

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:	November 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.



KFD - LPA - 8.17.23

Quote Number: 10764411

Remit to: **Stryker Medical**

Version: 1
Prepared For: KILLEEN FIRE DEPT
Attn:

P.O. Box 93308
Chicago, IL 60673-3308

Rep: Lindsey Herman
Email: lindsey.herman@stryker.com
Phone Number:
Mobile: 5099540739
Service Rep:
Email:

Quote Date: 08/18/2023
Expiration Date: 09/16/2023
Contract Start: 08/17/2023
Contract End: 08/16/2024

Delivery Address		End User - Shipping		Bill To Account	
Name:	KILLEEN FIRE DEPT	Name:	KILLEEN FIRE DEPT	Name:	CITY OF KILLEEN
Account #:	20096117	Account #:	20096117	Account #:	20127307
Address:	201 N 28TH ST KILLEEN Texas 76541-6298	Address:	201 N 28TH ST KILLEEN Texas 76541-6298	Address:	

Equipment Products:

#	Product	Description	U/M	Qty	Sell Price	Total
1.0	MVAO100U	Microstream Advance oral/nasal filter line adult w/O2 tubing, 100 ct	PK	1	\$778.71	\$778.71
2.0	MVA100U	Microstream Advance oral/nasal filter line adult, 100 ct	PK	1	\$759.49	\$759.49
3.0	MVPO	Microstream Advance oral/nasal filter line pediatric w/O2 tubing, 25ct	PK	1	\$254.88	\$254.88
4.0	MVP	Microstream Advance oral/nasal filter line pediatric, 25 ct	PK	1	\$225.15	\$225.15
Equipment Total:						\$2,018.23

Price Totals:

Estimated Sales Tax (0.000%):	\$0.00
Freight/Shipping:	\$204.56
Grand Total:	\$2,098.97

Comments:

Pricing only valid if LPA contract is executed.

Prices: In effect for 30 days

Terms: Net 30 Days



KFD - LPA - 8.17.23

Quote Number: 10764411

Version: 1

Prepared For: KILLEEN FIRE DEPT

Attn:

Quote Date: 08/18/2023

Expiration Date: 09/16/2023

Contract Start: 08/17/2023

Contract End: 08/16/2024

Remit to:

Stryker Medical

P.O. Box 93308

Chicago, IL 60673-3308

Rep:

Lindsey Herman

Email:

lindsey.herman@stryker.com

Phone Number:

Mobile:

5099540739

Service Rep:

Email:

Terms and Conditions:

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule. Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency. A copy of Stryker Medical's terms and conditions can be found at www.stryker.com/stnc.

Sales Rep Name: Lindsey Herman
 ProCare Service Rep: Logan McLemore

3800 E. Centre Ave
 Portage, MI 49009

Date: 6/12/2023
 ID #: 230612131804

PROCARE PROPOSAL SUBMITTED TO:

Billing Acc Num: 1300898	Name: James Chambers
Shipping Acct Num: 1175956	Title: EMS Chief
Account Name: Killeen Fire Dept	Phone:
Account Address: 101 N College St	Email: jschambers@killeentexas.gov
City, State Zip: Killeen, TX 76541	

PROCARE COVERAGE

Item No.	Model Number	Model Description	ProCare Program	Qty	Yrs		Total
1	LP15	LifePak 15	LP15 Prevent Onsite	12	1		\$26,448.00

PROGRAM INCLUDES:

LP15 Prevent Onsite:

ProCare LIFEPAK 15 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.

ProCare Total	\$26,448.00
---------------	-------------

FINAL TOTAL	\$26,448.00
--------------------	--------------------

Start Date: 10/3/2023
 End Date: 10/2/2024

 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 proprietary and is not subject to public disclosure.
 **Quote pricing valid for 30 days.

SERIAL NUMBER SHEET

Item No.	Model	Serial Number	Program
1	LP15	42832941	LP15 Prevent Onsite
2	LP15	42833297	LP15 Prevent Onsite
3	LP15	43907270	LP15 Prevent Onsite
4	LP15	43908526	LP15 Prevent Onsite
5	LP15	43908671	LP15 Prevent Onsite
6	LP15	44651788	LP15 Prevent Onsite
7	LP15	44834785	LP15 Prevent Onsite
8	LP15	44865867	LP15 Prevent Onsite
9	LP15	44870538	LP15 Prevent Onsite
10	LP15	44871494	LP15 Prevent Onsite
11	LP15	44873776	LP15 Prevent Onsite
12	LP15	44874151	LP15 Prevent Onsite

Purchase Order Form



Account Manager _____
Cell Phone _____

Purchase Order Date _____
Expected Delivery Date _____
Stryker Quote Number 230612131804

Check box if Billing same as Shipping

BILL TO		CUSTOMER #
Billing Account Num	1300898	
Company Name		
Contact or Department		
Street Address		
Add'l Address Line		
City, ST ZIP		
Phone		

SHIP TO		CUSTOMER #
Shipping Account Num	1175956	
Company Name	Kileen Fire Dept	
Contact or Department	James Chambers	
Street Address	101 N College St	
Add'l Address Line		
City, ST ZIP	Killeen, TX 76541	
Phone	-	

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 230612131804

*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.

LIFEPAK® 15 service

Stryker has been notified by our global parts providers that some components used on certain LIFEPAK 15 monitor/defibrillator models (Part Numbers beginning with V15-2) are no longer available in the market. Service on the LIFEPAK 15 with Part Number beginning with v15-5 or v15-7 is unaffected.

Stryker will continue to offer service support for this subset of the LIFEPAK 15 as follows:

- All service parts with available inventory can be purchased by our end users
- Transactional service (time and material) is available for non-contract customers
 - o If a component has failed on your device, your local Sales Representative should be contacted for support
- Contractual service
 - o Stryker will continue to offer contractual service on a yearly basis only
 - o Preventive maintenance will continue to be done on devices less than eight (8) years old. After this point, we will cease to conduct preventative maintenance and shift to device inspections
 - o If a component fails on your device, please contact your local Sales Representative for support. A pro-rated credit for any pre-paid service will be provided should a unit become non-serviceable due to part availability

It is important to note that the LIFEPAK 15 has an expected life of eight (8) years from the date of manufacture. If you are uncertain of the manufacture date of your products, please contact your local Sales Representative for a full fleet assessment.

We want to ensure the highest quality products and services for our customers. As such, it is important to know that Stryker is the only FDA-approved service provider for our products. We do not contract with third party service providers, nor will we be providing them with any additional parts for these repairs. As such, we cannot guarantee the safety and efficacy of any device that is repaired by a third-party service agency.



3 Year Prevent

Quote Number: 10789831

Version: 1

Prepared For: KILLEEN FIRE DEPT

Attn:

Rep: Lindsey Herman

Email:

Phone Number:

GPO: EMS

Service Rep:

Quote Date: 10/16/2023

Email:

Expiration Date: 08/23/2023

Contract Start: 10/01/2023

Contract End: 09/30/2026

Delivery Address

Name: KILLEEN FIRE DEPT

Account #: 20096117

Address: 201 N 28TH ST

KILLEEN

Texas 76541-6298

Bill To Account

Name: CITY OF KILLEEN

Account #: 20127307

Address: 101 N COLLEGE ST

KILLEEN

Texas 76541-6105

ProCare Products:

#	Product	Description	Months	Qty	List Price	Discount %	Sell Price	Total
1.0	POWERLOAD-PROCARE	PROCARE-SVC-POWER-LOAD √Parts, Labor, Travel √ Preventative Maintenance √ Batteries Service	36	6	\$2,273.00	10.0%	\$6,137.10	\$36,822.60
2.0	POWERLOAD-PROCARE	PROCARE-SVC-POWER-LOAD 10/01/2025 - 09/30/2026 √Parts, Labor, Travel √ Preventative Maintenance √ Batteries Service	12	1	\$2,273.00	10.0%	\$2,045.70	\$2,045.70
3.0	POWERLOAD-PROCARE	PROCARE-SVC-POWER-LOAD 10/01/2024 - 09/30/2026 √Parts, Labor, Travel √ Preventative Maintenance √ Batteries Service	24	3	\$2,273.00	10.0%	\$4,091.40	\$12,274.20
4.0	MANU-FAST-PROCARE	PROCARE-SVC-MANUAL-COT-FASTENER √Parts, Labor, Travel √ Preventative Maintenance	36	3	\$852.00	10.0%	\$2,300.40	\$6,901.20
5.0	STR-CHAIR-PROCARE	PROCARE-SVC-STAIR-CHAIR 10/01/2025 - 09/30/2028 √Parts, Labor, Travel √ Preventative Maintenance	36	1	\$305.00	10.0%	\$823.50	\$823.50
6.0	POWERPRO-PROCARE	PROCARE-SVC-POWERPRO √Parts, Labor, Travel √ Preventative Maintenance √ Batteries Service √ Smart Equip. Management	36	5	\$1,599.00	10.0%	\$4,317.30	\$21,586.50



3 Year Prevent

Quote Number: 10789831
 Version: 1
 Prepared For: KILLEEN FIRE DEPT
 Attn:

Rep: Lindsey Herman
 Email:
 Phone Number:

GPO: EMS

Service Rep:

Quote Date: 10/16/2023
 Expiration Date: 08/23/2023
 Contract Start: 10/01/2023
 Contract End: 09/30/2026

Email:

#	Product	Description	Months	Qty	List Price	Discount %	Sell Price	Total
7.0	POWERPRO-PROCARE	PROCARE-SVC-POWERPRO 10/01/2025 - 09/30/2026 √ Parts, Labor, Travel √ Preventative Maintenance √ Batteries Service √ Smart Equip. Management	12	4	\$1,599.00	10.0%	\$1,439.10	\$5,756.40

ProCare Total: \$86,210.10

Price Totals:

 Authorized Customer Signer (Printed) Date

 Stryker Authorized Signature (Printed) Date

 Authorized Customer Signature Date

 Stryker Authorized Signature Date

 Purchase Order Number



3 Year Prevent

Quote Number: 10789831

Version: 1

Prepared For: KILLEEN FIRE DEPT

Attn:

Rep: Lindsey Herman

Email:

Phone Number:

GPO: EMS

Service Rep:

Quote Date: 10/16/2023

Email:

Expiration Date: 08/23/2023

Contract Start: 10/01/2023

Contract End: 09/30/2026

Service Terms and Conditions:

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

Equipment Service Plan

Line Item #	Model	Serial #
1.0	PROCARE-SVC-POWER-LOAD	2210012400457
1.0	PROCARE-SVC-POWER-LOAD	2205012400101
1.0	PROCARE-SVC-POWER-LOAD	2212012400205
1.0	PROCARE-SVC-POWER-LOAD	2210012400170
1.0	PROCARE-SVC-POWER-LOAD	2110012400181
1.0	PROCARE-SVC-POWER-LOAD	2204012400042
2.0	PROCARE-SVC-POWER-LOAD	1903012400112,
3.0	PROCARE-SVC-POWER-LOAD	2301012400138
3.0	PROCARE-SVC-POWER-LOAD	2302012400004
3.0	PROCARE-SVC-POWER-LOAD	2301012400185
4.0	PROCARE-SVC-MANUAL-COT-FASTENER	2021000800226
4.0	PROCARE-SVC-MANUAL-COT-FASTENER	2021000800081
4.0	PROCARE-SVC-MANUAL-COT-FASTENER	2021000800213
5.0	PROCARE-SVC-STAIR-CHAIR	2302010000034
6.0	PROCARE-SVC-POWERPRO	2209003500554
6.0	PROCARE-SVC-POWERPRO	180840217
6.0	PROCARE-SVC-POWERPRO	2209003500553
6.0	PROCARE-SVC-POWERPRO	2112003500152
6.0	PROCARE-SVC-POWERPRO	180840218
7.0	PROCARE-SVC-POWERPRO	1903003500597
7.0	PROCARE-SVC-POWERPRO	2309000653
7.0	PROCARE-SVC-POWERPRO	2309000650
7.0	PROCARE-SVC-POWERPRO	2307003715

Purchase Order Form



Account Manager _____
Cell Phone _____

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

Check box if Billing same as Shipping

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

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

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

*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.



KFD - Modem Swap - 9.20.23

Quote Number: 10785161

Remit to: **Stryker Medical**

Version: 1

P.O. Box 93308

Chicago, IL 60673-3308

Prepared For: KILLEEN FIRE DEPT

Rep: Lindsey Herman

Attn:

Email: lindsey.herman@stryker.com

Phone Number:

Mobile: 5099540739

Service Rep:

Email:

Quote Date: 09/20/2023

Expiration Date: 09/28/2023

Contract Start: 09/20/2023

Contract End: 09/19/2024

Delivery Address		End User - Shipping		Bill To Account	
Name:	KILLEEN FIRE DEPT	Name:	KILLEEN FIRE DEPT	Name:	CITY OF KILLEEN
Account #:	20096117	Account #:	20096117	Account #:	20127307
Address:	201 N 28TH ST	Address:	201 N 28TH ST	Address:	
	KILLEEN		KILLEEN		
	Texas 76541-6298		Texas 76541-6298		

Equipment Products:

#	Product	Description	U/M	Qty	Sell Price	Total
Equipment Total:						\$0.00

Data Solutions:

#	Product	Description	Qty	Sell Price	Total
1.0	78000168	KORE - Stryker data plan for modem (Verizon)	3	\$364.80	\$1,094.40
2.0	11996-000479	4G Titan III Trio Modem: Verizon WiFi/Cellular/Audio (audio on/off configurable by customer) for use with Stryker data plan	3	\$2,208.75	\$6,626.25
Data Solutions Total:					\$7,720.65

Price Totals:

Estimated Sales Tax (0.000%):	\$0.00
Freight/Shipping:	\$0.00
Grand Total:	\$7,720.65

Prices: In effect for 30 days

Terms: Net 30 Days



KFD - Modem Swap - 9.20.23

Quote Number: 10785161

Version: 1

Prepared For: KILLEEN FIRE DEPT

Attn:

Quote Date: 09/20/2023

Expiration Date: 09/28/2023

Contract Start: 09/20/2023

Contract End: 09/19/2024

Remit to: **Stryker Medical**

P.O. Box 93308

Chicago, IL 60673-3308

Rep: Lindsey Herman

Email: lindsey.herman@stryker.com

Phone Number:

Mobile: 5099540739

Service Rep:

Email:

Terms and Conditions:

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule. Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency. A copy of Stryker Medical's terms and conditions can be found at www.stryker.com/stnc.