



March 12, 2020

Contra Costa Regional Medical Center
2500 Alhambra Avenue
Martinez, CA 94553

Meridian Leasing Corporation is pleased to present our equipment lease proposal to finance your upcoming equipment acquisition. The financing will be in the form of an equipment lease which will be subject to the following terms and conditions:

LESSEE: Contra Costa Regional Medical Center

EQUIPMENT: Omnicell Equipment

QUOTE #: #00039604 – NCLB XT Conversion (lease buyout for Omnicell Supplements: #5204848, #5088539, #5265321 & #5306225 eff. 9/30/20)

OMNICELL REBATE: Not included in the lease

INITIAL TERM: 84 Months

MONTHLY PRODUCT PAYMENT: \$36,887 per month
(plus applicable taxes) -OR-
1st Year \$31,998.12 per month & Years 2-7 @ \$37,998.11 per month

YEAR 1 MONTHLY SUPPORT PAYMENT: \$0 \$0 \$0
(billed directly by Omnicell)

SHIPPING & HANDLING: Included

LEASE COMMENCEMENT: TBD

TYPE OF LEASE: Operating

The above proposal is contingent upon Meridian Leasing's final credit approval and mutually agreeable lease documentation. Any applicable taxes are not included in the lease payment. Any change in the configuration may affect the lease price quoted. The enclosed monthly payment is based on a spread over like-term Swaps as per the Intercontinental Exchange (ICE) as of March 12, 2020. Changes to such "Index" will be reflected in changes to the corresponding payment at the time of closing. This proposal is valid for 30 days.

AGREED AND ACCEPTED:

Contra Costa Regional Medical Center

Name: _____

Signature: _____

Regards,

Title: _____ Date: _____

Jeff Stafford
Regional Sales Manager - Healthcare
MERIDIAN LEASING CORPORATION

Please provide the following information for the Master Lease Agreement:

1. Full legal name
2. Corporate Headquarters Address
3. Form of entity (i.e. Corporation, Subsidiary, Limited Partnership etc...)
4. State of Incorporation
5. Federal Tax ID #
6. Organizational ID# (this # is provided by the Secretary of State of most states upon filing organizational documents – if no # exists N/A)
7. Contact information for where documents should be sent: Name, Title, Email, Mailing Address