



ProCare Services
3800 E. Centre Ave.
Portage MI 49002 USA
1 800 STRYKER
stryker.com

To:	Whom it may concern
Subject:	Emergency Care parts and service
Date:	July 2023

Stryker's Medical division certifies that it is the original equipment manufacturer (OEM) or sole source distributor of parts for Emergency Care products. All parts are either manufactured by Stryker or outside suppliers and are new, tested and approved for use on Stryker's products.

Stryker employs its own field service team (known as ProCare Services) to service its products and only uses OEM parts for repairs and has exclusive use of certain proprietary tools for diagnostics and repairs. Stryker's Emergency Care products that require the use of such proprietary tools include, but are not limited to:

- Power-LOAD powered fastener system
- Power-PRO 2 powered ambulance cot
- Power-PRO XT powered ambulance cot
- Stair-PRO
- LUCAS 3, v3.1 chest compression system
- LIFEPAK 15 monitor/defibrillator
- LIFEPAK 20e defibrillator/monitor
- LIFEPAK 1000 defibrillator
- LIFEPAK CR Plus defibrillator/LIFEPAK CR2 defibrillator

Tooling is calibrated, documented and controlled by Stryker's home offices in Portage, MI, U.S. and Redmond, WA, U.S. Calibration and training records are available upon request.

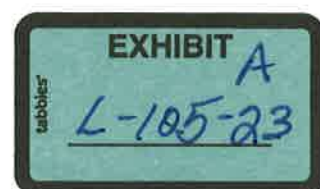
Stryker's quality team reviews and documents service repairs. We track and trend service to help ensure the highest level of product performance. Preventive maintenance (PM) and service history documentation is available upon request.

Please contact your local Stryker representative with questions.

Stryker or its affiliated entities own, use, or have applied for the following trademarks or service marks: LIFEPAK, LIFEPAK CR, LUCAS, Power-LOAD, Power-PRO, ProCare, Stryker. All other trademarks are trademarks of their respective owners or holders.

The absence of a product, feature, or service name, or logo from this list does not constitute a waiver of Stryker's trademark or other intellectual property rights concerning that name or logo.

Copyright © 2022 Stryker. Mkt Lit-1630 03 JUL 2018 Rev F



Sales Rep Name: Brandon Bucher
 ProCare Service Rep: Brent Rleman

3800 E. Centre Ave
 Portage, MI 49009

Date: 6/9/2023
 ID #: 230609090608

PROCARE PROPOSAL SUBMITTED TO:

Billing Acct Num: 1110846	Name: Mike Lasky
Shipping Acct Num: 1110846	Title: Chief
Account Name: Parma Fire Dept	Phone: (440) 885-1217
Account Address: 6655 Ridge Rd	Email: admin@parmafire.org
City, State Zip: Parma, OH 44129	

PROCARE COVERAGE

Item No.	Model Number	Model Description	ProCare Program	Qty	Yrs	Total
1	6390	Power-LOAD	EMS Prevent	7	5	\$70,700.00
2	6506	Power Cots	EMS Prevent	7	5	\$53,795.00
3	6252	Stair Chair	EMS PM Only	7	5	\$4,340.00
4	LUCAS	LUCAS	LUCAS Prevent Onsite	6	5	\$9,822.00

PROGRAM INCLUDES:

EMS Prevent:
 *Includes parts, labor, travel
 *Includes 1 annual PM inspection
 *Includes unscheduled service
 *Includes battery replacement
 *Includes product equipment checklists.
 *Replacement parts do not include mattresses, and other Disposable or expendable parts.

EMS PM Only:
 *Includes 1 annual PM only.

LUCAS Prevent Onsite:
 ProCare LUCAS Prevent Service: Annual onsite preventive maintenance inspection and unlimited repairs including parts, labor and travel with battery coverage

Unless otherwise stated on contract, payment is expected upfront. See below for complete payment schedule	ProCare Total	\$138,657.00
	Discount	30%
	FINAL TOTAL	\$97,059.90

Start Date: 7/1/2023
 End Date: 6/30/2028

 Stryker Signature Date Customer Signature Date

The Terms and Conditions of this quote and any subsequent purchase order of the Customer are governed by the Terms and Conditions located at <https://techweb.stryker.com>
 The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a Master Service Agreement.

 Purchase Order Number

This is not an invoice. A physical invoice will be mailed.
Remit payment to: P.O. Box 93308 Chicago, IL 60673-3308 **If contract is over \$5,000 please send hard copy PO**

COMMENTS:
 Please email signed Proposal and Purchase Order to procarecoordinators@stryker.com.
 All information contained within this quotation is considered confidential and is not subject to public disclosure.
 **Quote pricing valid for 30 days.

PAYMENT SCHEDULE

<u>Date</u>	<u>Payment</u>	<u>Int Paid</u>	<u>Prin. Remaining</u>	<u>Balance</u>
Starting Balance				\$ 97,059.90
7/1/2023	\$ 19,411.98	\$	77,647.92	\$ 77,647.92
7/1/2024	\$ 19,411.98	\$	58,235.94	\$ 58,235.94
7/1/2025	\$ 19,411.98	\$	38,823.96	\$ 38,823.96
7/1/2026	\$ 19,411.98	\$	19,411.98	\$ 19,411.98
7/1/2027	\$ 19,411.98	\$	-	\$ -

SERIAL NUMBER SHEET

Item No.	Model	Serial Number	Program
1	6390	141139967	EMS Prevent
2	6390	141139968	EMS Prevent
3	6390	160439111	EMS Prevent
4	6390	160439112	EMS Prevent
5	6390	160439113	EMS Prevent
6	6390	160439114	EMS Prevent
7	6390	2102012400107	EMS Prevent
8	6506	130141356	EMS Prevent
9	6506	130141357	EMS Prevent
10	6506	130141358	EMS Prevent
11	6506	130141359	EMS Prevent
12	6506	130141360	EMS Prevent
13	6506	130141361	EMS Prevent
14	6506	2101003500322	EMS Prevent
15	6252	030639838	EMS PM Only
16	6252	030639839	EMS PM Only
17	6252	030639840	EMS PM Only
18	6252	030639841	EMS PM Only
19	6252	030639842	EMS PM Only
20	6252	030639843	EMS PM Only
21	6252	1812010000243	EMS PM Only
22	LUCAS	30113441	LUCAS Prevent Onsite
23	LUCAS	30113447	LUCAS Prevent Onsite
24	LUCAS	30113442	LUCAS Prevent Onsite
25	LUCAS	30113444	LUCAS Prevent Onsite
26	LUCAS	30113445	LUCAS Prevent Onsite
27	LUCAS	30113449	LUCAS Prevent Onsite

Purchase Order Form



Account Manager _____
 Cell Phone _____

Purchase Order Date _____
 Expected Delivery Date _____
 Stryker Quote Number 230609090608

Check box if Billing same as Shipping

BILL TO		CUSTOMER #
Billing Account Num	1110846	
Company Name		
Contact or Department		
Street Address		
Add'l Address Line		
City, ST ZIP		
Phone		

SHIP TO		CUSTOMER #
Shipping Account Num	1110846	
Company Name	Parma Fire Dept	
Contact or Department	Mike Lasky	
Street Address	5655 Ridge Rd	
Add'l Address Line		
City, ST ZIP	Parma , OH 44129	
Phone	(440) 885-1217	

Authorized Customer Initials _____

Authorized Customer Initials _____

DESCRIPTION	QTY	TOTAL
REFERENCE QUOTE <input type="text"/>	<input type="text"/>	<input type="text"/>

Accounts Payable Contact Information

Name _____
 Email _____
 Phone _____

Stryker Terms and Conditions
<https://techweb.stryker.com>

Authorized Customer Signature

Printed Name _____
 Title _____
 Signature _____
 Date _____

Attachment Stryker Quote Number 230609090608

*Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services on the Stryker Quote.