



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEVDUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

September 29, 2025

Denise M. Gunter

Denise.gunter@nelsonmullins.com

No Review

Record #: 4941
Date of Request: September 12, 2025
Facility Name: Novant Health Asheville Imaging Center
FID #: 240865
Business Name: Novant Health, Inc.
Business #: 3567
Project Description: Acquire a mobile mammography unit
County: Buncombe

Dear Ms. Gunter:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the project described above. Based on the representation in your request and the CON law **in effect on the date of this response to your request**, the project as described is not governed by, and therefore, does not currently require a certificate of need. 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.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office. **As a reminder, it is unlawful to offer or develop a new institutional health service without first obtaining a certificate of need. The Department reserves the right to impose sanctions, including civil penalties and the revocation of a license, upon any entity that offers or develops a new institutional health service without first obtaining a certificate of need.**

Please do not hesitate to contact this office if you have any questions.

Sincerely,

Ena Lightbourne
Project Analyst

Micheala Mitchell
Chief

cc: Radiation Protection Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



Denise M. Gunter
Attorney
T: (336) 774-3322
denise.gunter@nelsonmullins.com

NELSON MULLINS RILEY & SCARBOROUGH LLP
ATTORNEYS AND COUNSELORS AT LAW
380 Knollwood Street
Suite 530
Winston-Salem, NC 27103
T: (336) 774-3300 F: (336) 774-3299
nelsonmullins.com

September 12, 2025

Via E-mail

Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
North Carolina Department of Health and Human Services
Division of Health Service Regulation
809 Ruggles Drive
Raleigh, North Carolina 27603

RE: Acquisition of Mobile Mammography Unit

Dear Ms. Mitchell:

On behalf of Novant Health, Inc. and Novant Health Asheville Imaging Center, LLC ("Novant Health"), I am writing to inform the Agency of Novant Health's intention to acquire a mobile mammography unit (the "Mobile Unit") to serve churches, community organizations, and employer sites in Western North Carolina. The Mobile Unit will be moved weekly to two or more host sites. While the host sites have not yet been determined, Novant Health intends to serve locations in and around Buncombe County. Novant Health's goal is to forge community partnerships to bring this potentially lifesaving technology directly to patients at places they routinely visit so that they do not have to travel to a physician's office, breast center, or other location to receive mammography services. For some patients, especially people who face transportation and access issues, travelling to a physician's office or other location for a mammogram may be challenging and may contribute to delays in patients receiving mammography. Novant Health believes that offering onsite mammography at churches, community organizations, and employer sites may help reduce these barriers. Further, by making mammography convenient, Novant Health hopes to make routine mammograms a routine event for more patients and reduce the likelihood of patients putting off making appointments for mammograms.

Micheala Mitchell
September 12, 2025
Page 2

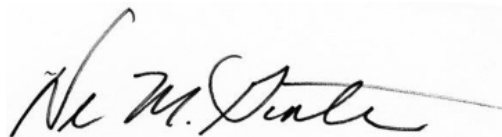
According to North Carolina Central Cancer Registry (“NCCCR”) May 2025 Fact Sheet, “[c]ancer of the female breast was the most frequently occurring cancer from 2018 to 2022 and the fourth leading cause of cancer death in North Carolina from 2019 to 2023. It is anticipated that 13,111 females in North Carolina will be diagnosed with, and 1,549 females will die of breast cancer in 2025.” See **Exhibit A**. In Buncombe County specifically, the NCCR projects that in 2025, there will be 377 new cases of cancer of the female breast. See **Exhibit B**.

Novant Health will acquire a Hologic 3-D mammography unit with transporting equipment. Copies of the equipment quotes are attached as **Exhibits C and D** to this letter. We have also included the costs of installing a receptacle so that when the Mobile Unit is not serving host sites, it can be parked and plugged in at 1815 Hendersonville Road in Asheville. See **Exhibit E**. 1815 Hendersonville Road is not going to be a host site for the Mobile Unit; it will be a place where the Mobile Unit parks at night. The total capital cost for the project is \$1,153,998. See **Exhibit F**. This includes all costs essential to acquiring the equipment and making it operational. This amount is well below the current CON diagnostic center threshold of \$3,089,400 and is therefore not regulated by the CON Law. See N.C. Gen. Stat. §§ 131E-176(7a)(definition of diagnostic center); 131E-176(16)(definition of new institutional health services). Mammography units are not specifically regulated by the CON Law. See N.C. Gen. Stat. § 131E-176(16)f1.1.-9.

Accordingly, we respectfully request that the Agency issue its written determination that Novant Health’s proposal as described in this letter does not require a CON.

If you need any additional information, please let me know. Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Denise M. Gunter", is written over a light gray rectangular background.

Denise M. Gunter

Enclosures

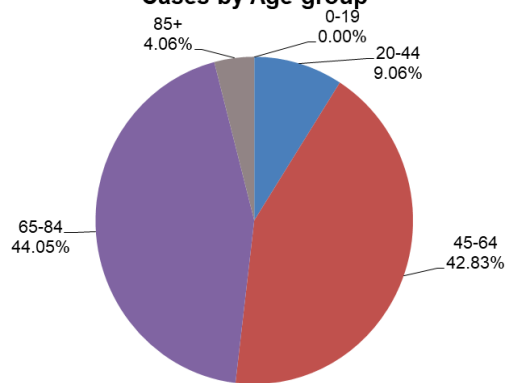
Breast Cancer

May 2025

A Fact Sheet by the **Central Cancer Registry**

Cancer of the female breast was the most frequently occurring cancer from 2018 to 2022 and the fourth leading cause of cancer death in North Carolina from 2019 to 2023. It is anticipated that 13,111 females in North Carolina will be diagnosed with, and 1,549 females will die of breast cancer in 2025.

Figure 1. 2018-2022 Percent of Breast Cancer Cases by Age group

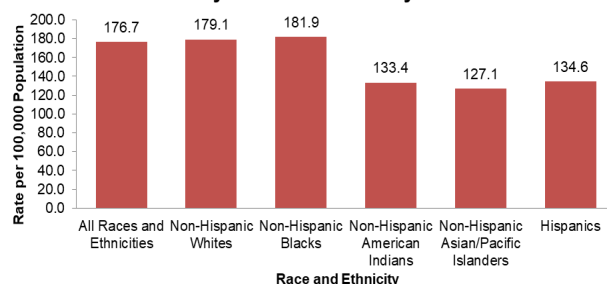


Incidence

The percentage of cases of female breast cancer from 2018-2022 is displayed by age group in Figure 1. The female aged between 20-64 make up more than half of the breast cancer cases.

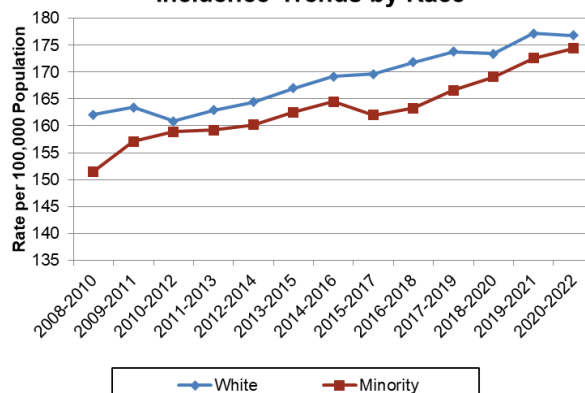
Between 2018 and 2022, the age adjusted incidence rate for female breast cancer in North Carolina was 176.7 per 100,000 females per year. Non-Hispanic Asian Pacific Islander women are diagnosed less with breast cancer than women of other races and ethnicities. (Figure 2)

Figure 2. 2018-2022 Breast Cancer Incidence Rates by Race and Ethnicity



From 2008 to 2022, breast cancer incidence has increased for whites and minorities, with increase seen more among white women than minority women. (Figure 3)

Figure 3. 2008-2022 Breast Cancer Incidence Trends by Race



Stage at Diagnosis*

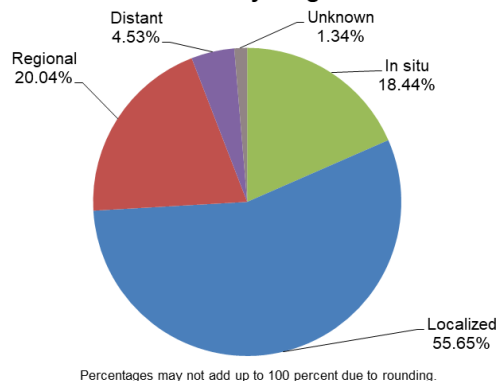
Figure 4 shows the stage distribution of female breast cancer cases diagnosed between 2018-2022. Over half of female breast cancer cases were diagnosed at the localized stage.



NC DEPARTMENT OF
**HEALTH AND
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Division of Public Health

State of North Carolina ♦ www.nc.gov ♦ Department of Health and Human Services
www.ncdhhs.gov ♦ North Carolina Division of Public Health ♦ www.publichealth.nc.gov
State Center for Health Statistics ♦ www.schs.state.nc.us North Carolina DHHS is an
equal opportunity employer and provider.

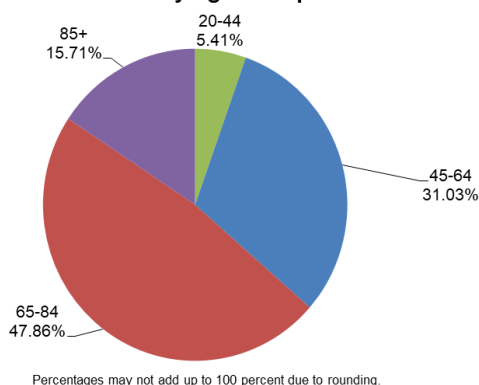
Figure 4. 2018-2022 Percent of Breast Cancer Cases by Stage



Mortality

Between 2019-2023, the percentage of female breast cancer deaths is displayed by age group in Figure 5. Almost 79 percent of deaths occurred in women aged 45 to 84.

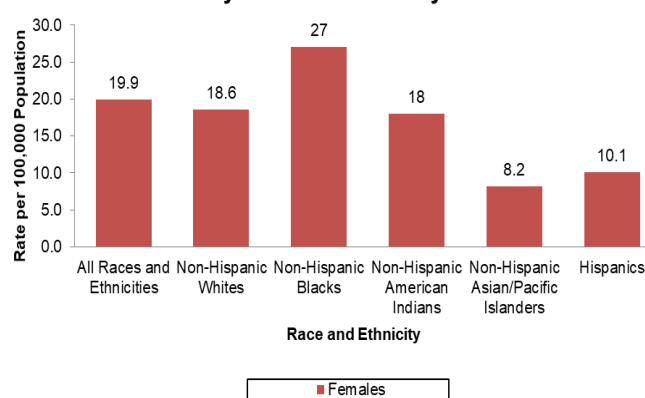
Figure 5. 2019-2023 Percent of Breast Cancer Deaths by Age Group



The age-adjusted mortality rate of female breast cancer from 2019 to 2023 was 19.9 per 100,000 female per year. Non-Hispanic black women are more likely to die

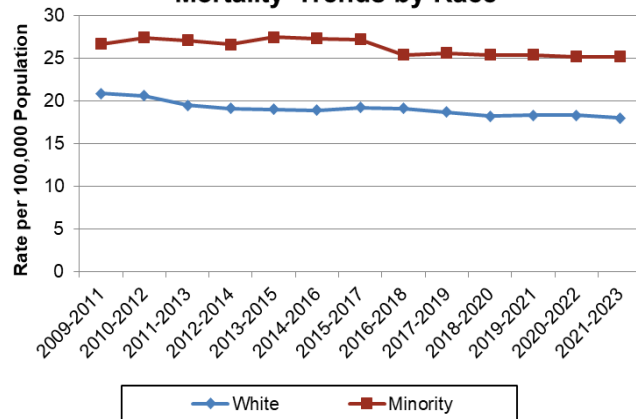
from breast cancer than women of other races and ethnicities. (Figure 6)

Figure 6. 2019-2023 Breast Cancer Mortality Rates by Race and Ethnicity



From 2016 to 2023, female breast cancer mortality rates have stayed almost the same for both whites and minorities. (Figure 7)

Figure 7. 2009-2023 Breast Cancer Mortality Trends by Race



Data Sources and Methods

Data on North Carolina cases were obtained from the North Carolina Central Cancer Registry (CCR). Hospitals are the primary source of data. The CCR supplements hospital data with reports from physicians who diagnose cases in a non-hospital setting. The CCR also collects data from pathology laboratories and freestanding treatment centers. Data on cancer deaths were obtained from Statistical Services in the State Center for Health Statistics. Population data from the National Center for Health Statistics were used in the denominators of the rates, which are expressed per 100,000 people. Rates were age-adjusted using the 2000 United States Census data. To examine trends, three-year overlapping rates were used to improve stability over time. Stage at diagnosis was defined according to Surveillance, Epidemiology, and End Results Summary Stage guidelines as in situ, localized, regional, distant, and unknown/NA. For further information about the North Carolina CCR, visit www.schs.state.nc.us/units/ccr/.

* According to the National Cancer Institute (NCI), "many cancer registries, such as NCI's Surveillance, Epidemiology, and End Results Program (SEER), use summary staging. This system is used for all types of cancer. It groups cancer cases into five main categories: In situ—Abnormal cells are present only in the layer of cells in which they developed. Localized—Cancer is limited to the organ in which it began, without evidence of spread. Regional—Cancer has spread beyond the primary site to nearby lymph nodes or organs and tissues. Distant—Cancer has spread from the primary site to distant organs or distant lymph nodes. Unknown—There is not enough information to determine the stage." Additional information on staging can be found at <https://www.cancer.gov/about-cancer/diagnosis-staging/staging>

Cancer Profiles

Exhibit B
Buncombe
May 2025

A fact sheet produced by the North Carolina Central Cancer Registry

Cancer Takes Too Many Lives in North Carolina and in Buncombe County

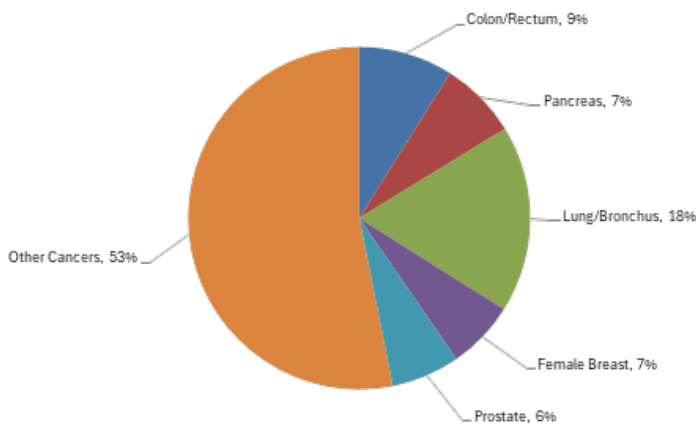
Cancer is the second leading cause of death in both North Carolina¹ and the United States² according to the Center for Disease Control and Prevention (CDC). In 2023, 20,925 persons in North Carolina died from cancer, 572 in Buncombe County (Table 1).

Table 1. 2023 Percent of Cancer Deaths in Buncombe County and North Carolina

Buncombe County	North Carolina
14%	19.3%

Cancer is a group of more than 100 different diseases, all characterized by uncontrolled growth and spread of abnormal cells. Cancer risk increases with age and varies by gender and race. As the average age of the population increases, the incidence of cancer will increase as well. Cancer is the second leading cause of death in North Carolina. The majority of cancer deaths occur at five sites: colon/rectum, lung/bronchus, female breast, prostate, and pancreas. (Figure 1).

Figure 1. Buncombe County 2023 Cancer Deaths By Site



Percentages may not add up to 100 percent due to rounding

It is generally recognized that a majority of cancers are related to personal lifestyle or environmental factors, such as smoking and diet, and are therefore preventable. Other factors such as age, gender and family history of a specific cancer are also associated with the development of cancer and aid in the identification of people at high risk. For several cancers, effective treatment is available. For these cancers, early detection saves lives. For example, according to the Surveillance, Epidemiology, and End Results (SEER) website, about 100% of women who are diagnosed with breast cancer in the earliest stage survive the disease, whereas only 32.6% survive if the disease is diagnosed in the most advanced stage.³ The

opportunity for disease control and for reducing the number of cancer deaths rests with prevention and early detection so that treatment of the disease can be effective. In 2022, 1,899 cancer cases were reported for Buncombe County residents. These numbers are expected to increase as the population ages (Table 2).

Table 2. 2025 Projected Cancer Cases for Buncombe County and North Carolina

	Buncombe County	North Carolina
Colon/Rectum	145	4,926
Female Breast	377	13,111
Lung/Bronchus	285	9,511
Prostate	280	9,566
All Cancers	2,102	71,649

For some cancers, prevention is more beneficial than early detection. For example, lung cancer is a disease that takes many years to develop and often metastasizes, or spreads, to other parts of the body before it is detected. This need not be the case, as lung cancer is one of the most preventable cancers. According to the 2020 Surgeon General's Report, lung cancer due to smoking still accounts for the majority of lung cancer deaths.⁴ According to the American Cancer Society (ACS), cigar and pipe smoking are almost as likely to cause lung cancer as cigarette smoking. Nonsmokers who breathe in second-hand smoke are also at increased risk. The risk of lung cancer seems to increase with age.⁵

Risk Factors and Interventions

Tobacco Use: According to the ACS, smoking and the use of smokeless tobacco are responsible for the majority of all cancers of the lung, trachea, bronchus, larynx, pharynx, oral cavity and esophagus.⁵ According to the 2020 Surgeon General's Report, tobacco smoking is the leading cause of preventable disease, disability and death in the United States.⁴ E-cigarettes are classified as tobacco products because they often contain nicotine, which is derived from tobacco. The aerosol (or 'vapor') produced by e-cigarettes may also contain harmful chemicals that can cause cancer. 'Dual use' refers to the practice of using both traditional cigarettes and e-cigarettes. Recent studies suggest that individuals who use both have a higher risk of developing lung cancer compared to those who only smoke cigarettes. To reduce health risks, individuals are strongly advised to avoid using both products and to stop using all tobacco products entirely.⁵

Nutrition and Physical Activity: Sustaining a healthy diet and being active can influence the risk of developing cancer. Eating a variety of healthful foods, with an emphasis on plant sources, adopting a physically active lifestyle, maintaining a healthy weight and limiting alcoholic consumption are recommended by the ACS for cancer prevention.⁵

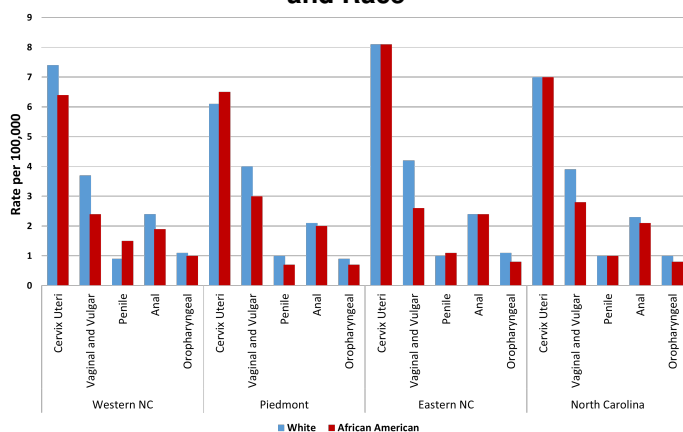
Sunlight and Ultraviolet Rays: Exposure to intense sunlight and UV rays are risk factors in developing skin cancer. Sun safety tips for lowering this risk include limiting direct sun exposure during midday, covering up when outdoors, using sunscreen with a Sun Protection Factor of at least 30 and avoiding tanning beds and sunlamps.⁵

Screening: Early detection is extremely important for those cancers that can be cured, and which can be discovered early. Breast cancer is a good example of this. Stage at diagnosis is the most important factor in determining chance of survival from breast cancer. In 2025, a projected 13,111 women in North Carolina will be diagnosed with breast cancer, 377 in Buncombe County. Many of these women will survive because they were diagnosed early, but some will face premature death because they were diagnosed too late for effective treatment.

According to the ACS's recommendations, women 40 to 44 years have the option to start screening with a mammogram every year. Women 45 to 54 should get mammograms every year. Women 55 and older can switch to a mammogram every other year, or they can choose to continue yearly mammograms.⁵

An HPV-attributable cancer is a cancer that is probably caused by HPV (Human Papilloma Virus). According to the CDC⁶, each year there are about 37,800 new cancer cases caused by HPV in the United States. In general, HPV is thought to be responsible for more than 90% of anal and cervical cancers, about 70% of vaginal and vulvar cancers, and 60% of penile cancers and about 70% of oropharyngeal cancers.

Figure 2. 2018-2022 HPV Cancer Incidence by Region and Race



The HPV vaccine was developed to prevent cervical and other can-

cers of the reproductive system. The vaccine protects against the types of HPV that can cause oropharyngeal cancers, so it may also prevent oropharyngeal cancers. The HPV vaccine is recommended for females between the ages of 11 and 12, although can be started as early as 9, to protect against the types of HPV associated with HPV related cancers such as cervical, vaginal, vulvar, penile, anal, and oropharyngeal cancers and genital warts. For women aged 13 to 26 who did not receive the vaccine when they were younger, it is still recommended to get vaccinated. Males aged 9 through 26 are also recommended to receive the HPV vaccine to protect against penile, anal, and oropharyngeal cancers and genital warts.⁷ The incidence of HPV-related cancers by regions (Eastern, Piedmont, and Western) and North Carolina is shown in Figure 2.

References

- Centers for Disease Control and Prevention North Carolina website: <https://www.cdc.gov/nchs/pressroom/states/northcarolina/nc.htm>
- Centers for Disease Control and Prevention Deaths and Mortality website: <https://www.cdc.gov/nchs/fastats/deaths.htm>
- National Cancer Institute, Surveillance Epidemiology and End Results website: <https://seer.cancer.gov/statfacts>
- Reports of the Surgeon General website: <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>
- American Cancer Society website: <https://www.cancer.org/cancer.html>
- Centers for Disease Control and Prevention HPV website: <https://www.cdc.gov/cancer/hpv/>
- Centers for Disease Control and Prevention Vaccines website: <https://www.cdc.gov/vaccines/vpd/hpv/hcp/recommendations.html>

For More Information

American Cancer Society

1-800-ACS-2345 / Website: www.cancer.org

Cancer Information Service

1-800-4CANCER

(Sponsored by the National Cancer Institute)

North Carolina Division of Public Health

State Center for Health Statistics

North Carolina Central Cancer Registry (CCR)

984-236-7400

1908 Mail Service Center

Raleigh, NC 27699-1900

Website: <https://schs.dph.ncdhhs.gov>

North Carolina Advisory Committee for Cancer Coordination and Control

919-707-5300

1922 Mail Service Center

Raleigh, NC 27699-1922

Cancer Profiles are produced by the Central Cancer Registry.

The CCR acknowledges the Centers for Disease Control and Prevention for its support of this publication, under cooperative agreement 5 NU58DP007121-03.

The content is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control and Prevention.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

State of North Carolina • Josh Stein, Governor
Department of Health and Human Services • Devdutta Sangvai, Secretary
Department of Health and Human Services • Dr. Kelly Kimple, Acting Division Director
Division of Public Health • State Center for Health Statistics

The Department of Health and Human Services does not discriminate on the basis of race, color,

national origin, sex, religion, age or disability in employment or the provision of services.



Purchase Quotation

Exhibit C
PLEASE REFER TO THIS NUMBER ON
ALL CORRESPONDENCES AND ORDERS
Quote #: Q-421110
Status: Executed
Quote Expiration Date: 12/31/2025

TO:

CUSTOMER NAME	CUSTOMER NUMBER
NOVANT HEALTH INC	82397
BILL TO ADDRESS	SHIP TO ADDRESS
2085 FRONTIS PLAZA BLVD WINSTON SALEM NC US 27103	2085 FRONTIS PLAZA BLVD WINSTON SALEM NC US 27103

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.

This Quotation is based on the information known by Hologic regarding your needs and is subject to change or withdrawal by Hologic prior to acceptance. Notwithstanding the foregoing, Hologic may cancel any signed Quotation and/or Customer submitted purchase order if Customer does not take delivery of the Products quoted within one (1) year of execution. This Quotation and the governing terms as noted herein shall 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. In the event of a conflict between this Quotation and the governing terms, this Quotation shall prevail. To accept, please have an authorized representative sign this Quotation and/or submit a purchase order to your Hologic Representative or to BSH Sales Support as listed below:

BSH Sales Support:
HOLOGIC SALES AND SERVICE, LLC
250 Campus Drive
Marlborough, MA 01752
Fax: (203) 731-8463
BSHSalesSupportUS@hologic.com

ATTN: Jonathan Combs Phone: 5555555555 Fax: Email: jonathancombs@pccek.com

Quote Date	Requested Date	Hologic Representative	Quote Currency
3/5/2025	11/24/2025	Sarah Claeys sarah.claeys@hologic.com +15024137756	U.S. Dollar

Summary of Governing Terms/Contracts	Contract Number	FOB	Payment Terms	Freight Terms
Hologic Std T&C*		ORIGIN	45 NET	NO CHARGE
VIZIENT (XR0653) - MAMMO	XR0653	ORIGIN	45 NET	NO CHARGE

Qty	Product Name	Description
1	3DM-SYS-STD-MOB	3DIMENSIONS MAMMOGRAPHY SYSTEM 3D US-MOBILE
1	PRD-04420	HIGH RESOLUTION READY DETECTOR
1	3DM-KIT-ERGO-XRAY	3DM UAWS ERGONOMIC UPGRADE
1	DIM-LIC-I2D3DQ	INTELLIGENT 2D AND 3DQUORUM LICENSES FOR NEW 3DIMENSIONS SYSTEM
1	3DQ-TRAIN-INIT-01	3DQUORUM, INITIAL TRAINING, VIDEO-ON-DEMAND, UNLIMITED TECHNOLOGISTS AND PHYSICIANS
1	DIM-LIC-GAIDPRO	GENIUS AI® DETECTION PRO LICENSE (FOR ONE NEW DIMENSIONS SYSTEM)
1	GAIDPRO-TRAIN-INIT-01	GENIUS AI® DETECTION PRO, INITIAL TRAINING, ON-DEMAND, UNLIMITED TECHNOLOGISTS AND PHYSICIANS
3	ASY-04662	RACK, PADDLE STORAGE
1	SVC-SDM-OPT-BTO	CONFIGURE SYSTEM OUTPUT TO BTO FORMAT
1	DIM-TRAIN-APPS-INIT	TECHNOLOGISTS, DIMENSIONS, INITIAL TRAINING, 2 DAYS, 1 SITE, MAX 5 TECHNOLOGISTS

Qty	Product Name	Description
1	DIM-TRAIN-PHY-INIT	MEDICAL PHYSICIST, DIMENSIONS, INITIAL TRAINING, 8 HRS (5 HRS LIVE - 3 HRS ONLINE TRAINING), 1 SITE, MAX 2 PHYSICISTS
1	DIM-TRAIN-RAD-INIT	RADIOLOGISTS, TOMOSYNTHESIS, INITIAL TRAINING, 8 HOURS VIRTUAL TRAINING, 14 RADIOLOGISTS
1	HLX-NEW CUSTOMER-DISCOUNT	HOLOGIC NEW CUSTOMER DISCOUNT. Please see the Product Long Description for terms and conditions.
1	PHANTOM-ACR-156	ACR 156 PHANTOM
1	PHANTOMCASE-ACR-156	ACR 156 PHANTOM CASE

*To the extent this Quotation contains any Professional Services for Equipment relocation or clinical training, such Professional Services shall be governed by the Hologic Professional Services Terms and Conditions (US Customers), available at <https://www.hologic.com/hologic-master-sales-terms-conditions>. To the extent this Quotation contains any Products with Product Name UA-SUB-SW-0001, UA-SW-002, UEQ-SUB, DIM-LIC-QT-SUB (collectively "Subscription Products"), such Subscription Products shall be governed by the Hologic Subscription Terms and Conditions US, available at <https://www.hologic.com/hologic-master-sales-terms-conditions>, and the Effective Term for said Subscription Products shall be a twelve (12) month period beginning on the date of designated Equipment for such Subscription Software. Otherwise, any Products with Governing Terms listed as "Hologic Std T&C" shall be governed by the Hologic Sales Terms and Conditions US, available at <https://www.hologic.com/hologic-master-sales-terms-conditions>.

Final Quote Price: USD 481,148.00

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

The following additional terms and conditions apply to the purchase of a Genius AI Detection PRO license:

1. License Term.

Genius AI Detection PRO is sold as a temporary software license valid for use only on the Equipment upon which it is originally installed. The term of the license will begin upon installation of the Genius AI Detection PRO software and will terminate thirty-six (36) months thereafter (the "License Term"). The License Term will not automatically renew. Following expiration of the License Term, and upon reasonable notice, Customer will allow Hologic access to the Equipment to de-install the license.

2. License Term Fee.

Customer will pay an up-front, non-refundable fee for use of the Genius AI Detection PRO license for each License Term in accordance with the pricing and payment terms provided on the Quotation.

3. Installation.

Installation of the Genius AI Detection PRO license will be performed remotely. Subject to availability, Hologic may provide in-person installation for a separate professional services fee. Genius AI Detection PRO may not be compatible with other AI, CAD, or breast density solutions, including prior versions of Genius AI Detection, Quantra, and ImageChecker. In order to operate to specifications, it may be necessary to de-install such software upon installation of Genius AI Detection PRO. Please consult your Hologic representative for more information.

4. License Transfers.

Customer may transfer the Genius AI Detection PRO license to a different system upon payment of a one-time license transfer fee. License transfers will not extend the original License Term, unless otherwise noted on the applicable quotation. If Customer trades-in to Hologic any system containing an active Genius AI Detection PRO license and purchases a new mammography system which also includes a new Genius AI Detection PRO license, then the remainder of the License Term for Customer's original Genius AI Detection PRO license will be added to the Genius AI Detection PRO License Term included with Customer's new purchase.

5. Updates.

Hologic will make available maintenance and support updates ("Updates") which revise or correct errors or safety issues at no charge during the License Term. Updates may be deployed remotely and automatically at a frequency determined by Hologic. Customer's use of Genius AI Detection PRO constitutes consent to Hologic deploying the Updates without additional Customer approval prior to implementation. Customer may opt-out of such automatic Updates by providing Hologic with advanced written notice. Hologic will provide reasonable notice prior to implementing any Updates.

6. Warranty.

Hologic warrants Genius AI Detection PRO will perform substantially in accordance with published specifications during the License Term. The limited warranty provided in this section will not apply if Genius AI Detection PRO (a) is not used in accordance with published specifications, (b) is modified by anyone other than Hologic or its agents and representatives, (c) is operated with any third-party products not authorized or validated by Hologic, or (d) is not running the latest Updates made available by Hologic or its agents and representatives.

7. Internet Connection.

The Genius AI Detection PRO license requires an active internet connection and Unifi Connect to function properly. Hologic will not be responsible for Customer's inability to access or use the Genius AI Detection PRO license if such inability was caused by a disruption in internet connection.

Upon receipt of a purchase order and/or signed Quote, your Hologic team will work collaboratively on an installation timeline.

Sales Orders that are requested to be cancelled within forty-five (45) days of the confirmed installation date must be approved by Hologic and may be subject to a cancellation fee of ten percent (10%) of the total Quote price for the items contained herein.

Quote #: Q-421110-1

Once the installation confirmation is provided by Hologic, all requests to reschedule an installation within seven (7) business days of the confirmed installation date may be subject to a rescheduling fee of \$2,500.00 USD.

Buyer Acceptance

NOVANT HEALTH INC

By: _____ (signature)

Name: _____ Title: _____ (print/type)

Date: _____

_____ I will issue a PO for this purchase. Please do not ship the Products until a PO is issued.

_____ I will not issue a PO for this purchase. A PO is not required for shipment and invoicing. Please ship the Products based on this signed Quotation.

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: _____

3DM-SYS-STD-MOB

3Dimensions™ mammography system for Genius®3D Mammography screening and diagnostic mammography with 2D capabilities. Includes Hologic Clarity HD™ technology and SmartCurve™ breast stabilization system. Upgradeable to interventional imaging. INCLUDES:

X-ray Gantry:

- Generator: Fully integrated constant potential, high frequency, inverter type.
- Detector: Hologic Clarity HD™ High-resolution enabled detector.
- X-ray Tube: Tungsten, bi-angular, high speed, high heat capacity, X-ray Filters: Rhodium, silver, aluminum.
- Anti-scatter Grid: Auto-retracting linear grid, Dual-function gantry footswitches (2).

Adjustable-height Acquisition Workstation:

- CPU: High-performance computer, multi-core Intel-based CPU, minimum 32 GB RAM, minimum 4 TB disk, Windows 10/64, high-performance NVIDIA GPU.
- Includes DVD +/- R/W, User Interface: 1.2 MP color LCD touchscreen display.
- Image Review : 21.3" 3 MP, medical-grade color, DICOM monitor with double-jointed articulating arm.
- X-ray shield in accordance with local regulations, X-ray exposure footswitch, pull-out keyboard drawer, keyboard and mouse, Uninterruptible Power Supply (UPS).

3Dimensions System Software:

- User access control, patient and study selection, imaging procedure selection and definition, X-ray parameter control, image review and acceptance/rejection, quality control.
- Licenses: Hologic Clarity HD Imaging, Tomosynthesis Imaging, SmartCurve System, Diagnostic Imaging, Dynamic Tube Head Motion, Advanced Connectivity, Bi-directional Communication (Notices).

Provides all mounting hardware and cabling necessary for mounting a Color Monitor onto a fixed pole. Includes a kit of locks for stabilizing the AWS monitor and keyboard drawer during transport, and an electromagnetic brake for stabilizing the Dimensions c-arm during mobile transportation. Monitor sold separately. A small lead glass shield is provided with the AWS to serve as a placeholder only to secure the mounting bracketry. The coach manufacturer is responsible for obtaining, specifying, and installing X-Ray shielding in the coach. They are to ensure that the shielding is adequate according to state or local codes where applicable.

Connectivity:

- DICOM: Modality work list, storage, storage commitment, query/retrieve, print.
- IHE Profiles: Scheduled workflow, patient information reconciliation, mammography image.
- Advanced Connectivity: Ability for the system to participate in DICOM Modality Performed Procedure Step (MPPS) transactions and to output DICOM Radiation Dose Structured Report (RDSR) objects to third-party dose aggregation and reporting systems. The MPPS and RDSR capabilities can be enabled and disabled independently.

Accessories:

- SmartCurve System (3), Screening Paddles (3), Diagnostic Paddles (5)
- Magnification stand with platform, flat field phantom and case, ACR tomosynthesis geometry calibration phantom, Dimensions interconnect cable kit, 2D fixed face shield and retractable 3DMammography face shield.
- Hologic Platinum Marketplace: Complete initiation form at hologicmarketplace.com/user/register. Estimated value per system: \$5,000.

Installation: Installation by Hologic certified technicians.

Warranty: Standard one-year parts and labor warranty.

Warranty service coverage is Monday-Friday from 8:00 am to 5:00 pm local time.

CONDITIONS: Required but independently sold software features are not included gratis under Hologic Warranty, or Hologic Service Contracts that include software upgrades, and must be ordered separately. Required system software updates that are included under Hologic Warranty, or Hologic Service Contracts will be provided at no charge.

Quote #: Q-421110-1

Note – the 3Dimensions™ mammography system is designed for use in a mobile environment. Once installed, the 3Dimensions™ mammography system cannot be de-installed and moved to a fixed

Product Name	Long Description
PRD-04420	<p>Hologic 3D Mammography™ high-resolution ready digital image receptor for 3Dimensions™ mammography systems or Selenia® Dimensions® systems.</p> <p>INCLUDES:</p> <ul style="list-style-type: none"> • Digital Image Receptor • Amorphous selenium, TFT • Structure: Single 24 x 29 cm plate • Image Matrix Sizes: 2560 x 3328 (18 x 24 cm); 3328 x 4096 (24 x 29 cm) •Pixel Size: 0.070 mm • Limiting Spatial Resolution: 7.1 lp/mm. <p>(Hologic Clarity HD license purchase required to enable Clarity HD high-resolution imaging on 3D Performance and Dimensions 6000 and 9000 systems. This license is included with a 3Dimensions system.)</p>
3DM-KIT-ERGO-XRAY	<p>Provides an integrated ergonomic package for the 3Dimensions™ system.</p> <p>Includes:</p> <ul style="list-style-type: none"> • Fingerprint reader for quick biometric login of the technologist, manager or other site personnel • Powered memory height adjust • Bar code scanner <p>Note:</p> <ul style="list-style-type: none"> • Kit only available for 3Dimensions systems

Product Name	Long Description
DIM-LIC-I2D3DQ	<p>3DQuorum® and Intelligent 2D® technology for new 3Dimensions™ systems. 3DQuorum technology utilizes Genius AI®-powered analytics to uniquely reconstruct 1mm high-resolution 3D™ data to produce 6mm high-resolution SmartSlices. SmartSlices are designed to expedite reading time by reducing the number of images to review. Intelligent 2D technology generates 70µm resolution synthesized 2D images that are smart mapped to the 3D™ data.</p> <p>INCLUDES:</p> <ul style="list-style-type: none"> • 3DQuorum and Intelligent 2D software licenses. <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> • Hologic Clarity HD® high resolution 3D™ imaging technology. • Tomosynthesis license. • High-performance AWS computer (provided if needed). • Dimensions software minimum version 1.10/2.1 with Windows 10 OS. • BTO image data format is required for 3DQuorum technology. 3DQuorum software is unable to process SCO data. <p>NOTES:</p> <ul style="list-style-type: none"> • Hologic SecurView® workstation software 10.4 minimum. • For customers reading on PACS workstations minimum requirements will vary depending on the vendor. • Licenses are non-transferable to other mammography systems. • The licenses do not extend the Dimensions system warranty. New hardware, if needed, has a replacement part warranty as per Hologic Sales Terms and Conditions.
3DQ-TRAIN-INIT-01	<p>3DQuorum™ imaging technology training provided via Video-On-Demand from www.hologic.com/training and/or for physicians from HologicAce.com. The Hologic Ace portal also has a DICOM viewer and images for physicians to review. Training may be accessed at any time for unlimited staff for an unlimited period. Initial training is included in the purchase price of your license.</p>

Product Name	Long Description
DIM-LIC-GAIDPRO	<p>Genius AI® Detection PRO solution is a concurrent reading and reporting aid for physicians interpreting mammograms. This software license is intended for use with compatible Dimensions full-field digital mammography and digital breast tomosynthesis systems.</p> <p>INCLUDES:</p> <ul style="list-style-type: none"> • Genius AI Detection PRO solution 3-year, term-based software license including Hologic SureCare Service • Coverage includes all software updates and upgrades commercially released during the 3-year period. Excludes third-party software updates and security patches, such as Microsoft Windows security updates and antivirus software. • On-demand webinar training available <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> • Hologic's remote management tool required for configuration, technical support, software updates and upgrades for on-prem server or virtual machine platform • Unifi Connect platform strongly recommended on gantry <p>INSTALLATION:</p> <ul style="list-style-type: none"> • Remote installation is included • Onsite installation support may require an additional fee
GAIDPRO-TRAIN-INIT-01	<p>Initial training is provided On-Demand from www.hologic.com/training and/or for physicians from HologicAce.com. Training may be accessed at any time for unlimited staff for an unlimited period. Initial training is included in the purchase price of your license.</p>
ASY-04662	<p>Wall-mounted, felt-lined rack for storing system compression paddles. Each rack, sold separately, provides enough storage room for 3-4 compression paddles.</p> <p>Includes:</p> <ul style="list-style-type: none"> • Paddle storage rack with felt lining • Wall-mounting bracket (installation not included) • Graphic paddle labels <p>Dimensions:</p> <ul style="list-style-type: none"> • W x H x D: 36 1/4" x 7" x 4" (from the wall) • Minimum Vertical Pitch: 12" to 14" when multiple racks are installed one above another <p>Recommended:</p> <ul style="list-style-type: none"> • Selenia® Dimension® Avia systems: min. 1 rack • Selenia Dimensions 2D systems: min. 2 racks • Selenia Dimensions 3D™ systems: min. 3 racks • 3Dimensions™ systems: min. 3 racks <p>Requirements:</p> <ul style="list-style-type: none"> • Must be securely attached to the wall • Must be installed by a professional installer

Product Name	Long Description
SVC-SDM-OPT-BTO	<p>This configuration enables output of tomosynthesis slices in DICOM Breast Tomosynthesis Image Object form. Use of this configuration will first require an integrated planning team, including your IT department, Hologic and other vendors, to work together to ensure that your enterprise is ready for use of the tomosynthesis data in DICOM Breast Tomosynthesis Image Object form. The completion of critical feasibility questions included in Hologic's Enterprise Survey will guide the team through understanding any infrastructure requirements and changes necessary.</p> <p>Note: While a preliminary check by your Hologic representatives may have allowed the ability to quote this output configuration, completion of the Enterprise Survey is required before Dimensions Tomosynthesis system or option is enabled. Software and hardware upgrades may be required. Hologic makes no guarantees of software and hardware performance for products not associated to Hologic. By signing this quote, the customer agrees that the completion of purchase of the accompanying Hologic products shall not be contingent on the implementation of this no-charge configuration.</p> <p>Requires:</p> <ul style="list-style-type: none"> • Completion of Hologic Enterprise Survey by site personnel in conjunction with Hologic representatives • PACS system including Deep Archive capable of storing / retrieving DICOM Breast Tomosynthesis Image Objects and with suitable storage capacity • Softcopy review workstation capable of displaying DICOM Breast Tomosynthesis Image Objects
DIM-TRAIN-APPS-INIT	<p>Technologist training for a new 3Dimensions™ or Selenia® Dimensions® system. Initial training is included in the purchase price of your system. Training duration to be determined by customer needs up to 2 days.</p> <ul style="list-style-type: none"> • One session of technologist onsite applications training or other clinical support for maximum of 5 technologists based on training effectiveness and space limitations. • Additional sessions may be needed. For additional groups of up to 5 technologists add purchasable DIM-TRAIN-APPS-ADDL. • Online CEU courses required prior to onsite training. • Video training available during and post training. • Onsite portion of training or other clinical support must be completed within 24 months of equipment installation. <p>Required FDA training:</p> <ul style="list-style-type: none"> • FFDM accreditation is required: apply to the ACR or your State for FFDM certification. • Once FFDM accredited, contact the MQSA FFDM Certification Extension Program for Tomosynthesis. • Sites must obtain ACR or State FFDM accreditation before using the tomosynthesis modality. <p>Please note: Cancellation must be made 6 business days prior to the confirmed and scheduled training start date. Fee for cancellation within 6 business days of confirmed training is \$2,000.</p>
DIM-TRAIN-PHY-INIT	<p>Medical physicists training for a 3Dimensions™ or Selenia® Dimensions® system. Initial training is included in the purchase price of your system and is valued at \$1,500 (unused training cannot be deducted from your purchase price). Five (5) hours of live tomosynthesis training for up to 2 medical physicists with a Field Service Engineer during the installation of the system and access to Hologic's 3-hour online tomosynthesis training course for medical physicists to fulfill the 8-hour FDA requirement. See course description for more details and requirements. Visit www.hologic.com/training for a complete list of Hologic educational opportunities.</p> <p>Please note: Cancellation must be made 6 business days prior to the confirmed and scheduled training start date. Fee for cancellation within 6 business days of confirmed training is \$2,000.</p>

Product Name	Long Description
DIM-TRAIN-RAD-INIT	Radiologist training for new 3Dimensions™ or Selenia® Dimensions® system(s). Initial training is included in the purchase price of your system and is valued at \$5,250 (unused training cannot be deducted from your purchase price). Access to Hologic's virtual tomosynthesis training course for up to 14 radiologists. This program fulfills the 8-hour FDA training requirement. See course description for more details and requirements. Visit www.hologic.com/training for a complete list of Hologic educational opportunities.
HLX-NEW CUSTOMER-DISCOUNT	Customers who have not currently own a mammography system and do not have a trade in credit, are eligible for an additional "New Customer Discount" along with their purchase of a new Hologic 3D™ capable system. Please see notes section for additional eligibility requirements.
PHANTOM-ACR-156	<p>The Mammographic Accreditation Phantom manufactured by Gammex is designed to test the performance of a mammography system's image quality and sensitivity using target objects in the phantom to simulate calcifications, fibrous calcifications in ducts, and tumor masses. The phantom simulates the X-ray attenuation of a 4.2 cm compressed human breast composed of 50% adipose tissue and 50% glandular tissue. Target objects within the phantom range in size, shape, and density, similar to those found clinically.</p> <ul style="list-style-type: none"> • Breast phantom is compatible with digital and analog equipment. • Approved by ACR for Mammography. Image quality and system sensitivity follow ACR and MQSA guidelines. • Dimensions: Height 1.75 in. (4.5 cm) x width 4 in. (10.2 cm) x depth 4.25 in. (10.8 cm)
PHANTOMCASE-ACR-156	<p>Compact and lightweight carrying case with shoulder strap designed with custom foam cutouts to hold each of the Gammex 156 phantom's components to help protect them during transport and storage.</p> <ul style="list-style-type: none"> • Material: Outer case black Cordura, inside black nylon, foam lining • Dimensions: Exterior 9 x 6 x 4 in., interior 8.63 x 5.5 x 3.5 in. • Weight: 0.5 lbs.



North Carolina Radiation Control Regulations Requirements Form

Rule 0603(b) of 10A NCAC 15.0101 "The North Carolina Regulations for Protection Against Radiation" requires a plan review/shielding design be submitted to the North Carolina Radiation Protection Section. The plan review/shielding design must be performed by a registered quality expert, submitted, reviewed, and acknowledged by the Radiation Protection Section **PRIOR** to installation of all mammography units.

A post-installation survey is also required. The registrant (Customer site) is responsible for ensuring the post installation survey is performed within 30 days of initial use by a service provider, registered to perform that service.

A copy of the written acknowledgement letter from the Division of Health Service Regulation, Radiation Protection Section, and the actual shielding plan must be provided to Hologic **prior to installation**. A post installation radiation survey must be performed by a registered qualified expert within 30 days of activation of an x-ray machine. A list of registered qualified experts is available from the Division of Health Service Regulation, Radiation Protection Section.

Each unregistered radiation machine or facility must be registered within 30 days of installation.

To register your facility and/or submit a plans review/shielding design. Please contact:

North Carolina Department of Health and Human Services

Division of Health Service Regulation

Radiation Protection Section

5505 Creedmoor Road, Suite 100

Raleigh, NC 27612

Phone: (919) 814-2250

Registration: Diane Singleton

Plans Review: Kahee Kim

Hologic Vendor Registration number: **S000330**

Please complete the following information, attach a copy of the plan review/shielding design acknowledgment letter and the shielding plan and return to your Hologic, Inc. contact.

Facility Name: _____

Street Address: _____

City: _____ Zip Code: _____

Name: _____

Title: _____ Phone Number: _____

Signature: _____ Date: _____



MUDDY CREEK EXPERIENTIAL

195 Altay Drive

Winston-Salem, NC 27106

(336) 924-5491 (336) 924-5485 Fax

December 31, 2025

Christopher Murphy
 Novant Health Asheville Imaging Center, LLC
 2085 Frontis Plaza Boulevard
 Winston-Salem, NC 27103

RE: MedQuest Mammography Unit Build-out Scope of Work

Muddy Creek Services include:

Build-out of 38' Mobile Mammography Unit:

- 38' Winnebago shell and Freightliner diesel chassis
- On-board Diesel Generator
- Three (3) controlled heat and air conditioning units
- Backup mini split air conditioning unit in rear room
- Medical grade walls and divider walls
- Leveling system
- Custom steps and handrails
- LED Lighting
- Electrical
- Central vacuum system
- Custom cabinetry for storage and desks
- One (1) Changing Room
- One (1) Scan Room
- One (1) Waiting/Patient In-take Room
- Toshiba 1600XP UPS
- Glass Shield for Radiation Protection
- Full Exterior Wrap and Graphics
- Provide and install:
 - Undercounter Refrigerator
 - Overhead Microwave
 - All IT equipment
- Hologic to supply Mammography gantry and provide assistance to Muddy Creek with the installation. Refer to "Schedule A" for roles and responsibilities.

Estimated Project Cost: \$642,850.00*

**Any additional build-out items and/or changes to this scope of work are subject to a change order and an incremental cost. Cost does not include sales tax or delivery. A 10% deposit is required with signed agreement and the remaining balance is due on or before June 1, 2025.*

While in possession of the unit, Muddy Creek will provide insurance to cover damage to the unit and medical equipment due to Muddy Creek negligence. Muddy Creek is not responsible for damage resulting from a Force Majeure Event. For purposes of this Agreement, "Force Majeure Event" means any natural disaster, fire, explosion, or other contingency beyond reasonable control, which in any such case interferes with, or prevents, the fulfillment of its obligations hereunder.

Muddy Creek Motorsports Inc.**Novant Health Asheville Imaging Center, LLC**

 Name _____
 Title _____
 Date _____

 Name _____
 Title _____
 Date _____

Hologic Project Manager Responsibilities

The Hologic Project Manager shall provide/review the following with the Coach Manufacturer

1. Provide Hologic Mobile Coach Installation guide.
2. Verify that all EMI recommendations have been followed, refer to CTB-00130 EMI Recommendations for Installations.
3. Ensure the customer and the coach manufacturer understand that Hologic does not specify or provide X-Ray shielding for the mobile environment.
4. Review Coach operating environment.
5. Review with coach manufacturer all electrical requirements for the system for shore and mobile power and UPS placement.
6. Review and approve site planning, patient workflow, and service accessibility with coach manufacturer and customer.
7. Provide site plans if requested.

Note: Any changes after review shall require approval between Hologic, the coach manufacturer, and the customer to ensure alignment.

Hologic Field Service Engineer Responsibilities

1. Provide assistance to coach manufacturer with the installation of the new Hologic system.
2. Review site planning, patient workflow and service accessibility with the coach manufacturer.
3. Assist with the cable placement in the coach.
4. Verify that the gantry/table up/down limits will not be obstructed.
5. Ensure the customer and the coach manufacturer understand that Hologic does not specify or provide X-Ray shielding for the mobile environment.
6. Review Coach operating environment.
7. Review with coach manufacturer all electrical requirements for the system for shore and mobile power and UPS placement. The coach manufacturer shall provide UPS configuration/setup information for use.
8. Verify system contents match packing list.
9. Perform EMI surveys with all equipment in the coach operating using shore power and generator power.
10. Install Mobile Kit supplied with system.
11. Perform functional test of gantry and AWS to verify mechanical operation in accordance with service manual.
12. Prior to the system leaving the coach manufacturer's facility, the Field Service Engineer shall verify the operation of the gantry's generator. Using generator power, the Field Service Engineer shall perform generator calibrations to ensure proper operation. Calibrations shall be performed with all equipment in the coach operating. (Note: Generator calibrations can be performed without the detector present)

Check kVp Leading Waveform Edge (Adjust if needed)

kVp Verification (Adjust if needed)

Check Standby Voltage (Inverter). Adjust if needed

mA Verification (Adjust if needed)

Filament Calibration – Large and Small

13. The Hologic representative shall obtain from the coach manufacturer information such as UPS setup/configuration, generator/shore power setup, location of breaker(s), and any other features deemed pertinent by both parties where applicable.

1. Review with customer and Project Manager the coach floor plan submitted for weight and balance and safe mobile operation. Work with the Project Manager and customer on changes and/or modifications to equipment placement identified as necessary for safe vehicle operation. Coach manufacturer is responsible for guidance in areas of weight and balance and safe placement of equipment to meet this requirement in his mobile vehicle.
2. Installation of power and mobile power systems (Generator and UPS) including all internal wiring in accordance with local codes (as applicable) to meet Hologic's power specifications for safe and reliable service of the installed Hologic equipment. Securing of the system to the coach shall be performed.
3. Review works in process as necessary with Hologic representative if questions or when changes arise.
4. Ensure an appropriate suspension system is selected for the vehicle that meets or exceeds meeting the vibration limit specifications for the Hologic equipment being installed and assures safe operation.
5. Selection of an appropriate X-Ray shield and fabrication if required. Ensure shielding is adequate according to state or local codes where applicable. Coach manufacturer is responsible for obtaining, specifying, and installing X-Ray shielding in the coach.
6. Consult with Hologic on all changes in placement of UPS devices as these are known to Hologic to generate electrical interference affecting certain digital equipment, always consult on changes to the approved agreed to floor plan.
7. The coach builder is solely responsible for moving Hologic equipment in and out of the coach. Hologic's transportation representatives will deliver and/or pick up equipment from the coach builder's facility only, not from the coach itself.
8. The coach manufacturer shall provide operational information to the Hologic representative on the mobile coach. This shall include items such as UPS setup/configuration, generator/shore power setup, location of breaker(s), and any other features deemed pertinent by both parties where applicable.



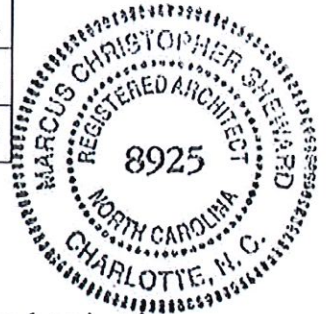
Randy,

As requested, the cost to provide and install the required receptacle for the mobile mammography vehicle is **\$30,000**. This includes both material and labor.

Thank you,
Mark Quackenbush
Vannoy Construction
828-785-3662
mark.quackenbush@jrvannoy.com

Projected Capital Cost Form

Building Purchase Price	\$ NA
Purchase Price of Land	\$NA
Closing Costs	\$NA
Site Preparation	\$30,000
Construction/Renovation Contract(s)	\$N/A
Landscaping	\$NA
Architect / Engineering Fees	\$NA
Medical Equipment	\$481,148
Non-Medical Equipment (Mobile Coach)	\$642,850
Furniture	\$NA
Consultant Fees (specify)	\$NA
Financing Costs	\$NA
Interest during Construction	\$NA
Other (specify)	\$NA
Total Capital Cost	\$1,153,998



CERTIFICATION BY A LICENSED ARCHITECT OR ENGINEER

I certify that, to the best of my knowledge, the projected capital cost for the proposed project is complete and correct.

Signature of Licensed Architect or Engineer

Date Signed: 9/9/25

CERTIFICATION BY AN OFFICER OR AGENT FOR THE PROPONENT

I certify that, to the best of my knowledge, the projected total capital cost for the proposed project is complete and correct and that it is our intent to carry out the proposed project as described.

DocuSigned by:

Bryan Dunn

867A9532E8AD4F5...

Signature of Officer/Agent

Date Signed: 09/12/2025 | 8:17:39 AM EDT

From: [Denise Gunter](#)
To: [Stancil, Tiffany C](#); [Lightbourne, Ena](#); [Hale, Gloria](#)
Subject: [External] No Review for Novant Health (Buncombe County, HSA I)
Date: Friday, September 12, 2025 1:40:41 PM
Attachments: [Mobile Mammography Unit.pdf](#)
[Exhibit A BreastCancerFactsheet.pdf](#)
[Exhibit B.pdf](#)
[Exhibit C.pdf](#)
[Exhibit D.pdf](#)
[Exhibit E.pdf](#)
[Exhibit F.pdf](#)

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Good afternoon,

Attached for processing is a no review letter for Novant Health in Buncombe County (Health Service Area I). Could you please confirm that you have received this?

Thanks and have a great weekend.



DENISE M. GUNTER [PARTNER](#)
denise.gunter@nelsonmullins.com

She/Her/Hers

THE KNOLLWOOD | SUITE 530

380 KNOLLWOOD STREET | WINSTON-SALEM, NC 27103

T 336.774.3322 F 336.774.3299

[NELSONMULLINS.COM](#) [VCARD](#) [VIEW BIO](#)

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