EX 08-009

HAWAII HEALTH SYSTEMS CORPORATION NOTICE OF AND REQUEST FOR EXEMPTION FROM CHAPTER 103D, HRS

1. TO:	Chief Procurement Officer	
2 FROM:	Maui Memorial Medical Center	
	Department/Division/Agency	numbers the following:
	03D-102(b)(4), HRS, and Chapter 3-120, HAR, the Department requests a procurement exemption to tion of goods, services or construction:	parenase the following.
Digital Pa		
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4. Name o	f Vendor: USA Mobility (Formerly Arch Wireless)	5. Price:
	D 0 D (000000 D II) (DV 00000	\$200,000.00
Address:	P.O. Box 600770 Dallas. TX 75266	
		7. Prior Exemption Ref.
6. Term of	From: 12/1/07 To: 11/30/2011	No. EX 06-14
Contract:		,
	ation describing how procurement by competitive means is either no cous to the State: MMMC currently has approximately 200 pagers for var	
	1. These pagers have been assigned and the numbers have been distribute	
	unity. To change vendors and have numbers changed would cause for a m	
	d staff personnel. USA Mobility is currently on the only vendor located in etter response results for problems and replacement of pagers.	Hawaii, which in turn
provides o	etter response results for problems and replacement of pagers.	
9. Details	of the process or procedures to be followed in selecting the vendor t	o ensure maximum fair
	competition as practicable:	
	of the exemption will be for two (2) year period at which time the he	
	gers and any possible options, a determine if service should be conti- the such services for the hospital. Based on available information an	
•	ent practice will be completed	d research the best
F	£	

procurement: This exemption shapter 103D shapter	e agency's internal controls and a hall be from HRS, Section 103-36 ll be upheld. I procedures will be followed an	02 all other guid	delines, rules and p	policies under
	rsonnel, by position, who will be	involved in the	approval process	and
administration of the			Ferrolycome	ent in Process
Name	Position			Administration
Joe Evanoff	Director Materials Mar Chief Executive Office		Approval	Administration
Wesley Lo	Chief Operation Office		Approval	Administration
Pat Saka	Chief Operation Office	Į.	Approval	Administration
			Approval	Administration
		***************************************	Approval	Administration
12 Direct inquiries to:	Department: Materials Manag Contact Name: Lyle Kobashig Phone Number: 442 5467		a t	
	Fax Number: 242 2773			
13. I certify that the in	ensure adherence to applicable formation provided above is, to	the best of my	knowledge, true a	
13. I certify that the in	ensure adherence to applicable	the best of my $\frac{11/8}{6}$	knowledge, true a	
13. I certify that the in Department Head (Print: The CPO is in the process this notice to issue an exer	ensure adherence to applicable formation provided above is, to Lyle S. Kobashianwa)	the best of my and the best of m	Notice Posted //-1 3D, HRS. Submit wriar days or as otherwise	nd correct.
13. I certify that the in Department Head (Print: The CPO is in the process this notice to issue an exer	ensure adherence to applicable formation provided above is, to Lyle S. Komasilianian) Reserved for CPO/D of reviewing this request for exemption ption from Chapter 103D, HRS, within f Procurement Officer, HHSC, 3675 km	the best of my and the best of m	Notice Posted //-1 3D, HRS. Submit wriar days or as otherwise	nd correct.