

## District / Sales Office

SIEMENS MEDICAL SOLUTIONS USA, INC.  
221 Gregson Drive  
Cary, NC, 27511  
Attn: Jim Leach  
Phone: (919) 319-2902  
Fax: (919) 468-7756  
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### Sold To

DIAGNOSTIC MEDICAL GROUP OF SO  
CALI  
1129 S SAN GABRIEL BLVD  
SAN GABRIEL, CA 91776

### Bill To

DIAGNOSTIC MEDICAL GROUP OF SO  
CALI  
1129 S SAN GABRIEL BLVD  
SAN GABRIEL, CA 91776

### Payer

DIAGNOSTIC MEDICAL GROUP OF SO  
CALI  
1129 S SAN GABRIEL BLVD  
SAN GABRIEL, CA 91776

Siemens Medical Solutions USA, Inc. is pleased to submit the following proposal for service and maintenance described herein at the stated prices and terms. Subject to your acceptance of the terms and conditions on the face and general terms and conditions Document hereof.

Item #	System Name	Functional Location	Service Agreement	Contract Duration	Warranty Period Price	Partial Year Price	Annual Price
1	Chiller-KKT/Other	400-562442	OEM contract	11/3/2019 - 11/2/2026	\$0	\$0	\$11,500

### Includes:

Parts and/or Labor to the extent shown in Exhibit A.  
System Updates.

Access to Siemens Customer Care Center for technical telephone support (remote diagnostics, if available to the site and the equipment).

### Excludes:

Parts defective due to "acts of God", abuse, misuse, neglect, thermal and shock. Specialty components, including, but not limited to: Glassware, Flat Detectors, Consumables, Transducers, MRI coils, SPECT and PET sources (unless purchased as an option). Non-Siemens components and accessories (such as VCR, injector, laser printer, MR surface coils, tables/table tops, chiller, UPS, etc.) unless specifically identified in Exhibit A.

12/3/2019 - 12/2/2026

Terms of payment: Net 30 days from invoice date. Past due payment is subject to 1.5% interest charge per month.

### Customer's Acceptance

Cindy Chen  
(By) \_\_\_\_\_ (Signature)  
CINDY CHEN, general manager  
Name and Title

Acceptance Date 12/3/2019

### Siemens Medical Solutions USA, Inc.

\_\_\_\_\_  
(By) \_\_\_\_\_ (Signature)  
Jim Leach Inside Sales Specialist  
Name and Title

Customer P.O. # \_\_\_\_\_ (enter P.O. # for contract billing; if not provided, Siemens will invoice without P.O.)  
\_\_\_\_\_  
(Initial if P.O. is required but will be issued prior to warranty expiration)  
Standing P.O. # \_\_\_\_\_ (for T&M charges outside of the contract)

This service agreement proposal is valid for 30 days. Agreement becomes effective upon customer signature and Siemens acceptance. Customer's acceptance acknowledges receipt and agreement to Terms and Conditions set forth on all pages of this proposal.