

1600 District Avenue Burlington, MA 01803 United States

Please send all completed Order Forms and POs to your Butterfly Representative:

Amanda Long along@butterflynetinc.com

Primary Contact

Cody Basham cbasham@levydps.com 3522105254 Ship To

Levy County Department of Public Sa Levy County Department of Public Sa Bronson, FL 32621

US

Confidential Quotation

Quote #:

Q-54924-2

Date:

12/19/2022, 12:44 PM

Expires On:

9/18/2023

Delivery:

Terms:

Net 30

CIP

Billing:

Single Payment

Bill To

Levy County Department of Public Safety Levy County Department of Public Sa cbasham@levydps.com (352) 486-5150

Levy County Department of Public Sa Bronson, FL 32621

US

Product ship date and subscription start dates are to be determined. Once fully executed, this Price Quotation will be bound by the Master Terms & Conditions.

Butterfly iQ is compatible with select Apple and Android devices and at this time, iQ Vet is only compatible with Apple devices. To avoid additional charges, please visit https://butterflynetwork.com/specs to check device compatibility prior to purchase.

Please note that due to hardware requirements, Butterfly TeleGuidance and iQ+ Care are only available on select devices. To view the list of devices compatible, please visit https://butterflynetwork.com/specs.

PRODUCT #	QTY	PRODUCT NAME	DESCRIPTION	LIST UNIT PRICE	NET UNIT PRICE	NET TOTAL
BUNDLE-P3YU	9	Butterfly Pro 3-Year (USB-C)	Butterfly IQ+ with 3 years of Pro membership and 3 year warranty. Limited-time offer includes a free holster and hard case.	USD 0.00	USD 0.00	USD 41,841.00

Quote Subtotal:

USD 41,841.00

* Shipping & Handling:

USD 0.00

* Estimated Sales Tax:

Quote Total:

USD 41,841.00



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Please send all completed Order Forms and POs to your Butterfly Representative: Amanda Long along@butterflynetinc.com

Payment via Check

Butterfly Network, Inc. P.O. Box 7410211 Chicago, IL 60674 United States

Reference: Please include your Quote number: Q-54924

Quote Acceptance

By signing this Quote, I hereby agree to the Master Terms and Conditions located at https://store.butterflynetwork.com/terms-of-service/2020-05-13-US.html.

Signature:	Effective Date:	
Name (Print):		

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Single Payment

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CIP

12/19/2022, 12:44 PM

Quote #:

Delivery: Terms:

Billing:

Expires On:

Date:

THANK YOU FOR HELPING TO DEMOCRATIZE ULTRASOUND!

Questions? Please contact: Amanda Long at along@butterflynetinc.com

Page 2 of 2

^{*} Shipping & handling as well as any applicable sales taxes are the responsibility of the ordering party. Applicable sales taxes are based on the tax rates in effect for your state on the date of shipment and will be reflected on your invoice. Tax exempt customers, please indicate your tax exempt status in the signature block of this quotation.



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PRODUCT #	QTY	PRODUCT NAME	DESCRIPTION	LIST UNIT PRICE	NET UNIT PRICE	NET TOTAL
BUNDLE-P3YL	8	Butterfly Pro 3-Year (Lightning)	Butterfly iQ+ with 3 years of Pro membership and 3 year warranty. Limited-time offer includes a free holster and hard case.	USD 0.00	USD 0.00	USD 34,792.00

Quote Subtotal:

USD 34,792.00

* Shipping & Handling:

USD 0.00

* Estimated Sales Tax:

Quote Total:

USD 34,792.00



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Signature:	Effective Date:
Name (Print):	

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Confidential Quotation

Quote #: Q-54924-2

Date: 12/19/2022, 12:44 PM

Expires On: Delivery:

Terms: Ne

Net 30 CIP

9/18/2023

Billing:

Single Payment

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Quotation

Document No Date Expiry Q-16745-1 2023-07-25 2023-08-24

Clarius Mobile Health Corp.

Clarius Mobile Health Corp. 205-2980 Virtual Way Vancouver, BC V5M 4X3

Canada

Canada GST Number: 834700593 RT0001

Phone: +1 778 800 9975 Email: hello@clarius.com

Ship To

Levy County Department of Public Safety 1251 NE County Road 343 Bronson, FL 32621 United States 3522105254 cbasham@levydps.com Bill To

Levy County Department of Public Safety 1251 NE County Road 343 Bronson, FL 32621 United States Customer Tax/VAT ID:

SALES MANAGER	EMAIL	PAYMENT	Customer PO
Thomas Murphy	thomas.murphy@clarius.com	AR: Payment Prior to Shipment	

Scanners

Scanners

QTY	PART#	PRODUCT NAME	DESCRIPTION	UNIT PRICE	DISCOUNT	EXTENDED PRICE
8.00	99-02- 00074	C3 HD3 Wireless Scanner	Includes Color Doppler, Power Doppler, and M Mode. 3 Years Limited Warranty (see terms and conditions).	USD 4,900.00	USD 12,040.00	USD 27,160.00
				Scann	ers TOTAL:	USD 27,160.00

QTY	PART#	PRODUCT NAME	DESCRIPTION	UNIT PRICE	DISCOUNT	EXTENDED PRICE
8.00	99-07- 00029	10 CONTROL 20 10 10 10 10 10 10 10 10 10 10 10 10 10	ncludes access to Clarius Classroom, unlimited Clarius Cloud storage, DICOM, Needle Enhance, Elastography, Pulsed- Wave Doppler, and all Advanced Software Packages.	USD 595.00	USD 0.00	USD 4,760.00

Accessories

Accessories

QTY	PART#	PRODUCT NAME	DESCRIPTION	UNIT PRICE	DISCOUNT	EXTENDED PRICE
8.00	99-03- 00024	Clarius HD3 Power Fan	Fan extends scanning session with continuous power and extra cooling for educational sessions and heavy-use scenarios.	USD 159.00	USD 254.40	USD 1,017.60
				Accesso	ries TOTAL:	USD 1,017.60

Shipping Shipping

QTY	PART#	PRODUCT NAME	DESCRIPTION	UNIT PRICE	DISCOUNT	EXTENDED PRICE
1.00	99-05- 00001	Shipping, ground, scanners or scanners & accessories (includes insurance)	Shipping, ground, scanners or scanners & accessories (includes insurance).	USD 50.00	USD 0.00	USD 50.00
				Shipp	ing TOTAL:	USD 50.00

Memo:

Important: Payments must be made in the currency quoted to the Bank Account listed below.

		Sub-Total: USD 32,987.60 Taxes: USD 2,309.14 TOTAL: USD 35,296.74
Signature:	Effective Date:	

Page 2 of 3

W/2 add'l yrs of +9520 Member Ship = +49520 42507.60

PHILIPS

1. Quote Summary

Line	Article No.	Description	Oty	Net Price
1	795007	Lumify Rugged System Bundle		
1.1	NUSH023	Lumify Rugged System Bundle: L12-4 and S4-1	8	\$ 134,626.80
1.2	FUS7000	English Manual	8	\$ 0.00
Promoti	on Discount:			\$ -24,076.80
• LUMI	FY CHALLENGER			\$ 110,550.00
Fotal Sec	tion Price:			\$ 110,550.00
				Total Price
Promoti	on Discount			\$ -24,076.80
Total Ne	et Price			\$ 110,550.00



Q-00213410 Page 2 of 20



Sold to:

Cody Basham Levy Cnty Ems Bronson, FL 32621-0448

Presented By

Christopher Cassar
Philips Healthcare a division of Philips North
America LLC
414 Union Street
Nashville, Tennessee 37219
Email: christopher.cassar@philips.com

Quote #: Q-00213410

Customer #:

Quote Date: 08/16/23 Valid Until: 11/17/23

DemGen_Levy Cnty Ems_Lumify

Dear Valued Customer,

I am pleased to submit the attached proposal for your consideration. Philips Healthcare is transitioning to a new quoting system and you will notice that this quote looks different than the ones you are used to receiving from us.

I would like to point out a specific area of change to you. Promotions are applied to the line item price of individual items, instead of to the total net price as you are used to. As a result the line item prices appear lower than you might expect based on previous quotations. Please note that the list price of the system has not changed and promotion values are subject to availability.

I trust this meets your expectation, however should you have any queries or require further information or clarification, please do not hesitate to contact me using the details shown at the bottom of this letter.

Please note that all necessary initial applications training is included in the offer price. Further application training can be purchased separately by contacting our Customer Care Center.

Orders relating to this proposal should be sent to the address or fax number at the top of this document.

Thank you,

Christopher Cassar

This quotation contains confidential and proprietary information of Philips Healthcare, a division of Philips North America LLC ("Philips") and is intended for use only by the customer whose name appears on this quotation. It may not be disclosed to third parties without the prior written consent of Philips.

IMPORTANT NOTICE: Health care providers are reminded that if the transactions herein include or involve a loan or discount (including a rebate or other price reduction), they must fully and accurately report such loan or discount on cost reports or other applicable reports or claims for payment submitted under any federal or state health care program, including but not limited to Medicare and Medicaid, such as may be required by state or federal law, including but not limited to 42 CFR 1001.952(h).

