

**PARTICIPATING ADDENDUM**  
**WSCA-NASPO COOPERATIVE PURCHASING ORGANIZATION**  
**Breast Pumps (WSCA-NASPO/WIC)**  
**Administered by the State of Washington (hereinafter "Lead State")**

MASTER AGREEMENT  
Medela, Inc  
Master Agreement No: 01910  
(hereinafter "Contractor")

And

Indiana State Department of Health  
(hereinafter "Participating State/Entity")

Page 1 of 3

1. Scope: This addendum covers the *Breast Pump Master Agreement* led by the State of **Washington** for use by state agencies and other entities located in the Participating **State/Entity** authorized by that state's statutes to utilize **state/entity** contracts with the prior approval of the state's chief procurement official.

2. Participation: Use of specific WSCA-NASPO cooperative contracts by agencies, political subdivisions and other entities (including cooperatives) authorized by an individual state's statutes to use **state/entity** contracts are subject to the prior approval of the respective State Chief Procurement Official. Issues of interpretation and eligibility for participation are solely within the authority of the State Chief Procurement Official.

3. Participating State Modifications or Additions to Master Agreement:  
No changes are required. (These modifications or additions apply only to actions and relationships within the Participating Entity.)

4. Lease Agreements: **N/A**

5. Primary Contacts: The primary contact individuals for this Participating Addendum are as follows (or their named successors):

<u>Contractor</u>	
Name	Bonnie Voigt
Address	Medela, Inc., 1101 Corporate Drive, Mchenry, IL 60050-7005
Telephone	(815) 578-2459
Fax	(815) 759-2459
E-mail	<a href="mailto:Bonnie.voigt@medela.com">Bonnie.voigt@medela.com</a>

Participating Entity

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Name	Indiana State Department of Health
Address	2 N. Meridian St. Indianapolis IN 46204
Telephone	(317) 233-7034
Fax	(317) 233-7761
E-mail	<a href="mailto:sgreathouse@isdh.in.gov">sgreathouse@isdh.in.gov</a>

Participating Entity WIC Director

Name	Sarah Renner
Telephone	(317) 234-3513
Email	<a href="mailto:srenner@isdh.in.gov">srenner@isdh.in.gov</a>

Participating Entity Breastfeeding Promotion Coordinator

Name	Crystal Fowler
Telephone	(317) 234-8932
Email	<a href="mailto:crfowler@isdh.in.gov">crfowler@isdh.in.gov</a>

6. Reserved

7. Orders: Any Order placed by a Participating Entity or Purchasing Entity for a Product and/or Service available from this Master Agreement shall be deemed to be a sale under (and governed by the prices and other terms and conditions) of the Master Agreement unless the parties to the Order agree in writing that another contract or agreement applies to such Order.

IN WITNESS WHEREOF, the parties have executed this Addendum as of the date of execution by both parties below.

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 Breast Pumps (WSCA-NASPO/WIC)  
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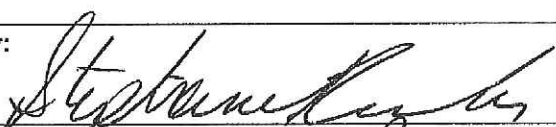
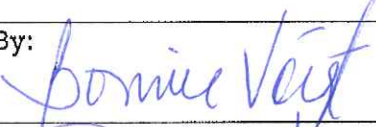
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IN WITNESS WHEREOF, the parties have executed this Addendum as of the date of execution by both parties below.

Participating State: Indiana State Dept. of Health	Contractor: Medela, Inc.
By: 	By: 
Name: Stephanie A. Rencher	Name: Bonnie Voigt
Title: Finance Operations Director	Title: Supervisor of Health Contracts
Date: 7-25-2015	Date: 7/27/15

[Additional signatures as required by Participating State]

For questions on executing a participating addendum, please contact:

WSCA-NASPO

Cooperative Development Coordinator	Tim Hay
Telephone	503-428-5705
E-mail	thay@wsca-naspo.org

**[Please email fully executed PDF copy of this document to  
 PA@wsca-naspo.org to support documentation of participation and  
 posting in appropriate data bases]**