EXHIBIT 17

Plaintiff's Trial Exhibit 701

Exhibit PX 0109

STATE OF CALIFORNIA - GENERAL SERVICES PROCUREMENT DIVISION

PURCHASING AUTHORITY PURCHASE ORDER

STD. 65 (Rev. 10/2019)

DATE	AMENDMENT NO.	PURCHASE ORDER NUMBER
Mar 25, 2020		M12948-T6619

SHIP TO [redacted] 01

BILL TO: CA Dept. Of General Services, ATTN: OBAS, 707 Third Street, 2nd Floor, West Sacramento, CA 95605

AGENCY BILLING CODE	PURCHASING AUTHORITY NO.
030100	

LEVERAGED PROCUREMENT AGREEMENT NUMBER

INFORMATION TECHNOLOGY PROJECT IDENTIFICATION NUMBER

AGENCY OR BUYER INFORMATION

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	CONTACT FAX NUMBER
(916) 441-9619	

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

SUPPLIER CONTACT NAME	SUPPLIER PHONE NUMBER	SUPPLIER FAX NUMBER	SUPPLIER E-MAIL ADDRESS
John Thomas	(818) 636-6522		john@blueflame.agency

PAYMENT TERMS	CERTIFICATION NUMBER			EXPIRATION DATE		EXPIRATION DATE
Net 45		☐ Certified Small Business	☐ Certified Microbusiness		☐ Certified DVBE	

SHIPPING INSTRUCTIONS	REQUIRED DELIVERY DATE				CITY OF ORIGIN	STATE	ZIP CODE
	Apr 3, 2020	☑ F.O.B. Destination FRT. PPD	☐ F.O.B. Destination FRT. PPD/ADD. Freight not to exceed cost stated on P.O.	☐ F.O.B. Origin			

TERMS AND CONDITIONS

A-1 ☑ General Provisions are incorporated herein by reference to:

☑ Form GSPD - 401 Non-IT Commodities Revision Date: 6/8/2010 OR ☐ Form GSPD - 401IT Revision Date: _____

☐ Attached OR ☐ Published at: www.dgs.ca.gov/pd

A-2 ☐ 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.

B ☐ Agency Special Provisions are attached and titled _____

C ☐ 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.

TAXABLE SUBTOTAL	$476,000,000.00
TAX RATE	7.975%
SALES TAX	$37,961,000.00
INSTALLATION	
SHIPPING FREIGHT	
OTHER NON-TAXABLE	
GRAND TOTAL	$513,961,000.00

PROCUREMENT METHODS

☐ COMPETITIVE: Solicitation Number(if applicable) _____ ☐ LEVERAGED ☐ DVBE / SMALL BUSINESS (GC 14838.5(a)) ☐ NON-COMPETITIVELY BID ☑ EXEMPT

PROGRAM / CATEGORY (Code / Title)	FUND TITLE	VERIFIED NO STATE SURPLUS AVAILABLE	PAID BY CAL-CARD
		☑ YES ☐ NO	☐ YES ☑ NO

ITEM	CHAPTER	STATUTE	FISCAL YEAR	OBJECT OF EXPENDITURE (Code and Title)	☐ Original Equipment ☐ Operating Expense

CERTIFICATION AND APPROVAL OF EXECUTIVE OFFICER

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.

UNENCUMBERED REMAINDER AFTER POSTING THIS ORDER TO ALLOTMENT EXPENDITURE LEDGER

ADJUSTMENT INCREASING ENCUMBRANCES

ADJUSTMENT DECREASING ENCUMBRANCES

AUTHORIZING NAME: MICHAEL WONG

AUTHORIZING TITLE: Contracts Administrator

AUTHORIZING SIGNATURE

CERTIFIED CORRECT SIGNATURE

	ITEM NUMBER	QUANTITY	UNIT	UNSPSC	RECYCLED PRODUCT	PRODUCT OR SERVICE DESCRIPTION	CATEGORY	UNIT PRICE	EXTENSION TOTAL
☐	1	100,000				N95 Masks Model Numbers	Taxable	$4.760.00	$476,000,000.00
☐						DTC 3B, DTX 3X, L-288, SEKURA-321			
☐						QTY 100,000,000, Cost $4.76/ea			
☐						COVID19 Prepayment (75%)			
☐									

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
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 93725 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**

DocuSign Envelope ID: 71E6F5C1-15BC-4646-A011-013030F76843 Reset Form

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 10/2019)

1

INSTRUCTIONS: Type or print the information. Complete all information on this form. Sign, date, and return to the state agency (department/office) address shown in Box 6. Prompt return of this **fully completed** form will prevent delays when processing payments.
Information provided in this form will be used by California state agencies to prepare Information Returns (Form1099). See next page for more information and Privacy Statement.
NOTE: Governmental entities, i.e. federal, state, and local (including school districts), are not required to submit this form.

2

BUSINESS NAME *(As shown on your income tax return)*
Blue Flame Medical LLC

SOLE PROPRIETOR, SINGLE MEMBER LLC, INDIVIDUAL *(Name as shown on SSN or ITIN) Last, First, MI*

E-MAIL ADDRESS
john@blueflame.agency

MAILING ADDRESS	CITY	STATE	ZIP CODE
1146 Central Ave, #441	Glendale	CA	91202

BUSINESS ADDRESS	CITY	STATE	ZIP CODE
1146 Central Ave, #441	Glendale	CA	91202

3

PAYEE ENTITY TYPE

CHECK ONE BOX ONLY

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 8 5 - 0 5 1 5 1 9 9

- ☐ **PARTNERSHIP**
- ☐ **ESTATE OR TRUST**
- **CORPORATION:**
  - ○ **MEDICAL** *(e.g., dentistry, psychotherapy, chiropractic, etc.)*
  - ○ **LEGAL** *(e.g., attorney services)*
  - ○ **EXEMPT** *(nonprofit)*
  - ◉ **ALL OTHERS**
- ☐ **SOLE PROPRIETOR, INDIVIDUAL, OR SINGLE MEMBER LLC** *(Disregarded Entity)*

ENTER SSN OR ITIN: - -

Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) are required by authority of California Revenue and Tax Code sections 18646 and 18661)

NOTE: Payment will not be processed without an accompanying taxpayer identification number.

4

PAYEE RESIDENCY STATUS

- ☒ **CALIFORNIA RESIDENT** - Qualified to do business in California or maintains a permanent place of business in California.
- ☐ **CALIFORNIA NON RESIDENT** *(see next page for more information)* - Payments to nonresidents for services may be subject to state income tax withholding.
  - ○ No services performed in California.
  - ○ Copy of Franchise Tax Board waiver of state withholding attached.

5

I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.

AUTHORIZED PAYEE REPRESENTATIVE'S NAME *(Type or Print)*	TITLE	TELEPHONE *(include area code)*
John Thomas	President	(818) 636-6522

SIGNATURE	DATE	E-MAIL ADDRESS
Digitally signed by: John Thomas	March 24, 2020	john@blueflame.agency

6

Please return completed form to:

DEPARTMENT/OFFICE	UNIT/SECTION	
MAILING ADDRESS	TELEPHONE *(include area code)*	FAX
CITY / STATE / ZIP CODE	E-MAIL ADDRESS	

Chain Bridge Bank

March 16, 2020

Blue Flame Medical LLC
499 S Capitol St, SW, Ste. 420
Washington DC 20003

To whom it may concern,

Please accept this letter as verification of account name, bank routing number, and account number for the following:

Account Name:	Blue Flame Medical LLC
Routing Number:	056009479
Account Number:	[redacted]

Should you have any additional questions, please do not hesitate to call the bank directly at 703.748.2005.

Sincerely,

Maria Cole
Assistant Vice President & Commercial Relationship Manager
Chain Bridge Bank, N.A.

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:	056009479
For credit to (or Beneficiary):	Blue Flame Medical LLC
Beneficiary's account number:	[redacted]
Account Type:	Checking