

MODIFICATION

**State of Maine****Master Agreement****Effective Date:** 10/29/12**Expiration Date:** 07/31/19**Master Agreement Description:** Dental Supplies Annual Contract (MMCAP MMS14034)**Buyer Information**

William Allen 207-624-7871 ext. NULL WJE.Allen@maine.gov

**Issuer Information**

CYNTHIA MICHAUD 207-624-4680 ext. CYNTHIA.MICHAUD@MAINE.GOV

**Requestor Information**

Mary Brochu 207-287-3237 ext. mary.l.brochu@maine.gov

**Authorized Departments**

ALL

**Vendor Information****Vendor Line #:** 1**Vendor ID**

VC1000036215

**Vendor Name**

HENRY SCHEIN INC

**Alias/DBA****Vendor Address Information**

135 DURYE RD E270

MELVILLE, NY 11747

US

**Vendor Contact Information**

Joanne Viggiano

800-851-0400 ext. 8121

biddept@henryschein.com

**Payment Discount Terms****Discount 1:** % 0 Days**Discount 2:** % 0 Days**Discount 3:** % 0 Days**Discount 4:** % 0 Days

### Commodity Information

**Vendor Line #:** 1

**Vendor Name:** HENRY SCHEIN INC

**Commodity Line #:** 1

**Commodity Code:** 26000

**Commodity Description:** DO NOT USE LINE

**Commodity Specifications:** See Attached Terms and Conditions.

**Commodity Extended Description:** Extension of MA 18P 090714\*12. Catalog prices are F.O.B. Destination.

<b>Quantity</b> 0.00000	<b>UOM</b>	<b>Unit Price</b> \$0.00
<b>Delivery Days</b> 3	<b>Free on Board</b> FOB Dest, Freight Prepaid	
<b>Contract Amount</b> \$0.00	<b>Service Start Date</b>	<b>Service End Date</b>
<b>Catalog Name</b> Henry Schein	<b>Discount</b> 0.0000 %	
	<b>Discount Start Date</b> 10/29/12	<b>Discount End Date</b> 07/31/18

### Commodity Information

**Vendor Line #:** 1

**Vendor Name:** HENRY SCHEIN INC

**Commodity Line #:** 2

**Commodity Code:** 26000

**Commodity Description:** DO NOT USE LINE

**Commodity Specifications:** All other dental supplies. F.O.B. Destination.

**Commodity Extended Description:** See Attachment A for discounts on Dental supplies

<b>Quantity</b> 0.00000	<b>UOM</b>	<b>Unit Price</b> \$0.00
<b>Delivery Days</b> 3	<b>Free on Board</b> FOB Dest, Freight Prepaid	
<b>Contract Amount</b> \$0.00	<b>Service Start Date</b>	<b>Service End Date</b>
<b>Catalog Name</b> dental	<b>Discount</b> 0.0000 %	
	<b>Discount Start Date</b> 10/29/12	<b>Discount End Date</b> 07/31/18

## Commodity Information

**Vendor Line #:** 1

**Vendor Name:** HENRY SCHEIN INC

**Commodity Line #:** 3

**Commodity Code:** 26000

**Commodity Description:** Dental Supplies HENRY SCHEIN (MMCAP MMS14034)

**Commodity Specifications:**

**Quantity**

0.00000

**UOM**

**Unit Price**

\$0.00

**Delivery Days**

**Free on Board**

**Contract Amount**

\$0.00

**Service Start Date**

05/01/18

**Service End Date**

07/31/19

**Catalog Name**

**Discount**

0.0000 %

**Discount Start Date**

**Discount End Date**

**AMENDMENT NO. 17 TO MMCAP CONTRACT NO. MMS14034**

**THIS AMENDMENT** is by and between the State of Minnesota acting through its commissioner of Administration ("State") on behalf of the Minnesota Multistate Contracting Alliance for Pharmacy ("MMCAP") and Henry Schein Dental, a division of Henry Schein, Inc., 135 Duryea Road, Melville, NY 11747 ("Vendor").

MMCAP has a contract with the Vendor identified as Contract No. MMS14034 (Original Contract). MMCAP and the Vendor are willing to amend the Original Contract as stated below.

**Contract Amendment**

Revision 1: Effective when signed **Section 1.2, Expiration Date**, will be deleted in its entirety and replaced with the following:

**1.2 Expiration date:** July 31, 2019, or as cancelled pursuant to Section 41.

**Except as herein amended**, the provisions of the Original Contract between the parties hereto are expressly reaffirmed and remain in full force and effect.

**1. HENRY SCHEIN DENTAL, A DIVISION OF HENRY SCHEIN, INC.**

The Vendor certifies that the appropriate person(s) have executed this Agreement on behalf of the Vendor as required by applicable articles, bylaws, resolutions, or ordinances.

By: William Alamin  
Title: VP, Marketing, Merchandising  
Date: 6/18/18 \* Planning

**2. STATE OF MINNESOTA FOR MMCAP**

In accordance with Minn. Stat. § 16C.03, subd. 3

By: Debra A. L. Buranda  
Title: SPA Coordinator  
Date: 6-21-2018

**3. COMMISSIONER OF ADMINISTRATION**

In accordance with Minn. Stat. § 16C.05, subd. 2

By: Sara Turbow, PharmD, BCPS  
Title: Pharmacist Sr.  
Date: 6-21-18