



CONCORDANCE[®] HEALTHCARE SOLUTIONS

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September 3, 2019

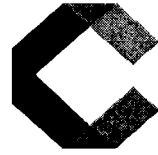
Dear Valued Customer:

Per your request, this letter is to inform you that as of April 1, 2016 Kreisers, MMS and Seneca merged into one newly formed organization, Concordance Healthcare Solutions, LLC. Please make sure to change all contracts from MMS to Concordance Healthcare Solutions.

Thank you,

A handwritten signature in black ink, appearing to read "Perry Bramhall". The signature is written in a cursive, flowing style.

Perry Bramhall
Regional Customer Service Manager



CONCORDANCE™
HEALTHCARE SOLUTIONS
Delivering service beyond your expectations.

May 11, 2016

Dear Valued Supplier:

It is my pleasure to announce the completion of the Kreisers, MMS, and Seneca merger into one newly formed organization, Concordance Healthcare Solutions, LLC. Effective April 1, 2016, we are all operating under the Concordance umbrella.

This merger provides a tremendous opportunity to change the healthcare supply chain as we know it. Under the Concordance umbrella, we will offer a full line of product choices to the provider community with no restrictions on self-manufactured products. Our customers will have ultimate control of the supply chain and access to the best-in-class products and solutions. It is our intent to become the trusted advisor for the provider community as a true conduit between suppliers and providers, with an ultimate goal to effectively assist our mutual customers in their pursuit of improving patient outcomes.

Integration

Operating System

We have made the strategic decision to combine all three entities to the Seneca Medical VAI S2K IT platform. This integration is critical in our success and we will ensure that it receives top priority with a commitment to only improve the customer experience. A tentative IT integration plan is as follows:

- Kreisers integration end of CY 2016
- MMS integration slated for early 2018

Supplier Relations

In order to effectively manage our relationship, you have been assigned a primary contact from our Supplier Relations Team to be your corporate liaison. This individual will be responsible for executing and maintaining our supplier agreement, development and implementation of growth initiatives, challenge resolution, and overall relationship management.

Our Supplier Relations Team is comprised of:

- Bill Black: 419-455-2022; bblack@senecamedical.com
- Enid Oquendo: 419-455-2175; eoquendo@senecamedical.com
- Jeff Shook: 419-455-2110; jshook@senecamedical.com

Our Supplier Relations team will be reaching out to you in the near future to begin the process of signing our combined distributor agreement, where terms and condition will be normalized between the three organizations, providing a more streamlined experience for our mutual customer.

Procurement/Contracts/Payables:

Each organization will continue to process Purchase Orders, Rebates, Payables, etc. until such time that we are merged onto one operating system. **Please do not change anything in your system regarding these functional areas, until notified otherwise.**

Procurement Team is led by:

- Dan Rieman, EVP Purchasing, 314-593-2593: dan.rieman@mmsmedical.com

Representing each division:

- Kreisers LLC, wholly owned subsidiary of Concordance Healthcare Solutions:
 - Bill Ambroz: 605-336-1155 ext 2106; bambroz@kreisers.com
- MMS LLC, wholly owned subsidiary of Concordance Healthcare Solutions:
 - Darrin Werner: 314-593-2596; darrin.werner@mmsmedical.com
- Seneca Medical LLC, wholly owned subsidiary of Concordance Healthcare Solutions:
 - Amy Jordan: 865-281-4137; ajordan@senecamedical.com

This merger has the ability to completely reshape the supply chain experience for each entity (supplier, distributor, and provider). We feel our model of freedom of choice, is the one that resonates best with the end user, provides best opportunity for improved patient outcome, and will be the most cost effective option moving forward.

We look forward to our on-going relationship and are appreciative of your support of our organization. If you should have any questions or concerns at any time, please feel free to reach out to me directly.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lisa Hohman', with a long horizontal flourish extending to the right.

Lisa Hohman
Chief Strategy Officer
Concordance Healthcare Solutions
419-455-2129; lhohman@senecamedical.com

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Concordance Healthcare Solutions LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► **P**

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

85 Shaffer Park Drive

Requester's name and address (optional)

6 City, state, and ZIP code

Tiffin OH, 44883

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

3 8 - 3 9 8 6 8 4 9

Part II Certification

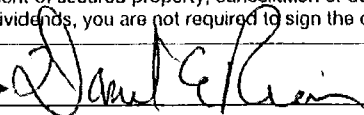
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►



Date ► 07/29/2019

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.