

Section (A) Office Information

Office Number 9340	Office Name NORTH VALLEY BUSINESS SYSTEMS	Phone # (530) 242-1000	Date 12/14/2023
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Section (B) Billing Information

Company Name SISKIYOU COUNTY HHS AGENCY	DBA
Billing Address 818 SOUTH MAIN ST	
City State Zip+4 YREKA CA 96097	
Contact Name JOAN HOY	Phone (530) 841-4024
Contact Title DIRECTOR OF CONTRACTS	Fax
Email Address JHOY@CO.SISKIYOU.CA.US	PO #

Section (C) Installation Information (if different from billing information)

Company Name SISKIYOU COUNTY HHS AGENCY	Installation Address VARIOUS LOCATIONS
City State Zip+4 YREKA CA 96097	Contact Name JOAN HOY
Contact Name JOAN HOY	Phone (530) 841-4024
Contact Title DIRECTOR OF CONTRACTS	Fax
Email Address JHOY@CO.SISKIYOU.CA.US	Main Post Office
	PO 5-Digit Zip Code

Section (D) Products

Qty	Model / Part Number	Description (include Serial Number, if applicable)	<input checked="" type="checkbox"/> See additional listed products on attached continuation schedule.
20	H98MRS100	(MS98LP) Promo Credit Valid With: DS-40i, DS-64i & DS-77iQ Inserter Packages	
10	CERT890-QDT50	Label 890 Certified Mail. For use with SP35 App (E-Services w/Electronic Return Receipt) 50 per pack. Supports All iX/iN/iS-Series Maili	
1	IX9DWM PKG	IX-9 Dynamic Weighing Module	
1	IX5AFWP5	iX-5 Series Base w/ Autofeeder, Sealer, Catch Tray, Ink Cartridge & IXWP5	
45	H88MRS100	(MS88LP) Promo Credit Valid With: iX-5/7/9 Mailing or S.M.A.R.T Packages	
1	DS64I-INT3SE	3 Station Expert 2 Auto Fdr + Auto BREFdr + CIS Scanner + Multi License	
1	IX9ERR	IX-9 e-RR Feature Activation & Starter Kit w/Bar Code Scanner	

Section (E) Lease Payment Information & Lease Payment Schedule

Tax Status:
 Taxable
 Tax Exempt
Certificate attached

Billing Frequency:
 Monthly
 Quarterly
 Annually

Billing Method:
 Standard
 ACH (Customer to submit authorization form)

Number of Months	Monthly Payment (Plus applicable taxes)
First 63	1405.00

Current Lease Number: **N19011314 & N19011316**

Section (F) Postage Meter & Postage Funding Information

Meter Model **IX5AFAI** Machine Model **IX5AFWP5**

Postage Funding Method:
 Bill Me Prepay by Check
 ACH Debit (Submit customer authorization form)

Postage Funding Account:
 POC TMS
 New Existing

Existing Account Number:
84955960

Service Products (Check all that apply)

- Online Postal Rates iMeter™ App (SP10)
- Online Postal Expense Manager iMeter™ App (SP20/NeoStats)
- Online E-Services with Electronic Return Receipt iMeter™ App (SP35)
- NeoShip PLUS (EP70PLUS)
- NeoShip Install & User Guide (EP70GUIDES)
- 4G/5G Cell Service
- Maintenance
- Installation/Training Software Support for premise (non-cloud) solutions

Section (G) Approval

Existing customers who currently fund the Postage account by ACH Debit will not be converted to the Postage Funding Account unless initial here _____.

This document consists of a Product Lease Agreement with Quadient Leasing USA, Inc.; and a Postage Meter Rental Agreement, and an Online Services and Software Agreement with Quadient, Inc.; and a Postage Funding Account Agreement with Quadient Finance USA, Inc. Your signature constitutes an offer to enter into such agreements, and acknowledges that you have received, read, and agree to all applicable terms and conditions (version Commercial-Equipment-Lease-Terms-USPS-Dealer-V11-2023), which are also available at <https://quadientterms.com/Commercial-Equipment-Lease-Terms-USPS-Dealer-V11-2023-CA>, and that you are authorized to sign the agreements on behalf of the customer identified above. The agreements will become binding on the companies identified above only after an authorized individual accepts your offer by signing below, or when the equipment is shipped to you.

Guided by Quadient, Inc.'s Sustainable Design and Responsible Manufacturing Policy, our Products may contain reused components. For more information visit <https://www.quadient.com/about-us/sustainable-design-and-manufacturing>.

See Page 4 for Authorization

Authorized Signature _____	Print Name and Title _____	Date Accepted _____
Accepted by Quadient Inc. and its Affiliates _____		Date Accepted _____



Company Name: SISKIYOU COUNTY HHS AGENCY

Schedule (D) Product Continuation Schedule (Continued)

Qty	Model / Part Number	Description (Include Serial Number, if applicable)
1	IX9AWP30	IX-9A 210 LPM Base, Puffy Postcard Feeder with Wireways, Power Line Conditioner, Ink Cartridge & IXWP30
1	IX9CONVEYOR	IX-9 Conveyor Stacker

Product Lease Agreement Continuation Schedule
Quadient Leasing, 478 Wheelers Farms Rd, Milford CT 06461
Form L51186e-V04-16 revision 04/16 (PF)

Printed on 12/14/2023 12:42 PM



Why Wait Program Agreement

The Quadient Leasing Why Wait program entitles you to upgrade your Quadient equipment up to 6 months prior to the end of the term of your Current Lease. Your new lease term will automatically commence and billing will begin after your Current Lease has reached the end of its current term. The transition from your Current Lease to the New Lease will be seamless.

By electing to participate in this program, you agree to the following:

- You agree to continue making payments on lease number N19011314; N19011316 through the end of its Initial Term or, if applicable, the current Renewal Term.
- The term of the new lease, being signed concurrently with this agreement, ("New Lease") will commence when the Current Lease reaches the end of its Initial Term or, if applicable, the current Renewal Term.
- The Products that are subject to the Current Lease will be replaced with the Products identified in the New Lease for the remainder of the Current Lease's Initial Term or, if applicable, the current Renewal Term.
- If a subscription to the Impress Platform is included on the New Lease, then any associated Usage Fees will be in addition to the payments on the Current Lease and the New Lease.
- The replaced products from the Current Lease must be returned to us within thirty (30) days of the effective date of this agreement.

Company: SISKIYOU COUNTY HHS AGENCY

Signature: _____

Name (printed): Michael N. Kobseff

Title: Board of Supervisors' Chairperson

Date: _____

Company: Quadient Leasing USA Inc.

Signature : _____

Name (printed): _____

Title: _____

Date: _____

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the dates set forth below, each signatory represents that they have the authority to execute this agreement and to bind the Party on whose behalf their execution is made.

COUNTY OF SISKIYOU

Date: _____

MICHAEL N. KOBSEFF, CHAIR
Board of Supervisors
County of Siskiyou
State of California

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

CONTRACTOR: Quadient Leasing
USA, Inc.

Date: _____

John Tartaro, Deputy CFO

Date: _____

Catherine Braisted, Director of Quadient
Leasing Administration

Note to Contractor: For corporations, the contract must be signed by two officers. The first signature must be that of the chairman of the board, president or vice-president; the second signature must be that of the secretary, assistant secretary, chief financial officer or assistant treasurer. (Civ. Code, Sec. 1189 & 1190 and Corps. Code, Sec. 313.)

TAXPAYER I.D. ON FILE

ACCOUNTING:
Fund: **2120** ORG: **501010** Acct: **725000**

<u>24/25</u>	<u>25/26</u>	<u>26/27</u>	<u>27/28</u>	<u>28/29</u>	<u>29/30</u>
\$12,111.10	\$18,166.65	\$18,166.65	\$18,166.65	\$18,166.65	\$10,597.21

Encumbrance number (if applicable):

If not to exceed, include amount not to exceed: \$95, 374.91

If needed for multi-year contracts, please include separate sheet with financial information for each fiscal year.