

January 1st, 2022

RE: AirtraqTM Distribution – Exclusive USA/Canada

To Whom It May Concern:

Thank you for your interest in the AirtraqTM Optical Laryngoscope product line. AirtraqTM 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 AirtraqTM 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,

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		
	omplete Nos. 1 - 4 and 6 if there are interested parties. omplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE ONLY CERTIFICATION OF FILING			
1	ame of business entity filing form, and the city, state and country of the business entity's place f business. Mercury Medical			Certificate Number: 2022-933700 Date Filed: 09/14/2022 Date Acknowledged:				
2	learwater, FL United States ame of governmental entity or state agency that is a party to the contract for which the form is							
2	ort Bend County							
				09/27/2	022			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid Sole Source Purchase of Airtraq Optical Laryngoscope product line			the conti	ract, and prov	ride a		
4	Name of Interested Party	City, State, Country (place of business)			Nature of interest (check applicable)			
Mercury Medical		Clearwater, FL United States			Controlling	Intermediary		
_								
_								
_								
5	Check only if there is NO Interested Party.			•				
6	UNSWORN DECLARATION							
My name is, and my da					e of birth is			
	My address is(street)	(city)	,,,,	, ate)	(zip code)	, (country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.						
	Executed inCounty	, State of	, on the _	day				
					(month)	(year)		
		Signature of author	ized agent of con (Declarant)	tracting bu	usiness entity			