

**EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM**

SELLER: Spacelabs Healthcare, LLC
CONTRACT NUMBER: PP-MM-623
CONTRACT DATES: 6/1/2018 - 5/31/2021
PRODUCT CATEGORY: Physiological Monitoring Systems

1. Tier. The undersigned Participating Member hereby designates the following desired tier under the above-referenced Premier Healthcare Alliance, L.P. Group Purchasing Agreement:

a. Select one Tier by initialing below

VOLUME TIERS	TOTAL PRODUCT PURCHASES (COMMITMENT % PER CALENDAR YEAR)
TIER 1	No commitment required; PMDF not required
TIER 2	75% Commitment
TIER 3	85% Commitment
TIER 4	85% Commitment for a conversion Participating Member who is converting a minimum of 80% of their units from a competitor's equipment to Seller Products

b. Seller shall not reduce a Participating Member's tier level without first (i) notifying the Participating Member and Premier in writing that the Participating Member's purchase volume is below the tier level selected by the Participating Member (the "Tier Reduction Notice") and (ii) providing the Participating Member sixty (60) calendar days from the date of notice to remedy the purchasing volume issues described in the Tier Reduction Notice. If the Participating Member does not remedy the issues described in the Tier Reduction Notice within sixty (60) days, Seller may move the Participating Member to the appropriate tier based on the Participating Member's Product purchases. Any tier adjustment pursuant to this paragraph that results in a less favorable tier for the Participating Member will apply for Products purchased after the effective date of the tier reduction.

2. Aggregation Pricing Option. By initialing where indicated below, the undersigned Participating Member or Participating Member group purchasing organization ("GPO") hereby elects to invoke the Aggregation Pricing Option whereby such Participating Member which operates multi-facility systems and has the ability to coordinate the purchasing decisions of such facilities, or such entity that has an established network of facilities for purposes of group purchasing, shall be entitled to aggregate the purchasing volume within their respective systems and networks in order to meet the tier designated in Item 1 above. In order to invoke this election, the undersigned must be a Participating Member that is able to coordinate the purchasing decisions of the facilities it wishes to aggregate or a GPO with members that are Participating Members. Attached hereto as Schedule 1 is a list of all such facilities. Seller shall be responsible for checking the Membership Roster for updates as specified in Section 3.0 of the Agreement. The undersigned Participating Member or GPO hereby elects to invoke the Aggregation Pricing Option: **Participating Member's (or GPO's) Initials:** _____.

Participating Member's Primary Distributor: _____ Secondary Distributor: _____

The undersigned Participating Member hereby acknowledges and confirms the above designations.

Participating Member/GPO
 Print Name of Person Signing _____
 Signature _____
 Title of Person Signing _____
 Phone Number _____
 E-mail Address _____
 Date Signed _____
 Entity Code _____
 Print Name of Participating Member/GPO _____
 Address _____
 City and State _____

Spacelabs Healthcare, LLC
 Print Name of Person Signing _____
 Signature _____
 Title of Person Signing _____
 Date Signed _____

Upon completion, please submit this form to both Seller and Premier.

Spacelabs Healthcare
Fax: 425-363-5399
Email: slcorporateaccounts@spacelabs.com

Premier Healthcare Alliance, L.P.–
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