



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

November 30, 2017

Forest W. Campbell, Jr.
Brooks, Pierce, McLendon, Humphrey & Leonard, LLP
2000 Renaissance Plaza
230 North Elm Street
Greensboro NC 27401

No Review

Record #: 2446
Facility Name: Raleigh Radiology – Fuquay-Varina
Business Name: Raleigh Radiology, LLC
Business #: 1518
Project Description: Relocate diagnostic imaging equipment to a new imaging center to be located in a physician office building in Fuquay-Varina
County: Wake

Dear Mr. Campbell:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of November 16, 2017 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

It should be noted that this determination is binding only for the facts represented in your correspondence. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION
WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

LOCATION: EDGERTON BUILDING • 809 RUGGLES DRIVE • RALEIGH, NC 27603

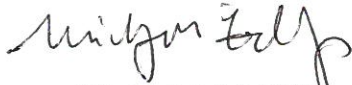
MAILING ADDRESS: 2704 MAIL SERVICE CENTER • RALEIGH, NC 27699-2704

AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER

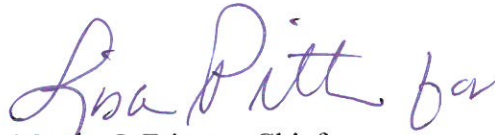


Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,



Michael J. McKillip
Project Analyst



Martha J. Frisone, Chief
Healthcare Planning and Certificate of Need Section

cc: Sharetta Blackwell, Program Assistant, Healthcare Planning, DHSR

November 16, 2017

Via FedEx Delivery

Ms. Martha Frisone, Chief
Mr. Michael McKillip, Project Analyst
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
809 Ruggles Drive
Raleigh, NC 27603

Re: Matter: No Review Request
Business Name: Raleigh Radiology, LLC
Project Description: Offer Diagnostic Imaging Services
County: Wake County



Dear Ms. Frisone and Mr. McKillip:

We represent Raleigh Radiology, LLC (“Raleigh”). Raleigh proposes to offer certain diagnostic imaging services at a new location in Wake County. Through this letter, Raleigh requests confirmation by the Healthcare Planning and Certificate of Need Section (the “Section”) that the proposal does not constitute a diagnostic center (as defined by N.C. Gen. Stat. § 131E-176(7a)) and is not otherwise subject to certificate of need (“CON”) review.

I. PROJECT DETAILS

Raleigh currently provides diagnostic imaging services at several locations in Wake County. Raleigh proposes to lease space (the “Space”) in a new physician office building that is being developed by Attain Properties, LLC (“Attain”) at 601 Attain Street in Fuquay-Varina, Wake County, North Carolina (the “POB”). The Section previously determined that the development of the POB is exempt from CON review. (Exhibit A, Exemption Letter.) The Space that Raleigh will occupy in the POB will consist of only a portion of the POB’s total space

Raleigh owns certain mammography, x-ray, ultrasound, and CR reader equipment that is currently used at existing Raleigh locations and owns a bone densitometer that previously was in use and now is in storage (collectively, the “Equipment”). Raleigh proposes to relocate the Equipment and operate it at the Space within the POB.

The following details are listed below for each piece of the Equipment: (A) the Equipment type, (B) the Equipment's current location, (C) the fair market value of the Equipment as determined by the fair market value appraisal of Collateral Evaluation Associates, Inc. (attached as Exhibit B), and (D) the costs essential to making the Equipment operational at the POB (including as applicable de-installation, moving, installation, construction, and software upgrade costs).

A. Bone Densitometer

Current Location	Fair Market Value & Costs	
Ample Storage 110 Charlotte Street Fuquay Varina, NC	Fair Market Value—(Exh B)	\$ 5,000
	Software Upgrade—Hologic (Exh C)	10,000
	Move and install—Hologic (Exh D)	3,100

Total: \$18,100

Raleigh's costs for obtaining the software upgrade and moving and installing the Bone Densitometer are reflected on the Hologic quotes in Exhibits C and D.

B. Mammography

Current Location	Fair Market Value & Costs	
Raleigh Radiology 3200 Blue Ridge Road Raleigh, NC	Fair Market Value—(Exh B)	\$75,000
	Move and install—Hologic (Exh E)	6,300

Total: \$81,300

Raleigh's costs for moving and installing the mammography equipment are reflected on the Hologic quote in Exhibit E.

C. X-Ray

Current Location	Fair Market Value & Costs	
Raleigh Radiology 3200 Blue Ridge Road Raleigh, NC	Fair Market Value—(Exh B)	\$ 3,500
	Move and install—Radon (Exh F)	9,000
	Construction-related—Horizon 5 General Contractors (Exh G)	29,800

Total: \$42,300

Raleigh's costs for moving and installing the x-ray equipment are reflected on the Radon quote in Exhibit F. Raleigh's construction costs for the lead lining and unistrut for the x-ray equipment are reflected on the Horizon 5 General Contractors quote in Exhibit G.

D. Ultrasound

Current Location	Fair Market Value & Costs	
Raleigh Radiology 3200 Blue Ridge Road Raleigh, NC	Fair Market Value—(Exh B)	\$10,000
	Moving—Marrins Mooving (Exh H)	\$375

Total: \$10,375

Raleigh's costs for moving the ultrasound equipment (\$375) is reflected on the Marrins Mooving quote in Exhibit H. (The quote totals \$750 for moving both the ultrasound and CR reader; one-half (\$375) has been allocated to each piece of equipment).

E. CR Reader

Current Location	Fair Market Value & Costs	
150 Parkway Office Court Cary, NC 20518	Fair Market Value—(Exh B)	\$3,500
	Moving—Marrins Mooving (Exh H)	375
	De-install & re-install—Carestream (Exh I)	1,832

Total: \$5,707

Raleigh's costs for moving the CR Reader (\$375) is reflected on the Marrins Mooving quote in Exhibit H. (The quote totals \$750 for moving both the ultrasound and CR reader; one-half (\$375) has been allocated to each piece of equipment). Raleigh's cost for de-installing and re-installing the CR reader is reflected on the Carestream quote in Exhibit I.

In addition, MRI services will be provided at the POB pursuant to a services agreement with an MRI provider that is lawfully authorized and permitted under North Carolina law to provide MRI services at the POB. While Raleigh will not acquire the MRI scanner in connection with this project, Raleigh proposes to construct a concrete pad on which the MRI scanner can dock at the POB. The construction costs for the pad will be \$21,600, as is reflected on the Horizon 5 General Contractors quote in Exhibit J. (For informational purposes, a drawing of the Space is attached as Exhibit K.)

II. THE PROPOSAL IS NOT SUBJECT TO CON REVIEW

The proposal does not constitute the development of a “diagnostic center” as defined by N.C. Gen. Stat. § 131E-176(7a). A diagnostic center is:

[A] freestanding facility, program, or provider . . . in which the total cost of all the medical diagnostic equipment utilized by the facility which cost ten thousand dollars (\$10,000) or more exceeds five hundred thousand dollars (\$500,000). In determining whether the medical diagnostic equipment in a diagnostic center costs more than five hundred thousand dollars (\$500,000), the costs of the . . . activities essential to acquiring and making operational the equipment shall be included.

Id. The total cost of the proposal’s diagnostic equipment that costs \$10,000 or more is only \$152,075, which is well below the \$500,000 threshold:

Equipment	Amount
Bone Densitometer	\$18,100
Mammography	\$81,300
X-Ray	\$42,300
Ultrasound	\$10,375
Total	\$152,075

The amounts for the CR Reader (\$5,707) are not relevant or included in the chart above because they are less than \$10,000. Likewise, the amount for the MRI pad (\$21,600) is not relevant or included in the chart because (under the circumstances) it is not a cost that is relevant to § 131E-176(7a). Even if these other costs were included, the total would be only \$179,382, well below \$500,000. Hence, the proposal is not subject to CON review as a “diagnostic center.”

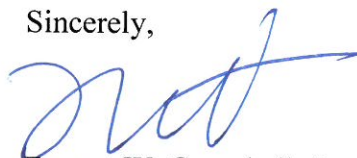
Further, the proposal does not otherwise constitute a “new institutional health service” that is subject to CON review.¹

¹ *Prior No Review Request.* By letter dated December 20, 2016, Raleigh requested a no review determination (the “Prior Request”) for locating certain diagnostic equipment in the POB (the “Prior Project”). The equipment for the Prior Project included the equipment listed in this current letter plus a CT scanner. The Section determined the Prior Project was not subject to CON review by letter dated January 23, 2017. By letter dated May 10, 2017, Raleigh withdrew the Prior Request and confirmed it did not intend to develop the proposal as described in the Prior Request. Raleigh hereby reaffirms that it does not have any current intention to locate a CT scanner at the POB.

Fair Market Value. For the Prior Project, Raleigh looked to equipment vendors for information concerning the value of Raleigh’s used Equipment and included that information in the Prior Request. However, for this current no review request letter, Raleigh obtained a certified appraisal of the Equipment’s fair market value from an independent third-party appraiser, Collateral Evaluation Associates, Inc. (“CEA”). CEA has appraised machinery and equipment since 1990, and CEA’s specialized services include medical equipment appraisals. While equipment vendors have general knowledge about value, Raleigh decided to retain a party who was formally and professionally qualified as an

Please let us know if you have any questions.

Sincerely,



Forrest W. Campbell, Jr.

ATTACHMENTS:

- Exh A: CON Section Letter Jan. 23, 2017
- Exh B: Collateral Evaluation Associates, Inc. Valuation
- Exh C: Hologic Software Upgrade Quote Bone Densitometer
- Exh D: Hologic Relocation Quote Bone Densitometer
- Exh E: Hologic Relocation Quote Mammography
- Exh F: Radon Relocation Quote X-Ray Equipment
- Exh G: Horizon Construction Quote X-Ray Equipment
- Exh H: Marrins Mooving Moving Quote Ultrasound & CR Reader
- Exh I: Carestream Quote De- and Re-Install CR Reader
- Exh J: Horizon Construction Quote MRI Pad
- Exh K: Space Drawing

appraiser to give an opinion on the fair market value of the Equipment for the purpose of giving enhanced certainty to its request.

EXHIBIT "A"



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Roy Cooper
Governor

Dempsey E. Benton
Interim Secretary DHHS

Mark Payne, Director
Health Service Regulation

January 23, 2017

Eli Zablud, Managing Member
Attain Properties, LLC
923 Crabtree Crossing Parkway
Morrisville NC 27560

Exempt from Review – Physician Office

Record #: 2138
Business Name: Attain Properties, LLC
Business #: 2549
Project Description: Develop a physician office building on Attain Street in Fuquay-Varina
County: Wake

Dear Mr. Zablud:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of December 13, 2016, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(a)(9). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

However, you need to contact the Agency's Construction and the Acute and Home Care Licensure and Certification Sections to determine if they have any requirements for development of the proposed physician office.

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by the Agency and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Michael J. McKillip
Project Analyst

Martha J. Frisone
Assistant Chief, Certificate of Need

cc: Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR
Paige Bennett, Assistant Chief, Healthcare Planning, DHSR

Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-715-4413

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

An Equal Opportunity/ Affirmative Action Employer





Attain Properties, LLC

December 13, 2016

Ms. Martha J. Frisone, Assistant Chief
Certificate of Need Section
Department of Health Service Regulation
Department of Health and Human Services
809 Ruggles Drive
Raleigh, NC 27603



**RE: Request for No Review Determination for 601 Attain St. Medical Office Building,
Fuquay-Varina, Wake County**

Dear Ms. Frisone:

The purpose of this letter is to provide notice to the North Carolina Department of Health and Human Services, Division of Health Service Regulation ("DHSR"), Certificate of Need Section (the "CON Section") that Attain Properties, LLC proposes to develop a medical office building at 601 Attain St. in Fuquay-Varina, Wake County, North Carolina. Total usable square footage of the proposed building will be 10,500 square feet.

Per N.C. GS 131E-184(a)(9), a "new institutional health service" is exempt from review if the project is "To develop or acquire a physician office building regardless of cost." The proposed physician office building at 601 Attain St. will meet the definition in N.C. GS 131E-184(a)(9) and therefore is exempt from CON review.

Moreover, Attain Properties, LLC and its related entities are not healthcare providers and do not plan to develop or offer any new institutional health services in the medical office building once the building is complete. If a tenant decides to develop any new institutional health services in the medical office building, the tenant will be responsible for seeking CON approval, if necessary.

We are requesting that the Agency confirm that the proposed office building is exempt from review under the CON law's exemption provisions in N.C. Gen. Stat. § 131E-184(a)(9). We respectfully request a written determination form the Agency providing this confirmation.

Sincerely,



Eli Zabrud
Managing Member
Attain Properties, LLC

EXHIBIT "B"



Collateral Evaluation Associates, Inc.

COLLATERAL EVALUATION ASSOCIATES, INC.
FAIR MARKET VALUE APPRAISAL
OF THE SELECTED IMAGING EQUIPMENT OF:
RALEIGH RADIOLOGY, LLC
EFFECTIVE DATE: MAY 16, 2017
APPRAISAL REPORT

ELECTRONIC REPORT

CEA

Collateral Evaluation Associates, Inc.

September 27, 2017

Forrest W. Campbell, Jr., Partner
Brooks, Pierce, McLendon, Humphrey & Leonard, L.L.P.
150 Fayetteville Street
1700 Wells Fargo Capitol Center
Raleigh, NC 27601

Dear Mr. Campbell:

As requested, Collateral Evaluation Associates, Inc. ("CEA") has performed an appraisal of selected imaging equipment of **Raleigh Radiology, LLC** ("RR") located in Raleigh, NC or the surrounding area. The purpose of appraisal is to provide an opinion of the **Fair Market Value** of the subject items as of **May 16, 2017**.

CEA has arrived at a **Fair Market Value** conclusion of **\$97,000** for the subject items.

This report is subject to the value definition, scope of work, methods, and limiting conditions stated within this report. The appraiser has complied with the Uniform Standards of Professional Appraisal Practice ("USPAP") in the preparation of this Appraisal Report.

Thank you for the opportunity to be of service and please contact CEA with any questions or further requests.

Sincerely,
Collateral Evaluation Associates, Inc.



R. Lee Robinette, ASA
President

DEFINITION OF FAIR MARKET VALUE ("FMV")

The amount, expressed in dollars, which could reasonably be expected to exchange between a willing buyer and a willing seller with each aware of any factors affecting value or utility and with neither under compulsion to buy or sell. It is assumed that all items would be sold "as is, where is" and without any warranties or guarantees provided.

The value definition is based on the published definition as set forth by the American Society of Appraisers in the text, *Valuing Machinery & Equipment* (2005). Although the published definition is not used verbatim, CEA's definition includes the basic tenets of the published definition, namely a willing buyer and a willing seller, and that each party is knowledgeable and aware of all relevant factors.

The values concluded in this appraisal assume that the buyer would be purchasing the equipment and moving it to a new location. Further, the cost associated with removal, relocation, and reinstallation as applicable would be the responsibility of the buyer.

PURPOSE

The purpose of this appraisal is to provide an opinion of the value of the subject machinery & equipment, based on the definition of value and scope of work stated. It is understood by the appraiser that this information will be used by the client, Brooks, Pierce, McLendon, Humphrey & Leonard, L.L.P., as part of their representation of Raleigh Radiology, LLC. Brooks, Pierce, McLendon, Humphrey & Leonard, LLP is assisting Raleigh Radiology, LLC with their application for a Certificate of Need from the North Carolina Division of Health Service Regulation. Raleigh Radiology, LLC is also an intended user of this appraisal, specific to their application for a Certificate of Need. This appraisal is not valid for any other use.

METHODS

The appraiser considered the sales comparison, cost, and income approaches in the valuation process. The sales comparison and cost approaches have been used in determining value.

The income approach was not utilized as it does not provide the best indication of value for the subject equipment. The income derived from the use of a given item of machinery & equipment can fluctuate significantly based on factors such as insurance reimbursement contracts, patient demographics, or geographical location. In most cases, prospective buyers for an item of machinery & equipment consider the cost of acquiring an equally desirable substitute.

METHODS cont.

The current use of the subject machinery & equipment is as part of a radiology practice imaging facility. The bone densitometer is not currently being used and is stored in a warehouse in Fuquay-Varina, NC. The CR (computed radiography) reader is located at the Cary, NC facility and the remaining items are located at the Raleigh, NC office. Alternative uses of the subject machinery & equipment would be in other medical imaging applications, such as another radiology practice imaging facility, a non-physician owned imaging facility, or in support of another specialty such as orthopedics, OB/GYN, women's health, etc.

The values concluded in this appraisal assume the alternative use. In the context of the alternative uses, it is assumed that the subject machinery & equipment would be used for the same function or purpose for which it was originally designed.

For this appraisal, the problem to be solved is the determination of the Fair Market Value of the subject machinery & equipment. The scope of work for this project included an inspection of the subject machinery & equipment at its existing location. The inspection was necessary in order to collect information relevant to the appraisal process. This information included equipment details such as make, model, year, serial number, etc. The inspection also allows the appraiser to form an opinion of the condition and quality of the subject machinery & equipment and to possibly observe the equipment in operation. In addition, the inspection allows the appraiser to identify any potential issues regarding removal of the subject machinery & equipment.

Upon completion of the equipment inspections, market research was performed. The primary sources of information considered include current offerings and recent sales of comparable imaging equipment. Based on the use of standard appraisal methodology and consideration of all relevant data, values were concluded.

Valuation methodology entails the use of three approaches to value: sales comparison, cost, and income.

The sales comparison, or market, approach to value entails the use of market offerings and sales of comparable items in determining the value of a subject property.

METHODS cont.

The cost approach involves the use of the current replacement cost new of an item, less all forms of depreciation to determine the value of a subject property. Depreciation in terms of the cost approach includes physical deterioration, functional obsolescence, and economic obsolescence.

Physical deterioration is a loss in value stemming from wear & tear, exposure to the elements, etc.

Functional obsolescence is a loss in value stemming from a flaw inherent in the subject property, in comparison to its current replacement. Examples of functional obsolescence include slower output or cycle time, inability to perform a specific function, excess capital or operating costs, and other such factors that may be inherent in a subject property.

Economic obsolescence is a loss in value stemming from external causes. Examples of economic obsolescence include government intervention or regulation, a change in market conditions, changes in reimbursement, and other such factors that are external to a subject property.

The income approach is based on the premise that value is a function of the future monetary benefit to be received from the ownership of a property. This monetary benefit, or income, is quantified via capitalization or present value discounting of cash flows to arrive at a value. This approach is difficult to apply to a diverse population of machinery & equipment or to isolate to a single item of machinery & equipment and is not regularly used in the valuation of machinery & equipment.

All items are individually described and valued. Photographs are included to provide the reader(s) with a general overview of the subject machinery & equipment.

To the best knowledge of the appraiser, there is no leased or vendor provided equipment included in this appraisal.

OBSERVATIONS AND CONSIDERATIONS

This appraisal includes five pieces of equipment that RR has designated for future use in a new imaging facility for which they are in the process of completing their application for a Certificate of Need from North Carolina Division of Health Service Regulation.

The specific items include a Hologic bone densitometer, a Kodak CR reader, a Selenia mammography machine, a Siemens ultrasound, and a Siemens conventional x-ray.

With the exception of the bone densitometer, all items were installed and available for use in a RR facility. The bone densitometer was stored in an off-site warehouse that is temperature and climate controlled. The value of each item assumes that it is fully operable, including the bone densitometer upon reassembly. This is a key assumption in that if it were found to be false, the appraiser's opinion of the value of any non-operational items would likely be lower.

As previously noted, the appraiser has relied on the sales comparison and cost approaches in arriving at his opinions of value.

LIMITING CONDITIONS

It is assumed that all items are the property of **Raleigh Radiology, LLC**. The value assigned to all items is the amount that a willing and a willing seller would agree upon and reflect the assumption that there are no outstanding liens or encumbrances. Further, no adjustments were made for cost of advertising, storage, or other such expenses that might be incurred as part of the marketing/sales process.

The ownership interest being appraised is that of fee simple.

All information included is correct to the best knowledge of the appraiser. Information provided by other sources, including the subject company, is considered to be correct as provided.

This appraisal strictly includes the machinery & equipment as described herein. This does not represent the total machinery & equipment population of Raleigh Radiology, LLC.

No warranty or guarantee is intended or implied with the provision of this report. CEA is not responsible for changes in value which could result from deterioration in the condition of the subject equipment, changes in market conditions, or increased technological or economic obsolescence. Liability stemming from the provision of this appraisal is limited to the fee charged for the appraisal.

No investigation has been made regarding the presence of environmental contamination or the use of hazardous materials which would specifically affect the value of the items listed herein.

Condition codes may have been assigned primarily upon the appearance of an item and are not the result of a detailed mechanical or electronic inspection that may be performed by a prospective buyer. The appraiser assumes no liability for actual condition and provides no warranty or guarantee therein. The code symbols and definitions are as follows:

N- (New) Item in new condition.

E- (Excellent) Some use, but almost new.

VG- (Very Good) In above average condition; low hours or miles, or recently overhauled or refurbished.

G- (Good) Average or as would be expected for items of similar age and utility.

F- (Fair) In below average condition; has seen considerable use or is an older item.

P- (Poor) Needs major repairs, may or may not be operable.

S- (Scrap) Scrap value only with value adjusted to reflect any cost of removal.

EQUIPMENT SCHEDULE

NOTE: The item # reference in the following schedule is a unique computer generated record identifier. Item #'s may be missing or may skip in sequence based on the manner in which data was entered or edited.

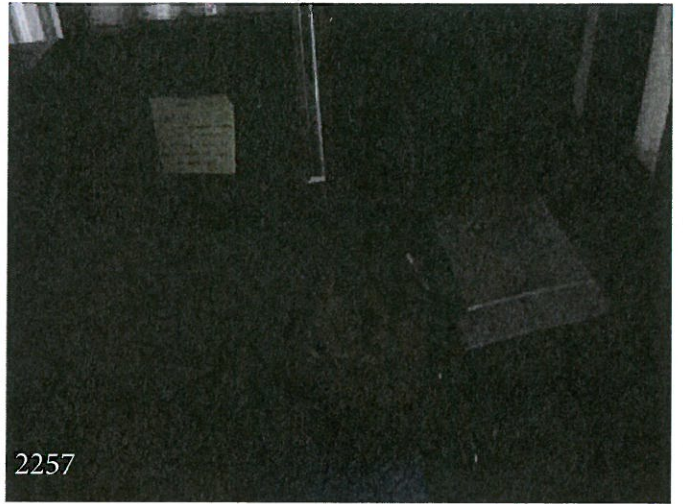
Item/Unit # Quantity

1	1	BONE DENSITOMETER Mfg. By: Hologic Mdl: Discovery QDR S/N: 82614 (2006), scanning gantry, fixed patient table, dedicated PC (PC needs software upgrade), disassembled, in storage, valued as intact and operable SEE PHOTO #2556 and #2557	\$5,000
2	1	MAMMOGRAPHY Mfg. By: Selenia Dimensions Mdl: SDM-0500-3D3 S/N: 81006132377 (2013), 3-D imaging, w/foot controls, control console (mdl. ASY-03694, s/n 81406132388), standard flatscreen display & Barco 20" display, cond. G SEE PHOTO #2260 and #2261	\$75,000
4	1	XRAY Mfg. By: Siemens Mdl: Sireskop S/N: Optitop tube assembly, ceiling suspended traveling gantry, fixed patient table, Siemens Vertix 2E wall mtd. chest board, electrical cabinet (s/n 01761), dedicated electrical, Polydoros 80S digital control console, cond. G SEE PHOTO #'s 2262 - 2266	\$3,500
5	1	ULTRASOUND Mfg. By: Siemens Mdl: Acuson S2000 S/N: 200803 (2008), port., w/(3) transducers (mdl. 18L6HD, mdl. 9L4, mdl. 4V1), DVD burner SEE PHOTO #2267	\$10,000
6	1	CR READER Mfg. By: Kodak Mdl: DirectView CR82 S/N: 2158 reader & dedicated PC built-in to common cabinet, incl. touch screen display, handheld barcode scanner, cond. G SEE PHOTO #2268	\$3,500
TOTAL FOR REPORT			\$97,000

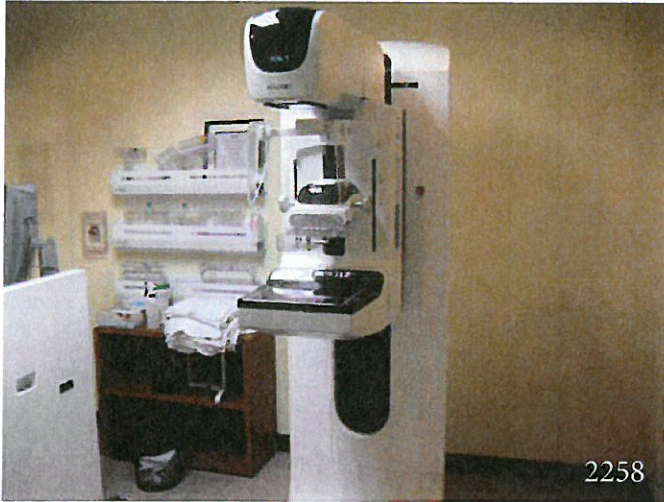
PHOTOGRAPHS



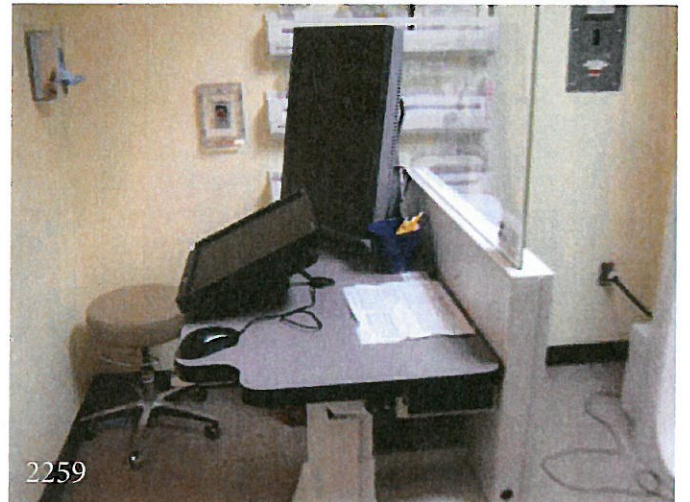
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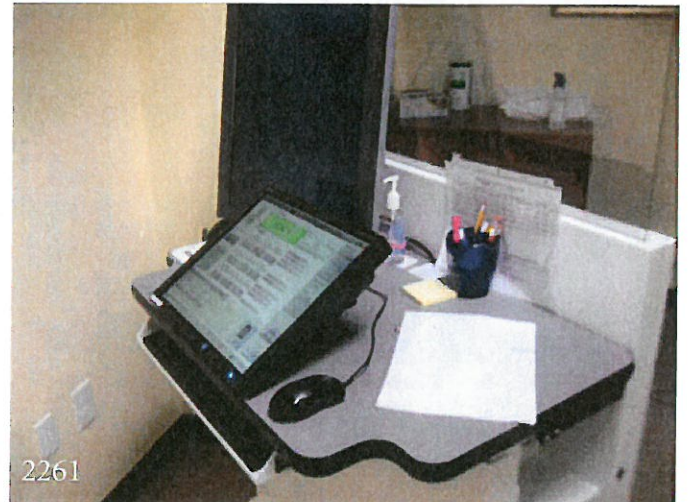
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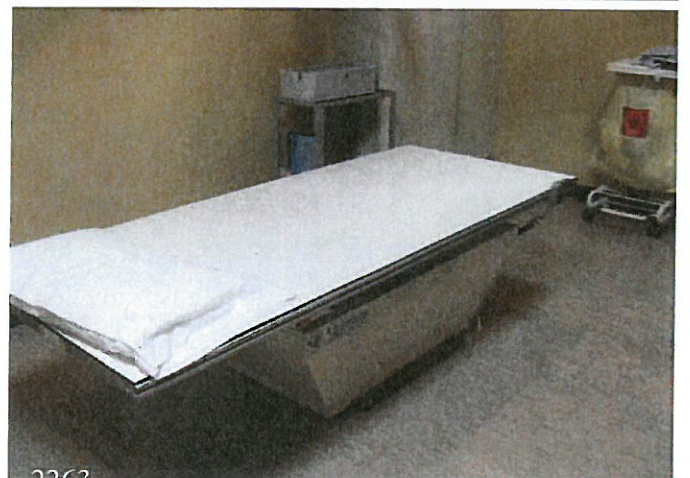
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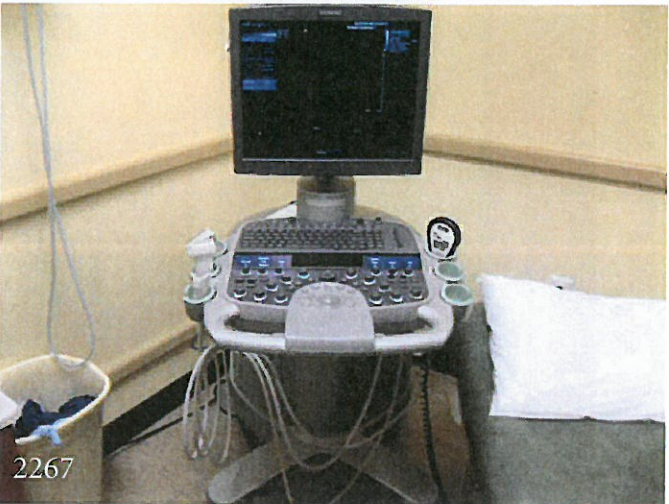
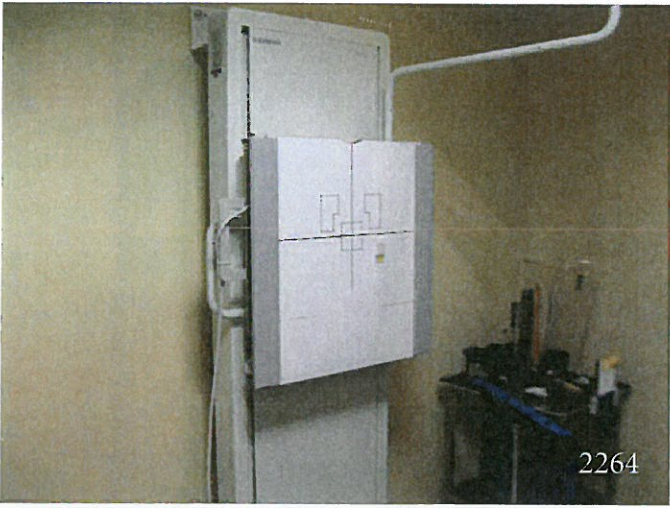
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2262



2263



APPRAISER'S CERTIFICATION AND QUALIFICATIONS

CERTIFICATE OF APPRAISER

I certify that, to the best of my knowledge and belief:

The statements of fact contained in this report are true and correct.

The reported analyses, opinions, and conclusion are limited only by the reported assumptions and limiting conditions and are my personal, impartial, and unbiased professional analyses, opinions and conclusions.

I have no present or prospective interest in the property that is the subject of this report and no personal interest with respect to the parties involved.

I have no bias with respect to the property that is the subject of this report or to the parties involved with this assignment.

My engagement in this assignment was not contingent upon the development or reporting of a predetermined value or direction in value that favors the cause of the client, the amount of the value opinion, the attainment of a stipulated result, or the occurrence of a subsequent event directly related to the intended use of this appraisal.

My analyses, opinions, and conclusions were developed, and this report has been prepared, in conformity with the *Uniform Standards of Professional Appraisal Practice*.

On May 16, 2017, I made a personal inspection of the property that is the subject of this report.

No one provided significant personal property appraisal assistance to the person signing this certification.

I have not provided an appraisal service related to the subject property within the last three years.

Signed September 27, 2017



R. Lee Robinette, ASA*

* The American Society of Appraisers has a mandatory recertification program for all of its Senior members. I am in compliance with that program.

**QUALIFICATIONS OF
R. LEE ROBINETTE, ASA**

EXPERIENCE AND EDUCATION

President, Collateral Evaluation Associates, Inc. (Vice President 1998-2012)

President, Valuation Resources, Inc.

Senior Appraiser & Vice President, MB Valuation Services, Inc.

Testified as Expert Witness, U.S. Bankruptcy Court - Texas, Southern District; Kentucky, Eastern District; Divorce Cases – Various Jurisdictions

Bachelor of Science, Business Management - University of North Carolina at Wilmington

PROFESSIONAL ASSOCIATIONS

Board Member, Appraisal Standards Board, appointment expires December 31, 2018

Accredited Senior Appraiser (ASA), American Society of Appraisers, Machinery & Equipment Discipline, recertified through December 14, 2018

AQB Certified USPAP Instructor, certified through March 31, 2018

Chair, American Society of Appraisers Machinery/Technical Specialties Committee, (2005-2007)

Vice Chair, American Society of Appraisers Machinery/Technical Specialties Committee, (2003-2005)

Secretary, American Society of Appraisers Machinery/Technical Specialties Committee, (2001-2003)

Treasurer, American Society of Appraisers Machinery/Technical Specialties Committee, (1999-2001)

Member, American Society of Appraisers Machinery/Technical Specialties Committee, (1997-1999)

President, American Society of Appraisers NC Chapter-Western Branch (1999-2002)

Vice President, American Society of Appraisers NC Chapter-Western Branch (1997-1999)

Instructor, Principles of Valuation Courses - American Society of Appraisers: ME201, ME202, ME206

Course Developer (1 of 3), Principles of Valuation Course ME206 (Appraisal of Inventory)

Member, American Bankruptcy Institute

**Specific references can be provided upon request.*

EXHIBIT "C"



Quotation

PLEASE REFER TO THIS NUMBER ON ALL CORRESPONDENCES AND ORDERS
Buying Group: NOVATION/VIZIENT - Bone XR0291
Quote #: Q-21467
Status: Approved
Quote Expiration Date: 9/5/2017

TO:

CUSTOMER NAME	CUSTOMER NUMBER
RALEIGH RADIOLOGY	88813
BILL TO ADDRESS	SHIP TO ADDRESS
3200 BLUE RIDGE RD STE 100 RALEIGH NC US 27612	3200 BLUE RIDGE RD STE 100 RALEIGH NC US 27612

We are pleased to offer you the products listed on the condition that this Quotation and Hologic's Master Sales Terms and Conditions comprise the complete and exclusive statement of the contract between us. This Quotation is based on the information known by Hologic regarding your needs as of the date the Quotation is generated. **This Quotation and the terms and conditions set forth in NOVATION/VIZIENT - Bone supersede all other quotations, agreements, understandings, warranties and representations, whether written or oral, between us, and may be accepted only in accord with their terms.** This offer is subject to change or withdrawal by Hologic prior to acceptance. To accept, please sign below within the time period for acceptance. Signed quote and/or purchase order should be forwarded by mail, via e-mail or by fax to:

Breast Health:
 HOLOGIC, INC.
 36 Apple Ridge Road
 Danbury, CT 06810
 ATTN: Sales Administration
 Fax: (203) 731-8463
 capitalorders@hologic.com

TAX INFO:

Hologic is required by law to collect all state and local taxes on all sales. If an exemption certificate is not provided by customer at time of order, final invoices will include these amounts. Many states require both specific operator qualifications and/or licensing and registration of x-ray devices. Hologic is not responsible for fulfilling customer's regulatory obligations.

ATTN: FRANNIE JOSEPH **Phone:** 9197811437 **Fax:** **Email:** frannie.joseph@raleighrad.com

Quote Date	Hologic Representative	FOB	Payment Terms	Est. Del. Date	Quote Currency
2017-07-07	Jason Brewer jason.brewer@hologic.com	ORIGIN NO CHARGE	80/20 - 45 days	9/1/2017	USD

Qty	Product Name	Description	Unit Price	Extended Price
1	XP-APEX-WIN7-4.6	APEX 4.6 UPGRADE KIT FROM APEX XP WITH SQL DB	\$10,000.00	\$10,000.00
1	FRAX-APEX	FRAX OPTION FOR APEX	Included	Included
1	ASY-07541	KIT, PCIE CABLE, INTERFACE 30'	Included	Included
1	INKJET-COLOR	INKJET-COLOR	Included	Included
1	DXA-TRAIN-UPG-01	DXA UPGRADE REMOTE TRAINING, 1 SIX-HOUR DAY, 1 SITE, MAX 4 STAFF	Included	Included

Final Quote Price: USD 10,000.00

Upgrade **Serial Number**
 XP-APEX-WIN7-4.6

Customer agrees to keep the discount price provided to them in this quote or agreement confidential and not disclose it to anyone other than as required by law or court order.

This agreement between Hologic, Inc. ("Hologic") and Customer (collectively, the "Parties") is effective from the date of full execution (the "Effective Date") and is governed by NOVATION/VIZIENT - Bone. If there is a conflict between the terms contained herein and the Master Sales Terms and Conditions, the terms contained herein governs. Supplies, Equipment, and ancillary items are collectively referred to herein as "Products." The Parties, intending to be legally bound, agree as follows:

Hologic may request new customers and established customers to complete our credit application to create or update current credit files. This requirement will be contingent on order amount and prior history with Hologic.

The parties acknowledge that they intend for purchases under this Quote to be reported to the identified group purchasing organization ("identified GPO") for payment of administrative fees in accordance with the applicable group purchasing organization contract between the identified GPO and Hologic. This Quote is not entered into, pursuant to, or in connection with any other group purchasing or IDN/System, arrangement of which Customer or Hologic is a party, and is not intended to result in the reporting of sales or the payment of administrative fees to any such organization other than the identified GPO.

The Customer agrees to treat all quoted and sales information as confidential and not to disclose it to any third party other than the identified GPO or as required by law.

In no event will Hologic be obligated to pay administrative fees to a group purchasing organization ("GPO"), integrated delivery network, or other entity other than the identified GPO with respect to any single purchase order by Customer, and whose Equipment and purchase options are not included in the separate GPO agreement between the identified GPO and Hologic.

Customer acknowledges that the pricing guaranteed under this Quote is strictly provided to Customer only because the pricing is based on the Customer's commitment related to quantity and commitment to Hologic products, and in no event shall Hologic be required to offer such pricing to any other customer who is in anyway affiliated with or is a member of the identified GPO.

If purchasing under a buying group with existing terms and conditions, those conditions would supersede Hologic's standard terms and conditions. If a buying group does not have their own terms and conditions, Hologic's would apply.

Buyer Acceptance

RALEIGH RADIOLOGY

By: _____ (signature)

Name: _____ Title: _____ (print/type)

Date: _____

Additional Buyer Acceptance (if applicable)

By: _____ (signature)

Name and Title: _____ (print/type)

Date: _____

Please provide the Shipping and Billing address here if different from the quote address above
(If this section is left blank, the product will ship and bill to the addresses printed at the top)

Shipping Address

Billing Address:

Hologic Approval:



Date:

HOLOGIC, INC. 250 CAMPUS DRIVE. MARLBOROUGH MA 01752

Product Name	Long Description
XP-APEX-WIN7-4.6	<p>APEX Win7 upgrade for Discovery systems running APEX 2.X, 3.X software with new CommCon, and Adapter (SQL Database) QDR APEX 4.6.X Operating System SQL Database Computer with 17.5" LCD monitor (Medical Device Controller) Intel Pentium G3220 3.0G 3M HD CPU (Min) 4GB RAM (Min) 500 GB Hard Drive (Min) DVD Writer (Min) FRAX WHO 10-Year FX Risk Patient History Questionnaire AccuView Automatic Hip Positioning Body Mass Index (BMI) Calculator CDC Pediatric Growth Curves Pro Tech Baseline Scan Auto-Auto Recall MXapro (systems having IVA and IVA HD) ISCD compliant reporting Tri-Colored Fracture Risk Report Physician's Viewer DICOM-APEX and DICOM Structured Reporting DXREPORT/HL7 OPTIONS FOR PHYSICIAN VIEWER Physician's Report Writer - For improved workflow this automated report combines the patient's information, BMD, IVA, and FRAX(®) data into a customizable electronic report. Physicians Report Writer DX utilizes report rules based on internationally recognized recommendations to populate four text areas: Indication, Clinical Information Provided by Patient, Discussion and Follow-up for a concise formatted report. Canned Text capabilities. Canned Text dictionary is a method of setting standard indications and interpretations to be entered into the text summary report. DXREPORT CUSTOMIZATION IVA WORKS HL7 ADDENDUM Whole Body Systems (Wi, W, A): •Body Composition Calibration •NHANES Whole Body Bone and BCA Reference Data for Adults and Children I •InnerCore Visceral Fat Assessment •Advanced Clinical and Rate-of-Change BCA Reporting with Color Whole Body Images Six(6) hours of ECE Approved Applications Training. Applications must be completed within 12 months of equipment shipment Note: As of November 1, 2009, APEX with QDR for Windows, APEX, or Discovery upgrades do not exclude QDR-4500 or Delphi systems from End of Life System status.</p>
ASY-07541	30 FT CABLE INTERFACE Kit
INKJET-COLOR	HP Office Inkjet-Color Printer (CMP-00993) included in all APEX 4.XX Windows 7 Upgrades
DXA-TRAIN-UPG-01	<ul style="list-style-type: none"> • Up to four (4) remote session of Applications Training, up to 4 Operators per site. • Training session to be completed in one (1) day. • Remote training is the standard method of training, unless technical limitations prohibit this method • Applications must be completed within 24 months of equipment install. • Please note: Cancellation must be made 6 business days prior to the confirmed and scheduled applications training start date. <p>Fee for Cancellation \$2,000.00</p>

EXHIBIT "D"



Equipment Relocation Quotation

Customer:
RALEIGH RADIOLOGY/AMPLE STORAGE
110 CHARLOTTE ST
FUQUAY VARINA, NC 27526

Case#: 00098135

Quote Date: October 18th, 2017

Attention: Dianne Powell

919-256-3571

dianne.powell@raleighrad.com

Relocation Type: Internal Facility In-State Inter-state within the continental U.S.

Equipment Model	Serial Number	Relocation Cost
Bone Density – Discovery C	82614	\$3100.00
**Cost Total:		USD \$3100.00

***Relocation Cost assumes (i) no special mounting or accommodation requirements; (ii) Equipment can be moved easily through and out of current location; and (iii) Equipment can be moved easily into and through destination location; any relocation that requires additional or special accommodations may be subject to additional costs.*

Same Owner? Yes No If NO, is the Equipment under a Service Agreement? Yes No

PLEASE NOTE THAT IF THE OWNERSHIP OF THE EQUIPMENT IS CHANGING, PRIOR TO SCHEDULING THE RELOCATION DATE:

- Hologic must receive either (i) a hardcopy Purchase Order ("PO"); or (ii) prepayment; and
- The Billing Information section of Exhibit A, attached, must be completed.

Equipment will conform to Hologic's customary standards of configuration, performance, manner of use, or installation ("Specifications") upon completion of relocation.

Equipment Relocation includes:

- De-installation of Equipment at current location
- Packaging materials
- Freight
- Installation of Equipment at destination location
- Automatic Exposure Control ("AEC") recalibration of Equipment, if applicable
- Field Engineer labor and travel time to de-install, reinstall, and recalibrate Equipment.

Equipment Relocation excludes:

- Parts (including, but not limited to, longer cables for the new room) to conform the Equipment to Specifications
- Connectivity services (including, but not limited to, enterprise integration of the Equipment at destination location). Connectivity services are subject to an additional charge of \$1,000.00.
- Training of any sort, including but not limited to proper use of Equipment. Training services require a separate quotation from the Hologic Training Department.

For Mammography Equipment, reinstallation and recalibration at destination location requires approximately 2.5 days.

Equipment relocation requires a two (2) week lead time. Subject to availability, a relocation may be expedited for a surcharge of \$500.00.

Customer must complete the Equipment Relocation Questionnaire, attached hereto as Exhibit A, in its entirety and return to Hologic prior to scheduling relocation date. Failure to do so may result in scheduling delay.

Customer Acceptance: Customer's signature below or Hologic's receipt of Customer's Purchase Order ("PO") or any form of payment indicates Customer's acceptance of the Hologic Terms and Conditions set forth herein. Customer agrees that any terms and conditions contained in any Customer documentation (including Customer's PO) are hereby rejected and of no force and effect. This Equipment Relocation Quotation supersedes all previous proposals for these services. Any service, part, or accommodation not included under this Equipment Relocation Quotation will be billed at the prevailing rate on the date such service, part, or accommodation is provided.

This Equipment Relocation Quotation shall remain valid for ninety (90) days after the Quotation Date stated above unless otherwise specified, and is subject to change or withdrawal by Hologic prior to acceptance by both parties.

Customer: RALEIGH RADIOLOGY

Hologic, Inc.

Authorized Signature: _____

Authorized Signature: _____

Name: _____

Name: _____

Title: _____ Date: _____

Title: _____ Date: _____

BILL TO ADDRESS:

HOLOGIC Contact:

Address: _____

Name: Elizabeth Corso

Phone: 203-731-8339

City: _____ State: _____ Zip: _____

Email: Elizabeth.Chalmers-Ferris@Hologic.com

THIS IS NOT AN INVOICE. INVOICE(S) WILL BE GENERATED UPON SUBMISSION OF SIGNED AGREEMENT.

Hologic is required by law to collect state and local taxes on all sales. Final invoices will include these amounts unless a valid exemption certificate is provided. Equipment Relocation Quotation Case # 00098135

HOLOGIC TERMS AND CONDITIONS

1. **TERMS AND CONDITIONS:** These Hologic Terms and Conditions set forth the conditions under which Hologic, Inc. ("Hologic") shall provide the services herein, any terms and conditions contained in any Customer documentation including Customer's Purchase Order are hereby rejected and of no force and effect.
2. **PAYMENT TERMS:** Hologic shall remit invoice(s) to Customer and payment shall be made upon receipt of invoice. Hologic may charge monthly interest at the maximum rate permitted by law on all amounts not paid by the invoice due date until all such amounts are paid in full. Customer will reimburse Hologic for reasonable costs (including attorneys' fees) relating to the collection of past due amounts. Failure to make timely payment may result in suspension of services (in addition to other rights or remedies available at law or in equity) until all past due amounts are brought current.
3. **TAXES:** Customer shall be responsible for all such taxes for the purchase or use of products or services provided hereunder. Hologic shall be responsible for all other taxes, including, but not limited to, Hologic's net income taxes and excise taxes imposed on Hologic. The Customer shall be responsible for all taxes due unless Customer is tax exempt from such taxes as evidenced by a valid tax exempt certificate, which shall be provided to Hologic prior to the commencement of services. If Hologic is required to charge any taxes, Hologic shall invoice Customer for any such taxes.
4. **PARTS:** Subject to availability, Hologic will provide all parts necessary for the equipment to conform to Specifications at Hologic's then-current prices. Replacement parts for the equipment and software will be supplied on an exchange basis, may be new or remanufactured, and are warranted to perform in accord with the manufacturers published product specifications for ninety (90) days from the date installed. Exchange parts removed from the equipment shall become the property of Hologic.
5. **LIMITED WARRANTIES AND EXCEPTIONS:** Hologic warrants that the services provided hereunder will be performed by trained individuals in a professional workman-like manner. Hologic will promptly re-perform any non-conforming services for no charge as long as Customer provides reasonably prompt written notice to Hologic (not to exceed thirty days (30) from the date of performance). The foregoing remedy is Customer's exclusive remedy and Hologic's sole liability for warranty claims. ALL WARRANTIES ARE EXCLUSIVE AND IN LIEU OF ALL OTHER WARRANTIES, WHETHER EXPRESS OR IMPLIED, INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, WHICH ARE EXPRESSLY DISCLAIMED AND THOSE IMPLIED WARRANTIES ARISING FROM COURSE OF DEALING OR USAGE OR TRADE.
6. **LIMITATION OF LIABILITY:** Hologic's entire liability and Customer's exclusive remedy for any damages incurred by Customer from any cause whatsoever, regardless of the form of action, whether liability in contract or in tort, arising from the services furnished hereunder or from any cause related thereto, shall not exceed an amount equal to the amount of the price, fee, or charge paid by Customer for the services provided herein. The foregoing limitation of liability shall not apply to claims by Customer or third parties for bodily injury or damage to real property or tangible personal property caused solely and directly by the gross negligence or willful misconduct of Hologic or its authorized representatives. IN NO EVENT SHALL HOLOGIC BE LIABLE TO THE CUSTOMER OR ANY OTHER PERSON FOR ANY INCIDENTAL, SPECIAL, OR CONSEQUENTIAL DAMAGES, INCLUDING LOSS OF GOOD WILL, LOSS OF PROFIT, LOSS OF USE, LOSS OF DATA OR INTERRUPTION OF BUSINESS, OR FOR ANY CLAIMS MADE MORE THAN ONE YEAR AFTER THE CAUSE OF ACTION OCCURRED.
7. **INSURANCE:** Hologic shall at all times during the performance of services hereunder maintain in effect the following insurance with respect to Customer's location: (a) worker's compensation insurance covering any and all of its employees, agents or representatives who may be providing the services to Customer hereunder, in amounts and coverage complying with the requirements of the applicable state; (b) general liability insurance covering the acts or omissions of Hologic and its employees, agents or representatives, and any and all equipment and other personal property of Hologic; and (c) products liability insurance.
8. **HIPAA COMPLIANCE:** To the extent HIPAA (as defined below) applies, both parties agree to comply with the applicable provisions of the privacy regulations within the Health Insurance Portability and Accountability Act of 1996, as enacted in 45 C.F.R. Parts 160, 162, and 164 and as codified at 42 U.S.C. §1320d, as amended from time to time ("HIPAA"). Hologic agrees that if it directly or indirectly gains access to Protected Health Information ("PHI") during any interaction with Customer, it will keep the PHI confidential.
9. **GOVERNING LAW:** Upon execution of the Authorization for Service Form or Hologic's receipt of Customer's Purchase Order, this shall be considered to be a Massachusetts contract, entered into in Massachusetts, and shall be governed and viewed under the laws of the Commonwealth of Massachusetts without reference to its conflict of laws provisions. The parties specifically agree that any action relating to the relationship between the parties, these Hologic Terms and Conditions, the products or services provided, purchased or licensed hereunder, shall be brought and tried in State or Federal Courts located in Boston, Massachusetts. Customer hereby waives all objections to, and consents to the venue and personal jurisdiction of such Courts.

Exhibit A Equipment Relocation Questionnaire

DESTINATION LOCATION: BONE DENSITY EQUIPMENT Power Requirements (110V-120V)

A single phase dedicated electrical circuit that is able to supply the following minimum amperage must be available:

<u>Equipment Model</u>	<u>Amperage Required</u>	<u>Amperage Available?</u>	
Discovery, 4500, 4500SL, Delphi, Horizon	20 Amp	<input type="checkbox"/> Yes	<input type="checkbox"/> No
QDR 1000P, 4500C, QDR 4500W	15 Amp	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DESTINATION LOCATION: MAMMOGRAPHY EQUIPMENT Power Requirements (208V)

A single phase dedicated electrical circuit that is able to supply the following minimum amperage must be available:

<u>Equipment Model</u>	<u>Amperage Required</u>	<u>Amperage Available?</u>	
Selenia, MultiCare Platinum	35 Amp	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dimensions, Affirm Prone	40 Amp	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CONNECTIVITY:

- Is the Equipment's Internet Protocol ("IP") Address or Application Entity ("AE") Title changing? Yes No
- Is the IP Address, AE Title, or Port of the PACs, Modality Work List, or Query Retrieve changing? Yes No
- Are procedure codes changing? Yes No

If the response to any of the above three (3) Connectivity questions is Yes, additional information will be required prior to or at the time of Equipment installation at the Destination Location.

EQUIPMENT TRAINING

Will Equipment training be required?

Yes No

If YES, please contact:

For Mammography Equipment: Appschedule@hologic.com

For Skeletal Equipment: Gina Busse at 203.731.8366

Training of any sort, including but not limited to proper use of Equipment, is excluded from the Equipment Relocation Quotation. Training services require a separate quotation from the Hologic Training Department.

BILLING, SHIPPING AND PAYMENT INFORMATION

IF THE OWNERSHIP OF THE EQUIPMENT IS CHANGING, PRIOR TO SCHEDULING THE RELOCATION DATE:

- Hologic must receive either (i) a hardcopy Purchase Order ("PO"); or (ii) prepayment; and
- This Billing and Payment Information section must be completed.

IF THE OWNERSHIP OF THE EQUIPMENT IS REMAINING THE SAME:

- The Bill To Information section below must be completed; and
- At Customer's discretion, (i) PO information may be provided for invoice purposes, or (ii) prepayment may be made. If no prepayment is made, an invoice will be sent upon completion of the relocation to the address provided in the Bill To Information section below.

PLEASE COMPLETE THE FOLLOWING "BILL TO INFORMATION" SECTION IN ITS ENTIRETY. Any service, part, or accommodation not included under the Equipment Relocation Quotation will be billed at the prevailing rate on the date such service, part, or accommodation is provided.

BILL TO INFORMATION				
Facility Name				
Address				
City	State		Zip	
Contact Name				
Contact Phone				
Contact Email				
MOVE TO LOCATION				
Facility Name				
Address				
City	State		Zip	
Contact Name				
Contact Phone				
Contact Email				

Accepted methods of payment:

PO

If paying by PO, please

1. Complete the following section in its entirety
2. Fax a hard copy of the PO to: 203.285.6353 Attn: Client Service Team or email to BSH.Moves@hologic.com

<input type="checkbox"/> Purchase Order #			
Authorized Signature			Date:
Printed Name			Title:

Relocation Questionnaire completed by:

Estimated Relocation Date: _____

Customer Signature: _____

Date: _____

Signor Name: _____

Signor Title: _____

For questions regarding relocation of your equipment, please contact our Client Service Team
Telephone: 203.731.8488 Email: BSH.Moves@hologic.com

EXHIBIT "E"



Equipment Relocation Quotation

Customer:
 RALEIGH RADIOLOGY
 3200 BLUE RIDGE RD
 RALEIGH, NC 27612

Case#: 00098137

Quote Date: October 18th, 2017

Attention: Dianne Powell

919-256-3571

dianne.powell@raleighrad.com

Relocation Type: Internal Facility In-State Inter-state within the continental U.S.

Equipment Model	Serial Number	Relocation Cost
Dimensions	81006132377	\$6300.00
**Cost Total:		USD \$6300.00

***Relocation Cost assumes (i) no special mounting or accommodation requirements; (ii) Equipment can be moved easily through and out of current location; and (iii) Equipment can be moved easily into and through destination location; any relocation that requires additional or special accommodations may be subject to additional costs.*

Same Owner? Yes No If NO, is the Equipment under a Service Agreement? Yes No

PLEASE NOTE THAT IF THE OWNERSHIP OF THE EQUIPMENT IS CHANGING, PRIOR TO SCHEDULING THE RELOCATION DATE:

- Hologic must receive either (i) a hardcopy Purchase Order ("PO"); or (ii) prepayment; and
- The Billing Information section of Exhibit A, attached, must be completed.

Equipment will conform to Hologic's customary standards of configuration, performance, manner of use, or installation ("Specifications") upon completion of relocation.

Equipment Relocation includes:

- De-installation of Equipment at current location
- Packaging materials
- Freight
- Installation of Equipment at destination location
- Automatic Exposure Control ("AEC") recalibration of Equipment, if applicable
- Field Engineer labor and travel time to de-install, reinstall, and recalibrate Equipment.

Equipment Relocation excludes:

- Parts (including, but not limited to, longer cables for the new room) to conform the Equipment to Specifications
- Connectivity services (including, but not limited to, enterprise integration of the Equipment at destination location). Connectivity services are subject to an additional charge of \$1,000.00.
- Training of any sort, including but not limited to proper use of Equipment. Training services require a separate quotation from the Hologic Training Department.

For Mammography Equipment, reinstallation and recalibration at destination location requires approximately 2.5 days.

Equipment relocation requires a two (2) week lead time. Subject to availability, a relocation may be expedited for a surcharge of \$500.00.

Customer must complete the Equipment Relocation Questionnaire, attached hereto as Exhibit A, in its entirety and return to Hologic prior to scheduling relocation date. Failure to do so may result in scheduling delay.

Customer Acceptance: Customer's signature below or Hologic's receipt of Customer's Purchase Order ("PO") or any form of payment indicates Customer's acceptance of the Hologic Terms and Conditions set forth herein. Customer agrees that any terms and conditions contained in any Customer documentation (including Customer's PO) are hereby rejected and of no force and effect. This Equipment Relocation Quotation supersedes all previous proposals for these services. Any service, part, or accommodation not included under this Equipment Relocation Quotation will be billed at the prevailing rate on the date such service, part, or accommodation is provided.

This Equipment Relocation Quotation shall remain valid for ninety (90) days after the Quotation Date stated above unless otherwise specified, and is subject to change or withdrawal by Hologic prior to acceptance by both parties.

Customer: RALEIGH RADIOLOGY

Hologic, Inc.

Authorized Signature: _____

Authorized Signature: _____

Name: _____

Name: _____

Title: _____ Date: _____

Title: _____ Date: _____

BILL TO ADDRESS:

HOLOGIC Contact:

Address: _____

Name: Elizabeth Corso

Phone: 203-731-8339

City: _____ State: _____ Zip: _____

Email: Elizabeth.Chalmers-Ferris@Hologic.com

THIS IS NOT AN INVOICE. INVOICE(S) WILL BE GENERATED UPON SUBMISSION OF SIGNED AGREEMENT.

Hologic is required by law to collect state and local taxes on all sales. Final invoices will include these amounts unless a valid exemption certificate is provided.

HOLOGIC TERMS AND CONDITIONS

1. **TERMS AND CONDITIONS:** These Hologic Terms and Conditions set forth the conditions under which Hologic, Inc. ("Hologic") shall provide the services herein, any terms and conditions contained in any Customer documentation including Customer's Purchase Order are hereby rejected and of no force and effect.
2. **PAYMENT TERMS:** Hologic shall remit invoice(s) to Customer and payment shall be made upon receipt of invoice. Hologic may charge monthly interest at the maximum rate permitted by law on all amounts not paid by the invoice due date until all such amounts are paid in full. Customer will reimburse Hologic for reasonable costs (including attorneys' fees) relating to the collection of past due amounts. Failure to make timely payment may result in suspension of services (in addition to other rights or remedies available at law or in equity) until all past due amounts are brought current.
3. **TAXES:** Customer shall be responsible for all such taxes for the purchase or use of products or services provided hereunder. Hologic shall be responsible for all other taxes, including, but not limited to, Hologic's net income taxes and excise taxes imposed on Hologic. The Customer shall be responsible for all taxes due unless Customer is tax exempt from such taxes as evidenced by a valid tax exempt certificate, which shall be provided to Hologic prior to the commencement of services. If Hologic is required to charge any taxes, Hologic shall invoice Customer for any such taxes.
4. **PARTS:** Subject to availability, Hologic will provide all parts necessary for the equipment to conform to Specifications at Hologic's then-current prices. Replacement parts for the equipment and software will be supplied on an exchange basis, may be new or remanufactured, and are warranted to perform in accord with the manufacturers published product specifications for ninety (90) days from the date installed. Exchange parts removed from the equipment shall become the property of Hologic.
5. **LIMITED WARRANTIES AND EXCEPTIONS:** Hologic warrants that the services provided hereunder will be performed by trained individuals in a professional workman-like manner. Hologic will promptly re-perform any non-conforming services for no charge as long as Customer provides reasonably prompt written notice to Hologic (not to exceed thirty days (30) from the date of performance). The foregoing remedy is Customer's exclusive remedy and Hologic's sole liability for warranty claims. **ALL WARRANTIES ARE EXCLUSIVE AND IN LIEU OF ALL OTHER WARRANTIES, WHETHER EXPRESS OR IMPLIED, INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, WHICH ARE EXPRESSLY DISCLAIMED AND THOSE IMPLIED WARRANTIES ARISING FROM COURSE OF DEALING OR USAGE OR TRADE.**
6. **LIMITATION OF LIABILITY:** Hologic's entire liability and Customer's exclusive remedy for any damages incurred by Customer from any cause whatsoever, regardless of the form of action, whether liability in contract or in tort, arising from the services furnished hereunder or from any cause related thereto, shall not exceed an amount equal to the amount of the price, fee, or charge paid by Customer for the services provided herein. The foregoing limitation of liability shall not apply to claims by Customer or third parties for bodily injury or damage to real property or tangible personal property caused solely and directly by the gross negligence or willful misconduct of Hologic or its authorized representatives. **IN NO EVENT SHALL HOLOGIC BE LIABLE TO THE CUSTOMER OR ANY OTHER PERSON FOR ANY INCIDENTAL, SPECIAL, OR CONSEQUENTIAL DAMAGES, INCLUDING LOSS OF GOOD WILL, LOSS OF PROFIT, LOSS OF USE, LOSS OF DATA OR INTERRUPTION OF BUSINESS, OR FOR ANY CLAIMS MADE MORE THAN ONE YEAR AFTER THE CAUSE OF ACTION OCCURRED.**
7. **INSURANCE:** Hologic shall at all times during the performance of services hereunder maintain in effect the following insurance with respect to Customer's location: (a) worker's compensation insurance covering any and all of its employees, agents or representatives who may be providing the services to Customer hereunder, in amounts and coverage complying with the requirements of the applicable state; (b) general liability insurance covering the acts or omissions of Hologic and its employees, agents or representatives, and any and all equipment and other personal property of Hologic; and (c) products liability insurance.
8. **HIPAA COMPLIANCE:** To the extent HIPAA (as defined below) applies, both parties agree to comply with the applicable provisions of the privacy regulations within the Health Insurance Portability and Accountability Act of 1996, as enacted in 45 C.F.R. Parts 160, 162, and 164 and as codified at 42 U.S.C. §1320d, as amended from time to time ("HIPAA"). Hologic agrees that if it directly or indirectly gains access to Protected Health Information ("PHI") during any interaction with Customer, it will keep the PHI confidential.
9. **GOVERNING LAW:** Upon execution of the Authorization for Service Form or Hologic's receipt of Customer's Purchase Order, this shall be considered to be a Massachusetts contract, entered into in Massachusetts, and shall be governed and viewed under the laws of the Commonwealth of Massachusetts without reference to its conflict of laws provisions. The parties specifically agree that any action relating to the relationship between the parties, these Hologic Terms and Conditions, the products or services provided, purchased or licensed hereunder, shall be brought and tried in State or Federal Courts located in Boston, Massachusetts. Customer hereby waives all objections to, and consents to the venue and personal jurisdiction of such Courts.

Exhibit A Equipment Relocation Questionnaire

DESTINATION LOCATION: BONE DENSITY EQUIPMENT Power Requirements (110V-120V)

A single phase dedicated electrical circuit that is able to supply the following minimum amperage must be available:

<u>Equipment Model</u>	<u>Amperage Required</u>	<u>Amperage Available?</u>	
Discovery, 4500, 4500SL, Delphi, Horizon	20 Amp	<input type="checkbox"/> Yes	<input type="checkbox"/> No
QDR 1000P, 4500C, QDR 4500W	15 Amp	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DESTINATION LOCATION: MAMMOGRAPHY EQUIPMENT Power Requirements (208V)

A single phase dedicated electrical circuit that is able to supply the following minimum amperage must be available:

<u>Equipment Model</u>	<u>Amperage Required</u>	<u>Amperage Available?</u>	
Selenia, MultiCare Platinum	35 Amp	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dimensions, Affirm Prone	40 Amp	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CONNECTIVITY:

- Is the Equipment's Internet Protocol ("IP") Address or Application Entity ("AE") Title changing? Yes No
- Is the IP Address, AE Title, or Port of the PACs, Modality Work List, or Query Retrieve changing? Yes No
- Are procedure codes changing? Yes No

If the response to any of the above three (3) Connectivity questions is Yes, additional information will be required prior to or at the time of Equipment installation at the Destination Location.

EQUIPMENT TRAINING

- Will Equipment training be required? Yes No
- If YES, please contact:
- | | |
|----------------------------|----------------------------|
| For Mammography Equipment: | Appschedule@hologic.com |
| For Skeletal Equipment: | Gina Busse at 203.731.8366 |

Training of any sort, including but not limited to proper use of Equipment, is excluded from the Equipment Relocation Quotation. Training services require a separate quotation from the Hologic Training Department.

BILLING, SHIPPING AND PAYMENT INFORMATION

IF THE OWNERSHIP OF THE EQUIPMENT IS CHANGING, PRIOR TO SCHEDULING THE RELOCATION DATE:

- Hologic must receive either (i) a hardcopy Purchase Order ("PO"); or (ii) prepayment; and
- This Billing and Payment Information section must be completed.

IF THE OWNERSHIP OF THE EQUIPMENT IS REMAINING THE SAME:

- The Bill To Information section below must be completed; and
- At Customer's discretion, (i) PO information may be provided for invoice purposes, or (ii) prepayment may be made. If no prepayment is made, an invoice will be sent upon completion of the relocation to the address provided in the Bill To Information section below.

PLEASE COMPLETE THE FOLLOWING "BILL TO INFORMATION" SECTION IN ITS ENTIRETY. *Any service, part, or accommodation not included under the Equipment Relocation Quotation will be billed at the prevailing rate on the date such service, part, or accommodation is provided.*

BILL TO INFORMATION				
Facility Name				
Address				
City	State		Zip	
Contact Name				
Contact Phone				
Contact Email				
MOVE TO LOCATION				
Facility Name				
Address				
City	State		Zip	
Contact Name				
Contact Phone				
Contact Email				

Accepted methods of payment:

PO

If paying by PO, please

1. Complete the following section in its entirety
2. Fax a hard copy of the PO to: 203.285.6353 Attn: Client Service Team
or email to BSH.Moves@holologic.com

<input type="checkbox"/> Purchase Order #			
Authorized Signature			Date:
Printed Name			Title:

Relocation Questionnaire completed by:

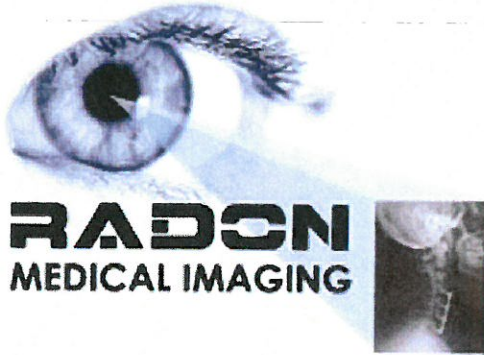
Estimated Relocation Date: _____

Customer Signature: _____ Date: _____

Signor Name: _____ Signor Title: _____

For questions regarding relocation of your equipment, please contact our Client Service Team
Telephone: 203.731.8488 Email: BSH.Moves@holologic.com

EXHIBIT "F"



Quotation

Date: 7/13/2017
 Quote #17-3343 (revised 20170803)
 Expiration Date: 10/31/2017

Radon Medical, LLC
 384 Peachoid Road
 Gaffney, SC 29341
 Phone: (864) 487-0450
 Fax: (864) 487-9955

To **Raleigh Radiology**
Attn: Frannie Joseph/Dianne Powell

Account Manager	Job	Effective Date	Payment Terms
Kristen Johnson	De-install, Relocate X-ray and re-install Equipment at 3200 Blue Ridge Road to 601 Attain Street, Fuquay Varina, NC	To be determined	Net 30

Description	Qty.	Unit Price	Line Total
<p>Radon Medical is pleased to submit the following quotation to Raleigh Radiology for the following:</p> <p>De-install Siemens X-Ray Equipment in Room 3 from the RRBR, transport equipment to Raleigh Radiology – Fuquay Varina and re-install x-ray equipment.</p> <p>Re-installation will take a maximum of 5 working days and will include a Quality Assurance check of the x-ray unit upon complete installation. If applicable, appropriate documentation for equipment disposal will be provided so that Raleigh Radiology can get equipment removed from their STATE registration.</p> <p>Special Notes: This quote is for labor only and does not include any parts replacement or upgrades. Applications training is not</p>	1	\$9,000	\$9,000

RADON QUOTATION | 2017

<p><u>included and will be the responsibility of the customer.</u></p> <p>For re-installation of the equipment, Raleigh Radiology is responsible for all, but not limited to the following: Provide appropriate power, electrical boxes, electrical runs and appropriate steel in the ceiling per Radon's specifications. Provide appropriate access to the buildings to move equipment in and out. Customer is responsible for ensuring that all equipment is UL approved and meets all local and state electrical codes. Site is responsible for shielding design and approval letter from the STATE and must provide copies of both prior to installation of the equipment. Site is responsible for registering equipment with the STATE at the new location and having disposed equipment removed from registration. Pricing includes Radon Medical providing drawings for equipment placement, electrical and structural needs.</p>				
				<i>Subtotal</i>
				\$9,000
				<i>Sales Tax</i>
				As applicable
				Total

*Current regular hourly labor rates are:
 X-Ray & Printers: \$175 per hour, \$262.50 per hour overtime rate and \$175 per hour travel rate.*

Signature on last page of this document verifies acceptance of service agreement with all applicable terms and conditions.

Radon Medical
 Contact: Kristen Johnson Cell (919) 353-8423, kjohnson@radonmed.com

TERMS and CONDITIONS:

Acceptance: This contracted rate becomes effective for the Contract Period when signed by Both the Purchaser and Radon Medical, LLC (Herein after referred to as Radon or Radon Medical Imaging).

Payments: Invoices will be submitted 30 days prior to due date and are due Net 30 days. A finance charge of 1 ½% per month shall be incurred on any portion of invoice balance which is not paid by the due date.

Taxes: Contract pricing does not include Taxes. If Buyer is not tax-exempt, Applicable Taxes will be added to invoice. Tax-exempt Buyers must submit a tax-exempt certificate prior to purchase.

Responsible for Delays: Seller agrees to perform all services in good faith, but Seller has no responsibility or liability for loss or damage by reasons including but not limited to, delays by suppliers in providing materials, parts or services, for acts of God, fire, flood, war, embargoes, labor disputes, acts of sabotage, riots, accidents, delays of carriers, voluntary or mandatory compliance with any governmental act, regulation or request, shortage of labor, materials or manufacturing facilities, or any other cause or causes beyond Seller's Control.

Modifications: This contract shall allow modification but is subject to change due to package pricing.

Assistance: The holder of the equipment shall, for his part give reasonable cooperation in providing aid in the form of manual labor to assist in or equipment for moving or transport of heavy items, and with services of electricians, plumbers, masons, carpenters or other craftsmen where such services may be necessary in modifying or correcting the customer's facilities. Such service is to be provided promptly.

Terminations: Either Party may terminate this agreement by giving sixty (60) days written notice to the other party.

Exclusions: Service is contingent upon proper use of all Equipment and observance of all operational instructions and does not cover, among other things, labor and replacement parts required because of accident, acts of God, neglect, misuse, abuse, failure of electrical power, air-conditioning, humidity control, transportation and unusual physical or electrical stress. The following are specifically excluded from this Agreement:

- I. Electrical work external to the Equipment or maintenance of accessories, alterations, attachments or other devices furnished or not furnished by the Seller unless specifically noted.
- II. Equipment which has been modified, altered, added to, improperly repaired, serviced, installed or re-installed by other than Seller's personnel without the Seller's prior written approval.
- III. Equipment used in violation of manufacturer's instruction or causes resulting from other than ordinary use.

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Limitation of Liability: IN NO EVENT SHALL SELLER BE LIABLE FOR SPECIAL, INDIRECT OR CONSEQUENTIAL DAMAGES of any kind including, but not limited to, loss of business, profit, revenue or goodwill arising from any failure or matter arising under this Agreement, nor shall any claim or recovery of any kind be greater in amount than the purchase price of the annual Service Agreement to which such claim or recovery is made.

Assignment: This agreement shall not be assignable by the Buyer or by operation of law to any third party without the prior written consent of Seller.

Access To Equipment: Seller shall have full, free and safe access to the Equipment on each scheduled inspection or emergency service visit. Seller shall also have access to, and use of, any machine, service, attachments, features or other equipment necessary to perform necessary service contemplated herein at no charge to the seller.

Merger: This agreement supersedes any and all prior Agreements, understanding or arrangements made between the parties and relating to the subject matter thereof.

Principle Coverage Period (PCP): Service support will be provided during the principle period of 8:00 am to 5:00 pm, Monday through Friday, excluding the following holidays: New Years Day, Easter Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day. Labor and travel required outside the principal contract period will be charged at prevailing per-call rates. Current prevailing rates are attached.

7/24 Emergency Remote Support Service: As applicable to the product, RADON will provide 7 day per week, 24 hour per day emergency remote support service to the customer. RADON will use reasonable efforts to respond remotely to any report of a Malfunction within 2 hours after receipt of such report.

On-Site Service: During contract hours, Radon will provide on-site service within 24 hours of Emergency call being placed. 48 hours for non emergency call.

Specific Conditions: Customer will pay RADON at RADON's then-current rates for all work expended investigating or correcting an error or malfunction that RADON reasonably determines to have been caused by any (a) non-system software, (b) any misuse of the System, or (c) any modification of the System by anyone other than RADON or as authorized by RADON.

Replacement Parts: Radon Medical Imaging is responsible for any parts with this contract, including glassware. Purchaser may buy parts from Radon under the following conditions. All parts may be Pre-owned or New standard parts or parts of equal quality. Exchange parts removed from the Equipment shall become the property of Radon unless such exchange parts constitute "hazardous substances", "special wastes" or any other similar materials as such terms are defined by any federal, state or local laws, rules or regulations, in which case, at the option of Radon, the exchange parts shall remain the property of the customer and shall be disposed of by the customer in strict compliance with all applicable laws, rules and regulations.

Governing Law; Disputes; Limitation of Liability. The law of the state where the product is installed or the service is provided will govern any dispute between the parties. EACH PARTY EXPRESSLY WAIVES ALL RIGHTS TO A JURY TRIAL IN CONNECTION WITH ANY DISPUTE ARISING UNDER THIS AGREEMENT. Disputes (other than collection matters) arising under or relating to this agreement will be submitted to the American Arbitration Association ("AAA") office located closest to the largest metropolitan area of the state where the product is installed or the service is provided for binding arbitration in accordance with the AAA's Commercial Arbitration Rules. The cost of the arbitration, including the fees and expenses of the arbitrator, will be shared equally, with each party paying its own attorneys' fees. The arbitrator will have the authority to award damages only to the extent otherwise available under this agreement. RADON MEDICAL, LLC (AND ITS REPRESENTATIVES') LIABILITY UNDER THIS AGREEMENT, REGARDLESS OF THE FORM OF ACTION, SHALL NOT EXCEED THE PRICE FOR THE PRODUCT OR SERVICE THAT IS THE BASIS FOR THE CLAIM. NEITHER CUSTOMER NOR RADON MEDICAL IMAGING (NOR ITS REPRESENTATIVES) SHALL HAVE LIABILITY TO THE OTHER UNDER THIS AGREEMENT FOR ANY PUNITIVE, INCIDENTAL OR CONSEQUENTIAL DAMAGES, SUCH AS EXCESS COSTS INCURRED, DATA LOSS OR LOST PROFITS.

Authorized Signature and Date below verifies acceptance of service agreement including all applicable terms and conditions stated herein.

By Customer:

Authorized Customer Signature

Date of Acceptance

Customer Printed Name

By Radon Medical, LLC:

Authorized Radon Signature

Date of Acceptance

Radon Printed Name

Radon Medical Imaging is pleased to submit the above quotation for the products and/or services described above at the prices and upon the terms and conditions stated, subject to Customer's acceptance of the terms and conditions described and/or attached within ninety (90) days of the quotation date and further subject to final approval and acceptance by Radon Medical Imaging Management.

Radon Medical, LLC
384 Peachoid Road
Gaffney, SC 29341
(864) 487-0450 O
(864) 487-9955 F

EXHIBIT "G"

Proposal

Horizon 5 General Contractors Inc.
923 Crabtree Crossing Parkway
Morrisville, NC 27560

To: Raleigh Radiology
3200 Blue Ridge Road Suite 100
Raleigh, NC 27612

Date:	10-17-2017
Account No:	0001

Project Name	Work Description	Proposed Amount	% Complete	Current Due
601 Attain Street	To install lead line in the general radiography room	\$27,000	0%	
601 Attain Street	To install unistrut in the general radiography room	\$2,800	0%	
TOTAL PROPOSED AMOUNT				\$29,800

If you have any questions regarding this Invoice, please contact Eli Zablud at ez@nc.rr.com or at (919)-418-3014

EXHIBIT "H"

Marrins Mooving

501 Innovation Avenue
Morrisville NC 27560
919-469-1488
info@marrinsmoving.com



RALEIGH RADIOLOGY - FRIDAY, JULY 20 2018

Created: 7/20/18 7:59:21AM Updated: 10/17/2018 10:03AM

JOB INFORMATION:

DATE:	07/20/2018	ORDER ID:	E1CN1BJM
START TIME:	8:30AM	JOB CONFIRMED?	QUOTE
CONTACT:	Dianne Powell	ESTIMATE DATE:	NOT ASSIGNED
MAIN PHONE:	919 247 4991	ESTIMATOR:	NOT ASSIGNED
MAIN EMAIL:	Dianne.powell@raleighrad.com	CLIENT ID:	C1CHOHFD (COMMERCIAL)

ESTIMATE:

QUOTED PRICE: \$750.00

Pay Type: Flat Rate Movers: 3 Truck Size: 1300 CuFt

ITEM	DESCRIPTION	RATE	QTY	AMOUNT
FLAT RATE PRICE		\$750.00	1	\$750.00
TOTAL				\$750.00

ADDRESSES:

PICK UP 1:

2800 Blue Ridge Rd.
Raleigh, NC

DROP OFF 1:

601 Attain St.
Fuquay-Varina, NC 27526

INVENTORY:

NO INVENTORY ASSIGNED

SUPPLIES:

NO SUPPLIES REQUESTED

NOTES:

Move ultrasound machine located at 3200 Blue Ridge Rd. Raleigh
Move CR reader located at 150 Parkway Office Ct. Cary
Move several small items from storage in Fuquay-Varina
All moving to 601 Attain St., Fuquay-Varina

EXHIBIT "I"

Equipment Installation Estimate



Date: 17-Oct-17

PICKUP SITE

INVOICE THIS QUOTE TO THE FOLLOWING:

Current Customer site Raleigh Radiology
 Street: 150 Parkway Office Court
 BLDG./FL Suite 100
 City/State: Cary, NC
 Zip Code: 27518
 Contact Name: Dianne Powell
 Email: dianne.powell@raleighrad.com
 Customer Phone #: 919-818-6923

Site Name: SAME
 Street: _____
 BLDG./FL _____
 City/State: _____
 Zip Code: _____
 SFDC # _____
 PO Number: _____

	Description	Qty	List Price	Customer Price
T&M	CALL CHARGE - CR Reader	1	\$ 575.00	\$ 575.00
T&M	Hourly Rate - CR Reader	3	\$ 419.00	\$ 1,257.00
Total				\$ 1,832.00
K NUMBERS: CR Reader Serial # 2158; CR 825				
De-install and re-install		After Hours Charge:		
Total Price:				\$ 1,832.00

- Comments:**
1. Estimate is valid for 30 days from the date it was issued
 2. This is an estimate only, invoicing will be based on actual time and actual parts used
 3. Customer will be billed upon completion of the services
 4. For after hours Installation the following charges will be added:
 Monday to Friday: 5:00 PM to 12:00 AM : \$ 1,000.00, Monday to Friday and all day Saturday: 12:00 AM to 7:00 AM : \$ 1,500.00
 Sundays and Holidays: \$ 2,000.00

Is the new location "Bill To " Address the same as above / Yes or No / Please update below if different:

DELIVER TO _____ NEW BILL TO SAME AS ABOVE
 (Site Name)
 Street: 601 Attain Street Street: _____
 Building/Floor _____ Building/FI: _____
 City/State: Fuquay Varina, NC City/State: _____
 Zip Code: 27526 Zip Code: _____
 Contact Name: Dianne Powell SFDC # _____
 EMAIL: dianne.powell@raleighrad.com
 Contact Phone # _____

Prepared By: Anne Munley Phone: 585-627-6535

EXHIBIT "J"

Horizon 5 General Contractors Inc.

Re: 601 Attain Street

Proposal From:
Horizon 5 General Contractors
To
Raleigh Radiology

To furnish labor and material to construct a 60'x18' concrete pad to support a 60,000 pound mobile MRI unit including a 52'x11' support pad to support an additional 38,160 pounds per drawing by OSHKOSH.

For Total Labor and Material

\$21,600

*If you have any questions or concerns please contact Eli Zabrud
President of Horizon 5 General Contractors
P: 919-418-3014 E: ez@nc.rr.com*

EXHIBIT "K"

