:	REFERENCE/ITEM: 001	SEQ:	FFY:	CHAPTER: 23	STATUTES: 2019			
	PURPOSE: A- Program Support									

FED. CATALOG NUMBER	SCO PROJ.	CATEGORY	PGM.	ELE.	COMP.	TASK	GENERAL LEDGER	RECEIPT OBJECT	F/E	AMOUNT	DESCRIPTION
			99							99,000,000.00	

SCHEDULE NUMBER: 19000178
AUDIT CODE | SCH. TYPE
PRINT WARRANT DATE
ISSUE WARR. DATE (REQUEST.)

LINE NO.	P.O. NO. OR "C"	CLAIMANT	AMOUNT	(✓)
1		BLUE FLAME MEDICAL LLC	99,000,000.00	

DATE ISSUED (ACTUAL)
CONTROLLER'S WARRANT NUMBERS

SIGN. | CALC.
PURCH. | CONTR.
CORRECTIONS ENTERED

19000178

TOTAL OF SCHEDULE: 99,000,000.00

I hereby certify under penalty of perjury as follows:

"That I am a duly appointed, qualified and acting officer of the herein named state agency, department, board, commission, office, or institution; that the within claim is in all respects true, correct, and in accordance with law; that the services mentioned herein were actually rendered and supplies delivered to the state agency in accordance with the contract and law; that authorizations for purchases have been duly obtained wherever required and that amounts claimed and articles delivered comply therewith; that the amounts of any refunds to claimants indicated herein were received from such claimants by the herein named agency in excess of that legally due it under the law, or are otherwise lawfully due such claimants; that all of the expenditures herein set forth are in accordance with the current budget allotments and provisions as approved by the Budget Division of the State Department of Finance, and that none of the expenditures are in excess thereof; that there has been full compliance with all provisions or restrictions in the budget act or any other appropriation relating to expenditures herein; that the claimants named herein are each entitled to the amount specified opposite their respective names and actually have been paid or will be paid as allowed when warrant is received from the State Controller; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code, in incurring the items of expense mentioned in the attached claim, or in any other way; that any disaster service worker for whom compensation or reimbursement for expenses incurred is claimed herein has, if required by law, taken, subscribed, and filed the oath set forth in Section 3103 of the Government Code."

AUDITED | APPR. PAY
P/A BAL. OK | WARR. OK
REPORTABLE PAYMENTS PER S.A.M. 8422.19

SIGNED	TITLE	DATE
Allison Cates	ACCOUNTING OFFICER	03/25/20

APPROVED (IF REQUIRED) | CONTACT TELEPHONE (OPTIONAL)

NUMBER
AMOUNT: $
TOTAL SUBJECT TO USE TAX: $

DGS0216

Blue Flame Medical LLC
499 South Capitol St., SW Suite 420
Washington, DC 20003 US

Blueflame Medical

INVOICE

BILL TO
Michael Wong
Contracts Administrator
Procurement Division
Department of General Services
State of California
916-441-9619
Michael.Wong@dgs.ca.gov

INVOICE	20032501 B
DATE	03/25/2020
TERMS	Due on receipt
DUE DATE	03/25/2020

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
03/25/2020	N95 Masks	N95 Mask Models: DTC 3B DTX 3X L-288 SEKURA-321	100,000,000	4.76	476,000,000.00
	Sales Tax	Sales Tax - Zip Code [redacted] Rate 7.975%	1	37,961,000.00	37,961,000.00
	Shipping	Shipping Cost for 100,000,000 Masks	1	95,200,000.00	95,200,000.00

BALANCE DUE ~~$609,161,000.00~~

75% Due Now - $456,888,600

$99,000,000.00

DGS0217

STATE OF CALIFORNIA
CLAIM SCHEDULE
STD. 218 (REV. 3-91) OFS (7/98)

(DO NOT WRITE IN THIS SPACE)

PAYABLE FROM	FUND: 0666	SUB: 001	FUND NAME: Service Revolving Fund								
	AGENCY NO.: 7760		AGENCY NAME: Department of General Services								
APPROPRIATION	YR. OF STAT.: 2019	METH:	REFERENCE/ITEM: 001	SEQ:	FFY:	CHAPTER: 23	STATUTES: 2019				
	PURPOSE: A- Program Support										

FED. CATALOG NUMBER	SCO PROJ.	CATEGORY	PGM.	ELE.	COMP.	TASK	GENERAL LEDGER	RECEIPT OBJECT	F/S	AMOUNT	DESCRIPTION
			99							99,000,000.00	

DATE FILED

SCHEDULE NUMBER: 19000181
AUDIT CODE | SCH. TYPE
PRINT WARRANT DATE
ISSUE WARR. DATE (REQUEST.)

LINE NO.	P.O. NO. OR "C"	CLAIMANT	AMOUNT	(V)
1		BLUE FLAME MEDICAL LLC	99,000,000.00	

DATE ISSUED (ACTUAL)

CONTROLLER'S WARRANT NUMBERS

SIGN. | CALC.
PURCH. | CONTR.

19000181

TOTAL OF SCHEDULE: 99,000,000.00

CORRECTIONS ENTERED
AUDITED | APPR. PAY
F/A BAL. OK | WARR. OK

I hereby certify under penalty of perjury as follows:

"That I am a duly appointed, qualified and acting officer of the herein named state agency, department, board, commission, office, or institution; that the within claim is in all respects true, correct, and in accordance with law; that the services mentioned herein were actually rendered and supplies delivered to the state agency in accordance with the contract and law; that authorizations for purchases have been duly obtained wherever required and that amounts claimed and articles delivered comply therewith; that the amounts of any refunds to claimants indicated herein were received from such claimants by the herein named agency in excess of that legally due it under the law, or are otherwise lawfully due such claimants; that all of the expenditures herein set forth are in accordance with the current budget allotments and provisions as approved by the Budget Division of the State Department of Finance, and that none of the expenditures are in excess thereof; that there has been full compliance with all provisions or restrictions in the budget act or any other appropriation relating to expenditures herein; that the claimants named herein are each entitled to the amount specified opposite their respective names and actually have been paid or will be paid as allowed when warrant is received from the State Controller; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code, in incurring the items of expense mentioned in the attached claim, or in any other way; that any disaster service worker for whom compensation or reimbursement for expenses incurred is claimed herein has, if required by law, taken, subscribed, and filed the oath set forth in Section 3103 of the Government Code."

REPORTABLE PAYMENTS PER S.A.M. 8422.19
NUMBER
AMOUNT $
TOTAL SUBJECT TO USE TAX $

SIGNED	TITLE	DATE
Allison Cribbs	ACCOUNTING OFFICER	03/25/20

APPROVED (IF REQUIRED) | CONTACT TELEPHONE (OPTIONAL)

DGS0218

Blue Flame Medical LLC
499 South Capitol St., SW Suite 420
Washington, DC 20003 US

Blueflame Medical

INVOICE

BILL TO
Michael Wong
Contracts Administrator
Procurement Division
Department of General Services
State of California
916-441-9619
Michael.Wong@dgs.ca.gov

INVOICE	20032501 C
DATE	03/25/2020
TERMS	Due on receipt
DUE DATE	03/25/2020

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
03/25/2020	N95 Masks	N95 Mask Models: DTC 3B DTX 3X L-288 SEKURA-321	100,000,000	4.76	476,000,000.00
	Sales Tax	Sales Tax - Zip Code [redacted] Rate 7.975%	1	37,961,000.00	37,961,000.00
	Shipping	Shipping Cost for 100,000,000 Masks	1	95,200,000.00	95,200,000.00

BALANCE DUE ~~$609,161,000.00~~

75% Due Now - $456,888,600

4 99,000,000.00

DGS0219

STATE OF CALIFORNIA
CLAIM SCHEDULE
STD. 218 (REV. 3-91) OFS (7/98)

(DO NOT WRITE IN THIS SPACE)

DATE FILED

PAYABLE FROM	FUND: 0666	SUB: 001	FUND NAME: Service Revolving Fund								
	AGENCY NO.: 7760		AGENCY NAME: Department of General Services								
APPROPRIATION	YR. OF STAT.: 2019	METH	REFERENCE/ITEM: 001	SEQ	FFY	CHAPTER: 23	STATUTES: 2019				
	PURPOSE: A- Program Support										

FED. CATALOG NUMBER	SCO PROJ.	CATEGORY	PGM.	ELE.	COMP.	TASK	GENERAL LEDGER	RECEIPT OBJECT	F/S	AMOUNT	DESCRIPTION
			99							99,000,000.00	

SCHEDULE NUMBER: 19000180
AUDIT CODE | SCH. TYPE
PRINT WARRANT DATE
ISSUE WARR. DATE (REQUEST.)

LINE NO.	P.O. NO. OR "C"	CLAIMANT	AMOUNT	(V)
1		BLUE FLAME MEDICAL LLC	99,000,000.00	

DATE ISSUED (ACTUAL)

CONTROLLER'S WARRANT NUMBERS

SIGN. | CALC.
PURCH. | CONTR.
CORRECTIONS ENTERED
AUDITED | APPR. PAY
F/A BAL. OK | WARR. OK
REPORTABLE PAYMENTS PER S.A.M. 8422.19

19000180 — TOTAL OF SCHEDULE: 99,000,000.00

I hereby certify under penalty of perjury as follows:

"That I am a duly appointed, qualified and acting officer of the herein named state agency, department, board, commission, office, or institution; that the within claim is in all respects true, correct, and in accordance with law; that the services mentioned herein were actually rendered and supplies delivered to the state agency in accordance with the contract and law; that authorizations for purchases have been duly obtained wherever required and that amounts claimed and articles delivered comply therewith; that the amounts of any refunds to claimants indicated herein were received from such claimants by the herein named agency in excess of that legally due it under the law, or are otherwise lawfully due such claimants; that all of the expenditures herein set forth are in accordance with the current budget allotments and provisions as approved by the Budget Division of the State Department of Finance, and that none of the expenditures are in excess thereof; that there has been full compliance with all provisions or restrictions in the budget act or any other appropriation relating to expenditures herein; that the claimants named herein are each entitled to the amount specified opposite their respective names and actually have been paid or will be paid as allowed when warrant is received from the State Controller; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code, in incurring the items of expense mentioned in the attached claim, or in any other way; that any disaster service worker for whom compensation or reimbursement for expenses incurred is claimed herein has, if required by law, taken, subscribed, and filed the oath set forth in Section 3103 of the Government Code."

SIGNED	TITLE	DATE
Allison Cates	ACCOUNTING OFFICER	03/25/20

APPROVED (IF REQUIRED)
CONTACT TELEPHONE (OPTIONAL)

NUMBER
AMOUNT
$
TOTAL SUBJECT TO USE TAX
$

DGS0220

Blue Flame Medical LLC
499 South Capitol St., SW Suite 420
Washington, DC 20003 US

Blueflame Medical

INVOICE

BILL TO
Michael Wong
Contracts Administrator
Procurement Division
Department of General Services
State of California
916-441-9619
Michael.Wong@dgs.ca.gov

INVOICE 20032501 D
DATE 03/25/2020
TERMS Due on receipt
DUE DATE 03/25/2020

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
03/25/2020	N95 Masks	N95 Mask Models: DTC 3B DTX 3X L-288 SEKURA-321	100,000,000	4.76	476,000,000.00
	Sales Tax	Sales Tax - Zip Code [redacted] Rate 7.975%	1	37,961,000.00	37,961,000.00
	Shipping	Shipping Cost for 100,000,000 Masks	1	95,200,000.00	95,200,000.00

BALANCE DUE ~~$609,161,000.00~~

75% Due Now - $456,888,600

$99,000,000.00

DGS0221

STATE OF CALIFORNIA
CLAIM SCHEDULE
STD. 218 (REV. 3-91) OFS (7/98)

(DO NOT WRITE IN THIS SPACE)

DATE FILED

	FUND	SUB	FUND NAME
PAYABLE FROM	0666	001	Service Revolving Fund
	AGENCY NO.		AGENCY NAME
	7760		Department of General Services

	YR. OF STAT.	METH	REFERENCE/ITEM	SEQ	FFY	CHAPTER	STATUTES
APPROPRIATION	2019		001			23	2019
	PURPOSE						
	A- Program Support						

FED. CATALOG NUMBER	SCO PROJ.	CATEGORY	PGM.	ELE.	COMP.	TASK	GENERAL LEDGER	RECEIPT OBJECT	F/S	AMOUNT	DESCRIPTION
			99							60,888,600.00	

SCHEDULE NUMBER: 19000179
AUDIT CODE | SCH. TYPE
PRINT WARRANT DATE
ISSUE WARR. DATE (REQUEST.)

LINE NO.	P.O. NO. OR "C"	CLAIMANT	AMOUNT	(✓)
1		BLUE FLAME MEDICAL LLC	60,888,600.00	

DATE ISSUED (ACTUAL)
CONTROLLER'S WARRANT NUMBERS

SIGN. | CALC.
PURCH. | CONTR.
CORRECTIONS ENTERED

19000179 — TOTAL OF SCHEDULE: 60,888,600.00

I hereby certify under penalty of perjury as follows:

"That I am a duly appointed, qualified and acting officer of the herein named state agency, department, board, commission, office, or institution; that the within claim is in all respects true, correct, and in accordance with law; that the services mentioned herein were actually rendered and supplies delivered to the state agency in accordance with the contract and law; that authorizations for purchases have been duly obtained wherever required and that amounts claimed and articles delivered comply therewith; that the amounts of any refunds to claimants indicated herein were received from such claimants by the herein named agency in excess of that legally due it under the law, or are otherwise lawfully due such claimants; that all of the expenditures herein set forth are in accordance with the current budget allotments and provisions as approved by the Budget Division of the State Department of Finance, and that none of the expenditures are in excess thereof; that there has been full compliance with all provisions or restrictions in the budget act or any other appropriation relating to expenditures herein; that the claimants named herein are each entitled to the amount specified opposite their respective names and actually have been paid or will be paid as allowed when warrant is received from the State Controller; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code, in incurring the items of expense mentioned in the attached claim, or in any other way; that any disaster service worker for whom compensation or reimbursement for expenses incurred is claimed herein has, if required by law, taken, subscribed, and filed the oath set forth in Section 3103 of the Government Code."

AUDITED | APPR. PAY
F/A BAL. OK | WARR. OK
REPORTABLE PAYMENTS PER S.A.M. 8422.19

SIGNED	TITLE	DATE
Allison Costa	ACCOUNTING OFFICER	03/25/20

APPROVED (IF REQUIRED) | CONTACT TELEPHONE (OPTIONAL)

NUMBER
AMOUNT
$
TOTAL SUBJECT TO USE TAX
$

DGS0222

Blue Flame Medical LLC
499 South Capitol St., SW Suite 420
Washington, DC 20003 US

Blueflame Medical

INVOICE

BILL TO
Michael Wong
Contracts Administrator
Procurement Division
Department of General Services
State of California
916-441-9619
Michael.Wong@dgs.ca.gov

INVOICE	20032501 E
DATE	03/25/2020
TERMS	Due on receipt
DUE DATE	03/25/2020

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
03/25/2020	N95 Masks	N95 Mask Models: DTC 3B DTX 3X L-288 SEKURA-321	100,000,000	4.76	476,000,000.00
	Sales Tax	Sales Tax - Zip Code [redacted] Rate 7.975%	1	37,961,000.00	37,961,000.00
	Shipping	Shipping Cost for 100,000,000 Masks	1	95,200,000.00	95,200,000.00

BALANCE DUE ~~$609,161,000.00~~

75% Due Now - $456,888,600

$60,888,600.00

DGS0223

Invoice Number	Amount
20032501A	$99,000,000.00
20032501B	$99,000,000.00
20032501C	$99,000,000.00
20032501D	$99,000,000.00
20032501E	$60,888,600.00
Total	$456,888,600.00

Chain Bridge Bank

Instructions for wiring funds to Chain Bridge Bank, N.A.:

Receiving bank:	Chain Bridge Bank, N.A., McLean, VA
Routing/Transit Number:	[redacted]
For credit to (or Beneficiary):	Blue Flame Medical LLC
Beneficiary's account number:	[redacted]
Account Type:	Checking

DGS0226

EPIC RELIABLE SERVICES LLC

190 Sierra Ct., Ste B213
Palmdale, CA 93550
Phone: 818-943-7638
Email: epicreliableservices@gmail.com
Contact: Rhonda Burr CMO

INVOICE

Company Name: Department of Health
Purchasing Services Unit
1616 Capitol Ave,
Sacramento, CA 95814
Phone: 916-950-0134
Contact Person: Sabel Davis

Customer Number: 3091

Statement Date: 3/24/20

Inovice Number: 771011

Quantity		Description	Unit Price	Discount	Totals
500	PRT-00853-000	VOCSN PRO	$21,000		$10,500,000.00
495	PRT-00930-000	Adult, Active, Oxygen 10 Pack	$471.72		$233,501.40
900	PRT-00850-000	External bacterial Filter 10 Pack	$46.47		$41,823.00
600	PRT-01002-000	External Suction Canister Adapter 5 Pack	$153.57		$92,142.00
600	PRT-01092-000	Nebulizer Filter 5 Pack	$13.79		$8,274.00
5	PRT-01013-000	Pediatric, Active, Oxygen 10 Pack	$471.72		$2,358.60

Total: US $10,878,099.00

Balance Due: $10,878,099.00

Please make payment to: Epic Reliable Services.

Thank you!