A note from Delaware Spending

This file is the complete FOIA production released by the Delaware Department of Safety & Homeland Security (DSHS) on July 29, 2026, in response to our July 23, 2026 request: the Random Rubber Chicken / DEMA purchase records, 26 pages, published as produced.

The only alterations made by Delaware Spending are privacy and anti-fraud maskings (black boxes) over:

- the vendor's federal Employer Identification Number on its W-9 form
- the vendor's personal cell phone number

Nothing else has been altered, added, removed, or reordered. Redaction boxes that were already present in the state's production were applied by DSHS, not by us. The unaltered original is available from DSHS under 29 Del. C. ch. 100, or from us on request.

delawarespending.com - The Spending Desk

PV# 06277693

RRC Wholesale

9702 Gary Ave
LubbockLUbbock, TX 79423 US
rrcwholesale@outlook.com

Random Rubber Chicken
DEALS TO SQUAWK ABOUT

INVOICE

BILL TO	SHIP TO	SHIP VIA	Common	INVOICE	0000582411
Shirley A Lee	Shirley A Lee	TRACKING#	TBD	DATE	01/07/2022
The State Of Delaware	The State Of Delaware			TERMS	Due on receipt
165 Brick Store Landing RD	165 Brick Store Landing RD			DUE DATE	01/07/2022
Smyrna, DE 19977	Smyrna, DE 19977				

DATE		DESCRIPTION	QTY	RATE	AMOUNT
	FLOWFLEX covid test kit(1 Test per kit)	FlowFlex Covid Test Kits (over the counter quick test) 1 test per kit	297,216	8.00	2,377,728.00
	Shipping and delivery	Shipping for wholesale truckload purchase Drivers DO NOT unload trucks	1	5,600.00	5,600.00
	CareStart COVID-19 Antigen OTC	CareStart COVID-19 Antigen Home Test (2 Kits Per Box)	88,160	27.00	2,380,320.00
	Shipping and delivery	Shipping for wholesale truckload purchase Drivers DO NOT unload trucks	1	12,500.00	12,500.00

PO: 0000582411

Shipping and delivery times may vary due to weather and shipping demands. All shipping information will be provided via email along with shipping timeline after payment has been processed. Any stock discrepancies must be reported within 24 hours.

All COVID supplies are considered special order, and due to the nature of the product we do not accept returns for unused products.

We appreciate your business

SUBTOTAL	4,776,148.00
TAX	0.00
TOTAL	4,776,148.00
BALANCE DUE	**$4,776,148.00**

Division of Accounting

STATE OF DELAWARE
Emergency Purchase Justification

*Required

*Date: 1/6/2022 *Name of Requestor: Frances Cordell Phone #: (302) 659-2244

*Organization: DEMA *Dept ID: 450130 *Requestor's email: frances.cordell@delaware.gov

Explanation of Emergency:

Delaware State of Emergency for COVID 19. Resources needed are difficult to source with limited quantities available and a very limited time to acquire. Testing is crucial to managing outbreak of pandemic.

Description of Goods and Services to be Purchased:

Purchasing 50,000 each of iHealth COVID19 Rapid Antigen test 2-pack $13.75, Flowflex COVID19 Antigen Home test $7.50, and Abbott BinaxNOW COVID19 Antigen self-test 2-pack $25.50 with prices changing daily through vendor RCC Wholesale to manage increased COVID testing. PO 582335 created for new vendor # 621325 and may purchase additional tests as needed. ($2,337,500.00)

APPROVALS

AGENCY HEAD SIGNATURE

01052022
DATE

INTERNAL USE ONLY

☐ Entered in System Date: ☐ Direct Claim Voucher #: ☐ Purchase Order #:

Entered By: Date:

Purchase Order

Dispatch via Print

Purchase Order	Date	Revision	Page
0000582411	01/07/2022		1
Payment Terms	**Freight Terms**		**Ship Via**
DUE NOW	Destination		Common Carrier
Buyer	**Phone/Email**		**Currency**
Lee,Shirley A			USD

STATE OF DELAWARE
Division of Accounting
Department of Finance
820 Silver Lake Boulevard Suite 200
Dover DE 19904
United States

Supplier: 0000621325
RANDOM RUBBER CHICKEN
9702 GARY AVE
LUBBOCK TX 79423

Ship To: SHS001 shirley.lee@state.de.us
Delaware Emergency Management Agency (DEMA)
Department of Safety and Homeland Security
165 Brick Store Landing RD
Smyrna DE 19977
United States

Attention: Not Specified

Bill To: Delaware Emergency Management Agency (DEMA)
Department of Safety and Homeland Security
165 Brick Store Landing RD
Smyrna DE 19977
United States

Conditions and Instructions to Supplier:
1. Acceptance of this Purchase Order is agreement to accept payment by credit card, ACH, SUA or by check at the State`s option.
2. All prices F.O.B. destination unless otherwise indicated.
3. This order and the performance thereof shall be construed and governed in accordance with the laws of the State of Delaware.
4. Separate invoices must be submitted for each order.
5. Any price changes must be agreed to by the Ordering Agency prior to submitting invoices.
6. Purchase Order is not valid unless signed by the Secretary of the Department of Finance or designee.

Tax Exempt ID: 516000279 **Replenishment Option:** Standard

Line-Sch	Item/Description	Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date
1- 1	FlowFlex Covid Test Kits (1 Kit per box) & Shipping		1.00	EA	2,383,328.00	2,383,328.00	01/07/2022
					Schedule Total	2,383,328.00	
					Item Total	2,383,328.00	
2- 1	CareStart COVID-19 Antigen Home Test (2 Kits Per Box) & Shipping		1.00	EA	2,392,820.00	2,392,820.00	01/07/2022
					Schedule Total	2,392,820.00	
					Item Total	2,392,820.00	

Line #1 298,216.00 FlowFlex Covid Test Kits (1 Kit per box) $8.00/box $2,377,728.00 & $5,600.00 Shipping
Line #2 88,160 Boxes CareStart COVID-19 Antigen Home Test (2 Kits Per Box) $27/box $2,380,320.00 & $12,500.00 Shipping

2021-225-40924-56128-ARP21-10000-17949-TECH_ASIST $4,776,148.00

Total PO Amount 4,776,148.00

Authorized Signature

Richard J Geisenberger

Purchase Order

Dispatch via Print

Purchase Order	Date	Revision	Page
0000582411	01/07/2022		1
Payment Terms	**Freight Terms**		**Ship Via**
DUE NOW	Destination		Common Carrier
Buyer	**Phone/Email**		**Currency**
DELETE - Lee,Shirley A			USD

STATE OF DELAWARE

Division of Accounting
Department of Finance
820 Silver Lake Boulevard Suite 200
Dover DE 19904
United States

Supplier: 0000621325
RANDOM RUBBER CHICKEN
9702 GARY AVE
LUBBOCK TX 79423

Ship To: SHS001
Delaware Emergency Management Agency (DEMA)
Department of Safety and Homeland Security
165 Brick Store Landing RD
Smyrna DE 19977
United States

Attention: Not Specified

Bill To: Delaware Emergency Management Agency (DEMA)
Department of Safety and Homeland Security
165 Brick Store Landing RD
Smyrna DE 19977
United States

Conditions and Instructions to Supplier:
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Tax Exempt ID: 516000279 **Replenishment Option:** Standard

Line-Sch	Item/Description	Mfg ID	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	FlowFlex Covid Test Kits (1 Kit per box) & Shipping		1.00 EA	2,383,328.00	0.00	**CLOSED**
			Schedule Total		0.00	
			Item Total		0.00	
2- 1	CareStart COVID-19 Antigen Home Test (2 Kits Per Box) & Shipping		1.00 EA	2,392,820.00	0.00	**CLOSED**
			Schedule Total		0.00	
			Item Total		0.00	

Line #1 298,216.00 FlowFlex Covid Test Kits (1 Kit per box) $8.00/box $2,377,728.00 & $5,600.00 Shipping
Line #2 88,160 Boxes CareStart COVID-19 Antigen Home Test (2 Kits Per Box) $27/box $2,380,320.00 & $12,500.00 Shipping

2021-225-40924-56128-ARP21-10000-17949-TECH_ASIST $4,776,148.00

Total PO Amount 0.00

Unauthorized

PO #582411

Lee, Shirley (DEMA)

From: Cordell, Frances (DEMA)
Sent: Friday, January 7, 2022 1:03 PM
To: Lee, Shirley (DEMA)
Subject: FW: COVID test kit pricing

Switch-MessageId: 55525d24c7a3485cb98ad72597a5e88d

Can you please change PO 582335 to the items and amounts listed below. If you can't delete the lines we won't use just reduce to $1 for now.

Thank you,
Frances Cordell

From: Holleger, Wes (DHSS) <Wes.Holleger@delaware.gov>
Sent: Friday, January 7, 2022 12:56 PM
To: Cordell, Frances (DEMA) <frances.cordell@delaware.gov>
Cc: Lafond, Kate (DHSS) <Kate.Lafond@delaware.gov>
Subject: RE: COVID test kit pricing

This is the result of shipment allocations for the first PO you made – they were unable to do Abbott and iHealth so I requested they move the budget to Flowflex. Looks like that upped the price of PO a few hundred $.

The second item Dr. Hong said we should order (we can either get the full 19 pallets or 0 pallets) so they would like to put it on the same PO as what you created via a change order. They also added the shipping costs.

So in summary – yes we would like to order all of these if possible using your funding. I'll add this to the main thread now I have computer back.

From: Cordell, Frances (DEMA) <frances.cordell@delaware.gov>
Sent: Friday, January 7, 2022 12:51 PM
To: Holleger, Wes (DHSS) <Wes.Holleger@delaware.gov>
Cc: Lafond, Kate (DHSS) <Kate.Lafond@delaware.gov>
Subject: RE: COVID test kit pricing

Are these being ordered or just what is available?

From: Holleger, Wes (DHSS) <Wes.Holleger@delaware.gov>
Sent: Friday, January 7, 2022 12:44 PM
To: Cordell, Frances (DEMA) <frances.cordell@delaware.gov>
Cc: Lafond, Kate (DHSS) <Kate.Lafond@delaware.gov>
Subject: Fwd: COVID test kit pricing

Frances, wanted to send this to you directly first since I'm having computer issues and can't send this quote to the thread right now

WES HOLLEGER
Laboratory Deputy Director
Division of Public Health Laboratory
Delaware Department of Health and Social Services
30 Sunnyside Road, Smyrna, DE 19977
Cell (Calls ONLY): (302)-612-7601
Desk: (302) 223-1257 Main: (302) 223-1520
Wes.Holleger@Delaware.gov

From: J Dixon <RRCWholesale@outlook.com>
Sent: Friday, January 7, 2022 12:42:39 PM
To: Holleger, Wes (DHSS) <Wes.Holleger@delaware.gov>
Cc: Lafond, Kate (DHSS) <Kate.Lafond@delaware.gov>; The FreeMind Group <nate@thefreemindgroup.com>
Subject: COVID test kit pricing

Good afternoon,
Please see below for the Flowflex and CARESTART COVID OTC test kit purchase.
This quote includes shipping to your dock.

Total units: 297,216.00
Brand: FlowFlex Covid Test Kits (1 Kit per box)
Case qty: 288 Kits
Cost per Unit: $8.00
Total cost for units: $2,377,728.00
Shipping LTL Estimate on 24 pallets (48"x40"x72" at 615lbs) Zip Code 94016 to 19977: $5600

Total units: 88,160 Boxes CareStart COVID-19 Antigen Home Test (2 Kits Per Box)
Brand: CareStart COVID-19 Antigen Home Test (2 Kits Per Box)
Cost per Unit$27
Total cost for units: $2,380,320.00
Shipping LTL Estimate on 19 pallets Zip Code 77054 to 19977 (48"x40"x80" at 600lbs): $12,500

Total Cost including Shipping: $4,776,148

Let us know of any questions we appreciate your assistance,

DUNS: 117642385 CAGE: 8QJS2

Jesse and Angela Dixon
[redacted]
RRCWholesale@outlook.com

RANDOM RUBBER CHICKEN

Unique Entity ID	CAGE / NCAGE	Purpose of Registration
NVP2LSMN3TB6	**8QJS2**	**All Awards**
Registration Status	Expiration Date	
Active Registration	**Jul 21, 2023**	
Physical Address	Mailing Address	
9702 Gary AVE **Lubbock, Texas 79423-4011** **United States**	**9702 Gary AVE** **Lubbock, Texas 79423-4011** **United States**	

Business Information

Doing Business as	Division Name	Division Number
(blank)	**(blank)**	**(blank)**
Congressional District	State / Country of Incorporation	URL
Texas 19	**Texas / United States**	**www.rrcwholesale.com**

Registration Dates

Activation Date	Submission Date	Initial Registration Date
Jul 22, 2022	**Jul 21, 2022**	**Aug 31, 2020**

Entity Dates

Entity Start Date	Fiscal Year End Close Date
Jan 23, 2019	**Jan 20**

Immediate Owner

CAGE	Legal Business Name
(blank)	**(blank)**

Highest Level Owner

CAGE	Legal Business Name
(blank)	**(blank)**

Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

Exclusion Summary

Active Exclusions Records?

No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

Entity Structure	Entity Type	Organization Factors
Partnership or Limited Liability Partnership	**Business or Organization**	**(blank)**
Profit Structure		
For Profit Organization		

Socio-Economic Types

Self Certified Small Disadvantaged Business
Woman Owned Small Business
Woman Owned Business

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Financial Information

Accepts Credit Card Payments	Debt Subject To Offset
No	**No**

EFT Indicator	CAGE Code
0000	**8QJS2**

Points of Contact

Electronic Business

Jesse Dixon, General Partner

9702 Gary AVE
Lubbock , Texas 79423
United States

Government Business

Jesse Dixon, General Partner

9702 Gary AVE
Lubbock , Texas 79423
United States

Service Classifications

NAICS Codes

Primary	NAICS Codes	NAICS Title
Yes	**425120**	**Wholesale Trade Agents And Brokers**

Disaster Response

This entity does not appear in the disaster response registry.

Division of Accounting

STATE OF DELAWARE
Emergency Purchase Justification

*Required

*Date: 1/6/2022 *Name of Requestor: Frances Cordell Phone #: (302) 659-2244

*Organization: DEMA *Dept ID: 450130 *Requestor's email: frances.cordell@delaware.gov

Explanation of Emergency:

Delaware State of Emergency for COVID 19. Resources needed are difficult to source with limited quantities available and a very limited time to acquire. Testing is crucial to managing outbreak of pandemic.

Description of Goods and Services to be Purchased:

Purchasing 50,000 each of iHealth COVID19 Rapid Antigen test 2-pack $13.75, Flowflex COVID19 Antigen Home test $7.50, and Abbott BinaxNOW COVID19 Antigen self-test 2-pack $25.50 with prices changing daily through vendor RCC Wholesale to manage increased COVID testing. PO 582335 created for new vendor # 621325 and may purchase additional tests as needed. ($2,337,500.00)

APPROVALS

AGENCY HEAD SIGNATURE

01052022
DATE

INTERNAL USE ONLY

☐ Entered in System Date: ☐ Direct Claim Voucher #: ☐ Purchase Order #:

Entered By: Date:

Purchase Order

Dispatch via Print

Purchase Order	Date	Revision	Page
0000582335	01/06/2022	1 - 01/07/2022	1

Payment Terms	Freight Terms	Ship Via
DUE NOW	Destination	Common Carrier

Buyer	Phone/Email	Currency
DELETE - Lee,Shirley A		USD

STATE OF DELAWARE

Division of Accounting
Department of Finance
820 Silver Lake Boulevard Suite 200
Dover DE 19904
United States

Supplier: 0000621325
RANDOM RUBBER CHICKEN
9702 GARY AVE
LUBBOCK TX 79423

Ship To: SHS001
Delaware Emergency Management Agency (DEMA)
Department of Safety and Homeland Security
165 Brick Store Landing RD
Smyrna DE 19977
United States

Attention: Not Specified

Bill To: Delaware Emergency Management Agency (DEMA)
Department of Safety and Homeland Security
165 Brick Store Landing RD
Smyrna DE 19977
United States

Conditions and Instructions to Supplier:
1. Acceptance of this Purchase Order is agreement to accept payment by credit card, ACH, SUA or by check at the State`s option.
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3. This order and the performance thereof shall be construed and governed in accordance with the laws of the State of Delaware.
4. Separate invoices must be submitted for each order.
5. Any price changes must be agreed to by the Ordering Agency prior to submitting invoices.
6. Purchase Order is not valid unless signed by the Secretary of the Department of Finance or designee.

Tax Exempt ID: 516000279 **Replenishment Option:** Standard

Line-Sch	Item/Description	Mfg ID	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	Health COVID-19 Rapid Antigen Test Kit (2-pack) 50,000 kits $13.75		1.00 EA	**1.00**	0.00	**CLOSED**
			Schedule Total		0.00	
			Item Total		0.00	
2- 1	Flowflex COVID-19 Antigen Home Test (1-pack) 50,000 kits x $7.50		1.00 EA	**1.00**	0.00	**CLOSED**
			Schedule Total		0.00	
			Item Total		0.00	
3- 1	Abbott BinaxNOW COVID-19 Antigen Self Test Kit (2-pack) 50,000 kits x $25.50		1.00 EA	**1.00**	0.00	**CLOSED**
			Schedule Total		0.00	
			Item Total		0.00	
4- 1	**FlowFlex Covid Test Kits (1 Kit per box)**		**1.00 EA**	**2,377,728.00**	0.00	**CLOSED**
			Schedule Total		0.00	

Unauthorized

Purchase Order

Dispatch via Print

Purchase Order	Date	Revision	Page
0000582335	01/06/2022	1 - 01/07/2022	2

Payment Terms	Freight Terms	Ship Via
DUE NOW	Destination	Common Carrier

Buyer	Phone/Email	Currency
DELETE - Lee,Shirley A		USD

STATE OF DELAWARE
Division of Accounting
Department of Finance
820 Silver Lake Boulevard Suite 200
Dover DE 19904
United States

Supplier: 0000621325
RANDOM RUBBER CHICKEN
9702 GARY AVE
LUBBOCK TX 79423

Ship To: SHS001
Delaware Emergency Management Agency (DEMA)
Department of Safety and Homeland Security
165 Brick Store Landing RD
Smyrna DE 19977
United States

Attention: Not Specified

Bill To: Delaware Emergency Management Agency (DEMA)
Department of Safety and Homeland Security
165 Brick Store Landing RD
Smyrna DE 19977
United States

Tax Exempt ID: 516000279 **Replenishment Option:** Standard

Line-Sch	Item/Description	Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date
			Item Total			0.00	
5- 1	**88,160 Boxes CareStart COVID-19 Antigen Home Test (2 Kits Per Box)**		**1.00**	**EA**	**2,380,320.00**	0.00	**CLOSED**
			Schedule Total			0.00	
			Item Total			0.00	
6- 1	**Shipping Costs**		**1.00**	**EA**	**18,100.00**	0.00	**CLOSED**
			Schedule Total			0.00	
			Item Total			0.00	

Line #1 iHealth COVID-19 Rapid Antigen Test Kit (2-pack) 50,000 kits $13.75
2020-225-40924-56128-ARP21-10000-17949-TECH_ASIST $687,500.00
Line #2 Flowflex COVID-19 Antigen Home Test (1-pack) 50,000 kits x $7.50
2020-225-40924-56128-ARP21-10000-17949-TECH_ASIST $375,000.00
Line #3 Abbott BinaxNOW COVID-19 Antigen Self Test Kit (2-pack) 50,000 kits x $25.50
2020-225-40924-56128-ARP21-10000-17949-TECH_ASIST $1,275,000.00

Change Order #1
Line #1 Reduce to $1
Line #2 Reduce to $1
Line #3 Reduce to $1
Add Line #4 298,216.00 FlowFlex Covid Test Kits (1 Kit per box) $8.00/box $2,377,728.00
Add Line #5 Add Line #6 88,160 Boxes CareStart COVID-19 Antigen Home Test (2 Kits Per Box) $27/box $2,380,320.00
Add Line #7 Shipping $18,100.00
2021-225-40924-56128-ARP21-10000-17949-TECH_ASIST $4,758,050.00

Unauthorized

Purchase Order

Dispatch via Print

Purchase Order	Date	Revision	Page
0000582335	01/06/2022	1 - 01/07/2022	3

Payment Terms	Freight Terms	Ship Via
DUE NOW	Destination	Common Carrier

Buyer	Phone/Email	Currency
DELETE - Lee,Shirley A		USD

STATE OF DELAWARE

Division of Accounting
Department of Finance
820 Silver Lake Boulevard Suite 200
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United States

Supplier: 0000621325
RANDOM RUBBER CHICKEN
9702 GARY AVE
LUBBOCK TX 79423

Ship To: SHS001
Delaware Emergency Management Agency (DEMA)
Department of Safety and Homeland Security
165 Brick Store Landing RD
Smyrna DE 19977
United States

Attention: Not Specified

Bill To: Delaware Emergency Management Agency (DEMA)
Department of Safety and Homeland Security
165 Brick Store Landing RD
Smyrna DE 19977
United States

Tax Exempt ID: 516000279 **Replenishment Option:** Standard

Line-Sch	Item/Description	Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date

2021-225-40924-55103-ARP21-10000-17949-TECH_ASIST $18,100.00

Total PO Amount 0.00

Unauthorized

From:	Lafond, Kate (DHSS)
To:	Cordell, Frances (DEMA); Holleger, Wes (DHSS); Schall, A J (DEMA); Webb, Crystal M. (DHSS); Hainsworth, Diane (DHSS)
Cc:	Hong, Rick (DHSS)
Subject:	RE: Quote: Covid Tests
Date:	Thursday, January 6, 2022 1:20:26 PM
Attachments:	C877D68EE61B47FFA73AB6BCA2B66FAD.png 3A3CF18B0ACF401A820A669B790886A3.png

The total for the email quote below is $2,337,500. Should I request a pdf quote for the order?

Kate Lafond
Budget Analyst
Delaware Department of Health and Social Services
Division of Public Health
Delaware Public Health Laboratory
Kate.Lafond@Delaware.gov
C (603) 425-8972

From: Cordell, Frances (DEMA)
Sent: Thursday, January 6, 2022 11:56 AM
To: Holleger, Wes (DHSS); Schall, A J (DEMA); Webb, Crystal M. (DHSS); Hainsworth, Diane (DHSS)
Cc: Hong, Rick (DHSS); Lafond, Kate (DHSS)
Subject: RE: Quote: Covid Tests

The supplier account is complete and I have the ID number. What amount are we encumbering?

Thank you,
Frances Cordell

From: Cordell, Frances (DEMA) <frances.cordell@delaware.gov>
Sent: Thursday, January 6, 2022 8:43 AM
To: Holleger, Wes (DHSS) <Wes.Holleger@delaware.gov>; Schall, A J (DEMA) <a.j.schall@delaware.gov>; Webb, Crystal M. (DHSS) <crystal.webb@delaware.gov>; Hainsworth, Diane (DHSS) <Diane.Hainsworth@delaware.gov>
Cc: Hong, Rick (DHSS) <Rick.Hong@delaware.gov>; Lafond, Kate (DHSS) <Kate.Lafond@delaware.gov>
Subject: Re: Quote: Covid Tests

Good morning,

DOA is awaiting IRS confirmation for the vendor. As soon as that is completed they will approve and send me the supplier ID.

Thank you,
Frances

From: Holleger, Wes (DHSS) <Wes.Holleger@delaware.gov>
Sent: Wednesday, January 5, 2022 5:04 PM
To: Cordell, Frances (DEMA) <frances.cordell@delaware.gov>; Schall, A J (DEMA) <a.j.schall@delaware.gov>; Webb, Crystal M. (DHSS) <crystal.webb@delaware.gov>; Hainsworth, Diane (DHSS) <Diane.Hainsworth@delaware.gov>
Cc: Hong, Rick (DHSS) <Rick.Hong@delaware.gov>; Lafond, Kate (DHSS) <Kate.Lafond@delaware.gov>

Subject: RE: Quote: Covid Tests

Sorry for the delay
RRC Distributors:
Jesse Dixon
Partner
[redacted]
rrcwholesale@outlook.com
www.rrcwholesale.com

From: Cordell, Frances (DEMA) <frances.cordell@delaware.gov>
Sent: Wednesday, January 5, 2022 4:20 PM
To: Schall, A J (DEMA) <a.j.schall@delaware.gov>; Webb, Crystal M. (DHSS) <crystal.webb@delaware.gov>; Holleger, Wes (DHSS) <Wes.Holleger@delaware.gov>; Hainsworth, Diane (DHSS) <Diane.Hainsworth@delaware.gov>
Cc: Hong, Rick (DHSS) <Rick.Hong@delaware.gov>; Lafond, Kate (DHSS) <Kate.Lafond@delaware.gov>
Subject: RE: Quote: Covid Tests

DOA is saying they don't have anything yet. Is there someone at the company I can contact?

From: Schall, A J (DEMA) <a.j.schall@delaware.gov>
Sent: Wednesday, January 5, 2022 3:14 PM
To: Webb, Crystal M. (DHSS) <crystal.webb@delaware.gov>; Cordell, Frances (DEMA) <frances.cordell@delaware.gov>; Holleger, Wes (DHSS) <Wes.Holleger@delaware.gov>; Hainsworth, Diane (DHSS) <Diane.Hainsworth@delaware.gov>
Cc: Hong, Rick (DHSS) <Rick.Hong@delaware.gov>; Lafond, Kate (DHSS) <Kate.Lafond@delaware.gov>
Subject: RE: Quote: Covid Tests

Adding Frances.

From: Webb, Crystal M. (DHSS) <crystal.webb@delaware.gov>
Sent: Wednesday, January 5, 2022 3:13 PM
To: Holleger, Wes (DHSS) <Wes.Holleger@delaware.gov>; Schall, A J (DEMA) <a.j.schall@delaware.gov>; Hainsworth, Diane (DHSS) <Diane.Hainsworth@delaware.gov>
Cc: Hong, Rick (DHSS) <Rick.Hong@delaware.gov>; Lafond, Kate (DHSS) <Kate.Lafond@delaware.gov>
Subject: RE: Quote: Covid Tests

Maybe AJ can speed up things with DOA?

Crystal

From: Holleger, Wes (DHSS) <Wes.Holleger@delaware.gov>
Sent: Wednesday, January 5, 2022 3:12 PM
To: Schall, A J (DEMA) <a.j.schall@delaware.gov>; Webb, Crystal M. (DHSS) <crystal.webb@delaware.gov>; Hainsworth, Diane (DHSS) <Diane.Hainsworth@delaware.gov>
Cc: Hong, Rick (DHSS) <Rick.Hong@delaware.gov>; Lafond, Kate (DHSS) <Kate.Lafond@delaware.gov>
Subject: RE: Quote: Covid Tests

Good afternoon AJ,

We are getting them registered at this time and that takes some time with DOA – they did follow up saying they submitted. I don't see it in the system. Quote is the email below – no formal PDF sent to me. Do you need it?

From: Schall, A J (DEMA) <a.j.schall@delaware.gov>
Sent: Wednesday, January 5, 2022 3:02 PM
To: Webb, Crystal M. (DHSS) <crystal.webb@delaware.gov>; Holleger, Wes (DHSS) <Wes.Holleger@delaware.gov>; Hainsworth, Diane (DHSS) <Diane.Hainsworth@delaware.gov>
Cc: Hong, Rick (DHSS) <Rick.Hong@delaware.gov>; Lafond, Kate (DHSS) <Kate.Lafond@delaware.gov>
Subject: RE: Quote: Covid Tests

Are they in the system? Do we have a quote?

From: Webb, Crystal M. (DHSS) <crystal.webb@delaware.gov>
Sent: Wednesday, January 5, 2022 2:48 PM
To: Holleger, Wes (DHSS) <Wes.Holleger@delaware.gov>; Hainsworth, Diane (DHSS) <Diane.Hainsworth@delaware.gov>
Cc: Hong, Rick (DHSS) <Rick.Hong@delaware.gov>; Lafond, Kate (DHSS) <Kate.Lafond@delaware.gov>; Schall, A J (DEMA) <a.j.schall@delaware.gov>
Subject: RE: Quote: Covid Tests

AJ?

Crystal

From: Holleger, Wes (DHSS) <Wes.Holleger@delaware.gov>
Sent: Wednesday, January 5, 2022 2:40 PM
To: Webb, Crystal M. (DHSS) <crystal.webb@delaware.gov>; Hainsworth, Diane (DHSS) <Diane.Hainsworth@delaware.gov>
Cc: Hong, Rick (DHSS) <Rick.Hong@delaware.gov>; Lafond, Kate (DHSS) <Kate.Lafond@delaware.gov>
Subject: Fwd: Quote: Covid Tests

Crystal, Diane,

This has been the success we have had so far. I'm not sure how much of these tests you wanted to order. This is the quote we received. They were hoping to hear back from us today. They might be able to get Binax but for context their markup on Binax OTC is $60 for the overall 6-pack kit.

WES HOLLEGER

Laboratory Deputy Director

Division of Public Health Laboratory

Delaware Department of Health and Social Services

30 Sunnyside Road, Smyrna, DE 19977

Cell (Calls ONLY): (302)-612-7601

Desk: (302) 223-1257 Main: (302) 223-1520

Wes.Holleger@Delaware.gov

From: Nate Fochtman <nate@pappesupply.com>
Sent: Tuesday, January 4, 2022 2:13 PM
To: Holleger, Wes (DHSS); Lafond, Kate (DHSS)
Subject: Quote: Covid Tests

Wes -

Please see below for your requested quote.

iHealth COVID-19 Rapid Antigen Test Kit (2-pack)
***Landing Thursday 1/6, Orders Ship 1-2 business days (Expedited Shipping Available)*
Quote Request - 50,000 kits
Price Per Kit (2PK) - $13.75
Shipping - Included

Flowflex COVID-19 Antigen Home Test (1-pack)
***Landing Thursday 1/13, Orders Ship 3-4 business days (Expedited Shipping Available)*
Quote Request - 50,000 kits
Price Per Kit (1PK) - $7.50
Shipping - FOB CA

Abbott BinaxNOW COVID-19 Antigen Self Test Kit (2-pack)
Quote Request - 50,000 kits
Price Per Kit (2PK) - $25.50
Shipping - FOB FL

Thanks,
Nate

--
Nate Fochtman
Sales Director & Founder
Cell - 717.680.2273

Nate's LinkedIn Profile
Nate's Meeting Scheduler
Click for PPE Inquiries

PO #582411

Lee, Shirley (DEMA)

From: Cordell, Frances (DEMA)
Sent: Friday, January 7, 2022 1:03 PM
To: Lee, Shirley (DEMA)
Subject: FW: COVID test kit pricing

Switch-MessageId: 55525d24c7a3485cb98ad72597a5e88d

Can you please change PO 582335 to the items and amounts listed below. If you can't delete the lines we won't use just reduce to $1 for now.

Thank you,
Frances Cordell

From: Holleger, Wes (DHSS) <Wes.Holleger@delaware.gov>
Sent: Friday, January 7, 2022 12:56 PM
To: Cordell, Frances (DEMA) <frances.cordell@delaware.gov>
Cc: Lafond, Kate (DHSS) <Kate.Lafond@delaware.gov>
Subject: RE: COVID test kit pricing

This is the result of shipment allocations for the first PO you made – they were unable to do Abbott and iHealth so I requested they move the budget to Flowflex. Looks like that upped the price of PO a few hundred $.

The second item Dr. Hong said we should order (we can either get the full 19 pallets or 0 pallets) so they would like to put it on the same PO as what you created via a change order. They also added the shipping costs.

So in summary – yes we would like to order all of these if possible using your funding. I'll add this to the main thread now I have computer back.

From: Cordell, Frances (DEMA) <frances.cordell@delaware.gov>
Sent: Friday, January 7, 2022 12:51 PM
To: Holleger, Wes (DHSS) <Wes.Holleger@delaware.gov>
Cc: Lafond, Kate (DHSS) <Kate.Lafond@delaware.gov>
Subject: RE: COVID test kit pricing

Are these being ordered or just what is available?

From: Holleger, Wes (DHSS) <Wes.Holleger@delaware.gov>
Sent: Friday, January 7, 2022 12:44 PM
To: Cordell, Frances (DEMA) <frances.cordell@delaware.gov>
Cc: Lafond, Kate (DHSS) <Kate.Lafond@delaware.gov>
Subject: Fwd: COVID test kit pricing

Frances, wanted to send this to you directly first since I'm having computer issues and can't send this quote to the thread right now

WES HOLLEGER
Laboratory Deputy Director
Division of Public Health Laboratory
Delaware Department of Health and Social Services
30 Sunnyside Road, Smyrna, DE 19977
Cell (Calls ONLY): (302)-612-7601
Desk: (302) 223-1257 Main: (302) 223-1520
Wes.Holleger@Delaware.gov

From: J Dixon <RRCWholesale@outlook.com>
Sent: Friday, January 7, 2022 12:42:39 PM
To: Holleger, Wes (DHSS) <Wes.Holleger@delaware.gov>
Cc: Lafond, Kate (DHSS) <Kate.Lafond@delaware.gov>; The FreeMind Group <nate@thefreemindgroup.com>
Subject: COVID test kit pricing

Good afternoon,
Please see below for the Flowflex and CARESTART COVID OTC test kit purchase.
This quote includes shipping to your dock.

Total units: 297,216.00
Brand: FlowFlex Covid Test Kits (1 Kit per box)
Case qty: 288 Kits
Cost per Unit: $8.00
Total cost for units: $2,377,728.00
Shipping LTL Estimate on 24 pallets (48"x40"x72" at 615lbs) Zip Code 94016 to 19977: $5600

Total units: 88,160 Boxes CareStart COVID-19 Antigen Home Test (2 Kits Per Box)
Brand: CareStart COVID-19 Antigen Home Test (2 Kits Per Box)
Cost per Unit$27
Total cost for units: $2,380,320.00
Shipping LTL Estimate on 19 pallets Zip Code 77054 to 19977 (48"x40"x80" at 600lbs): $12,500

Total Cost including Shipping: $4,776,148

Let us know of any questions we appreciate your assistance,

Random Rubber Chicken
DEALS TO SQUAWK ABOUT

DUNS: 117642385 CAGE: 8QJS2

Jesse and Angela Dixon
Owners
(806)778-6780
rrcwholesale@outlook.com

RRC Wholesale
9702 Gary Ave
LubbockLUbbock, TX 79423 US
rrcwholesale@outlook.com

Random Rubber Chicken
DEALS TO SQUAWK ABOUT

Packing Slip

SOLD TO	SHIP TO			INVOICE	
Shirley A Lee	Shirley A Lee	SHIPPING	Common		0000582411
The State Of Delaware	The State Of Delaware	TRACKING #	TBD	DATE	01/07/2022
165 Brick Store Landing RD	165 Brick Store Landing RD				
Smyrna, DE 19977	Smyrna, DE 19977				

DATE		DESCRIPTION	QTY
01/07/2022	FLOWFLEX covid test kit(1 Test per kit)	FlowFlex Covid Test Kits (over the counter quick test) 1 test per kit	297,216 ✓ Received
01/07/2022	Shipping and delivery	Shipping for wholesale truckload purchase Drivers DO NOT unload trucks	1
01/07/2022	CareStart COVID-19 Antigen OTC	CareStart COVID-19 Antigen Home Test (2 Kits Per Box)	88,160 ✓ Received
01/07/2022	Shipping and delivery	Shipping for wholesale truckload purchase Drivers DO NOT unload trucks	1

See Attached
Timothy Sexton
3/8/22

NOTE TO SHIPPER ▶ FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PAGE_____of_____

STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

ABF Freight
P.O. BOX 10048
FORT SMITH, AR 72917
800-610-5544
or visit: abf.com

AFTER PRINTING, PLACE PRO LABEL HERE

SHIPPER RETAINS THIS COPY

Shipper's Bill of Lading No.

Consignee's Reference / PO No.

Bill of Lading Date: 2/22/2022

SHIP FROM ▼

Shipper Name: Random Rubber Chicken

Origin Street Address

Origin City | State | Zip Code

Phone Number(s)

SHIP TO ▼

*For **Collect On Delivery** shipments, the letters "COD" must appear before consignee's name or as otherwise provided in item 430, Sec. 1.*

Consignee Name: [redacted]

BILL CHARGES TO ▼

Name

Street Address

City | State | Zip Code

Phone Number(s) | Attn:

Special Instructions

C.O.D. ▼

☐ Collect On Delivery $ ▶ — To be paid by — Shipper☐ Consignee☐

Remit to

Street Address

City | State | Zip Code

Signed *Carrier must collect cash, money order, bank cashier's check, or bank-certified check unless shipper signs here to accept company check.*

Freight charges are PREPAID unless marked collect

CHECK BOX IF COLLECT ☐

FOR FREIGHT COLLECT SHIPMENTS – If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges: _____

HDLG UNITS NO./TYPE	PACKAGES NO./TYPE	* HM	Kind of Package, Description or Articles, Special Marks and Exceptions *(subject to correction)*	WEIGHT/LBS. *(Subj. to Correction)*	CLASS/RATE REF. *(For Info. Only)*	CUBE FT. *(Optional)*
19 PLT 1 PLT			FLOFLEX 19 Pallets Medical Supplies- 48x40x72 1 Pallet Medical Supplies- 48x40x72 COV20200053 IIII 2/7/23 COV20200032 HHT HHT HHT : 2/4/23 2 tests per kit 210 kits per case 25 cases per pallet 19 Full pallets 1 partial pallet of 12cs + 1 partial cs of 88 kits Reed Chris Foster 3/7/22 Steven Clark 102358 kits tests 264716	14000 430		

TOTAL HANDLING PIECES: 20	INDIVIDUAL PIECES: 20	WEIGHT: 14430 (LBS)	CUBE: (FT³)

* Mark "X" to designate Hazardous Materials as defined in DOT regulations.

Notify if problem en route or delivery (for informational purposes only):

Name | Tel No. | Fax No.

NOTE (1) Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding $_____ per _____."

NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A)(B).

NOTE (3) Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Sec. (2)e of NMFC item 360.

SHIPPER

AUTHORIZED SIGNATURE *(REQUIRED)*

ADDITIONAL SERVICES REQUESTED ▶ ☐ SECURED SHIPMENT DIVIDERS ☐ CURBSIDE ☐ THRESHOLD ☐ ROOM OF CHOICE ☐ WHITE GLOVE ☐ ASSEMBLY/INSTALL

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. Every service to be performed hereunder shall be subject to all terms and conditions of the uniform bill of lading set forth in the National Motor Freight Classification. The shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. See Item 780-1 ABF 111 rules for general liability limitations and for additional coverage available at additional expense.

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation. Additionally, by signature on this bill of lading, Shipper authorizes consent to the Transportation Security Administration (TSA) to screen the shipment when transportation of the shipment requires movement via an air carrier.

TRAILER NUMBER | SHIPPER LOAD & COUNT (SLC) ☐

CARRIER **ABF FREIGHT SYSTEM, INC.**

PER | DATE

Driver signature only acknowledges receipt of freight.

ABF Freight

www.arcb.com/abf

An ArcBest Company TERMINAL 610-494-7110 03/01/22 06:52

SHIPPER'S NO. NS CRN 006000309908634

PICK UP DATE	CODE TO	P.O. NO.	NO. OF P.O.'S=	ROUTING		FREIGHT BILL NO.
02/22/22	185D	NS	1	32	SHV-CES	006646911A

SHIPPER
RANDOM RUBBER CHICKEN

9702 GARY AVE
LUBBOCK TX 79423

CONSIGNEE 000000-0000
DELAWARE DEPT OF HEALTH
[redacted]EDNESS

PIECES	H M	DESCRIPTION	WEIGHT (LBS.)	RATE	CHARGES
1 PLT		MEDICAL SUPPLIES CL 100 TO CLEAR SHORTAGE OF ORIGINAL PRO / PRICING QUOTE	400 CLR PQ		
		// FUEL SURCHARGE	FSC		
		ABF MEASURED CUBE: 80.000 CUFT SHIPPER CUBE: 1040.000 CUFT PQ SCHEDULE NO: LZTRHV0522			
1		TOTALS FREIGHT BILL NO 006646911A	400		

Delivered 8 Boxes & 1 Partial Box

BILL TO | COD AMOUNT | RB TAR ABF504 OZIP 71106 DZIP 19904 SPEC. HAND. | PAY THIS AMOUNT

CMA ABF

REV | REC | PAY | REMIT TO

CUBE 0080 DELIVERY DUE MON 02/28 | PRIOR PRO DATE

DELIVERY DATE | DRIVER CUST HELP UNLD? Y_ N_ | "YOUR ACCEPTANCE OF DELIVERY IS SUBJECT TO ABF 111 SERIES TERMS." CONSIGNEE | X BY (CUSTOMER'S SIGNATURE)

FLOWFLEX

8 bx of 300 = 2400 kits
1 partial bx = 100 kits
2500

Lot - COV2010061
exp - 1/26/23

Reed
Steven Clark
3/1/22

555853

ABF Freight
An ArcBest Company
www.arcb.com/abf

CORR = A

TERMINAL 610-494-7110
02/28/22 07:22

SHIPPER'S NO. NS
CRN 006000309908634

PICK UP DATE	CODE TO	P.O. NO.	NO. OF P.O.'S=	ROUTING	FREIGHT BILL NO.
02/22/22	185D	NS	1	32 SHV-CES	006646911

SHIPPER
RANDOM RUBBER CHICKEN

9702 GARY AVE
LUBBOCK TX 79423

CONSIGNEE 000000-0000
DELAWARE DEPT OF HEALTH
[redacted]REDNESS

PIECES	HM	DESCRIPTION		RATE	CHARGES
13 PLT		TOTAL IND PIECES: 13 OF 13 PC MEDICAL SUPPLIES CL 100	8,825		
		FRT CAN T BE LDD ON TOP OF THIS SHPMT / PRICING QUOTE	PQ		
		FRT CAN'T BE LDD ON TOP OF THIS SHPMT	NFOT		
		// FUEL SURCHARGE /W02/AUTH:Reweigh - See W&R /certificate for details.//	FSC		
		SHIPPER CUBE: 1040.000 CUFT PQ SCHEDULE NO: LZTRHV0522B			
13		TOTALS FREIGHT BILL NO 006646911	8,825	PREPAID	

BILL TO

COD AMOUNT

RB
TAR DPQ
OZIP 71106
DZIP 19904
SPEC. HAND.

PAY THIS AMOUNT

REV | REC | PAY

REMIT TO

CUBE 1040
DELIVERY DUE MON 02/28
PRIOR PRO DATE

DELIVERY DATE

DRIVER
CUST HELP UNLD? Y_ N_

"YOUR ACCEPTANCE OF DELIVERY IS SUBJECT TO ABF 111 SERIES TERMS."
CONSIGNEE
X
BY (CUSTOMER'S SIGNATURE)

Driver made note that delivery was 1 pallet short, called back to his side

12 pallets
90,000 tests

Steven Clark
2/28/22

Lot - CON2010061
Exp - 1/25/2023

1 Box discovered damaged
4 kits inside damaged, 1 unusable

ESTES P.O. Box 25612, Richmond, VA 23260
www.estes-express.com

CONSIGNEE COPY

EXLA

DATE	ORIGIN	DESTINATION	P.O.#
01/25/22	EDI 006	WLP 027	020085741

SHIPPER B/L OR GBL NUMBER	ESTES REV.	ADV. REV.	BYD. REV.
[illegible]			

006-3252000

PRO NUMBER 222

ROUTE (CARRIERS F/B #, DATE AND INTERCHANGE POINTS)
A B C D E F G H
Y Y Y Y Y Y N N

CONSIGNEE 2700777
DELAWARE EMERGENCY MANAGEMENT
[illegible] RD STE A
[illegible] WAREHOUSE

DOVER, DE 19904

BILL CHARGES TO 3003194
ADVANCE TRANSPORTATION SYSTEMS
CINCINNATI, OH 45215

SHIPPER 0600777
NAVESINK PROTECTIVE EQUIPMENT
11 Edgeboro Road
EAST BRUNSWICK, NJ 08816

S/W SKIDS DEL'D INTACT ______ # SKIDS DEL'D ______ # EMPTY SKIDS RET'D ______
☐ GOOD ORDER ☐ SHORT ☐ OVER ☐ DAMAGE
DESCRIBE EXCEPTIONS:

# PCS.	HM	DESCRIPTION OF ARTICLES AND SPECIAL MARKINGS	WEIGHT/LBS	RATE	TOTAL CHARGES
9	✓	SK SAID TO CONTAIN PC 00009 PC ON SHIPPER WRAPPED SKIDS PC 9PC: TEST KITS DIMS: 48X40X72 443 871 2739 REF# RRC WHOLESALE LIMITED ACCESS ESTES REC'V ON SHRINK WRAPPED SKIDS CFT 720 RATED BY VOLUME DEPT-DON'T CHANGE!! BL---112462256	5,400		PREPAID

9 Pallets TEST KITS
CARESTART TAKE HOME
2/PACKS = 41,760
EXP: 06/2022 LOT# CP22A21
Timothy Sexton 01/25/22

---CONTINUED NEXT PAGE---

FIRM | BY

[illegible] the above property in good condition except as noted above

* Shipments taking more than 30 minutes to load/unload may be subject to additional charges-see back

___ Residential SVC ___ Construction Site ___ Spotted Trailer ___ Curbside SVC ___ Inside Delivery ___ Lift Gate ___ Sort & Seg ___ PC ___ WGT ___

Initial to Acknowledge Receipt of Service(s). Fees May Apply.

Freight Bill Number: 7665647150 **ROTNBR Number:** **DATE:** 01/19/2022

Consignee
[redacted]

Trailer # X13461

Shipper
TEXAS MEDICAL TECHNOLOGY
17007 EVERGREEN PLACE
JEREMY
HACIENDA HEIGHTS
CA 91745 US

FedEx Freight Priority

PIECES	PKG	H/U	HM	DESCRIPTION	WGT(LBS)	NMFC	PCF	CLASS	RATE	TOTAL CHARGES
				215 INCHES PRICING 1103091875-103-0-23 DRK1 INSPECTING TERMINAL 2693 MILES FOR CHARGES 2693 X 3.40 + 643.00 = $ 9799.20 UPDATE PER INSPECTION CAN NOT AUTO RATE MILEAGE RATES APPLIED FXF 100U 390						
10		10		PREPAID - WILL INVOICE THIRD PARTY	5110					

MT

Shane Clark 1/25/22

10 Pallets
232 ×200
46,400 test kits
CARESTART TAKE HOME
2/PACKS 46,400
LOT CP21L35
EXP. 04/2022
Timothy Sexton

BY ACCEPTING THE SHIPMENT, YOU AGREE TO BE FULLY RESPONSIBLE FOR ANY ADDITIONAL APPLICABLE CHARGES FOR DELIVERY SERVICES RENDERED INCLUDING BUT NOT LIMITED TO DETENTION
** CHARGES SUBJECT TO CHANGE **

Bill of Lading Number 0.00

P.O. Number

Page 2 of 2

CONSIGNEE DELIVERY RECEIPT

Delv. Driver & #:

Date:	Arrive:	Depart:
# of Skids:	# of Pcs:	OS&D #:

Shipment received in apparent good order with wrap intact unless otherwise noted.

Received by: ______________________

☐ Over ☐ Damage Exceptions:
☐ Short ☐ Wrap Broken

FedEx Freight

P.O. BOX 840
HARRISON, AR 72602-0840

fedex.com 1.866.393.4585

fedex.com/fastfreight

RANDOM RUBBER CHICKEN

Unique Entity ID	CAGE / NCAGE	Purpose of Registration
NVP2LSMN3TB6	**8QJS2**	**All Awards**
Registration Status	Expiration Date	
Active Registration	**Jul 21, 2023**	
Physical Address	Mailing Address	
9702 Gary AVE **Lubbock, Texas 79423-4011** **United States**	**9702 Gary AVE** **Lubbock, Texas 79423-4011** **United States**	

Business Information

Doing Business as	Division Name	Division Number
(blank)	**(blank)**	**(blank)**
Congressional District	State / Country of Incorporation	URL
Texas 19	**Texas / United States**	**www.rrcwholesale.com**

Registration Dates

Activation Date	Submission Date	Initial Registration Date
Jul 22, 2022	**Jul 21, 2022**	**Aug 31, 2020**

Entity Dates

Entity Start Date	Fiscal Year End Close Date
Jan 23, 2019	**Jan 20**

Immediate Owner

CAGE	Legal Business Name
(blank)	**(blank)**

Highest Level Owner

CAGE	Legal Business Name
(blank)	**(blank)**

Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

Exclusion Summary

Active Exclusions Records?

No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

Entity Structure	Entity Type	Organization Factors
Partnership or Limited Liability Partnership	**Business or Organization**	**(blank)**
Profit Structure		
For Profit Organization		

Socio-Economic Types

Self Certified Small Disadvantaged Business
Woman Owned Small Business
Woman Owned Business

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Financial Information

Accepts Credit Card Payments	Debt Subject To Offset
No	**No**

EFT Indicator	CAGE Code
0000	**8QJS2**

Points of Contact

Electronic Business

Jesse Dixon, General Partner

9702 Gary AVE
Lubbock , Texas 79423
United States

Government Business

Jesse Dixon, General Partner

9702 Gary AVE
Lubbock , Texas 79423
United States

Service Classifications

NAICS Codes

Primary	NAICS Codes	NAICS Title
Yes	**425120**	**Wholesale Trade Agents And Brokers**

Disaster Response

This entity does not appear in the disaster response registry.

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Random Rubber Chicken

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☒ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
9702 Gary Ave

Requester's name and address (optional)

6 City, state, and ZIP code
Lubbock, TX 79423

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
[redacted]

or

Employer identification number
[redacted]

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** ► Angela Dixon **Date** ► 3/14/2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*