

| Γ |                 | CUSTOMER P.O. NO. |                 | ATTENTION       |
|---|-----------------|-------------------|-----------------|-----------------|
|   | PVM2276         |                   |                 |                 |
| Γ |                 | SOLD TO PHONE NO. |                 | SOLD TO FAX NO. |
|   | 44-153-563-4542 |                   | 44-153-563-5582 |                 |

|      | SALES   | ORDER       | S.O. NUMBE<br><b>307276</b> | ORDER DATE 12/6/2021 | * Normal *         | ORDER TYPE    |
|------|---------|-------------|-----------------------------|----------------------|--------------------|---------------|
| PAGE | CHG NO. | CHANGE DATE |                             | CHANGE DESCRIPTION   |                    | CONFIRMED TO  |
| 1    |         |             |                             |                      | STEPHEN NIXON      |               |
|      | CURREN  | CY          |                             | TERMS                |                    | REFERENCE     |
|      |         |             | NET 45 DAYS                 |                      |                    |               |
|      |         | SHIP VIA    |                             | FOB                  |                    | FREIGHT TERMS |
|      | SEE     | NOTES       | SHIPPING                    | G POINT              | Collect            |               |
|      |         | RESALE NO.  |                             | TAX CODE:            |                    |               |
|      |         |             |                             | T = TAXABLE          | R = RESALE N = NON | TAXABLE       |

SOLD TO SHIP TO BILL TO

M5755 VIAMED 15 STATION RD CROSS HILLS, KEIGHLEY WEST YORKSHIRE, BD20 7DT GB M5755 VIAMED 15 STATION RD CROSS HILLS, KEIGHLEY WEST YORKSHIRE, BD20 7DT GB M5755
VIAMED
15 STATION RD
CROSS HILLS, KEIGHLEY
WEST YORKSHIRE, BD20 7DT
GB

| LINE | DESCRIPTION PART ID CUST PART ID        | DWG REV    | ECN   | REQUEST/<br>SCHEDULED<br>SHIP DATE | ORDER QUANTITY<br>BALANCE DUE | U/M | UNIT PRICE<br>EXTENDED PRICE | PRICE<br>CODE |   |
|------|---|------------|-------|------------------------------------|-------------------------------|-----|------------------------------|---------------|---|
| 1.00 | SENSOR, MAX-250MS MEDICAL OX<br>R125P97 | KYGEN<br>A | BOM-D | 12/6/2021<br>1/14/2022             | 10.0000                       | EA  | 71.000000<br>710.00          |               | N |
| 2.00 | MEMBRANE, MAXO2ME SWITCH<br>R228P15     | В          |       | 12/6/2021<br>1/14/2022             | 6.0000                        | EA  | 21.000000<br>126.00          | DL            | N |

PLEASE SEND ALL UPS NOTIFICATIONS TO cathy.green@viamed.co.uk. THANK YOU.

SHIPPING NOTES: SHIP UPS INT'L EXPED. COLLECT TO UPS ACCT. 9W9-638 WHEN SHIPPING SENSORS PLEASE USE HTS CODE 9018.90.8500 "Do not use any box larger than 20x20x15 TEL: 440-153-563-4542

\*\*\*\*\* PLEASE SHIP NO LESS THAN 48 MAXO2 AE'S IF PARTIAL IS SHIPPED \*\*\*\*\*\*\*\*\*\*

WHEN SHIPPING (ME) PLEASE ADD EXTRA PACKING ALL AROUND PRODUCT

Certificate of Conformance



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| SALES ORDER |                          |    | s.o. NUMBE<br><b>307276</b> | ER          | ORDER DATE<br>12/6/2021               | * Normal *       | ORDER TYPE    |               |
|-------------|--------------------------|----|-----------------------------|-------------|---------------------------------------|------------------|---------------|---------------|
| PAGE        | PAGE CHG NO. CHANGE DATE |    |                             |             | CHA                                   | ANGE DESCRIPTION |               | CONFIRMED TO  |
| 2           |                          |    |                             |             |                                       |                  | STEPHEN NIXON |               |
|             | CURRENCY                 |    |                             |             |                                       | TERMS            |               | REFERENCE     |
|             |                          |    |                             | NET 45 DAYS |                                       |                  |               |               |
|             |                          | SH | IIP VIA                     |             |                                       | FOB              |               | FREIGHT TERMS |
|             | SEE NOTES                |    |                             | SHIPPING    | G P                                   | POINT            | Collect       |               |
| RESALE NO.  |                          |    |                             |             |                                       |                  | TAX CODE:     |               |
|             |                          |    |                             |             | T = TAXABLE R = RESALE N = NONTAXABLE |                  |               | TAXABLE       |

SOLD TO SHIP TO BILL TO

M5755 VIAMED 15 STATION RD CROSS HILLS, KEIGHLEY WEST YORKSHIRE, BD20 7DT GB M5755 VIAMED 15 STATION RD CROSS HILLS, KEIGHLEY WEST YORKSHIRE, BD20 7DT GB M5755
VIAMED
15 STATION RD
CROSS HILLS, KEIGHLEY
WEST YORKSHIRE, BD20 7DT
GB

| LINE | DESCRIPTION  |         |     | REQUEST/  | ORDER QUANTITY | U/M | UNIT PRICE     | PRICE | TAX CODE   |
|------|--------------|---------|-----|-----------|----------------|-----|----------------|-------|------------|
|      | PART ID      | DWG REV | ECN | SCHEDULED | BALANCE DUE    |     | EXTENDED PRICE | CODE  | DISC % VAT |
|      | CUST PART ID |         |     | SHIP DATE | BALAITOL BOL   |     | EXTENSESTINGE  |       |            |

Maxtec hereby certifies that the manufactured by product(s) delivered herewith is/are in conformance with all terms, conditions and requirements of the purchase order and product model number(s) referenced above. Objective evidence of inspection, testing and certifications are on file at Maxtec and may be reviewed as requested.

Quality Inspection Approval Stamp and Signature:

| SUBTOTAL    |          | DISC % | ORDER DISC AMOUNT | Г     | ORDER TAX AMOUNT | ORDER TAX AMOUNT 2 | ORDER TAX AMOUNT 3 | ORDER VAT AMOUNT | ORDER TOTAL |
|-------------|----------|--------|-------------------|-------|------------------|--------------------|--------------------|------------------|-------------|
| 8           | 336.00   |        |                   |       |                  |                    |                    |                  | 836.00      |
| ORDER TAKER | SALESMAN | REGION | •                 | CLASS |                  |                    |                    |                  |             |
| AW          | VD       |        | OEIT              | R     |                  |                    |                    |                  |             |