

**Group 20915 Award 23295 - Furniture, All Types (except Hospital Room and Patient Handling)(Statewide)
ATTACHMENT 12 – CONTRACTOR and RESELLER/DISTRIBUTOR INFORMATION
(for ordering and contract administration purposes)**

Contractor/Company Information	
Company Business Name:	Lakeshore Learning Materials, LLC
D/B/A – Doing Business As (if applicable):	
Address:	2695 E. Dominguez Street, Carson, CA 90895
Company Website:	www.LakeshoreLearning.com
Federal Tax ID #:	94-1525814
NYS Vendor ID #:	100009785
Contact for Contract Administration issues	
Contract Administrator Name:	Jennifer Doran
Title:	Director of Bid & Contracts
Address (if different from above):	
Email:	biddept@lakeshorelearning.com
Phone:	(800) 421-5354 ext. 2300
Toll Free Phone:	(800) 421-5354
Contact for Contract Sales/Billing (if different from above)	
Contact Name:	DJ Ultan
Title:	Director of Finance
Address:	2695 E. Dominguez Street, Carson, CA 90895
Email:	ARPayments@lakeshorelearning.com
Phone:	(800) 424-4772
Toll Free Phone:	(800) 421-5354 ext. 2850
Business hours (Specify M-F, Sat, Sun):	M-F, 6:00am - 5:00pm PST. Saturday/Sunday: Closed
Contact for Emergencies	
Contact Name:	Mark Probst
Title:	Regional Director
Address:	2695 E. Dominguez Street, Carson, CA 90895 (Headquarters is based in Carson, California)
Email:	mprobst@lakeshorelearning.com
Phone:	(800) 421-5354
Cell Phone:	(518) 491-9178
Invoicing (Entity information that will appear on invoices, for orders placed directly with the Contractor, if different from Contractor/Company information above)	
Invoicing Entity Company Name:	
Federal Tax ID #:	
NYS Vendor ID #:	
Is payment made to the above Entity/Federal ID#? <i>Note: If yes, the invoicing entity NYS Vendor ID MUST be referenced on Purchase Orders</i>	

Enter the information requested below for each Reseller/Distributor that will provide Product to Authorized Users. In Columns B through E, indicate if the location is a NYS certified Minority- or Women-Owned Business Enterprise, Service-Disabled Veteran Owned Business Division, or a Small Business* (self-identified). In Columns H through J, indicate if the Reseller/Distributor is authorized to take orders, deliver Product, and/or receive payment. If a Reseller/Distributor is allowed to accept payment, they MUST have a NYS Vendor ID.
*A "Small Business" means a business which: (a) is resident in New York State; (b) is independently owned and operated; (c) is not dominant in its field; and, (d) employs one hundred or fewer persons

Company Business Name	WBE	MBE	SDVOB	SB	FEIN	NYS Vendor ID	Take Orders	Deliver Product	Receive Payment	Over-the-Counter Hours	Street Address	City	Zip Code	County	Contact Name	Telephone Number	Fax Number	Email Address	Restrictions Applicable to this Contractor Location
No resellers																			