



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

## Header 2

List View

## General Information

Contact

Default Values

Discount

Document Information

Procurement Folder: 302129

Procurement Type: Central Master Agreement

Vendor ID: 000000184924

Legal Name: HORIZON CSA LLC

Alias/DBA:

Total Bid: \$303,480.00

Response Date: 05/01/2017

Response Time: 11:26

SO Doc Code: CRFQ

SO Dept: 0506

SO Doc ID: WEH1700000011

Published Date: 4/20/17

Close Date: 5/4/17

Close Time: 13:30

Status: Closed

Solicitation Description: Addendum Three-Biomedical Inspection, Maintenance

Total of Header Attachments: 2

Total of All Attachments: 2



Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

State of West Virginia  
Solicitation Response

Proc Folder : 302129

Solicitation Description : Addendum Three-Biomedical Inspection, Maintenance

Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2017-05-04 13:30:00	SR 0506 ESR05011700000005237	1

VENDOR

000000184924  
HORIZON CSA LLC

Solicitation Number: CRFQ 0506 WEH1700000011

Total Bid : \$303,480.00 Response Date: 2017-05-01 Response Time: 11:26:05

Comments:

FOR INFORMATION CONTACT THE BUYER

Charles D Barnette  
(304) 558-2566  
charles.d.barnette@wv.gov

Signature on File

FEIN #

DATE

All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Monthly Service charge for Biomedical Equipment Services	12.00000	MO	\$25,290.000000	\$303,480.00

Comm Code	Manufacturer	Specification	Model #
85161504			

Extended Description :	Monthly Service charge for Biomedical Equipment Services
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**Comments:**   Year 1 monthly: \$25,290.00  
                       Year 1 Yearly: \$303,480.00





Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

State of West Virginia  
Request for Quotation  
26 — Medical

Proc Folder: 302129

Doc Description: Addendum Three-Biomedical Inspection, Maintenance

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-04-20	2017-05-04 13:30:00	CRFQ 0506 WEH1700000011	4

#### BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

#### VENDOR

Vendor Name, Address and Telephone Number:

HORIZON CSA, LLC  
265 PIT ROAD  
MOORESVILLE, NC 28115  
(704) 799-8661

#### FOR INFORMATION CONTACT THE BUYER

Charles D Barnette

(304) 558-2566

charles.d.barnette@wv.gov

Signature X

FEIN #

41-2105295

DATE

5-1-2017

All offers subject to all terms and conditions contained in this solicitation

**ADDITIONAL INFORMATION:**

Addendum Three:

1 - To provide an electronic version of Exhibit A and Exhibit B, per the updates as described by Addendum Two.

No other changes.

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-436-8708 HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL 454 MCDOWELL ST WELCH WV24801 US	PROCUREMENT OFFICER - 304-436-8708 HEALTH AND HUMAN RESOURCES WELCH COMMUNITY HOSPITAL 454 MCDOWELL ST WELCH WV 24801 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Monthly Service charge for Biomedical Equipment Services	12.00000	MO	25,290 <sup>00</sup>	303,480 <sup>00</sup>

Comm Code	Manufacturer	Specification	Model #
85161504			

**Extended Description :**

Monthly Service charge for Biomedical Equipment Services

**SCHEDULE OF EVENTS**

Line	Event	Event Date
1	Mandatory Pre-bid Meeting-1:00 PM	2017-03-30
2	Technical Question Deadline-4:00 PM	2017-04-06

<b>WEH1700000011</b>	<b>Document Phase</b> Final	<b>Document Description</b> Addendum Three-Biomedical Inspection, Maintenance	<b>Page 3 of 3</b>
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**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: WEH1700000011**

**Instructions:** Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

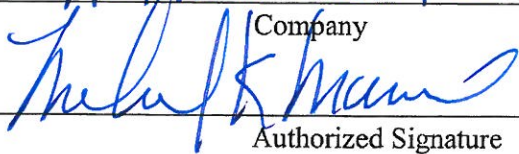
**Acknowledgment:** I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

**Addendum Numbers Received:**

(Check the box next to each addendum received)


<input checked="" type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6
<input checked="" type="checkbox"/> Addendum No. 2	<input type="checkbox"/> Addendum No. 7
<input checked="" type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8
<input type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9
<input type="checkbox"/> Addendum No. 5	<input type="checkbox"/> Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

HORIZON CSA, LLC  
Company  
  
Authorized Signature  
5-1-2017  
Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.  
Revised 6/8/2012

**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

  
(Name, Title)

DALE AUMAN V.P. OPERATIONS

(Printed Name and Title)

265 Pt Road

(Address)

(704) 799-8661

(704) 799-8691

(Phone Number) / (Fax Number)

DAUMAN@HORIZON-CSA.COM

(email address)

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

HORIZON CSA, LLC  
(Company)

  
(Authorized Signature) (Representative Name, Title)

MICHAEL K. MARROW PRESIDENT

(Printed Name and Title of Authorized Representative)

5-1-2017  
(Date)

(704) 799-8661

(704) 799-8691

(Phone Number) (Fax Number)

REQUEST FOR QUOTATION - CRFQ WEH1700000011  
Biomedical Equipment Inspection, Maintenance, Parts, and Repair Services

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**11. MISCELLANEOUS:**

**11.1. Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: DALE ALLMAN  
Telephone Number: 704 799 8661  
Fax Number: 704 799 8691  
Email Address: DAUMAN@HORIZON-CSA.COM

AGREED:

Name of Agency: Welch Community Hospital

Name of Associate: HORIZON CSA, LLC

Signature: \_\_\_\_\_

Signature: [Signature]

Title: C.E.O.

Title: PRESIDENT

Date: \_\_\_\_\_

Date: 5-1-2017

Form - WVBA-012004  
Amended 08.26.2013

APPROVED AS TO FORM THIS 26th  
DAY OF May 20 17  
BY [Signature]  
Patrick Morrissey  
Attorney General



STATE OF WEST VIRGINIA  
Purchasing Division  
**PURCHASING AFFIDAVIT**

**MANDATE:** Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

**DEFINITIONS:**

**"Debt"** means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

**"Employer default"** means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

**"Related party"** means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: HORIZON CSA, LLC

Authorized Signature: [Signature] Date: 5-1-2017

State of North Carolina

County of Rowan, to-wit:

Taken, subscribed, and sworn to before me this 1 day of May, 2017.

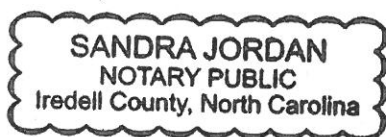
My Commission expires May 19, 2018.

**AFFIX SEAL HERE**

**NOTARY PUBLIC**

[Signature: Sandra Jordan]

*Purchasing Affidavit (Revised 08/01/2015)*





## State of West Virginia

# VENDOR PREFERENCE CERTIFICATE

Certification and application is hereby made for Preference in accordance with **West Virginia Code**, §5A-3-37. (Does not apply to construction contracts). **West Virginia Code**, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

1. **Application is made for 2.5% vendor preference for the reason checked:**  
☐ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,  
☐ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification;  
☐ Bidder is a resident vendor partnership, association, or corporation with at least eighty percent of ownership interest of bidder held by another entity that meets the applicable four year residency requirement; **or**,  
☐ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or**,
2. **Application is made for 2.5% vendor preference for the reason checked:**  
☐ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,
3. **Application is made for 2.5% vendor preference for the reason checked:**  
☐ Bidder is a nonresident vendor that employs a minimum of one hundred state residents, or a nonresident vendor which has an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia and employs a minimum of one hundred state residents, and for purposes of producing or distributing the commodities or completing the project which is the subject of the bidder's bid and continuously over the entire term of the project, on average at least seventy-five percent of the bidder's employees or the bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years and the vendor's bid; **or**,
4. **Application is made for 5% vendor preference for the reason checked:**  
☐ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or**,
5. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**  
☐ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or**,
6. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**  
☐ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules.**  
☐ Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) rescind the contract or purchase order; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

**Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.**

Bidder: HORIZON CSA, LLC

Signed: 

Date: 5-1-2017

Title: PRESIDENT

\*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

CRQM 0506 2845 WEH1700000014 Service Support Agreement for Biomedical Equipment Inspection, Preventative Maintenance, Parts, and Repairs  
Pricing Worksheet Exhibit A

**CRFQ WEH1700000011 Service Support Agreement for Biomedical Equipment Inspection, Preventative Maintenance, Parts, and Repair**  
**Exhibit A**  
**Pricing Page**

<b>4.1.1 Year 1</b>	Service Support Agreement for Biomedical Equipment Inspection, Preventative Maintenance, Parts, and Repair	<b>Total Pricing per Month</b>	\$25,290.00	<b>Total Annual Pricing</b>	\$303,480.00
<b>4.1.1 Year 2</b>	Service Support Agreement for Biomedical Equipment Inspection, Preventative Maintenance, Parts, and Repair	<b>Total Pricing per Month</b>	\$25,965.40	<b>Total Annual Pricing</b>	\$311,584.80
<b>4.1.1 Year 3</b>	Service Support Agreement for Biomedical Equipment Inspection, Preventative Maintenance, Parts, and Repair	<b>Total Pricing per Month</b>	\$26,656.70	<b>Total Annual Pricing</b>	\$319,880.40
<b>4.1.1 Year 4</b>	Service Support Agreement for Biomedical Equipment Inspection, Preventative Maintenance, Parts, and Repair	<b>Total Pricing per Month</b>	\$27,372.50	<b>Total Annual Pricing</b>	\$328,470.00
<b>Total Annual Cost Year 1, Year 2, Year 3, and Year 4</b>					

**Award will be made for the lowest combined Total Annual Cost Year 1, Year 2, Year 3, and Year 4 meeting specifications.**

Horizon CSA, LLC

265 Pit Road, Mooresville, NC 28115

Vendor Name (Printed)

Purchase Order Address

Michael K. Marrow

265 Pit Road, Mooresville, NC 28115

Vendor Authorized Representative Printed

Vendor Remit-To Address:

Vendor Authorized Representative Signature

Date

(704) 799-8661

(704) 799-8691

Telephone

Fax



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/27/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Koty-Leavitt Insurance Agency, Inc. 6992 E. Broadway Blvd  Tucson AZ 85710-2803		<b>CONTACT NAME:</b> *Megan Howard <b>PHONE (A/C, No, Ext):</b> (520) 571-1900 <b>FAX (A/C, No):</b> (520) 571-9667 <b>E-MAIL ADDRESS:</b> megan-howard@leavitt.com	
<b>INSURED</b> Horizon CSA, LLC; Horizon MSA, LLC; Horizon NEA, LLC 265 Pit Road  Mooresville NC 28115		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Granite State Insurance 23809 <b>INSURER B:</b> Hartford Casualty Insurance Co 029424 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 17-18 Annual Certificates **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			02LX011738400-4	1/1/2017	1/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Professional Liability \$ Included
	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			02CA019047997-5	1/1/2017	1/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	59WBCVK7497	1/1/2017	1/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
OWNERS MICHAEL MARROW AND DALE ALLMAN ARE EXCLUDED FROM WORKERS COMP POLICY

## CERTIFICATE HOLDER

Welch Community Hospital  
454 McDowell St  
Welch, WV 24801

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

D Schneider (SG)/DEWR

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CRQM 0506 2845 WEH1700000014 Service Support Agreement for Biomedical Equipment Inspection, Preventative Maintenance, Parts, and Repairs  
Pricing Worksheet Exhibit A

**CRFQ WEH1700000011 Service Support Agreement for Biomedical Equipment Inspection, Preventative Maintenance, Parts, and Repair**  
**Exhibit A**  
**Pricing Page**

<b>4.1.1 Year 1</b>	Service Support Agreement for Biomedical Equipment Inspection, Preventative Maintenance, Parts, and Repair	<b>Total Pricing per Month</b>	\$25,290.00	<b>Total Annual Pricing</b>	\$303,480.00
<b>4.1.1 Year 2</b>	Service Support Agreement for Biomedical Equipment Inspection, Preventative Maintenance, Parts, and Repair	<b>Total Pricing per Month</b>	\$25,965.40	<b>Total Annual Pricing</b>	\$311,584.80
<b>4.1.1 Year 3</b>	Service Support Agreement for Biomedical Equipment Inspection, Preventative Maintenance, Parts, and Repair	<b>Total Pricing per Month</b>	\$26,656.70	<b>Total Annual Pricing</b>	\$319,880.40
<b>4.1.1 Year 4</b>	Service Support Agreement for Biomedical Equipment Inspection, Preventative Maintenance, Parts, and Repair	<b>Total Pricing per Month</b>	\$27,372.50	<b>Total Annual Pricing</b>	\$328,470.00
<b>Total Annual Cost Year 1, Year 2, Year 3, and Year 4</b>					

**Award will be made for the lowest combined Total Annual Cost Year 1, Year 2, Year 3, and Year 4 meeting specifications.**

Horizon CSA, LLC

Vendor Name (Printed)

265 Pit Road, Mooresville, NC 28115

Purchase Order Address

Michael K. Marrow

Vendor Authorized Representative Printed

265 Pit Road, Mooresville, NC 28115

Vendor Remit-To Address:

Vendor Authorized Representative Signature

Date

(704) 799-8661

Telephone

(704) 799-8691

Fax

CRQM 0506 2845 WEH1700000014 Service Support Agreement for Biomedical Equipment Inspection, Preventative Maintenance, Parts, and Repairs  
Pricing Worksheet Exhibit A

Item #	Item Description	Pricing per each Year 1	Quantity		Monthly Pricing Year 1		Annual Pricing Year 1
Item 1	Aerosol Heater	8.00	x 1 each	=	8.00	x 12 Months	\$96.00
Item 2	ANESTHESIA MACHINE	219.00	x 2 each	=	438.00	x 12 Months	\$5,256.00
Item 3	Anesthesia Vaporizer (desflura	67.00	x 7 each	=	469.00	x 12 Months	\$5,628.00
Item 4	ASPIRATOR	8.00	x 4 each	=	32.00	x 12 Months	\$384.00
Item 5	AUDIOMETER	39.00	x 1 each	=	39.00	x 12 Months	\$468.00
Item 6	Baby Wipe Warmer	6.00	x 1 each	=	6.00	x 12 Months	\$72.00
Item 7	BASSINET	7.00	x 1 each	=	7.00	x 12 Months	\$84.00
Item 8	BATH, DRY	8.00	x 1 each	=	8.00	x 12 Months	\$96.00
Item 9	BED, ELECTRIC	32.00	x 108 each	=	3,456.00	x 12 Months	\$41,472.00
Item 10	BLADDER SCANNER	117.00	x 1 each	=	117.00	x 12 Months	\$1,404.00
Item 11	BLOOD GAS ANALYZER	265.00	x 2 each	=	530.00	x 12 Months	\$6,360.00
Item 12	BLOOD GLUCOSE ANALYZER	20.00	x 1 each	=	20.00	x 12 Months	\$240.00
Item 13	Camera, Video	102.00	x 1 each	=	102.00	x 12 Months	\$1,224.00
Item 14	CART, CRASH	17.00	x 6 each	=	102.00	x 12 Months	\$1,224.00
Item 15	CENTRIFUGE	11.00	x 2 each	=	22.00	x 12 Months	\$264.00
Item 16	CHARGING CRADLE/TRANSPORT BASE	4.00	x 6 each	=	24.00	x 12 Months	\$288.00
Item 17	HOOD CERTIFICATION-CHEMICAL EXPOSURE TESTING	293.00	x 2 each	=	586.00	x 12 Months	\$7,032.00
Item 18	COLPOSCOPE	78.00	x 7 each	=	546.00	x 12 Months	\$6,552.00
Item 19	COMPRESSOR UNIT, POWER	8.00	x 2 each	=	16.00	x 12 Months	\$192.00
Item 20	COMPRESSOR, AIR	8.00	x 2 each	=	16.00	x 12 Months	\$192.00
Item 21	COMPUTER-TELEMENTRY	36.00	x 1 each	=	36.00	x 12 Months	\$432.00
Item 22	Cryosurgical Unit	30.00	x 1 each	=	30.00	x 12 Months	\$360.00
Item 23	DEFIBRILLATOR	41.00	x 6 each	=	246.00	x 12 Months	\$2,952.00
Item 24	Doppler Unit	7.00	x 4 each	=	28.00	x 12 Months	\$336.00
Item 25	DRILL, MEDICAL	25.00	x 1 each	=	25.00	x 12 Months	\$300.00
Item 26	DRYER, STERILE	33.00	x 1 each	=	33.00	x 12 Months	\$396.00
Item 27	ELECTROCARDIOGRAPH	40.00	x 5 each	=	200.00	x 12 Months	\$2,400.00
Item 28	ELECTROSURGICAL UNIT	40.00	x 2 each	=	80.00	x 12 Months	\$960.00
Item 29	ENDOSCOPIC IRRIGATOR	35.00	x 1 each	=	35.00	x 12 Months	\$420.00
Item 30	ENDOSCOPIC VIDEO SYSTEM	33.00	x 1 each	=	33.00	x 12 Months	\$396.00
Item 31	FETAL MONITOR	36.00	x 1 each	=	36.00	x 12 Months	\$432.00



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Item 32	FREEZER	10.00	x	2	each	=	20.00	x 12 Months	\$240.00
Item #	Item Description	Pricing per each Year 1		Quantity			Monthly Pricing Year 1		Annual Pricing Year 1
Item 33	Gel Warmer	6.00	x	2	each	=	12.00	x 12 Months	\$144.00
Item 34	GLUCOMETER	20.00	x	1	each	=	20.00	x 12 Months	\$240.00
Item 35	HEMATOLOGY ANALYZER	780.00	x	2	each	=	1,560.00	x 12 Months	\$18,720.00
Item 36	PHARMACY CLEAN ROOM & HOOD	293.00	x	3	each	=	879.00	x 12 Months	\$10,548.00
Item 37	OR/Surgery Fume Hood	293.00	x	1	each	=	293.00	x 12 Months	\$3,516.00
Item 38	Humidifier, heated	40.00	x	6	each	=	240.00	x 12 Months	\$2,880.00
Item 39	HYPO/HYPERTHERMIA UNIT	41.00	x	1	each	=	41.00	x 12 Months	\$492.00
Item 40	INCUBATOR, LAB	8.00	x	1	each	=	8.00	x 12 Months	\$96.00
Item 41	INFANT INCUBATOR	42.00	x	2	each	=	84.00	x 12 Months	\$1,008.00
Item 42	INSTRUMENT AMPLIFIER	10.00	x	1	each	=	10.00	x 12 Months	\$120.00
Item 43	Insufflator	33.00	x	2	each	=	66.00	x 12 Months	\$792.00
Item 44	Irrigator, Surgical	33.00	x	1	each	=	33.00	x 12 Months	\$396.00
Item 45	LAPAROSCOPE	195.00	x	2	each	=	390.00	x 12 Months	\$4,680.00
Item 46	HEADLIGHT	6.00	x	2	each	=	12.00	x 12 Months	\$144.00
Item 47	LIFT, PATIENT, PORTABLE	40.00	x	5	each	=	200.00	x 12 Months	\$2,400.00
Item 48	LIGHTS	32.00	x	20	each	=	640.00	x 12 Months	\$7,680.00
Item 49	MEDICAL GAS SYSTEM	750.00	x	1	each	=	750.00	x 12 Months	\$9,000.00
Item 50	MICROSCOPE, LABORATORY	32.00	x	2	each	=	64.00	x 12 Months	\$768.00
Item 51	MIXER	8.00	x	1	each	=	8.00	x 12 Months	\$96.00
Item 52	MIXER, VORTEX	8.00	x	1	each	=	8.00	x 12 Months	\$96.00
Item 53	MONITOR, APNEA	33.00	x	1	each	=	33.00	x 12 Months	\$396.00
Item 54	MONITOR, DISPLAY	33.00	x	9	each	=	297.00	x 12 Months	\$3,564.00
Item 55	Monitor, NIBP, SaO2, Temp	36.00	x	30	each	=	1,080.00	x 12 Months	\$12,960.00
Item 56	MONITOR, PATIENT	36.00	x	2	each	=	72.00	x 12 Months	\$864.00
Item 57	MONITOR, PATIENT	36.00	x	7	each	=	252.00	x 12 Months	\$3,024.00
Item 58	MONITOR, PHYSIOLOGICAL	36.00	x	7	each	=	252.00	x 12 Months	\$3,024.00
Item 59	NEBULIZER	7.00	x	7	each	=	49.00	x 12 Months	\$588.00
Item 60	NEGATIVE PRESSURE WOUND PUMP	33.00	x	2	each	=	66.00	x 12 Months	\$792.00
Item 61	NURSE CALL SYSTEM	234.00	x	2	each	=	468.00	x 12 Months	\$5,616.00
Item 62	OXIMETER, PULSE	33.00	x	13	each	=	429.00	x 12 Months	\$5,148.00
Item 63	OXYGEN ANALYZER	20.00	x	2	each	=	40.00	x 12 Months	\$480.00

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Item 64	PRESSURE INFUSER	5.00	x 1 each	=	5.00	x 12 Months	\$60.00
Item #	Item Description	Pricing per each Year 1	Quantity		Monthly Pricing Year 1		Annual Pricing Year 1
Item 65	Printer, Digital	20.00	x 5 each	=	100.00	x 12 Months	\$1,200.00
Item 66	PULMONARY FUNCTION ANALYZER	117.00	x 1 each	=	117.00	x 12 Months	\$1,404.00
Item 67	PUMP, ANTI-EMBOLISM	30.00	x 10 each	=	300.00	x 12 Months	\$3,600.00
Item 68	PUMP, ENTERAL FEEDING	30.00	x 4 each	=	120.00	x 12 Months	\$1,440.00
Item 69	PUMP, HEATING PAD	30.00	x 4 each	=	120.00	x 12 Months	\$1,440.00
Item 70	PUMP, INFUSION	36.00	x 43 each	=	1,548.00	x 12 Months	\$18,576.00
Item 71	PUMP, SUCTION	6.00	x 6 each	=	36.00	x 12 Months	\$432.00
Item 72	PURIFIER, WATER	328.00	x 1 each	=	328.00	x 12 Months	\$3,936.00
Item 73	REFRIGERATOR	20.00	x 10 each	=	200.00	x 12 Months	\$2,400.00
Item 74	RING CUTTER	5.00	x 1 each	=	5.00	x 12 Months	\$60.00
Item 75	ROCKER	7.00	x 1 each	=	7.00	x 12 Months	\$84.00
Item 76	SCALE	30.00	x 11 each	=	330.00	x 12 Months	\$3,960.00
Item 77	SCRUB SINK	17.00	x 2 each	=	34.00	x 12 Months	\$408.00
Item 78	SHAVER	5.00	x 2 each	=	10.00	x 12 Months	\$120.00
Item 79	SLIDE WARMER	4.00	x 1 each	=	4.00	x 12 Months	\$48.00
Item 80	SPU PROCESSOR	312.00	x 1 each	=	312.00	x 12 Months	\$3,744.00
Item 81	STEAM GENERATOR	974.00	x 1 each	=	974.00	x 12 Months	\$11,688.00
Item 82	STERILIZATION PROC. INDICATOR	8.00	x 1 each	=	8.00	x 12 Months	\$96.00
Item 83	STERILIZER, STEAM	351.00	x 1 each	=	351.00	x 12 Months	\$4,212.00
Item 84	STIMULATOR	30.00	x 1 each	=	30.00	x 12 Months	\$360.00
Item 85	STRETCHERS	33.00	x 11 each	=	363.00	x 12 Months	\$4,356.00
Item 86	SUCTION, PORTABLE	6.00	x 2 each	=	12.00	x 12 Months	\$144.00
Item 87	TABLE, EXAM	7.00	x 17 each	=	119.00	x 12 Months	\$1,428.00
Item 88	TABLE, OR	67.00	x 2 each	=	134.00	x 12 Months	\$1,608.00
Item 89	TELEMETRY TRANSMITTER	33.00	x 8 each	=	264.00	x 12 Months	\$3,168.00
Item 90	TEMP CONTROL	17.00	x 1 each	=	17.00	x 12 Months	\$204.00
Item 91	TENT, OXYGEN	8.00	x 4 each	=	32.00	x 12 Months	\$384.00
Item 92	THAWER, PLASMA	20.00	x 1 each	=	20.00	x 12 Months	\$240.00
Item 93	Thermometer	25.00	x 22 each	=	550.00	x 12 Months	\$6,600.00
Item 94	TISSUE PROCESSOR	164.00	x 1 each	=	164.00	x 12 Months	\$1,968.00
Item 95	Tourniquet	40.00	x 1 each	=	40.00	x 12 Months	\$480.00

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Item 96	TRANSFORMER, HEADLIGHT	20.00	x 1 each	=	20.00	x 12 Months	\$240.00
Item #	Item Description	Pricing per each Year 1	Quantitiy		Monthly Pricing Year 1		Annual Pricing Year 1
Item 97	Transformer, Wall, Oto/Ophthalm	6.00	x 26 each	=	156.00	x 12 Months	\$1,872.00
Item 98	TUB, WHIRLPOOL	17.00	x 3 each	=	51.00	x 12 Months	\$612.00
Item 99	ULTRASONIC CLEANER	17.00	x 1 each	=	17.00	x 12 Months	\$204.00
Item 100	ULTRASONIC SURGICAL CUTTER/COA	351.00	x 1 each	=	351.00	x 12 Months	\$4,212.00
Item 101	URINE ANALYZER	39.00	x 2 each	=	78.00	x 12 Months	\$936.00
Item 102	Vag speculum Light Illuminator	17.00	x 1 each	=	17.00	x 12 Months	\$204.00
Item 103	VENTILATOR	71.00	x 6 each	=	426.00	x 12 Months	\$5,112.00
Item 104	Video Display Processor	33.00	x 1 each	=	33.00	x 12 Months	\$396.00
Item 105	VIDEO LARYNGOSCOPE	117.00	x 1 each	=	117.00	x 12 Months	\$1,404.00
Item 106	VIEW BOX, XRAY	8.00	x 1 each	=	8.00	x 12 Months	\$96.00
Item 107	Warmer	30.00	x 2 each	=	60.00	x 12 Months	\$720.00
Item 108	WARMER, FLUID	40.00	x 10 each	=	400.00	x 12 Months	\$4,800.00
Item 109	WARMER, INFANT	42.00	x 3 each	=	126.00	x 12 Months	\$1,512.00
Item 110	WARMER, PATIENT	42.00	x 4 each	=	168.00	x 12 Months	\$2,016.00
Item 111	WARMING CABINET	30.00	x 4 each	=	120.00	x 12 Months	\$1,440.00
Item 112	WASHER / STERILIZER	351.00	x 2 each	=	702.00	x 12 Months	\$8,424.00
Item 113	WHIRLPOOL	30.00	x 2 each	=	60.00	x 12 Months	\$720.00
Item 114	X-RAY VIEWER	8.00	x 3 3 each	=	24.00	x 12 Months	\$288.00
4.1.1 Year 1	Service Support Agreement for Biomedical Equipment Inspection, Preventative Maintenance, Parts, and Repair	Total Pricing per Month			\$25,290.00	Total Annual Pricing	\$303,480.00



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Item #	Item Description	Pricing per each Year 2	Quantitiy		Monthly Pricing Year 2		Annual Pricing Year 2
Item 1	Aerosol Heater	8.20	x 1 each	=	8.20	x 12 Months	\$98.40
Item 2	ANESTHESIA MACHINE	224.60	x 2 each	=	449.20	x 12 Months	\$5,390.40
Item 3	Anesthesia Vaporizer (desflura	68.70	x 7 each	=	480.90	x 12 Months	\$5,770.80
Item 4	ASPIRATOR	8.20	x 4 each	=	32.80	x 12 Months	\$393.60
Item 5	AUDIOMETER	40.00	x 1 each	=	40.00	x 12 Months	\$480.00
Item 6	Baby Wipe Warmer	6.20	x 1 each	=	6.20	x 12 Months	\$74.40
Item 7	BASSINET	7.20	x 1 each	=	7.20	x 12 Months	\$86.40
Item 8	BATH, DRY	8.20	x 1 each	=	8.20	x 12 Months	\$98.40
Item 9	BED, ELECTRIC	32.80	x 108 each	=	3,542.40	x 12 Months	\$42,508.80
Item 10	BLADDER SCANNER	120.00	x 1 each	=	120.00	x 12 Months	\$1,440.00
Item 11	BLOOD GAS ANALYZER	271.80	x 2 each	=	543.60	x 12 Months	\$6,523.20
Item 12	BLOOD GLUCOSE ANALYZER	20.50	x 1 each	=	20.50	x 12 Months	\$246.00
Item 13	Camera, Video	104.60	x 1 each	=	104.60	x 12 Months	\$1,255.20
Item 14	CART, CRASH	17.40	x 6 each	=	104.40	x 12 Months	\$1,252.80
Item 15	CENTRIFUGE	11.30	x 2 each	=	22.60	x 12 Months	\$271.20
Item 16	CHARGING CRADLE/TRANSPORT BASE	4.10	x 6 each	=	24.60	x 12 Months	\$295.20
Item 17	HOOD CERTIFICATION-CHEMICAL EXPOSURE TESTING	300.50	x 2 each	=	601.00	x 12 Months	\$7,212.00
Item 18	COLPOSCOPE	80.00	x 7 each	=	560.00	x 12 Months	\$6,720.00
Item 19	COMPRESSOR UNIT, POWER	8.20	x 2 each	=	16.40	x 12 Months	\$196.80
Item 20	COMPRESSOR, AIR	8.20	x 2 each	=	16.40	x 12 Months	\$196.80
Item 21	COMPUTER-TELEMENTRY	36.90	x 1 each	=	36.90	x 12 Months	\$442.80
Item 22	Cryosurgical Unit	30.80	x 1 each	=	30.80	x 12 Months	\$369.60
Item 23	DEFIBRILLATOR	42.10	x 6 each	=	252.60	x 12 Months	\$3,031.20
Item 24	Doppler Unit	7.20	x 4 each	=	28.80	x 12 Months	\$345.60
Item 25	DRILL, MEDICAL	25.60	x 1 each	=	25.60	x 12 Months	\$307.20
Item 26	DRYER, STERILE	33.80	x 1 each	=	33.80	x 12 Months	\$405.60
Item 27	ELECTROCARDIOGRAPH	41.00	x 5 each	=	205.00	x 12 Months	\$2,460.00
Item 28	ELECTROSURGICAL UNIT	41.00	x 2 each	=	82.00	x 12 Months	\$984.00
Item 29	ENDOSCOPIC IRRIGATOR	35.90	x 1 each	=	35.90	x 12 Months	\$430.80
Item 30	ENDOSCOPIC VIDEO SYSTEM	33.80	x 1 each	=	33.80	x 12 Months	\$405.60
Item 31	FETAL MONITOR	36.90	x 1 each	=	36.90	x 12 Months	\$442.80

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Item 32	FREEZER	10.30	x 2 each	=	20.60	x 12 Months	\$247.20
Item #	Item Description	Pricing per each Year 2	Quantity		Monthly Pricing Year 2		Annual Pricing Year 2
Item 33	Gel Warmer	6.20	x 2 each	=	12.40	x 12 Months	\$148.80
Item 34	GLUCOMETER	20.50	x 1 each	=	20.50	x 12 Months	\$246.00
Item 35	HEMATOLOGY ANALYZER	800.00	x 2 each	=	1,600.00	x 12 Months	\$19,200.00
Item 36	PHARMACY CLEAN ROOM & HOOD	300.50	x 3 each	=	901.50	x 12 Months	\$10,818.00
Item 37	Hospital Med Gas	300.50	x 1 each	=	300.50	x 12 Months	\$3,606.00
Item 38	Humidifier, heated	41.00	x 6 each	=	246.00	x 12 Months	\$2,952.00
Item 39	HYPO/HYPERTHERMIA UNIT	42.10	x 1 each	=	42.10	x 12 Months	\$505.20
Item 40	INCUBATOR, LAB	8.20	x 1 each	=	8.20	x 12 Months	\$98.40
Item 41	INFANT INCUBATOR	43.10	x 2 each	=	86.20	x 12 Months	\$1,034.40
Item 42	INSTRUMENT AMPLIFIER	10.30	x 1 each	=	10.30	x 12 Months	\$123.60
Item 43	Insufflator	33.80	x 2 each	=	67.60	x 12 Months	\$811.20
Item 44	Irrigator, Surgical	33.80	x 1 each	=	33.80	x 12 Months	\$405.60
Item 45	LAPAROSCOPE	200.00	x 2 each	=	400.00	x 12 Months	\$4,800.00
Item 46	HEADLIGHT	6.20	x 2 each	=	12.40	x 12 Months	\$148.80
Item 47	LIFT, PATIENT, PORTABLE	41.00	x 5 each	=	205.00	x 12 Months	\$2,460.00
Item 48	LIGHTS	32.80	x 20 each	=	656.00	x 12 Months	\$7,872.00
Item 49	MEDICAL GAS SYSTEM	769.20	x 1 each	=	769.20	x 12 Months	\$9,230.40
Item 50	MICROSCOPE, LABORATORY	32.80	x 3 each	=	98.40	x 12 Months	\$1,180.80
Item 51	MIXER	8.20	x 1 each	=	8.20	x 12 Months	\$98.40
Item 52	MIXER, VORTEX	8.20	x 1 each	=	8.20	x 12 Months	\$98.40
Item 53	MONITOR, APNEA	33.80	x 1 each	=	33.80	x 12 Months	\$405.60
Item 54	MONITOR, DISPLAY	33.80	x 9 each	=	304.20	x 12 Months	\$3,650.40
Item 55	Monitor, NIBP, SaO2, Temp	36.90	x 30 each	=	1,107.00	x 12 Months	\$13,284.00
Item 56	MONITOR, PATIENT	36.90	x 2 each	=	73.80	x 12 Months	\$885.60
Item 57	MONITOR, PATIENT	36.90	x 7 each	=	258.30	x 12 Months	\$3,099.60
Item 58	MONITOR, PHYSIOLOGICAL	36.90	x 7 each	=	258.30	x 12 Months	\$3,099.60
Item 59	NEBULIZER	7.20	x 7 each	=	50.40	x 12 Months	\$604.80
Item 60	NEGATIVE PRESSURE WOUND PUMP	33.80	x 2 each	=	67.60	x 12 Months	\$811.20
Item 61	NURSE CALL SYSTEM	240.00	x 2 each	=	480.00	x 12 Months	\$5,760.00
Item 62	OXIMETER, PULSE	33.80	x 13 each	=	439.40	x 12 Months	\$5,272.80
Item 63	OXYGEN ANALYZER	20.50	x 2 each	=	41.00	x 12 Months	\$492.00

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Item 64	PRESSURE INFUSER	5.10	x 1 each	=	5.10	x 12 Months	\$61.20
Item #	Item Description	Pricing per each Year 2	Quantity		Monthly Pricing Year 2		Annual Pricing Year 2
Item 65	Printer, Digital	20.50	x 5 each	=	102.50	x 12 Months	\$1,230.00
Item 66	PULMONARY FUNCTION ANALYZER	120.00	x 1 each	=	120.00	x 12 Months	\$1,440.00
Item 67	PUMP, ANTI-EMBOLISM	30.80	x 10 each	=	308.00	x 12 Months	\$3,696.00
Item 68	PUMP, ENTERAL FEEDING	30.80	x 4 each	=	123.20	x 12 Months	\$1,478.40
Item 69	PUMP, HEATING PAD	30.80	x 4 each	=	123.20	x 12 Months	\$1,478.40
Item 70	PUMP, INFUSION	36.90	x 43 each	=	1,586.70	x 12 Months	\$19,040.40
Item 71	PUMP, SUCTION	6.20	x 6 each	=	37.20	x 12 Months	\$446.40
Item 72	PURIFIER, WATER	336.40	x 1 each	=	336.40	x 12 Months	\$4,036.80
Item 73	REFRIGERATOR	20.50	x 10 each	=	205.00	x 12 Months	\$2,460.00
Item 74	RING CUTTER	5.10	x 1 each	=	5.10	x 12 Months	\$61.20
Item 75	ROCKER	7.20	x 1 each	=	7.20	x 12 Months	\$86.40
Item 76	SCALE	30.80	x 11 each	=	338.80	x 12 Months	\$4,065.60
Item 77	SCRUB SINK	17.40	x 2 each	=	34.80	x 12 Months	\$417.60
Item 78	SHAVER	5.10	x 2 each	=	10.20	x 12 Months	\$122.40
Item 79	SLIDE WARMER	4.10	x 1 each	=	4.10	x 12 Months	\$49.20
Item 80	SPU PROCESSOR	320.00	x 1 each	=	320.00	x 12 Months	\$3,840.00
Item 81	STEAM GENERATOR	999.00	x 1 each	=	999.00	x 12 Months	\$11,988.00
Item 82	STERILIZATION PROC. INDICATOR	8.20	x 1 each	=	8.20	x 12 Months	\$98.40
Item 83	STERILIZER, STEAM	360.00	x 1 each	=	360.00	x 12 Months	\$4,320.00
Item 84	STIMULATOR	30.80	x 1 each	=	30.80	x 12 Months	\$369.60
Item 85	STRETCHERS	33.80	x 11 each	=	371.80	x 12 Months	\$4,461.60
Item 86	SUCTION, PORTABLE	6.20	x 2 each	=	12.40	x 12 Months	\$148.80
Item 87	TABLE, EXAM	7.20	x 17 each	=	122.40	x 12 Months	\$1,468.80
Item 88	TABLE, OR	68.70	x 2 each	=	137.40	x 12 Months	\$1,648.80
Item 89	TELEMETRY TRANSMITTER	33.80	x 8 each	=	270.40	x 12 Months	\$3,244.80
Item 90	TEMP CONTROL	17.40	x 1 each	=	17.40	x 12 Months	\$208.80
Item 91	TENT, OXYGEN	8.20	x 4 each	=	32.80	x 12 Months	\$393.60
Item 92	THAWER, PLASMA	20.50	x 1 each	=	20.50	x 12 Months	\$246.00
Item 93	Thermometer	25.60	x 22 each	=	563.20	x 12 Months	\$6,758.40
Item 94	TISSUE PROCESSOR	168.20	x 1 each	=	168.20	x 12 Months	\$2,018.40
Item 95	Tourniquet	41.00	x 1 each	=	41.00	x 12 Months	\$492.00

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Item 96	TRANSFORMER, HEADLIGHT	20.50	x 1 each	=	20.50	x 12 Months	\$246.00
Item #	Item Description	Pricing per each Year 2	Quantitiy		Monthly Pricing Year 2		Annual Pricing Year 2
Item 97	Transformer, Wall, Oto/Ophthalm	6.20	x 26 each	=	161.20	x 12 Months	\$1,934.40
Item 98	TUB, WHIRLPOOL	17.40	x 3 each	=	52.20	x 12 Months	\$626.40
Item 99	ULTRASONIC CLEANER	17.40	x 1 each	=	17.40	x 12 Months	\$208.80
Item 100	ULTRASONIC SURGICAL CUTTER/COA	360.00	x 1 each	=	360.00	x 12 Months	\$4,320.00
Item 101	URINE ANALYZER	40.00	x 2 each	=	80.00	x 12 Months	\$960.00
Item 102	Vag speculum Light Illuminator	17.40	x 1 each	=	17.40	x 12 Months	\$208.80
Item 103	VENTILATOR	72.80	x 6 each	=	436.80	x 12 Months	\$5,241.60
Item 104	Video Display Processor	33.80	x 1 each	=	33.80	x 12 Months	\$405.60
Item 105	VIDEO LARYNGOSCOPE	120.00	x 1 each	=	120.00	x 12 Months	\$1,440.00
Item 106	VIEW BOX, XRAY	8.20	x 1 each	=	8.20	x 12 Months	\$98.40
Item 107	Warmer	30.80	x 2 each	=	61.60	x 12 Months	\$739.20
Item 108	WARMER, FLUID	41.00	x 10 each	=	410.00	x 12 Months	\$4,920.00
Item 109	WARMER, INFANT	43.10	x 3 each	=	129.30	x 12 Months	\$1,551.60
Item 110	WARMER, PATIENT	43.10	x 4 each	=	172.40	x 12 Months	\$2,068.80
Item 111	WARMING CABINET	30.80	x 4 each	=	123.20	x 12 Months	\$1,478.40
Item 112	WASHER / STERILIZER	360.00	x 2 each	=	720.00	x 12 Months	\$8,640.00
Item 113	WHIRLPOOL	30.80	x 2 each	=	61.60	x 12 Months	\$739.20
Item 114	X-RAY VIEWER	8.20	x 3 each	=	24.60	x 12 Months	\$295.20
4.1.1 Year 2	Service Support Agreement for Biomedical Equipment Inspection, Preventative Maintenance, Parts, and Repair	Total Pricing per Month			\$25,965.40	Total Annual Pricing	\$311,584.80



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Pricing Worksheet Exhibit A

Item #	Item Description	Pricing per each Year 3	Quantitiy		Monthly Pricing Year 3		Annual Pricing Year 3
Item 1	Aerosol Heater	8.40	x 1 each	=	8.40	x 12 Months	\$100.80
Item 2	ANESTHESIA MACHINE	230.50	x 2 each	=	461.00	x 12 Months	\$5,532.00
Item 3	Anesthesia Vaporizer (desflura	70.50	x 7 each	=	493.50	x 12 Months	\$5,922.00
Item 4	ASPIRATOR	8.40	x 4 each	=	33.60	x 12 Months	\$403.20
Item 5	AUDIOMETER	41.10	x 1 each	=	41.10	x 12 Months	\$493.20
Item 6	Baby Wipe Warmer	6.30	x 1 each	=	6.30	x 12 Months	\$75.60
Item 7	BASSINET	7.40	x 1 each	=	7.40	x 12 Months	\$88.80
Item 8	BATH, DRY	8.40	x 1 each	=	8.40	x 12 Months	\$100.80
Item 9	BED, ELECTRIC	33.70	x 108 each	=	3,639.60	x 12 Months	\$43,675.20
Item 10	BLADDER SCANNER	123.20	x 1 each	=	123.20	x 12 Months	\$1,478.40
Item 11	BLOOD GAS ANALYZER	278.90	x 2 each	=	557.80	x 12 Months	\$6,693.60
Item 12	BLOOD GLUCOSE ANALYZER	21.10	x 1 each	=	21.10	x 12 Months	\$253.20
Item 13	Camera, Video	107.40	x 1 each	=	107.40	x 12 Months	\$1,288.80
Item 14	CART, CRASH	17.90	x 6 each	=	107.40	x 12 Months	\$1,288.80
Item 15	CENTRIFUGE	11.60	x 2 each	=	23.20	x 12 Months	\$278.40
Item 16	CHARGING CRADLE/TRANSPORT BASE	4.20	x 6 each	=	25.20	x 12 Months	\$302.40
Item 17	HOOD CERTIFICATION-CHEMICAL EXPOSURE TESTING	308.40	x 2 each	=	616.80	x 12 Months	\$7,401.60
Item 18	COLPOSCOPE	82.10	x 7 each	=	574.70	x 12 Months	\$6,896.40
Item 19	COMPRESSOR UNIT, POWER	8.40	x 2 each	=	16.80	x 12 Months	\$201.60
Item 20	COMPRESSOR, AIR	8.40	x 2 each	=	16.80	x 12 Months	\$201.60
Item 21	COMPUTER-TELEMENTRY	37.90	x 1 each	=	37.90	x 12 Months	\$454.80
Item 22	Cryosurgical Unit	31.60	x 1 each	=	31.60	x 12 Months	\$379.20
Item 23	DEFIBRILLATOR	43.20	x 6 each	=	259.20	x 12 Months	\$3,110.40
Item 24	Doppler Unit	7.40	x 4 each	=	29.60	x 12 Months	\$355.20
Item 25	DRILL, MEDICAL	26.30	x 1 each	=	26.30	x 12 Months	\$315.60
Item 26	DRYER, STERILE	34.70	x 1 each	=	34.70	x 12 Months	\$416.40
Item 27	ELECTROCARDIOGRAPH	42.10	x 5 each	=	210.50	x 12 Months	\$2,526.00
Item 28	ELECTROSURGICAL UNIT	42.10	x 2 each	=	84.20	x 12 Months	\$1,010.40
Item 29	ENDOSCOPIC IRRIGATOR	36.80	x 1 each	=	36.80	x 12 Months	\$441.60
Item 30	ENDOSCOPIC VIDEO SYSTEM	34.70	x 1 each	=	34.70	x 12 Months	\$416.40
Item 31	FETAL MONITOR	37.90	x 1 each	=	37.90	x 12 Months	\$454.80
Item 32	FREEZER	10.50	x 2 each	=	21.00	x 12 Months	\$252.00

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Pricing Worksheet Exhibit A

Item #	Item Description	Pricing per each Year 3	Quantitiy		Monthly Pricing Year 3		Annual Pricing Year 3
Item 33	Gel Warmer	6.30	x 2 each	=	12.60	x 12 Months	\$151.20
Item 34	GLUCOMETER	21.10	x 1 each	=	21.10	x 12 Months	\$253.20
Item 35	HEMATOLOGY ANALYZER	821.10	x 2 each	=	1,642.20	x 12 Months	\$19,706.40
Item 36	PHARMACY CLEAN ROOM & HOOD	308.40	x 3 each	=	925.20	x 12 Months	\$11,102.40
Item 37	Hospital Med Gas	308.40	x 1 each	=	308.40	x 12 Months	\$3,700.80
Item 38	Humidifier, heated	42.10	x 6 each	=	252.60	x 12 Months	\$3,031.20
Item 39	HYPO/HYPERTHERMIA UNIT	43.20	x 1 each	=	43.20	x 12 Months	\$518.40
Item 40	INCUBATOR, LAB	8.40	x 1 each	=	8.40	x 12 Months	\$100.80
Item 41	INFANT INCUBATOR	44.20	x 2 each	=	88.40	x 12 Months	\$1,060.80
Item 42	INSTRUMENT AMPLIFIER	10.50	x 1 each	=	10.50	x 12 Months	\$126.00
Item 43	Insufflator	34.70	x 2 each	=	69.40	x 12 Months	\$832.80
Item 44	Irrigator, Surgical	34.70	x 1 each	=	34.70	x 12 Months	\$416.40
Item 45	LAPAROSCOPE	205.30	x 2 each	=	410.60	x 12 Months	\$4,927.20
Item 46	HEADLIGHT	6.30	x 2 each	=	12.60	x 12 Months	\$151.20
Item 47	LIFT, PATIENT, PORTABLE	42.10	x 5 each	=	210.50	x 12 Months	\$2,526.00
Item 48	LIGHTS	33.70	x 20 each	=	674.00	x 12 Months	\$8,088.00
Item 49	MEDICAL GAS SYSTEM	789.50	x 1 each	=	789.50	x 12 Months	\$9,474.00
Item 50	MICROSCOPE, LABORATORY	33.70	x 3 each	=	101.10	x 12 Months	\$1,213.20
Item 51	MIXER	8.40	x 1 each	=	8.40	x 12 Months	\$100.80
Item 52	MIXER, VORTEX	8.40	x 1 each	=	8.40	x 12 Months	\$100.80
Item 53	MONITOR, APNEA	34.70	x 1 each	=	34.70	x 12 Months	\$416.40
Item 54	MONITOR, DISPLAY	34.70	x 9 each	=	312.30	x 12 Months	\$3,747.60
Item 55	Monitor, NIBP, SaO2, Temp	37.90	x 30 each	=	1,137.00	x 12 Months	\$13,644.00
Item 56	MONITOR, PATIENT	37.90	x 2 each	=	75.80	x 12 Months	\$909.60
Item 57	MONITOR, PATIENT	37.90	x 7 each	=	265.30	x 12 Months	\$3,183.60
Item 58	MONITOR, PHYSIOLOGICAL	37.90	x 7 each	=	265.30	x 12 Months	\$3,183.60
Item 59	NEBULIZER	7.40	x 7 each	=	51.80	x 12 Months	\$621.60
Item 60	NEGATIVE PRESSURE WOUND PUMP	34.70	x 2 each	=	69.40	x 12 Months	\$832.80
Item 61	NURSE CALL SYSTEM	246.30	x 2 each	=	492.60	x 12 Months	\$5,911.20
Item 62	OXIMETER, PULSE	34.70	x 13 each	=	451.10	x 12 Months	\$5,413.20
Item 63	OXYGEN ANALYZER	21.10	x 2 each	=	42.20	x 12 Months	\$506.40
Item 64	PRESSURE INFUSER	5.30	x 1 each	=	5.30	x 12 Months	\$63.60

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Pricing Worksheet Exhibit A

Item #	Item Description	Pricing per each Year 3	Quantity		Monthly Pricing Year 3		Annual Pricing Year 3
Item 65	Printer, Digital	21.10	x 5 each	=	105.50	x 12 Months	\$1,266.00
Item 66	PULMONARY FUNCTION ANALYZER	123.20	x 1 each	=	123.20	x 12 Months	\$1,478.40
Item 67	PUMP, ANTI-EMBOLISM	31.60	x 10 each	=	316.00	x 12 Months	\$3,792.00
Item 68	PUMP, ENTERAL FEEDING	31.60	x 4 each	=	126.40	x 12 Months	\$1,516.80
Item 69	PUMP, HEATING PAD	31.60	x 4 each	=	126.40	x 12 Months	\$1,516.80
Item 70	PUMP, INFUSION	37.90	x 43 each	=	1,629.70	x 12 Months	\$19,556.40
Item 71	PUMP, SUCTION	6.30	x 6 each	=	37.80	x 12 Months	\$453.60
Item 72	PURIFIER, WATER	345.30	x 1 each	=	345.30	x 12 Months	\$4,143.60
Item 73	REFRIGERATOR	21.10	x 10 each	=	211.00	x 12 Months	\$2,532.00
Item 74	RING CUTTER	5.30	x 1 each	=	5.30	x 12 Months	\$63.60
Item 75	ROCKER	7.40	x 1 each	=	7.40	x 12 Months	\$88.80
Item 76	SCALE	31.60	x 11 each	=	347.60	x 12 Months	\$4,171.20
Item 77	SCRUB SINK	17.90	x 2 each	=	35.80	x 12 Months	\$429.60
Item 78	SHAVER	5.30	x 2 each	=	10.60	x 12 Months	\$127.20
Item 79	SLIDE WARMER	4.20	x 1 each	=	4.20	x 12 Months	\$50.40
Item 80	SPU PROCESSOR	328.40	x 1 each	=	328.40	x 12 Months	\$3,940.80
Item 81	STEAM GENERATOR	1025.30	x 1 each	=	1,025.30	x 12 Months	\$12,303.60
Item 82	STERILIZATION PROC. INDICATOR	8.40	x 1 each	=	8.40	x 12 Months	\$100.80
Item 83	STERILIZER, STEAM	369.50	x 1 each	=	369.50	x 12 Months	\$4,434.00
Item 84	STIMULATOR	31.60	x 1 each	=	31.60	x 12 Months	\$379.20
Item 85	STRETCHERS	34.70	x 11 each	=	381.70	x 12 Months	\$4,580.40
Item 86	SUCTION, PORTABLE	6.30	x 2 each	=	12.60	x 12 Months	\$151.20
Item 87	TABLE, EXAM	7.40	x 17 each	=	125.80	x 12 Months	\$1,509.60
Item 88	TABLE, OR	70.50	x 2 each	=	141.00	x 12 Months	\$1,692.00
Item 89	TELEMETRY TRANSMITTER	34.70	x 8 each	=	277.60	x 12 Months	\$3,331.20
Item 90	TEMP CONTROL	17.90	x 1 each	=	17.90	x 12 Months	\$214.80
Item 91	TENT, OXYGEN	8.40	x 4 each	=	33.60	x 12 Months	\$403.20
Item 92	THAWER, PLASMA	21.10	x 1 each	=	21.10	x 12 Months	\$253.20
Item 93	Thermometer	26.30	x 22 each	=	578.60	x 12 Months	\$6,943.20
Item 94	TISSUE PROCESSOR	172.60	x 1 each	=	172.60	x 12 Months	\$2,071.20
Item 95	Tourniquet	42.10	x 1 each	=	42.10	x 12 Months	\$505.20
Item 96	TRANSFORMER, HEADLIGHT	21.10	x 1 each	=	21.10	x 12 Months	\$253.20

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Pricing Worksheet Exhibit A

Item #	Item Description	Pricing per each Year 3	Quantitiy		Monthly Pricing Year 3		Annual Pricing Year 3
Item 97	Transformer, Wall, Oto/Ophthalm	6.30	x 26 each	=	163.80	x 12 Months	\$1,965.60
Item 98	TUB, WHIRLPOOL	17.90	x 3 each	=	53.70	x 12 Months	\$644.40
Item 99	ULTRASONIC CLEANER	17.90	x 1 each	=	17.90	x 12 Months	\$214.80
Item 100	ULTRASONIC SURGICAL CUTTER/COA	369.50	x 1 each	=	369.50	x 12 Months	\$4,434.00
Item 101	URINE ANALYZER	41.10	x 2 each	=	82.20	x 12 Months	\$986.40
Item 102	Vag speculum Light Illuminator	17.90	x 1 each	=	17.90	x 12 Months	\$214.80
Item 103	VENTILATOR	74.70	x 6 each	=	448.20	x 12 Months	\$5,378.40
Item 104	Video Display Processor	34.70	x 1 each	=	34.70	x 12 Months	\$416.40
Item 105	VIDEO LARYNGOSCOPE	123.20	x 1 each	=	123.20	x 12 Months	\$1,478.40
Item 106	VIEW BOX, XRAY	8.40	x 1 each	=	8.40	x 12 Months	\$100.80
Item 107	Warmer	31.60	x 2 each	=	63.20	x 12 Months	\$758.40
Item 108	WARMER, FLUID	42.10	x 10 each	=	421.00	x 12 Months	\$5,052.00
Item 109	WARMER, INFANT	44.20	x 3 each	=	132.60	x 12 Months	\$1,591.20
Item 110	WARMER, PATIENT	44.20	x 4 each	=	176.80	x 12 Months	\$2,121.60
Item 111	WARMING CABINET	31.60	x 4 each	=	126.40	x 12 Months	\$1,516.80
Item 112	WASHER / STERILIZER	369.50	x 2 each	=	739.00	x 12 Months	\$8,868.00
Item 113	WHIRLPOOL	31.60	x 2 each	=	63.20	x 12 Months	\$758.40
Item 114	X-RAY VIEWER	8.40	x 3 each	=	25.20	x 12 Months	\$302.40
4.1.1 Year 3	Service Support Agreement for Biomedical Equipment Inspection, Preventative Maintenance, Parts, and Repair	<b>Total Pricing per Month</b>			\$26,656.70	<b>Total Annual Pricing</b>	\$319,880.40



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Pricing Worksheet Exhibit A

Item #	Item Description	Pricing per each Year 4	Quantitiy		Monthly Pricing Year 4		Annual Pricing Year 4
Item 1	Aerosol Heater	8.60	x 1 each	=	8.60	x 12 Months	\$103.20
Item 2	ANESTHESIA MACHINE	236.80	x 2 each	=	473.60	x 12 Months	\$5,683.20
Item 3	Anesthesia Vaporizer (desflura	72.40	x 7 each	=	506.80	x 12 Months	\$6,081.60
Item 4	ASPIRATOR	8.60	x 4 each	=	34.40	x 12 Months	\$412.80
Item 5	AUDIOMETER	42.20	x 1 each	=	42.20	x 12 Months	\$506.40
Item 6	Baby Wipe Warmer	6.50	x 1 each	=	6.50	x 12 Months	\$78.00
Item 7	BASSINET	7.60	x 1 each	=	7.60	x 12 Months	\$91.20
Item 8	BATH, DRY	8.60	x 1 each	=	8.60	x 12 Months	\$103.20
Item 9	BED, ELECTRIC	34.60	x 108 each	=	3,736.80	x 12 Months	\$44,841.60
Item 10	BLADDER SCANNER	126.50	x 1 each	=	126.50	x 12 Months	\$1,518.00
Item 11	BLOOD GAS ANALYZER	286.50	x 2 each	=	573.00	x 12 Months	\$6,876.00
Item 12	BLOOD GLUCOSE ANALYZER	21.60	x 1 each	=	21.60	x 12 Months	\$259.20
Item 13	Camera, Video	110.30	x 1 each	=	110.30	x 12 Months	\$1,323.60
Item 14	CART, CRASH	18.40	x 6 each	=	110.40	x 12 Months	\$1,324.80
Item 15	CENTRIFUGE	11.90	x 2 each	=	23.80	x 12 Months	\$285.60
Item 16	CHARGING CRADLE/TRANSPORT BASE	4.30	x 6 each	=	25.80	x 12 Months	\$309.60
Item 17	HOOD CERTIFICATION-CHEMICAL EXPOSURE TESTING	316.80	x 2 each	=	633.60	x 12 Months	\$7,603.20
Item 18	COLPOSCOPE	84.30	x 7 each	=	590.10	x 12 Months	\$7,081.20
Item 19	COMPRESSOR UNIT, POWER	8.60	x 2 each	=	17.20	x 12 Months	\$206.40
Item 20	COMPRESSOR, AIR	8.60	x 2 each	=	17.20	x 12 Months	\$206.40
Item 21	COMPUTER-TELEMENTRY	38.90	x 1 each	=	38.90	x 12 Months	\$466.80
Item 22	Cryosurgical Unit	32.40	x 1 each	=	32.40	x 12 Months	\$388.80
Item 23	DEFIBRILLATOR	44.30	x 6 each	=	265.80	x 12 Months	\$3,189.60
Item 24	Doppler Unit	7.60	x 4 each	=	30.40	x 12 Months	\$364.80
Item 25	DRILL, MEDICAL	27.00	x 1 each	=	27.00	x 12 Months	\$324.00
Item 26	DRYER, STERILE	35.70	x 1 each	=	35.70	x 12 Months	\$428.40
Item 27	ELECTROCARDIOGRAPH	43.20	x 5 each	=	216.00	x 12 Months	\$2,592.00
Item 28	ELECTROSURGICAL UNIT	43.20	x 2 each	=	86.40	x 12 Months	\$1,036.80
Item 29	ENDOSCOPIC IRRIGATOR	37.80	x 1 each	=	37.80	x 12 Months	\$453.60
Item 30	ENDOSCOPIC VIDEO SYSTEM	35.70	x 1 each	=	35.70	x 12 Months	\$428.40
Item 31	FETAL MONITOR	38.90	x 1 each	=	38.90	x 12 Months	\$466.80
Item 32	FREEZER	10.80	x 2 each	=	21.60	x 12 Months	\$259.20

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Pricing Worksheet Exhibit A

Item #	Item Description	Pricing per each Year 4	Quantitiy		Monthly Pricing Year 4		Annual Pricing Year 4
Item 33	Gel Warmer	6.50	x 2 each	=	13.00	x 12 Months	\$156.00
Item 34	GLUCOMETER	21.60	x 1 each	=	21.60	x 12 Months	\$259.20
Item 35	HEMATOLOGY ANALYZER	843.20	x 2 each	=	1,686.40	x 12 Months	\$20,236.80
Item 36	PHARMACY CLEAN ROOM & HOOD	316.80	x 3 each	=	950.40	x 12 Months	\$11,404.80
Item 37	Hospital Med Gas	316.80	x 1 each	=	316.80	x 12 Months	\$3,801.60
Item 38	Humidifier, heated	43.20	x 6 each	=	259.20	x 12 Months	\$3,110.40
Item 39	HYPO/HYPERThERMIA UNIT	44.30	x 1 each	=	44.30	x 12 Months	\$531.60
Item 40	INCUBATOR, LAB	8.60	x 1 each	=	8.60	x 12 Months	\$103.20
Item 41	INFANT INCUBATOR	45.40	x 2 each	=	90.80	x 12 Months	\$1,089.60
Item 42	INSTRUMENT AMPLIFIER	10.80	x 1 each	=	10.80	x 12 Months	\$129.60
Item 43	Insufflator	35.70	x 2 each	=	71.40	x 12 Months	\$856.80
Item 44	Irrigator, Surgical	35.70	x 1 each	=	35.70	x 12 Months	\$428.40
Item 45	LAPAROSCOPE	210.80	x 2 each	=	421.60	x 12 Months	\$5,059.20
Item 46	HEADLIGHT	6.50	x 2 each	=	13.00	x 12 Months	\$156.00
Item 47	LIFT, PATIENT, PORTABLE	43.20	x 5 each	=	216.00	x 12 Months	\$2,592.00
Item 48	LIGHTS	34.60	x 20 each	=	692.00	x 12 Months	\$8,304.00
Item 49	MEDICAL GAS SYSTEM	810.80	x 1 each	=	810.80	x 12 Months	\$9,729.60
Item 50	MICROSCOPE, LABORATORY	34.60	x 3 each	=	103.80	x 12 Months	\$1,245.60
Item 51	MIXER	8.60	x 1 each	=	8.60	x 12 Months	\$103.20
Item 52	MIXER, VORTEX	8.60	x 1 each	=	8.60	x 12 Months	\$103.20
Item 53	MONITOR, APNEA	35.70	x 1 each	=	35.70	x 12 Months	\$428.40
Item 54	MONITOR, DISPLAY	35.70	x 9 each	=	321.30	x 12 Months	\$3,855.60
Item 55	Monitor, NIBP, SaO2, Temp	38.90	x 30 each	=	1,167.00	x 12 Months	\$14,004.00
Item 56	MONITOR, PATIENT	38.90	x 2 each	=	77.80	x 12 Months	\$933.60
Item 57	MONITOR, PATIENT	38.90	x 7 each	=	272.30	x 12 Months	\$3,267.60
Item 58	MONITOR, PHYSIOLOGICAL	38.90	x 7 each	=	272.30	x 12 Months	\$3,267.60
Item 59	NEBULIZER	7.60	x 7 each	=	53.20	x 12 Months	\$638.40
Item 60	NEGATIVE PRESSURE WOUND PUMP	35.70	x 2 each	=	71.40	x 12 Months	\$856.80
Item 61	NURSE CALL SYSTEM	253.00	x 2 each	=	506.00	x 12 Months	\$6,072.00
Item 62	OXIMETER, PULSE	35.70	x 13 each	=	464.10	x 12 Months	\$5,569.20
Item 63	OXYGEN ANALYZER	21.60	x 2 each	=	43.20	x 12 Months	\$518.40
Item 64	PRESSURE INFUSER	5.40	x 1 each	=	5.40	x 12 Months	\$64.80

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Pricing Worksheet Exhibit A

Item #	Item Description	Pricing per each Year 4	Quantity		Monthly Pricing Year 4		Annual Pricing Year 4
Item 65	Printer, Digital	21.60	x 5 each	=	108.00	x 12 Months	\$1,296.00
Item 66	PULMONARY FUNCTION ANALYZER	126.50	x 1 each	=	126.50	x 12 Months	\$1,518.00
Item 67	PUMP, ANTI-EMBOLISM	32.40	x 10 each	=	324.00	x 12 Months	\$3,888.00
Item 68	PUMP, ENTERAL FEEDING	32.40	x 4 each	=	129.60	x 12 Months	\$1,555.20
Item 69	PUMP, HEATING PAD	32.40	x 4 each	=	129.60	x 12 Months	\$1,555.20
Item 70	PUMP, INFUSION	38.90	x 43 each	=	1,672.70	x 12 Months	\$20,072.40
Item 71	PUMP, SUCTION	6.50	x 6 each	=	39.00	x 12 Months	\$468.00
Item 72	PURIFIER, WATER	354.60	x 1 each	=	354.60	x 12 Months	\$4,255.20
Item 73	REFRIGERATOR	21.60	x 10 each	=	216.00	x 12 Months	\$2,592.00
Item 74	RING CUTTER	5.40	x 1 each	=	5.40	x 12 Months	\$64.80
Item 75	ROCKER	7.60	x 1 each	=	7.60	x 12 Months	\$91.20
Item 76	SCALE	32.40	x 11 each	=	356.40	x 12 Months	\$4,276.80
Item 77	SCRUB SINK	18.40	x 2 each	=	36.80	x 12 Months	\$441.60
Item 78	SHAVER	5.40	x 2 each	=	10.80	x 12 Months	\$129.60
Item 79	SLIDE WARMER	4.30	x 1 each	=	4.30	x 12 Months	\$51.60
Item 80	SPU PROCESSOR	337.30	x 1 each	=	337.30	x 12 Months	\$4,047.60
Item 81	STEAM GENERATOR	1053.00	x 1 each	=	1,053.00	x 12 Months	\$12,636.00
Item 82	STERILIZATION PROC. INDICATOR	8.60	x 1 each	=	8.60	x 12 Months	\$103.20
Item 83	STERILIZER, STEAM	379.50	x 1 each	=	379.50	x 12 Months	\$4,554.00
Item 84	STIMULATOR	32.40	x 1 each	=	32.40	x 12 Months	\$388.80
Item 85	STRETCHERS	35.70	x 11 each	=	392.70	x 12 Months	\$4,712.40
Item 86	SUCTION, PORTABLE	6.50	x 2 each	=	13.00	x 12 Months	\$156.00
Item 87	TABLE, EXAM	7.60	x 17 each	=	129.20	x 12 Months	\$1,550.40
Item 88	TABLE, OR	72.40	x 2 each	=	144.80	x 12 Months	\$1,737.60
Item 89	TELEMETRY TRANSMITTER	35.70	x 8 each	=	285.60	x 12 Months	\$3,427.20
Item 90	TEMP CONTROL	18.40	x 1 each	=	18.40	x 12 Months	\$220.80
Item 91	TENT, OXYGEN	8.60	x 4 each	=	34.40	x 12 Months	\$412.80
Item 92	THAWER, PLASMA	21.60	x 1 each	=	21.60	x 12 Months	\$259.20
Item 93	Thermometer	27.00	x 22 each	=	594.00	x 12 Months	\$7,128.00
Item 94	TISSUE PROCESSOR	177.30	x 1 each	=	177.30	x 12 Months	\$2,127.60
Item 95	Tourniquet	43.20	x 1 each	=	43.20	x 12 Months	\$518.40
Item 96	TRANSFORMER, HEADLIGHT	21.60	x 1 each	=	21.60	x 12 Months	\$259.20

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Pricing Worksheet Exhibit A

Item #	Item Description	Pricing per each Year 4	Quantitiy		Monthly PricingYear 4		Annual Pricing Year 4
Item 97	Transformer, Wall, Oto/Ophthalm	6.50	x 26 each	=	169.00	x 12 Months	\$2,028.00
Item 98	TUB, WHIRLPOOL	18.40	x 3 each	=	55.20	x 12 Months	\$662.40
Item 99	ULTRASONIC CLEANER	18.40	x 1 each	=	18.40	x 12 Months	\$220.80
Item 100	ULTRASONIC SURGICAL CUTTER/COA	379.50	x 1 each	=	379.50	x 12 Months	\$4,554.00
Item 101	URINE ANALYZER	42.20	x 2 each	=	84.40	x 12 Months	\$1,012.80
Item 102	Vag speculum Light Illuminator	18.40	x 1 each	=	18.40	x 12 Months	\$220.80
Item 103	VENTILATOR	76.80	x 6 each	=	460.80	x 12 Months	\$5,529.60
Item 104	Video Display Processor	35.70	x 1 each	=	35.70	x 12 Months	\$428.40
Item 105	VIDEO LARYNGOSCOPE	126.50	x 1 each	=	126.50	x 12 Months	\$1,518.00
Item 106	VIEW BOX, XRAY	8.60	x 1 each	=	8.60	x 12 Months	\$103.20
Item 107	Warmer	32.40	x 2 each	=	64.80	x 12 Months	\$777.60
Item 108	WARMER, FLUID	43.20	x 10 each	=	432.00	x 12 Months	\$5,184.00
Item 109	WARMER, INFANT	45.40	x 3 each	=	136.20	x 12 Months	\$1,634.40
Item 110	WARMER, PATIENT	45.40	x 4 each	=	181.60	x 12 Months	\$2,179.20
Item 111	WARMING CABINET	32.40	x 4 each	=	129.60	x 12 Months	\$1,555.20
Item 112	WASHER / STERILIZER	379.50	x 2 each	=	759.00	x 12 Months	\$9,108.00
Item 113	WHIRLPOOL	32.40	x 2 each	=	64.80	x 12 Months	\$777.60
Item 114	X-RAY VIEWER	8.60	x 3 each	=	25.80	x 12 Months	\$309.60
4.1.1 Year 4	Service Support Agreement for Biomedical Equipment Inspection, Preventative Maintenance, Parts, and Repair		<b>Total Pricing per Month</b>		\$27,372.50	<b>Total Annual Pricing</b>	\$328,470.00