



January 1st, 2022

RE: Airtraq™ Distribution – Exclusive USA/Canada

To Whom It May Concern:

Thank you for your interest in the Airtraq™ Optical Laryngoscope product line. Airtraq™ distributes its products through company appointed specialty distributors and partners throughout the world.

Distributor: Mercury Medical

Customers: Hospital, Alternate Site, Sub-acute facilities, Physicians Office, EMS, Transport.

Type: Exclusive Sole Source

Territory: United States (50) and Canada

Effective: January 1st, 2022, thru Present

Distributors are not permitted to represent or sell Airtraq™ products outside of their area of exclusive authority and responsibility.

If you have any further questions, please do not hesitate to call our office.

Regards,

A handwritten signature in black ink, appearing to read "Danny Daniel", with a stylized flourish at the end.

Danny Daniel
Vice President of Sales - North America
Airtraq LLC

Tel (O) - (877) 6 Airway (624-7929)

Tel (D) - (972) 325-1025

E-mail – danny.daniel@airtraq.com

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
CERTIFICATION OF FILING****1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Mercury Enterprises Inc dba Mercury Medical
Clearwater, FL United States

Certificate Number:
2021-835327

Date Filed:
12/27/2021

Date Acknowledged:
01/04/2022

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

25833
Purchase of Airtraq Optical Laryngoscope product line: Sole Source

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)