



## Assignment of Contract # 20150944A

### City of Springfield Assignment of Contract Tracer Log

**INSTRUCTIONS:** Upon receipt, please initial and write in the date of receipt on this Tracer form. When your department has approved and signed the blanket contract, please initial and date in the forwarding section and deliver to the next department.

DEPARTMENT	DATE RECEIVED		DATE FORWARDED TO NEXT DEPT.	
	Initials	Date	Initials	Date
Office of Procurement			RW	10/23/2017
Police Department	100	10-25-17	200	10-25-17
City Comptroller	MM	10/27/17	MM	10/30/17
Law	PF	10-23-17	PF	10-23-17
CAFO	MM	11-1-17	MM	11-3-17
Mayor	CD	11/3/17	CD	11/3/17
Office of Procurement				11/6/17

Current Vendor #: 2602 Current Vendor Name: **Taser International, Inc.**

Current Contract #: 20150944

**Note:** All Open Purchase Orders and Contracts for the Current Vendor must be closed before the reassignment of the contract is processed.

New Vendor #: 17392      New Vendor Name: **Axon Enterprise, Inc.**

New Contract #: 20150944A

Bid #: 15-179      Contract Type:  Blanket  Lump Sum

Contract Description: Purchase of Tasers, Holsters and Accessories

Requesting Department: Police

**AMENDMENT TO CITY CONTRACT NO. 20150944,  
as amended by  
CITY CONTRACT NO. 20150944A**

**ASSIGNMENT OF CONTRACT FOR TASERS, HOLSTERS AND  
ACCESSORIES**

WHEREAS, on or about March 3, 2015, the CITY OF SPRINGFIELD a municipal corporation within the County of Hampden, Commonwealth of Massachusetts, with its principal offices at 36 Court Street, Springfield, Massachusetts 01103, acting by and through Chief Procurement Officer, with the approval of the Police Department and the Mayor (hereinafter referred to as the "City"), entered into a "Contract for the Purchase of Tasers, Holsters and Accessories, referred to as City Contract No. 20150944 ("Agreement") with **Taser International, Inc.**, an Arizona corporation with a usual place of business at 17800 N. 85<sup>th</sup> Street, Scottsdale, Arizona 85255; and

WHEREAS, the Agreement called for the Purchase of Tasers, Holsters and Accessories, to provide supplies for the Springfield Police Department; and

WHEREAS, on or before April 4, 2017, as a result of the sale of Taser International, Inc. to Axon Enterprise, Inc., (hereinafter "Assignee"); and

WHEREAS, effective as of April 4, 2017, **Taser International, Inc.** as Assignor, wishes to assign, convey and transfer to **Axon Enterprise, Inc.**, as Assignee, all of rights, title, and interest in City Contract No. 20150944, and Assignee wishes to accept and obtain all such rights, title and interest, and the City wishes to acknowledge and consent to such assignment, subject to the terms and conditions of this Assignment of City Contract No. 20150944A.

NOW THEREFORE, the City, Assignor, and Assignee mutually agree to amend the Agreement as follows:

- 1) **Assignment.** Effective as of April 4, 2017, Taser International, Inc., as Assignor, hereby assigns, conveys, transfers and delivers to Axon Enterprise, Inc., as Assignee, all of Taser's rights, title and interest in, under and to City Contract No. 20150944 and 20150944A, including the contract balance through the expiration of the contract on February 28, 2018.
- 2) **Assumption.** Subject to Section 1 of this Assignment, Axon Enterprise Inc., as Assignee, hereby accepts the assignment of Taser's rights, titles and interests in, under, and to City Contract No. 20150944 and 20150944A, and hereby assumes, undertakes and agrees to perform and discharge all of Assignor's duties and obligations under the City Contract No. 20150944 and 20150944A, upon the terms and subject to the conditions contained therein.

- 3) Acknowledgment and Consent. The City of Springfield acknowledges and consents to this Assignment. By its execution of this Assignment, the City, the Assignor and the Assignee, acknowledge that they have received written notice of, and agree to be bound by, the terms and conditions hereof.
- 4) Ratification. Except as expressly modified or amended under this Assignment, all terms and conditions of City Contract No. 20150944 and 20150944A which are of a continuing nature, shall remain in full force and effect. City Contract No. 20150944 and 20150944A, as hereby modified, is ratified and confirmed in each and every respect.
- 5) Notices: Notices to **Axon Enterprise, Inc.**, shall be sent to:  
  
Axon Enterprise, Inc.  
P.O. Box 29661 Department 2018  
Phoenix, Arizona 85038  
Phone 800-978-2737  
[contracts@axon.com](mailto:contracts@axon.com)  
[www.axon.com](http://www.axon.com)
- 6) Governing Law. This Assignment shall be governed by, and construed and enforced in accordance with, the laws of the Commonwealth of Massachusetts.
- 7) Counterparts. This Assignment may be executed in any number of separate counterparts and all such executed counterparts shall constitute one agreement which shall be binding on Assignor, Assignee and the City.
- 8) Further Assurances. Assignor, Assignee and the City hereby agree to execute and acknowledge and deliver such other statements, certificates, affidavits, instruments, and other documents as may be reasonably requested by the other party in order to confirm, perfect, evidence or otherwise effectuate the assignment and assumption effected hereby.

(SIGNATURE PAGE FOLLOWS)

IN WITNESS WHEREOF, the City of Springfield, acting by and through its Police Commissioner, with the approval of its Mayor, and Assignor and Assignee, have executed this Amendment and Assignment as of the date first written above.

**ASSIGNOR:**

Taser International, Inc.

By: Joshua Isner  
Its: EVP, Global Sales  
Date signed: 10/19/17

**ASSIGNEE:**

Axon Enterprise, Inc.

By: Joshua Isner  
Its: EVP, Global Sales  
Date signed: 10/19/17

**CITY OF SPRINGFIELD**

Mark Tracy  
Office of Procurement  
Date signed: 10/26/17

**Springfield Police Department**

John B. Beck  
Police Commissioner  
Date signed: 10-25-17

JKL Approved as to Appropriation: <sup>N/A</sup>

John Balash  
Comptroller  
Date signed: 10/27/17

Reviewed:

T. J. Melt  
CAFO  
Date signed: 11/21/17

Approved as to Form:

Fred Korn  
City Solicitor  
Date signed: 10-30-17

Approved:

Domenic J. Sarno  
DOMENIC J. SARNO  
MAYOR  
Date signed: 11/3/17

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "TASER INTERNATIONAL, INC.", CHANGING ITS NAME FROM "TASER INTERNATIONAL, INC." TO "AXON ENTERPRISE, INC.", FILED IN THIS OFFICE ON THE FOURTH DAY OF APRIL, A.D. 2017, AT 2:30 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIFTH DAY OF APRIL, A.D. 2017 AT 12 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



3337819 8100  
SR# 20172241145

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "J. W. Bullock".

Jeffrey W. Bullock, Secretary of State

Authentication: 202321717  
Date: 04-04-17

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 02:30 PM 04/04/2017  
FILED 02:30 PM 04/04/2017  
SR 20172241145 - File Number 3337819.

**CERTIFICATE OF AMENDMENT  
OF  
CERTIFICATE OF INCORPORATION  
OF  
TASER INTERNATIONAL, INC.  
(which is changing its name to Axon Enterprise, Inc.)**

TASER INTERNATIONAL, INC. (the "Company"), a corporation organized and existing under the General Corporation Law of the State of Delaware, hereby certifies as follows:

1. This Certificate of Amendment (the "Certificate of Amendment") amends the provisions of the Company's Certificate of Incorporation filed with the Secretary of State of the State of Delaware on January 5, 2001 (as amended on April 20, 2001 and December 31, 2004, the "Certificate of Incorporation").

2. Article 1 of the Certificate of Incorporation is hereby amended and restated in its entirety as follows:

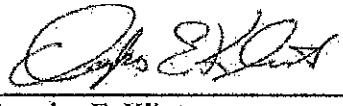
1. The name of the corporation is Axon Enterprise, Inc. (the "Corporation").

3. This Certificate of Amendment (and the amendment to the Certificate of Incorporation set forth herein) shall be effective at 12:00 p.m. Eastern Time on April 5, 2017.

4. This amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

5. All other provisions of the Certificate of Incorporation shall remain in full force and effect.

IN WITNESS WHEREOF, the Company has caused this Certificate of Amendment to be signed by Douglas E. Klint, its General Counsel and Corporate Secretary, on April 4, 2017.

By: 

Name: Douglas E. Klint

Title: General Counsel and Corporate  
Secretary

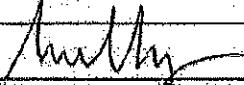
Request for Taxpayer  
Identification Number and Certification

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

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>Axon Enterprise, Inc.</b>	
2. Business name/disregarded entity name, if different from above	
<p>3. Check appropriate box for federal tax classification; check only one of the following seven boxes:</p> <p><input type="checkbox"/> Individual/sole proprietor or <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Single-member LLC</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► <input type="text" value=""/></p> <p>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</p> <p><input type="checkbox"/> Other (see instructions) ► <input type="text" value=""/></p>	
<p>4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) <input type="text" value="5"/></p> <p>Exemption from FATCA reporting code (if any) <input type="text" value=""/></p> <p>(Applies to accounts maintained outside the U.S.)</p>	
5. Address (number, street, and apt. or suite no.) <b>17800 North 85th Street</b>	
6. City, state, and ZIP code <b>Scottsdale, Arizona 85255-9306</b>	
7. List account number(s) here (optional).	

<b>Part I Taxpayer Identification Number (TIN)</b>																														
<p>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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.</p> <p><b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.</p>																														
<table border="1"> <tr> <td colspan="3">Social security number</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>OR</p> <table border="1"> <tr> <td colspan="9">Employer identification number</td> </tr> <tr> <td>8</td> <td>6</td> <td>-</td> <td>0</td> <td>7</td> <td>4</td> <td>1</td> <td>2</td> <td>2</td> </tr> </table>		Social security number			<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	Employer identification number									8	6	-	0	7	4	1	2	2
Social security number																														
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Employer identification number																														
8	6	-	0	7	4	1	2	2																						

<b>Part II Certification</b>	
<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. I am a U.S. citizen or other U.S. person (defined below); and</li> <li>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol> <p><b>Certification Instructions.</b> 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 on page 3.</p>	

Sign Here	Signature of U.S. person ► 
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Date ► **April 12, 2017**

**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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 1098-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?* on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding,
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

OFFICE OF PROCUREMENT  
36 COURT STREET - CITY HALL 3<sup>RD</sup> FLOOR  
SPRINGFIELD MA 01103  
PHONE (413)787-6284 FAX (413)787-6295

VENDOR MAINTENANCE FORM

**GENERAL**

To be completed by vendor:

Business Name: Pixon Enterprise, Inc. Vendor #: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Purchase Order Send to Address:

Street: 17800 N. 85th Street

City: Scottsdale

State: AZ

Zip: 85255

Remit to Address:

Street: PO Box 291001 Department 2018

City: Phoenix

State: AZ

Zip: 85038

Federal ID #: 810-074-1227

SS#: \_\_\_\_\_

Type of Service Provided to City? Technology \_\_\_\_\_ Contract Labor \_\_\_\_\_ Supplies

Educational \_\_\_\_\_ Medical \_\_\_\_\_ Fleet \_\_\_\_\_ Service \_\_\_\_\_ Other \_\_\_\_\_

TERMS: Discount % — Days to Discount — Minimum Order — Days to Net 30

VENDOR CLASS: — Minority-Owned — Woman-Owned

**PURCHASE ORDER DELIVERY METHOD**

Please select a **PRIMARY** and **SECONDARY** delivery method for receiving the City of Springfield's Purchase Order:

PRIMARY: E-Mail  FAX \_\_\_\_\_ Regular Mail \_\_\_\_\_

SECONDARY: E-Mail \_\_\_\_\_ FAX  Regular Mail \_\_\_\_\_

**CONTACT INFORMATION**

Contact Name: Contracts Title: \_\_\_\_\_

Telephone: 800-978-2737 Ext: \_\_\_\_\_ FAX: 480-991-0791

Email: Contracts@pixon.com

**BUSINESS INFORMATION**

Please Indication if you are: Corporation C Individual \_\_\_\_\_ Partnership \_\_\_\_\_

Limited Liability Company: \_\_\_\_\_ Limited Liability Partnership \_\_\_\_\_ Limited Partnership \_\_\_\_\_

Business Website:

www.pixon.com

Please Return: In order for the City of Springfield to initiate timely payment to all new vendors a completed Vendor Maintenance Form along with the attached Request for Taxpayer Identification and Certification Form (W-9) must be completed and sent to the Procurement Office, Attn: Raemarie Walker at rwalker@springfieldcityhall.com