



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne
Assistant Secretary for Audit and
Health Service Regulation

February 11, 2016

Angela Byrd
800 N. Justice Street
Hendersonville, NC 28791

Exempt from Review – Replacement Equipment

Record #: 1839
Facility Name: Margaret R. Pardee Memorial Hospital
FID #: 943324
Business Name: Margaret R. Pardee Memorial Hospital
Business #: 1176
Project Description: Replace existing MRI scanner
County: Henderson

Dear Ms. Byrd:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letters of January 13, 2016 and February 8, 2016, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(f). Therefore, you may proceed to acquire, without a certificate of need, an Optima MR450w 1.5T GEM-ES Silent MRI scanner. This determination is based on your representations that the unit will be removed from North Carolina and will not be used again in the State without first obtaining a certificate of need.

Moreover, you need to contact the Agency's Construction and Acute and Home Care Licensure and Certification Sections to determine if they have any requirements for development of the proposed project.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination.



Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-715-4413

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

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Angela Byrd
February 11, 2016
Page 2

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,



Julie Halatek
Project Analyst



Martha J. Frisone,
Assistant Chief, Certificate of Need

cc: Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR
Kelli Fisk, Program Assistant, Healthcare Planning, DHSR

Halatek, Julie F

From: Angela Byrd <Angela.Byrd@pardeehospital.org>
Sent: Monday, February 08, 2016 3:03 PM
To: Halatek, Julie F
Subject: RE: Request for No Review

Julie,

The administrative and financial control and clinical patient services are found on the campus where the MRI is to be replaced. Additionally, the facility where the MRI is to be replaced is a licensed facility. Thanks again for your time and speaking with me today.

Angela Byrd, R.T.(R)(ARRT), Assistant Director Radiology
Margaret R. Pardee Memorial Hospital
800 N. Justice Street
Hendersonville, NC 28791
828-696-1040, ext. 3196
angela.byrd@pardeehospital.org



From: Halatek, Julie F [mailto:julie.halatek@dhhs.nc.gov]
Sent: Friday, February 05, 2016 11:42 AM
To: Angela Byrd
Subject: RE: Request for No Review

Angela,

I do need a bit more information.

Your request has not documented certain aspects of the replacement request required by statute. Specifically, I need representations about the "main campus" to meet the statutory definition. I need to know whether administrative and financial control and clinical patient services are found on the campus where the MRI is to be replaced. Additionally, I need to have representations that the facility where the MRI is to be replaced is a licensed facility.

You and I both know that Pardee is the main campus. However, to be consistent, I do need those representations in writing. They can come via a response to this email and that will suffice. Could you please provide those representations (or let me know if you cannot)? Thanks!

Julie Halatek, Esq.
Project Analyst, Certificate of Need
Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section
North Carolina Department of Health and Human Services

919 855 3873 office

Julie.Halatek@dhhs.nc.gov

809 Ruggles Drive
2704 Mail Service Center
Raleigh, NC 27699-2704



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From: Angela Byrd [<mailto:Angela.Byrd@pardeehospital.org>]
Sent: Thursday, January 28, 2016 1:26 PM
To: Halatek, Julie F <julie.halatek@dhhs.nc.gov>
Subject: RE: Request for No Review

Thanks for the update Julie. Hope you have a great day!

Angela Byrd, R.T.(R)(ARRT), Assistant Director Radiology
Margaret R. Pardee Memorial Hospital
800 N. Justice Street
Hendersonville, NC 28791
828-696-1040, ext. 3196
angela.byrd@pardeehospital.org



From: Halatek, Julie F [<mailto:julie.halatek@dhhs.nc.gov>]
Sent: Thursday, January 28, 2016 10:02 AM
To: Angela Byrd
Subject: RE: Request for No Review

Angela,

The request is under review – at this point I don't need additional information but I'll be sure to ask if I do. We strive to get all determinations for requests we receive out within 20 business days. Please don't hesitate to reach out again at any time to inquire about the status or with any other questions.

Julie Halatek, Esq.
Project Analyst, Certificate of Need
Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section
North Carolina Department of Health and Human Services

919 855 3873 office
Julie.Halatek@dhhs.nc.gov

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From: Angela Byrd [<mailto:Angela.Byrd@pardeehospital.org>]
Sent: Tuesday, January 26, 2016 10:27 AM
To: Halatek, Julie F <julie.halatek@dhhs.nc.gov>
Subject: RE: Request for No Review

Good morning Julie. I hope this email is finding you well. I've been out of the office for a few days and wanted to follow up to see if you needed any additional information for our Request for No Review. Also, I'm working on updating our time line for this project. Do you have an idea of when we may have an answer on the Request for No Review? I don't want to be pushy but am eager. Thanks again for reviewing this information.

Angela Byrd, R.T.(R)(ARRT), Assistant Director Radiology
Margaret R. Pardee Memorial Hospital
800 N. Justice Street
Hendersonville, NC 28791
828-696-1040, ext. 3196
angela.byrd@pardeehospital.org



From: Halatek, Julie F [<mailto:julie.halatek@dhhs.nc.gov>]
Sent: Friday, January 15, 2016 10:21 AM
To: Angela Byrd
Cc: Ron McKee; Alan Owens; William F. Bentley
Subject: RE: Request for No Review email #2

Angela, these came through just fine. Thanks! I'll be in touch if I need anything else to review the request.

Julie Halatek, Esq.

Project Analyst, Certificate of Need
Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section
North Carolina Department of Health and Human Services

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Julie.Halatek@dhhs.nc.gov

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From: Angela Byrd [<mailto:Angela.Byrd@pardeehospital.org>]
Sent: Thursday, January 14, 2016 10:48 AM
To: Halatek, Julie F <julie.halatek@dhhs.nc.gov>
Cc: Ron McKee <Ron.McKee@pardeehospital.org>; Alan Owens <Alan.Owens@pardeehospital.org>; William F. Bentley <William.Bentley@pardeehospital.org>
Subject: RE: Request for No Review email #2

Julie,

Let's try this again. Let me know if you have trouble with these. I can fax them to you if need be. Thanks.

Angela Byrd, R.T.(R)(ARRT), Assistant Director Radiology
Margaret R. Pardee Memorial Hospital
800 N. Justice Street
Hendersonville, NC 28791
828-696-1040, ext. 3196
angela.byrd@pardeehospital.org



From: Halatek, Julie F [<mailto:julie.halatek@dhhs.nc.gov>]
Sent: Thursday, January 14, 2016 10:05 AM
To: Angela Byrd
Cc: Ron McKee; Alan Owens; William F. Bentley
Subject: RE: Request for No Review email #2

Actually, Angela, I can't open the zip file. Is it possible you can just send the equipment comparison table and maybe one or two pages of the brochure that lists the relevant features?

Julie Halatek, Esq.

Project Analyst, Certificate of Need
Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section
North Carolina Department of Health and Human Services

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From: Angela Byrd [<mailto:Angela.Byrd@pardeehospital.org>]

Sent: Wednesday, January 13, 2016 6:05 PM

To: Halatek, Julie F <julie.halatek@dhhs.nc.gov>

Cc: Ron McKee <Ron.McKee@pardeehospital.org>; Alan Owens <Alan.Owens@pardeehospital.org>; William F. Bentley <William.Bentley@pardeehospital.org>

Subject: FW: Request for No Review email #2

Ms. Halatek,

Attached you will find the last of the supporting documents needed for the consideration of the Request for No Review for our MRI Replacement Project here at Margaret R. Pardee Memorial Hospital. Again, thank you for your help in completing this information. I will be sending the packet in its entirety via Federal Express on Thursday morning. We look forward to hearing from you shortly.

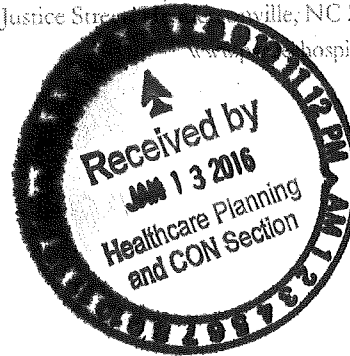
Angela Byrd, R.T.(R)(ARRT), Assistant Director Radiology
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Margaret R. Pardee Memorial Hospital
800 North Justice Street, Hendersonville, NC 28791
www.pardeememorialhospital.org



January 13, 2016

Julie Halatek, Project Analyst
CON Section
Division of Health Service Regulation
N.C. Department of Health and Human Services
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Replacement Equipment Exemption Notice for Replacement MRI Scanner at Henderson County Hospital Corporation (d/b/a Margaret R. Pardee Memorial Hospital) in Hendersonville, NC.

Dear Ms. Halateck,

This letter provides written notice of Margaret R. Pardee Memorial Hospital's intent to replace an 8 year old, closed bore MRI scanner with a new GE Healthcare 450W 1.5T, wide bore MRI system. The older, closed bore system is at the end of lease and creating a decrease in patient satisfaction due to the small size of the bore. The total cost for the replacement is estimated to be \$2,030,830.08 (see Appendix D). These costs include all expenses associated with equipment replacement including the rental of a mobile unit.

Even though the project exceeds \$2,000,000.00, Pardee Hospital believes that the proposed equipment replacement is not subject to review under North Carolina's Certificate of Need (CON) laws. Pardee Hospital's proposed project meets the requirements found in G.S. 131E-184(f). This statute states:

- (f) The Department shall exempt from certificate of need review the purchase of any replacement equipment that exceeds the two million dollar (\$2,00,00) threshold set forth in G.S. 131E-176(22) [sic, should be (22a)] if all of the following conditions are met:
 - (1) The equipment being replaced is located on the main campus.
 - (2) The Department has previously issued a certificated of need for the equipment being replaced. This subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.
 - (3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

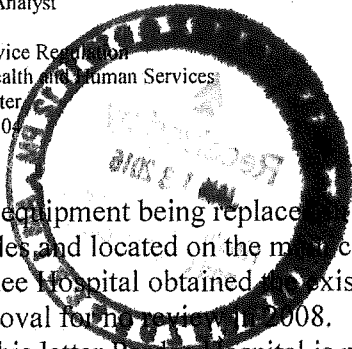
Specifically:

- a) The proposed project meets the definition of replacement equipment found in G.S. 131E-176(22a) in that the new equipment is being purchased for the sole purpose of replacing comparable medical equipment that is currently in use and otherwise disposed of when replaced. Reference Appendix F for Responses to Replacement Equipment Key Questions.

Page 2

Julie Halatek, Project Analyst
CON Section

Division of Health Service Regulation
N.C. Department of Health and Human Services
2704 Mail Service Center
Raleigh, NC 27699-2704
January 13, 2016



- a) The equipment being replaced is the exact location where the existing equipment currently resides and located on the main campus
- b) Pardee Hospital obtained the existing equipment through a certificate of need and received approval for no review in 2008.
- c) By this letter Pardee Hospital is providing written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

Pardee Hospital's proposal meets the requirements identified above and is therefore exempt from review. Therefore, Pardee Hospital requests approval of a no review status for the proposed project. We look forward to receiving your letter confirming replacement of a MR scanner is exempt from CON review. Please let me know if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Angela Byrd".

Angela Byrd, R.T.(R)(ARRT), Assistant Director Radiology
Margaret R. Pardee Memorial Hospital
800 N. Justice Street
Hendersonville, NC 28791
828-674-0602
angela.byrd@pardeehospital.org

Halatek, Julie F

From: Angela Byrd <Angela.Byrd@pardeehospital.org>
Sent: Wednesday, January 13, 2016 5:14 PM
To: Halatek, Julie F
Cc: Ron McKee; Alan Owens; William F. Bentley
Subject: Request of No Review e-mail #1
Attachments: Request for No Review.pdf.pdf; Appendix A Vendor Quote.pdf.pdf; Appendix C Current and Proposed Drawings.pdf.pdf; Appendix D Capital Cost Sheet.pdf.pdf; Appendix E Existing Equipment Removal Letter.pdf.pdf; Appendix F Response to Required Questions.pdf.pdf

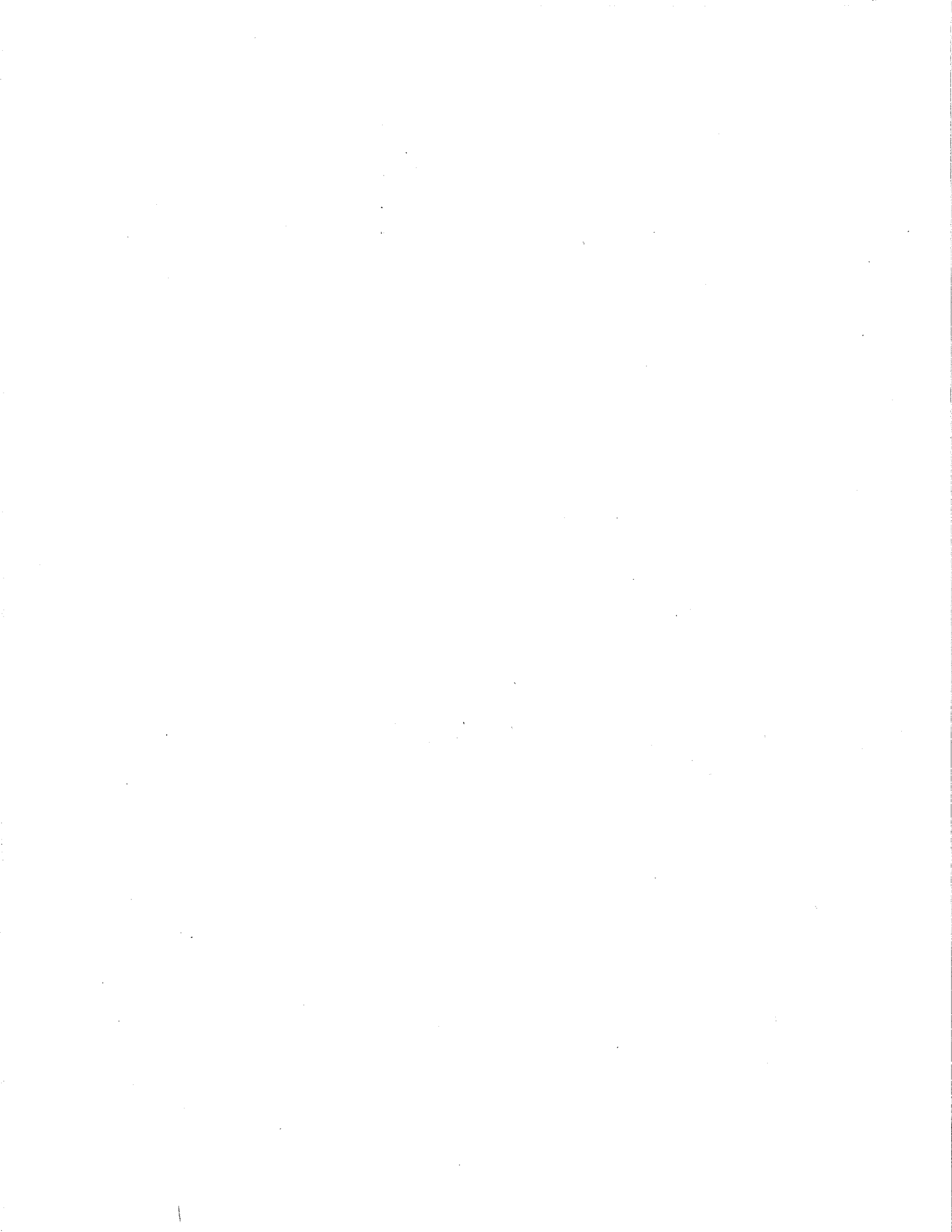
Ms. Halatek,

Thank you again for speaking with me in December and advising me on the completion of the Request for No Review for our MRI Replacement Project here at Margaret R. Pardee Memorial Hospital. I have attached an official Request of No Review letter along with supporting documents for your review. Unfortunately I will have to send two separate e-mails due to the size of the content. I will also be sending the entire packet via Federal Express on Thursday morning. Please let me know if you need any additional information. We look forward to receiving your letter confirming that exempt from CON review. Thank you.

Angela Byrd, R.T.(R)(ARRT), Assistant Director Radiology
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Halatek, Julie F

From: Angela Byrd <Angela.Byrd@pardeehospital.org>
Sent: Wednesday, January 13, 2016 6:05 PM
To: Halatek, Julie F
Cc: Ron McKee; Alan Owens; William F. Bentley
Subject: FW: Request for No Review email #2
Attachments: Appendix B Equipment Comparison Table & Brochures.zip.zip_renamed

Ms. Halatek,

Attached you will find the last of the supporting documents needed for the consideration of the Request for No Review for our MRI Replacement Project here at Margaret R. Pardee Memorial Hospital. Again, thank you for your help in completing this information. I will be sending the packet in its entirety via Federal Express on Thursday morning. We look forward to hearing from you shortly.

Angela Byrd, R.T.(R)(ARRT), Assistant Director Radiology
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Appendix A
Vendor Quote



GE Healthcare

Date: 04-10-2015
Quote #: PR3-C43234
Version #: 9

Margaret R Pardee Memorial Hospital Attn: Edna Mulenex
800 N Justice St 800 N Justice St Hendersonville
Hendersonville NC 28791-3410 NC 28791-3410

Customer Number :
Quotation Expiration Date: 06-29-2015

This Agreement (as defined below) is by and between the Customer and the GE Healthcare business ("GE Healthcare"), each as identified herein. "Agreement" is defined as this Quotation and the terms and conditions set forth in either (i) the Governing Agreement identified below or (ii) if no Governing Agreement is identified, the following documents:

- 1) This Quotation that identifies the Product offerings purchased or licensed by Customer;
- 2) The following documents, as applicable, if attached to this Quotation: (i) GE Healthcare Warranty/ies; (ii) GE Healthcare Additional Terms and Conditions; (iii) GE Healthcare Product Terms and Conditions; and (iv) GE Healthcare General Terms and Conditions.

In the event of conflict among the foregoing items, the order of precedence is as listed above.

This Quotation is subject to withdrawal by GE Healthcare at any time before acceptance. Customer accepts by signing and returning this Quotation or by otherwise providing evidence of acceptance satisfactory to GE Healthcare. Upon acceptance, this Quotation and the related terms and conditions listed above for Use Governing Agreement, if any, shall constitute the complete and final agreement of the parties relating to the Products identified in this Quotation.

No agreement or understanding, oral or written, in any way purporting to modify this Agreement, whether contained in Customer's purchase order or shipping release forms, or elsewhere, shall be binding unless hereafter agreed to in writing by authorized representatives of both parties.

By signing below, each party certifies that it has not made any handwritten modifications.

Governing Agreement:	Premier
Terms of Delivery:	FOB Destination
Billing Terms:	80% on Delivery/ 20% on Acceptance or First Patient Use
Payment Terms:	NET 30
Total Quote Net Selling Price:	\$1,560,798.08

INDICATE FORM OF PAYMENT:

If "GE HFS Loan" or "GE HFS Lease" is NOT selected at the time of signature, then you may NOT elect to seek financing with GE Healthcare Financial Services (GE HFS) to fund this arrangement after shipment.

- Cash/Third Party Loan
- GE HFS Lease
- GE HFS Loan
- Third Party Lease (please identify financing company) _____

By signing below, each party certifies that it has not made any handwritten modifications. Manual changes or mark-ups on this Agreement (except signatures in the signature blocks and an indication in the form of payment section below) will be void.

Each party has caused this agreement to be executed by its duly authorized representative as of the date set forth below.

CUSTOMER	<i>Denise Lucas</i>	<i>4/21/15</i>	GE HEALTHCARE	<i>Floyd Ramsey</i>	04-10-2015
Authorized Customer Signature		Date	Signature		Date
Print Name	Denise Lucas	Print Title	Product Sales Specialist		
	VP Clinical Services				
	CNO				
Purchase Order Number (if applicable)			Email: Floyd.Ramsey@med.ge.com		
			Phone: +1 919 621 1657		
			Fax: 919-869-1618		



GE Capital

April 21, 2015

Mr. Ron McKee
Margaret R Pardee Memorial Hospital
800 N Justice Street
Hendersonville, NC 28791

Dear Mr. McKee:

GE Healthcare Financial Services, a component of General Electric Capital Corporation ("GEHFS"), is pleased to submit the following proposal:

Contract Description: True lease of equipment.

Lessor: General Electric Capital Corporation, or one or more of its affiliates and/or assigns.

Lessee: Henderson County Hospital Corporation

Equipment Description: Optima MR450w 1.5T with GEM

Equipment Cost: \$1,560,798.08

Term and Rental Payment Amount: 59 payments at \$24,045.46 per month in Arrears, plus applicable taxes.

Lease Rate on Equipment Cost: -3.76%

Note: The lease rate and rental payment amounts have been calculated based on the Swap Rate (as defined below) and an assumption that, at the time of funding, the Swap Rate will be 1.32%. GEHFS reserves the right to adjust the lease rate and rental payment amounts if this is not the case, and/or if the lease commences after December 31, 2015, and/or for other changes in market conditions as determined by GEHFS in its sole discretion. As used herein, "Swap Rate" means the interest rate for swaps that most closely approximates the initial term of the lease as published by the Federal Reserve Board in the Federal Reserve Statistical Release H.15 entitled "Selected Interest Rates" currently available online at <http://www.federalreserve.gov/releases/h15/update/> or such other nationally recognized reporting source or publication as GEHFS may specify.

Advance Rent: \$0.00 due with signed contract. In no event shall any advance rent or advance charge or any other rent payments be refunded to Lessee. The Advance Rental will be applied as described in the lease.

Documentation Fee: A documentation fee of \$Waived will be charged to Lessee to cover document preparation, document transmittal, credit write-ups, lien searches and lien filing fees. The documentation fee is due upon Lessee's acceptance of this proposal and is non-refundable. This fee is based on execution of our standard documents substantially in the form submitted by us. In the event significant revisions are made to our documents at your request or at the request of your legal counsel or your landlord or mortgagee or their counsel, the documentation fee will be adjusted accordingly to cover our additional costs and expenses.

Interim Rent: If the lease commencement date is not the 1st or 15th of any calendar month (a "Payment Date"), interim rent may be assessed for the period between the lease commencement date and the Payment Date.

Required Credit Information:

1. Two years fiscal year end audited/un-audited financial statements and comparative interim statements; or tax returns and business plan.
2. Such additional information as may be required.

Proposal Expiration: This proposal and all of its terms shall expire on May 21, 2015 if GEHFS has not received Lessee's signed acceptance hereof by such date. Subject to the preceding sentence, this proposal and all of its terms shall expire on July 31, 2015 if the lease has not commenced by such date.

The summary of proposed terms and conditions set forth in this proposal is not intended to be all-inclusive. Any terms and conditions that are not specifically addressed herein would be subject to future negotiations. Moreover, by signing the proposal, the parties acknowledge that: (i) this proposal is not a binding commitment on the part of any person to provide or arrange for financing on the terms and conditions set forth herein or otherwise; (ii) any such commitment on the part of GEHFS would be in a separate written instrument signed by GEHFS following satisfactory completion of GEHFS' due diligence, internal review and approval process (which approvals have not yet been sought or obtained); (iii) this proposal supersedes any and all discussions and understandings, written or oral between or among GEHFS and any other person as to the subject matter hereof; and (iv) GEHFS may, at any level of its approval process, decline any further consideration of the proposed financing and terminate its credit review process. Lessee hereby acknowledges and agrees that GEHFS reserves the right to syndicate (via a referral, an assignment or a participation) all or a portion of the proposed transaction to one or more banks, leasing or finance companies or financial institutions (a "Financing Party"). In the event GEHFS elects to so syndicate all or a portion of the proposed transaction (whether before or after any credit approval of the proposed transaction by GEHFS) and is unable to effect such syndication on terms satisfactory to Lessee and/or GEHFS, GEHFS may, in its discretion, decline to enter into, and/or decline any further consideration of, the proposed financing. Lessee hereby further acknowledges and agrees that, in connection with any such syndication, GEHFS may make available to one or more Financing Parties any and all information provided by or on behalf of Lessee to GEHFS (including, without limitation, any third party credit report(s) provided to or obtained by GEHFS).

Except as required by law, neither this proposal nor its contents will be disclosed publicly or privately except to those individuals who are your officers, employees or advisors who have a need to know as a result of being involved in the proposed transaction and then only on the condition that such matters may not be further disclosed. Nothing herein is to be construed as constituting tax, accounting or legal advice by GEHFS to any person.

You hereby authorize GEHFS to file in any jurisdiction as GEHFS deems necessary any initial Uniform Commercial Code financing statements that identify the Equipment or any other assets subject to the proposed financing described herein. If for any reason the proposed transaction is not approved, upon your satisfaction in full of all obligations to GEHFS, GEHFS will cause the termination of such financing statements. You acknowledge and agree that the execution of this proposal and the filing by GEHFS of such financing statements in no way obligates GEHFS to provide the financing described herein. By signing below, you hereby consent to and authorize GEHFS to perform all background, credit, judgment, lien and other checks and searches as GEHFS deems appropriate in its sole credit judgment.

We look forward to your early review and response. If there are any questions, we would appreciate the opportunity to discuss this proposal in more detail at your earliest convenience. Please do not hesitate to contact me directly at 615-854-3687.

Sincerely yours,

Don Diffendorf

Donald Diffendorf
Vice President
GE Healthcare Financial Services,
a component of General Electric Capital Corporation

Acknowledged and Accepted:

(Legal Name)

By: _____

Title: _____

Date: _____

Fed. ID #: _____



GE
Healthcare Financial Services

*Original Lease
agreement existing
unit*

October 1, 2007

Ms. Sharon Thompson
Margaret R. Pardee Memorial Hospital
715 Fleming Street
Hendersonville, NC 28739

Dear Sharon:

GE Healthcare Financial Services, a component of General Electric Capital Corporation ("GEHFS") is pleased to submit the following proposal:

- | | |
|-----------------------------------|---|
| Contract Description: | True lease of equipment. |
| Lessee: | Margaret R. Pardee Memorial Hospital |
| Equipment Description: | GE Healthcare Technologies HD 1.5T. |
| Financed Equipment Cost: | \$1,553,823.00 |
| Term and Rental Payment Amount: | 59 months at \$25,215.86 per month, plus applicable taxes. |
| Lease Rate on Net Equipment Cost: | -1.77%
Note: The lease rate and rental payment amounts are based on an assumption that, at the time of funding, the then most recent published daily rate of the 4 year treasury will be 4.14%. If the rate fluctuates prior to funding and/or the lease commences after December 31, 2007, the rental payment amounts will be adjusted accordingly. |
| Early Buy Out Option: | At 53 months (after 52 payments), Lessee has the option to purchase the Equipment for \$541,519.75., plus applicable taxes. Effective rate including Early Buy Out Option is 6.52%. If the Early Buy Out Option is not exercised, the following End of Lease Options apply. |
| End of Lease Options: | Lessee shall purchase all (but not less than all) of the Equipment for its then fair market value, plus applicable taxes not to exceed 28% of original equipment cost, or return the Equipment to GEHFS. |
| Advance Payment: | \$25,215.24 due with signed contract. In no event shall any advance rent or advance charge or any other rent payments be refunded to Lessee. The Advance Rental will be applied as described in the Schedule. |
| Documentation Fee: | A documentation fee of will be charged to Lessee to cover document preparation, document transmittal, credit write-ups, lien searches and lien filing fees. The documentation fee is due upon Lessee's acceptance of this proposal and is non-refundable. This fee is based on execution of our standard documents substantially in the form submitted by us. In the event significant revisions are made to our documents at your request or at the request of your legal counsel or your landlord or mortgagee or their counsel, the documentation fee will be adjusted accordingly to cover our additional costs and expenses, including any and all legal fees and expenses. In the event Lessor incurs fees and expenses of outside counsel in connection with the proposed transaction, Lessee shall reimburse Lessor for such fees and expenses upon demand, regardless of whether the proposed transaction is approved or closes. |
| Interim Rent: | If the Lease Commencement Date is not the 1 st or 15 th of any calendar month (a "Payment Date"), interim rent may be assessed for the period between the Lease Commencement Date and the Payment Date (the "Interim Rent Period"). |
| Required Credit Information: | <ol style="list-style-type: none"> 1. Two years fiscal year end audited/un-audited financial statements & comparative interim statements; or tax returns & business plan. 2. Organizational documents (i.e. Articles of Incorporation, operating partnerships agreements, etc.). |

3. Accounts receivable aging report (if cash basis statements are provided) as of the last fiscal year end.
4. Historical monthly scan, billing and collecting volumes.
5. Copies of contracts of arrangements supporting viability and/or letters from referral sources supporting this project (if applicable).
6. Additional information may be required.

Proposal Expiration:

This proposal and all of its terms shall expire on 10/30/07 if GEHFS has not received Lessee's acceptance hereof by such date.

The summary of proposed terms and conditions set forth in this proposal is not intended to be all-inclusive. Any terms and conditions that are not specifically addressed herein would be subject to future negotiations. Moreover, by signing the proposal, the parties acknowledge that: (i) this proposal is not a binding commitment on the part of any person to provide or arrange for financing on the terms and conditions set forth herein or otherwise; (ii) any such commitment on the part of GEHFS would be in a separate written instrument signed by GEHFS following satisfactory completion of GEHFS' due diligence, internal review and approval process (which approvals have not yet been sought or obtained); (iii) this proposal supersedes any and all discussions and understandings, written or oral between or among GEHFS and any other person as to the subject matter hereof; and (iv) GEHFS may, at any level of its approval process, decline any further consideration of the proposed financing and terminate its credit review process. GEHFS' standard documents will be used.

Except as required by law, neither this proposal nor its contents will be disclosed publicly or privately except to those individuals who are your officers, employees or advisors who have a need to know as a result of being involved in the proposed transaction and then only on the condition that such matters may not be further disclosed. Notwithstanding the foregoing, there is no restriction (either express or implied) on any disclosure or dissemination of the tax structure or tax aspects of the transactions contemplated by this proposal. Further, GEHFS acknowledges that it has no proprietary rights to any tax matter or tax idea or to any element of the proposal's transaction structure.

You hereby authorize GEHFS to file in any jurisdiction as GEHFS deems necessary any initial uniform commercial code financing statements that identify the Equipment or any other assets subject to the proposed financing described herein. If for any reason the proposed transaction is not approved, upon your satisfaction in full of all obligations to GEHFS, GEHFS will cause the termination of such financing statements. You acknowledge and agree that the execution of this proposal and the filing by GEHFS of such financing statements, in no way obligates GEHFS to provide the financing described herein.

We look forward to your early review and response. If there are any questions, we would appreciate the opportunity to discuss this proposal in more detail at your earliest convenience. Please do not hesitate to contact me directly at 919-943-6693.

Sincerely yours,

Mark Hlavenka

GE Healthcare Financial Services,
a component of General Electric Capital Corporation

Acknowledged and Accepted:

(Legal Name)

By: _____

Title: _____

Date: _____

Fed. ID #: _____

NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

Renewal Lease
agreement existing

Asset Management
Patrick Tobiasz
262-798-4675



GE Healthcare Financial Services

UNIT

January 15, 2013

Henderson County Hospital Corp
800 N JUSTICE ST
HENDERSONVILLE, NC - 28739

GE Healthcare Financial Services ("GEHS") is pleased to submit the following proposal:

Contract Description: True lease of equipment, account # 5867374001

Equipment Description: 1.5T CX4 HDX

End of Term Date: May 30, 2013

End of Lease Options: 24 months at \$16,666.67 per month, plus applicable taxes.

+ tax - ~~\$125~~
\$1,125.00 =
\$17,791.67

** FM/Renewal Options assume that the Lessee is liable for all rents and other charges for periods prior to the Amendment 05/31/2013, plus applicable taxes and any maintenance service charges that may be applicable. GE shall have the option to Withdraw this if all amounts owed by Lessee to GE have not been received promptly when due. GE and Lessee agree that a signature affixed to any one of the originals and delivered by facsimile shall be valid, binding and enforceable.

In addition to the above you may also return the equipment to GE. Please refer to your master lease agreement for a complete description of the return requirements.

Terms and Conditions: All other terms and conditions of the referenced lease contract shall continue in effect.

Documentation Fee: A documentation fee of \$0.00 will be charged to Lessee to cover document preparation, document transmittal, credit write-ups, lien searches and lien filing fees. The documentation fee is due upon Lessee's acceptance of this proposal and is non refundable. This fee is based on execution of our standard documents substantially in the form submitted by us.

In the event significant revisions are made to our documents at your request or at the request of your legal counsel or your landlord or mortgagee or their counsel, the documentation fee will be adjusted accordingly to cover our additional costs and expenses.

Required Credit and Tax Information:

1. Year end audited/unaudited financial statements & comparative interim statements.
2. If non taxable entity, a current tax exemption certificate is due upon receipt of accepted proposal

Proposal Expiration:

This proposal and all of its terms shall expire on ^{03/26} 01/23/2013 if GEHS has not received Lessee's acceptance hereof by such date.

The summary of proposed terms and conditions set forth in this proposal is not intended to be all-inclusive. Any terms and conditions that are not specifically addressed herein would be subject to future negotiations. Moreover, by signing the proposal, the parties acknowledge that: (i) this proposal is not a binding commitment on the part of any person to provide or arrange for financing on the terms and conditions set forth herein or otherwise; (ii) any such commitment on the part of GEHS would be in a separate written instrument signed by GEHS following satisfactory completion of GEHS' due diligence, internal review and approval process (which approvals have not yet been sought or obtained); (iii) this proposal supersedes any and all discussions and understandings, written or oral between or among GEHS and any other person as to the subject matter hereof; and (iv) GEHS may, at any level of its approval process, decline any further consideration of the proposed financing and terminate its credit review process. GEHS' standard documents will be used.

Except as required by law, neither this proposal nor its contents will be disclosed publicly or privately except to those individuals who are your officers, employees or advisors who have a need to know as a result of being involved in the proposed transaction and then only on the condition that such matters may not be further disclosed. Notwithstanding the foregoing, there is no restriction (either express or implied) on any disclosure or dissemination of the tax structure or tax aspects of the transactions contemplated by this proposal. Further, GEHS acknowledges that it has no proprietary rights to any tax matter or tax idea or to any element of the proposal's transaction structure.

You hereby authorize GEHS to file in any jurisdiction as GEHS deems necessary any initial uniform commercial code financing statements that identify the Equipment or any other assets subject to the proposed financing described herein. If for any reason the proposed transaction is not approved, upon your satisfaction in full of all obligations to GEHS, GEHS will cause the termination of such financing statements. You acknowledge and agree that the execution of this proposal and the filing by GEHS of such financing statements, in no way obligates GEHS to provide the financing described herein.

We look forward to your early review and response. If there are any questions, we would appreciate the opportunity to discuss this proposal in more detail at your earliest convenience. Please do not hesitate to contact me directly at (262) 798-4675

Sincerely yours,

By: Patrick Tobiasz

Title: Senior Portfolio Manager

Acknowledged and Accepted:

Margaret R. Pardee Memorial Hospital
(Legal Name)

By: Patricia L. Grew

Title: Chief Nursing Officer VP Clinical Services

Date: 3/13/13

Fed. ID#: 56-2084959

NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.



GE

Healthcare Financial Services

LEASE RENEWAL AMENDMENT

THIS LEASE RENEWAL AMENDMENT dated as of 03/27/2013, (this "Amendment") amends the Equipment Schedule (Contract No. 5867374-001) dated as of 01/04/2008, (the "Schedule") to the Master Lease Agreement dated as of 02/21/2006, (the "Agreement", the Master Lease Agreement and the Schedule, as the same may have been heretofore amended or otherwise modified, are collectively referred to herein as the "Lease") by and between General Electric Capital Corporation ("Lessor") and Henderson County Hospital Corporation ("Lessee"), and which Lease covers the leasing of the Equipment listed and described below. Capitalized terms used herein without definition shall have the meanings given to such terms in the Lease.

Number Of Units	Site	Supplier/ Manufacturer	Model, VIN #, Unit # and/or Type Of Equipment
1	Margaret R. Pardee Memorial Hospital 800 N Justice Street Hendersonville, NC 28739	GE Healthcare	1.5T MRI

RECITALS

WHEREAS, the term of the Lease will expire, or has expired, on 05/30/2013; and

WHEREAS, Lessee desires to renew the Lease, and Lessor is willing to consent to such renewal, pursuant to the terms set forth herein;

NOW, THEREFORE, in consideration of the premises and the mutual covenants and agreements herein contained and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. Commencing on 06/01/2013, the Lease shall be renewed for an additional period of 24 months (the "Renewal Term") on and subject to the same terms and conditions as set forth herein and in the Lease, except as otherwise expressly provided herein:

(a) During the Renewal Term, Lessee hereby agrees to pay to Lessor rent in the amount of \$16,666.67 per month, plus applicable taxes (each, a "Monthly Payment"). Monthly Payments shall be due and payable in advance or arrears (as specified in the Lease) beginning on 06/01/2013, and on the same day of each consecutive month thereafter throughout the Renewal Term.

(b) During the Renewal Term, the Stipulated Loss Value of the Equipment shall be equal to the sum of all future Monthly Payments due hereunder, plus the present value of Lessor's anticipated residual interest in the Equipment, each discounted to its net present value at a simple interest rate equal to four percent (4%) per annum (or if not permitted by applicable law, the lowest permitted rate).

(c) Upon at least 90 days' written notice to Lessor prior to the expiration of the Renewal Term, so long as no default has occurred and is continuing under the Lease and the Schedule has not been earlier terminated, Lessee shall exercise one of the following options at the expiration of the Renewal Term, anything to the contrary contained in the Lease notwithstanding: (a) return all (but not less than all) of the Equipment in accordance with the terms and provisions hereof and of the Lease or (b) purchase all (but not less than all) of the Equipment on an AS-IS, WHERE-IS BASIS, without any representation or warranty of any kind, express or implied, from Lessor for cash equal to its then fair market value (plus any applicable taxes). All other purchase options or renewal options in the Lease are hereby deleted in their entirety. Should Lessee fail to make an

election as required pursuant to and in accordance with this paragraph, Lessee shall be deemed for all purposes of the Lease to have elected the option described in clause (a) above. Upon the expiration or termination of the Schedule, unless Lessee has elected and fully performed its purchase option described in this paragraph, Lessee shall, at its sole cost and expense, return the Equipment to Lessor, to a business address designated by Lessor within the Continental United States of America, in the same condition and appearance as when received by Lessee (reasonable wear and tear excepted) and in good working order and condition and otherwise in accordance with the terms and provisions of the Lease. If the term "fair market value" is defined in the Lease, such term, as used herein, shall have the meaning ascribed to it in the Lease. If the term "fair market value" is not defined in the Lease, such term, as used herein, shall mean the price that a willing buyer would pay for the Equipment in an arm's-length transaction to a willing seller under no compulsion to sell, with the Equipment being valued on a fully assembled, installed and operational basis and assumed to be in the condition in which it is required to be maintained and returned under the Lease.

(d) If Lessee fails to return the Equipment as and when required, Lessee shall continue to remit Monthly Payments ("Remedial Payments") to Lessor on the date Monthly Payments would be payable hereunder if the Lease had not expired or terminated, and the amount of each such Remedial Payment shall equal the last full Monthly Payment. Lessor may, but shall not be obligated to, invoice Lessee for Remedial Payments at the same intervals and in the same manner as Lessor had invoiced Lessee for Monthly Payments prior to the expiration or termination of the Lease. Although Lessee is legally required to make Remedial Payments until Lessee has returned the Equipment in accordance with the Lease and this Amendment, Lessee does not have a legally enforceable option to extend or renew the Lease, nor does Lessor have a legally enforceable option to compel any such extension or renewal.

(e) If and to the extent that this Amendment or the Schedule is deemed a security agreement, Lessee hereby gives, grants and assigns to Lessor, its successors and assigns, a security interest in all of Lessee's rights under and interest in the Equipment, the general intangibles related thereto, the accounts created thereby and all proceeds of the foregoing. Such security interest shall secure Lessee's obligations with respect to all Schedules and agreements between Lessee and Lessor.

(f) General Electric Company shall not be obligated to provide Support during the Renewal Term.

2. On or prior to the date hereof and as a condition to the effectiveness of this Amendment, (i) Lessee shall pay all rents and other amounts outstanding, due and owing to Lessor as of the date hereof under the Lease, including, without limitation, any maintenance service charges that may be due and owing to Lessor and/or General Electric Company, (ii) this Amendment shall have received all necessary credit and other required approvals of Lessor and (iii) Lessor shall have received from Lessee a documentation fee in the amount of \$0.00. Subject to the satisfaction of the foregoing conditions, this Amendment shall become effective as of the date hereof upon execution hereof by duly authorized officers or representatives of the parties hereto.

3. Lessee hereby represents and warrants that (i) no default or event which, with the passage of time or the giving of notice or both, would constitute a default, has occurred under the Lease and (ii) all of the representations and warranties of Lessee included in the Lease are true and correct as of the date hereof.

4. Notwithstanding anything to the contrary in the Lease or in any other agreement between Lessor and Lessee, Lessee shall indemnify and hold Lessor, its agents, employees, successors and assigns harmless from and against any and all claims and losses, including

legal expenses, of whatsoever kind arising out of or relating to the Equipment, the Lease or this Amendment ("Claims"), including, but not limited to Claims arising out of the selection, manufacture, ownership, delivery, possession, condition, maintenance, operation or purchase of the Equipment. Lessee's obligation to pay Monthly Payments are absolute, unconditional and independent obligations not subject to abatement, diminution, suspension, deferment or reduction of, or offset against, Lessee's obligations hereunder for any reason including (i) any claims of Lessee against Lessor, or the manufacturer or seller of the Equipment, (ii) the condition, loss or destruction of the Equipment or (iii) any interference with Lessee's use of the Equipment.

5. This Amendment may be executed in several counterparts, each of which shall be an original and all of which shall constitute but one and the same instrument. This Amendment may be authenticated by manual signature, facsimile or, if approved in writing by Lessor, electronic means, all of which shall be equally valid.

6. Except as expressly modified herein, all terms and conditions of the Lease shall remain in full force and effect. In the event of a conflict between any provisions of this Amendment and the Lease, the provisions of this Amendment shall control.

7. Lessee shall return a signed copy of this Amendment to GE Healthcare Financial Services, 20225 Watertown Blvd, Brookfield, WI, 53045, attn: Patrick Tobiasz.

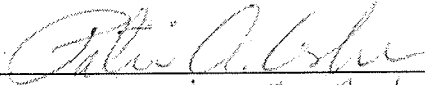
Lessor:

General Electric Capital Corporation

By: _____
Name: _____
Title: Duly Authorized Signatory

Lessee:

Henderson County Hospital Corporation

By: 
Name: Patricia A. Ashe
Title: Vice President, Clinical Services



GE
Healthcare Financial Services

Contract Number 5867374-002	FDO/Order #	Due Date Upon Receipt
	Current Due \$17,791.67	Total Due \$17,791.67

Make checks payable and remit to:

ATTENTION: Patrick Tobiasz
 GE Healthcare Financial Services
 PNC Bank
 Lockbox 641419
 500 First Avenue
 First Side Center
 Pittsburgh, PA 15219

To ensure proper credit--detach along dotted line and return upper portion with payment. Please do not staple or fold.



GE
Healthcare Financial Services

Contract # 5867374-002	FDO/Order #	CUSTOMER SERVICE (800) 225-7480
Invoice No. 5867374-002	Invoice Date 03/27/2013	Due Date Upon Receipt
		Total Due \$17,791.67

Description	Amount
First Payment Due	\$16,666.67
Sales Tax	\$1,125.00

TOTAL \$17,791.67

Retain this portion
 ---- MANUALLY GENERATED ORIGINAL INVOICE ----

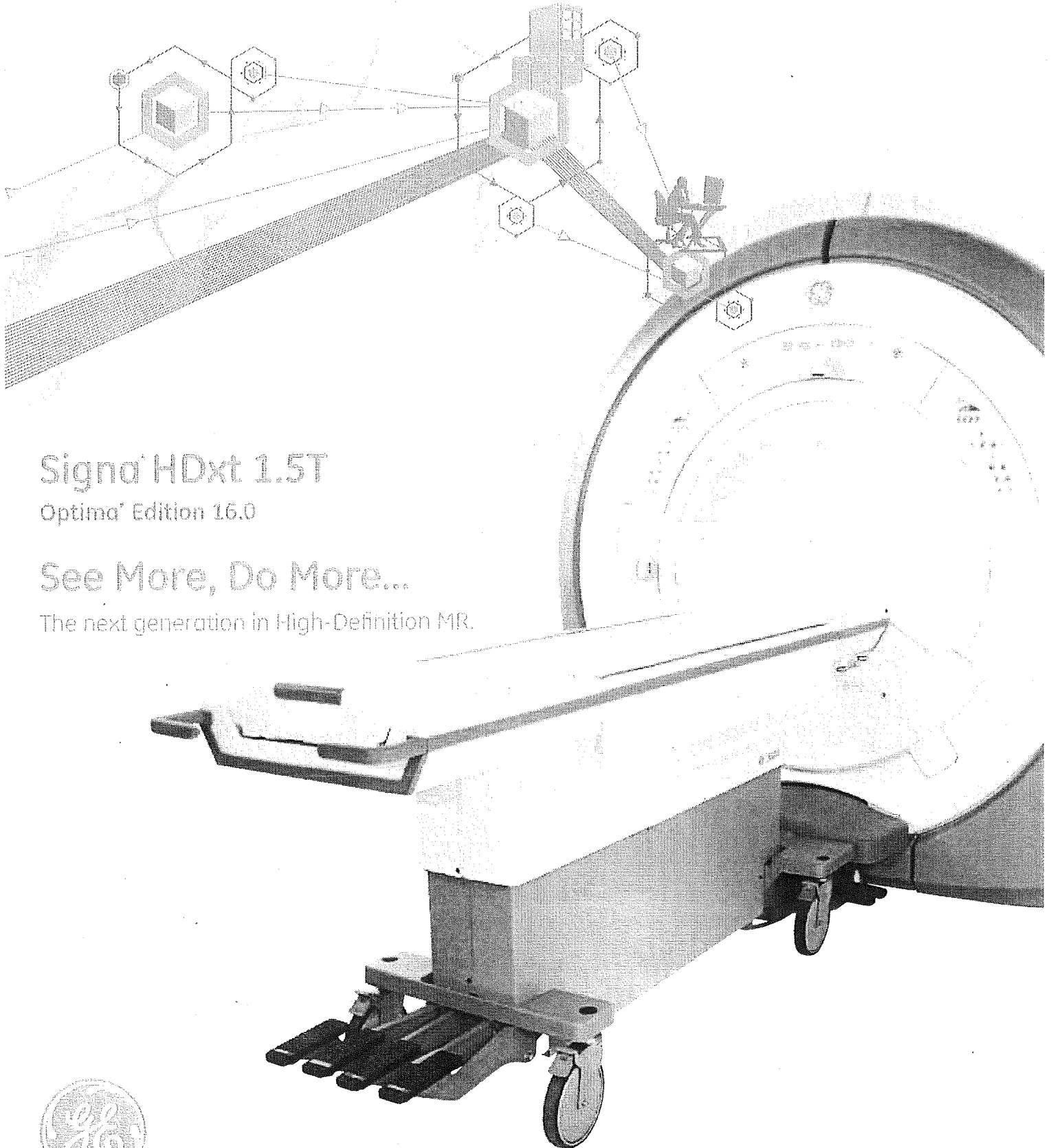
Appendix B

Equipment Comparison Table and Brochures

Equipment Comparison

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type of Equipment (List Each Component)	MRI Scanner	MRI Scanner
Manufacturer of Equipment	GE	GE
Tesla Rating for MRIs	1.5	1.5
Model Number	Signa HDXT 1.5 Inhance SW	Optima MR450w 1.5T GEM-ES Silent
Serial Number	R6256	Unknown
Provider's Method of Identifying Equipment	Serial Number	Serial Number
Specify if Mobile or Fixed	Fixed	Fixed
Mobile Trailer Serial Number/VIN#	N/A	N/A
Mobile Tractor Serial Number/VIN#	N/A	N/A
Date of Acquisition of Each Component	2008	January 2016 (estimated)
Does Provider Hold Title to Equipment or have a Capital Lease?	Capital Lease	Capital Lease
Specify if Equipment Was/Is New or Used when Acquired	New	New
Total Capital Cost of Project (including construction, etc.)	n/a	\$2,030,830.08
Total Cost of Equipment		\$1,560,798.08
Fair Market Value of Equipment	\$0	\$1,560,798.08
Net Purchase Price of Equipment	N/A	\$1,560,798.08
Locations Where Operated	Pardee Hospital Kayden Outpatient Center	Pardee Hospital Kayden Outpatient Center
Number Days in Use to be Used in N.C. Per Year	365	365
Percent of Change in Patient Charges (by Procedure)	0%	0%
Percent of Change in Per Procedure Operation Expenses (by Procedure)	0%	0%
Type of Procedures Currently Performed on Existing Equipment	MRI Imaging Procedures	
Types of Procedures New Equipments Capable of Performing		MRI Imaging Procedures

GE Healthcare



Signa[®] HDxt 1.5T

Optima[®] Edition 16.0

See More, Do More...

The next generation in High-Definition MR.



The Signa HDxt MR Imaging Model



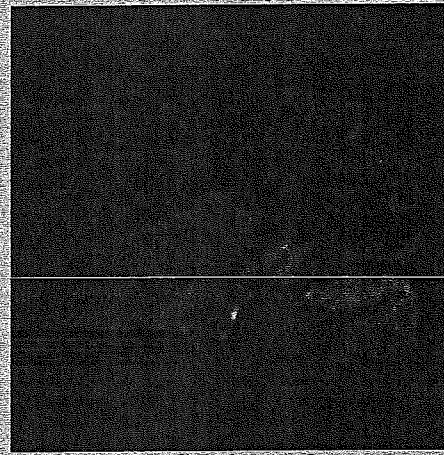
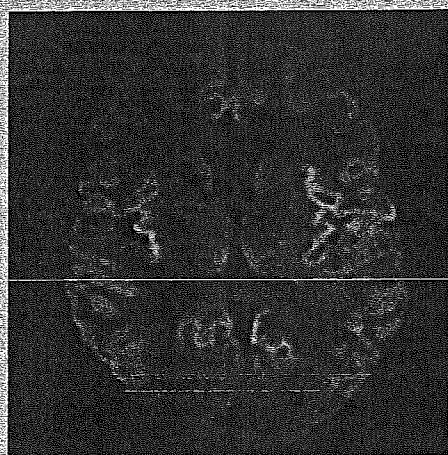
Premium Performance

Anatomical Imaging Optimization

See more in

Neuro Imaging

GE's advancements in neuro imaging continue with the delivery of Optima Edition enhancements. In short, Signa HDxt 1.5T Optima Edition is a natural for neuro.



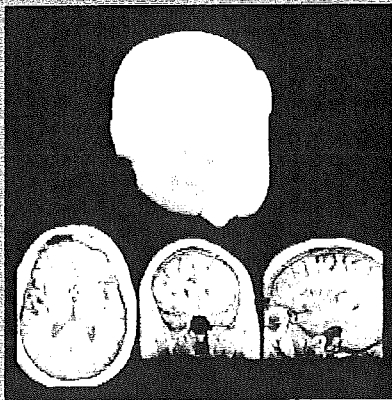
NEW Enhanced DWI

The enhanced DWI technique supports multiple b-values in one acquisition with flexible control of NEX for each b-value. Novel diffusion techniques "3-in-1" and "tetrahedral" allow applying gradients in multiple directions simultaneously to improve scan efficiency and signal-to-noise ratio.



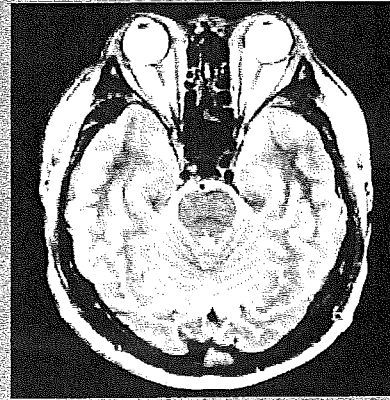
SWAIN

SWAIN is an ultrashort 3D imaging technique that enables visualization and clearly delineates small vessels and microbleeds, as well as large vascular structures and areas of calcium deposition in the brain. This image of the entire brain with the 0.5 mm slice thickness is acquired in 10 seconds.



BrainWave

A suite of applications for functional brain mapping includes a robust acquisition sequence, easy-to-administer protocol, and complete post-processing and visualization tools. BrainWave Fusion integrates an elegant cortex map and DWI white matter tracts with high-resolution 3D anatomy.



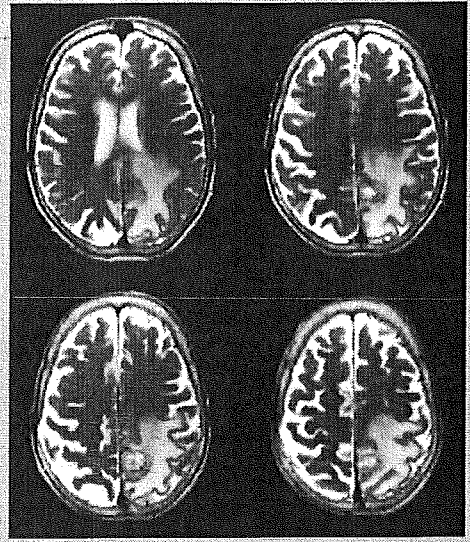
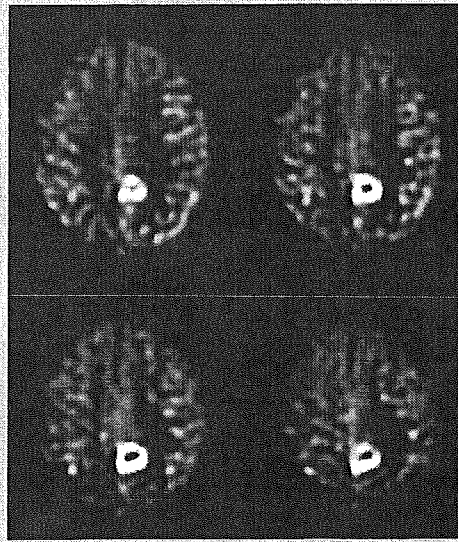
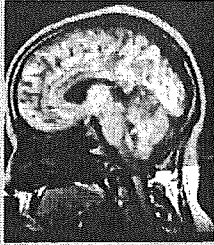
PROPELLER

Control for motion artifacts and enhance tissue contrast without compromising axial resolution or prolonging scan time, and reduce susceptibility artifacts to clearly visualize small or subtle lesions. Generate consistently excellent images with less retakes, even on restless children, or patients with tremors.

NEW

3D ASL

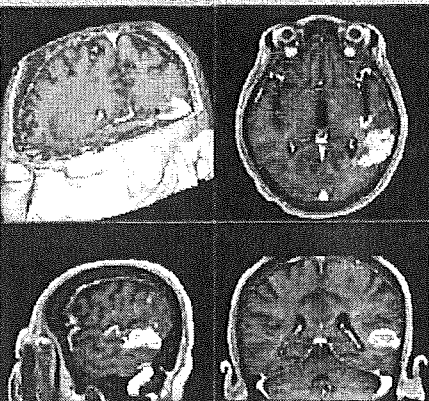
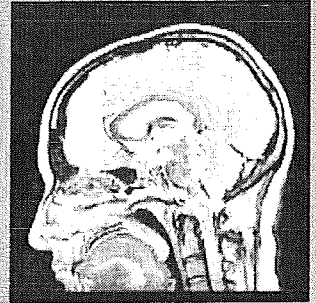
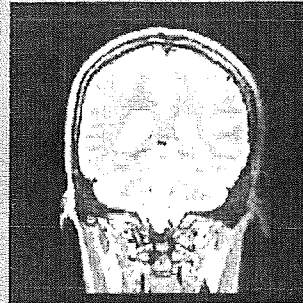
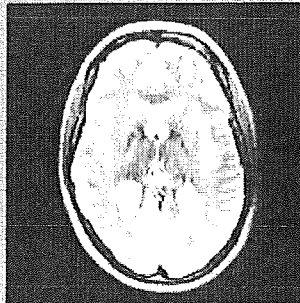
3D ASL (Arterial Spin Labeling) is a non-invasive MRI technique that provides quantitative perfusion data. It is used to measure cerebral blood flow (CBF) and is particularly useful for assessing perfusion in the brain. The technique involves labeling the arterial blood with a magnetically sensitive contrast agent, which is then detected as it flows through the brain tissue. This allows for the measurement of CBF in a specific region of interest (ROI) within the brain.



Cube2

Cube2 is a non-invasive MRI technique that provides quantitative perfusion data. It is used to measure cerebral blood flow (CBF) and is particularly useful for assessing perfusion in the brain. The technique involves labeling the arterial blood with a magnetically sensitive contrast agent, which is then detected as it flows through the brain tissue. This allows for the measurement of CBF in a specific region of interest (ROI) within the brain.

Cube2 is a non-invasive MRI technique that provides quantitative perfusion data. It is used to measure cerebral blood flow (CBF) and is particularly useful for assessing perfusion in the brain. The technique involves labeling the arterial blood with a magnetically sensitive contrast agent, which is then detected as it flows through the brain tissue. This allows for the measurement of CBF in a specific region of interest (ROI) within the brain.



HRASO

HRASO (High Resolution ASL) is a non-invasive MRI technique that provides quantitative perfusion data. It is used to measure cerebral blood flow (CBF) and is particularly useful for assessing perfusion in the brain. The technique involves labeling the arterial blood with a magnetically sensitive contrast agent, which is then detected as it flows through the brain tissue. This allows for the measurement of CBF in a specific region of interest (ROI) within the brain.

High Density Head/Neck-Spine Array

High Density Head/Neck-Spine Array is a non-invasive MRI technique that provides quantitative perfusion data. It is used to measure cerebral blood flow (CBF) and is particularly useful for assessing perfusion in the brain. The technique involves labeling the arterial blood with a magnetically sensitive contrast agent, which is then detected as it flows through the brain tissue. This allows for the measurement of CBF in a specific region of interest (ROI) within the brain.



See more in

Body Imaging

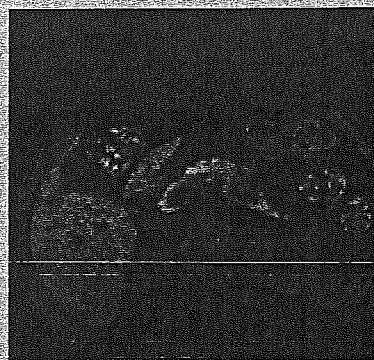
Get the whole picture with GE's comprehensive MR body imaging solutions—an array of advanced tools designed to meet the needs of you and your patient.

NEW

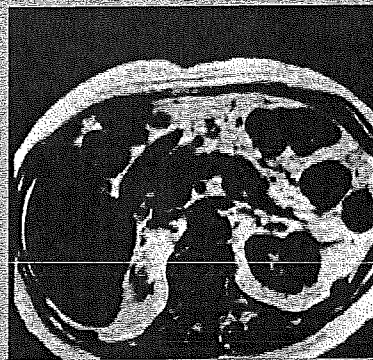
LAVA Flex

LAVA Flex is a 3D FSPGR imaging technique that generates water-only, fat-only, in-phase and out-of-phase images out of one single acquisition that is typically completed in one 20's breath hold. The additional contrasts can allow differential diagnosis, like in this case of angiomyolipoma, a tumor with fat component. LAVA Flex can replace LAVA in the multi-phase dynamic study of the liver.

Water-only



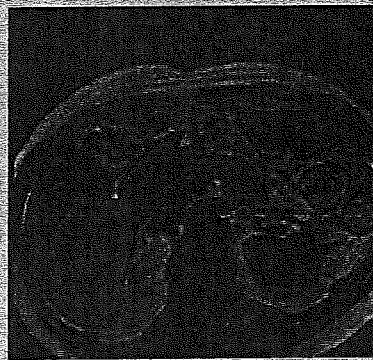
Fat-only



In-Phase

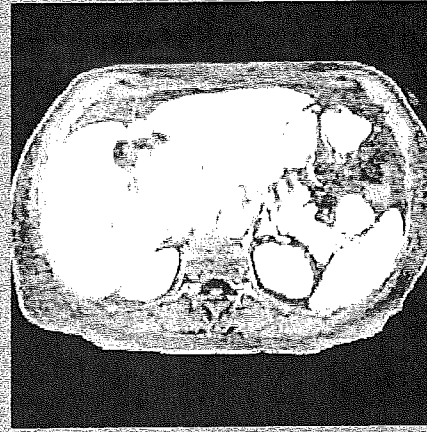
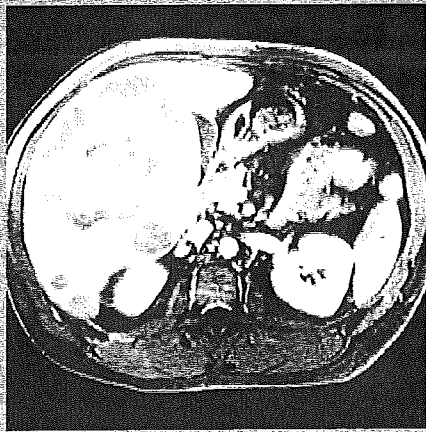


Out-of-Phase



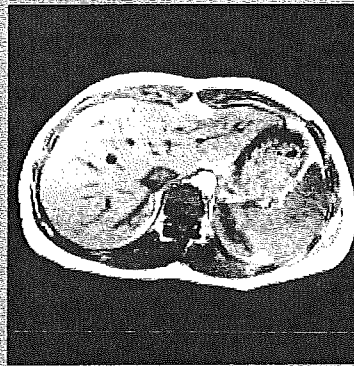
LAVA

LAVA provides whole abdominal coverage at high resolution in short breath holds, with excellent fat suppression and resolution.

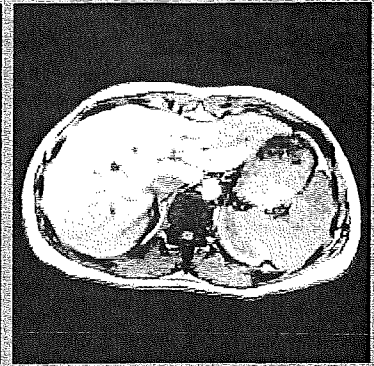


3D Dual Echo

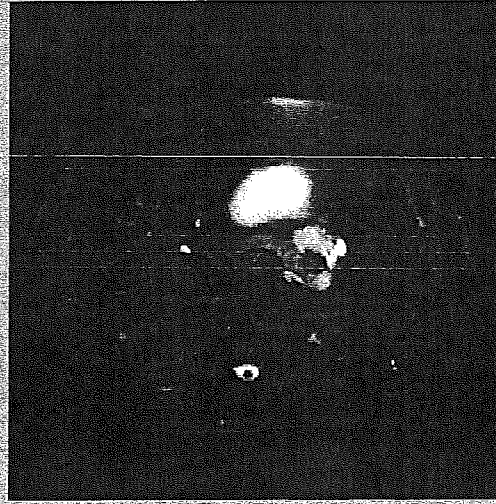
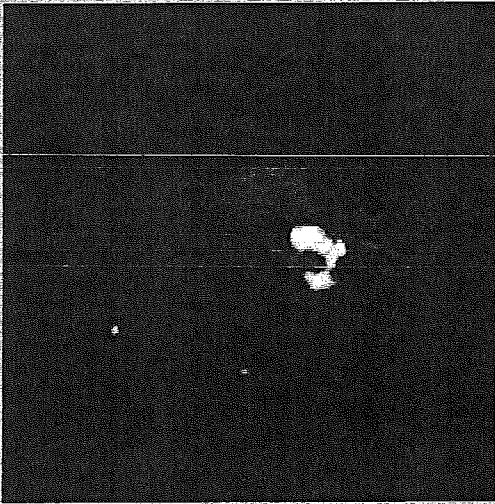
3D Dual Echo acquires paired images in-phase and out-of-phase images in a single breath hold, and eliminates inter-slice gaps that could compromise small lesion detection.



In-Phase



Out-of-Phase



NEW

Enhanced DWI

The enhanced DWI technique supports multiple b-values in one acquisition with flexible control of NEX for each b-value. Novel diffusion techniques "3 in 1" and "tetrahedral" allow applying gradients in multiple directions simultaneously to improve scan efficiency and signal-to-noise ratio. The eDWI image of a patient with a pancreas endocrine tumor and liver metastases (left) was generated using inversion recovery and a b-value of 600 s/mm². An FRESH T2 image (right) provides anatomic detail.



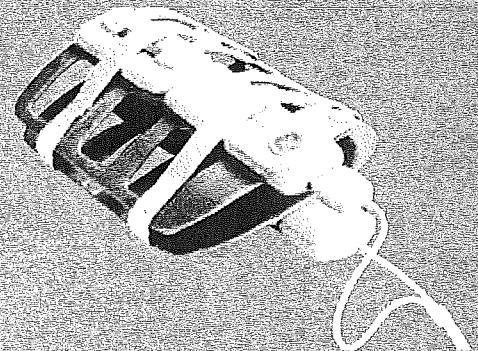
Enhanced MRCP

This 3D technique allows for multi-planar reconstructions and the volumetric images can be manipulated to see behind overlapping structures.



Fiesta

Fiesta provides images with very high signal-to-noise scan times as short as 60s. Fiesta is also equipped with an optional fat suppression pulse to mitigate bright signal (fat).



HD Body Array

Available in 8-channel and 12-channel configurations, this high-density design is optimized for parallel imaging, superior image quality, and short scan times.

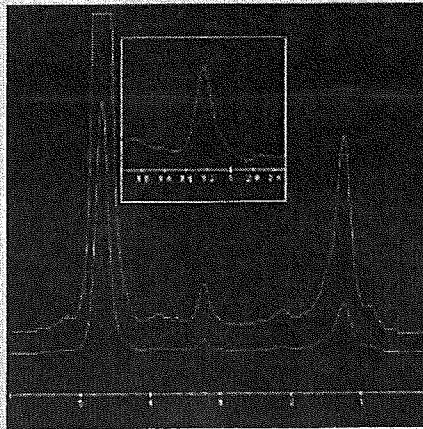
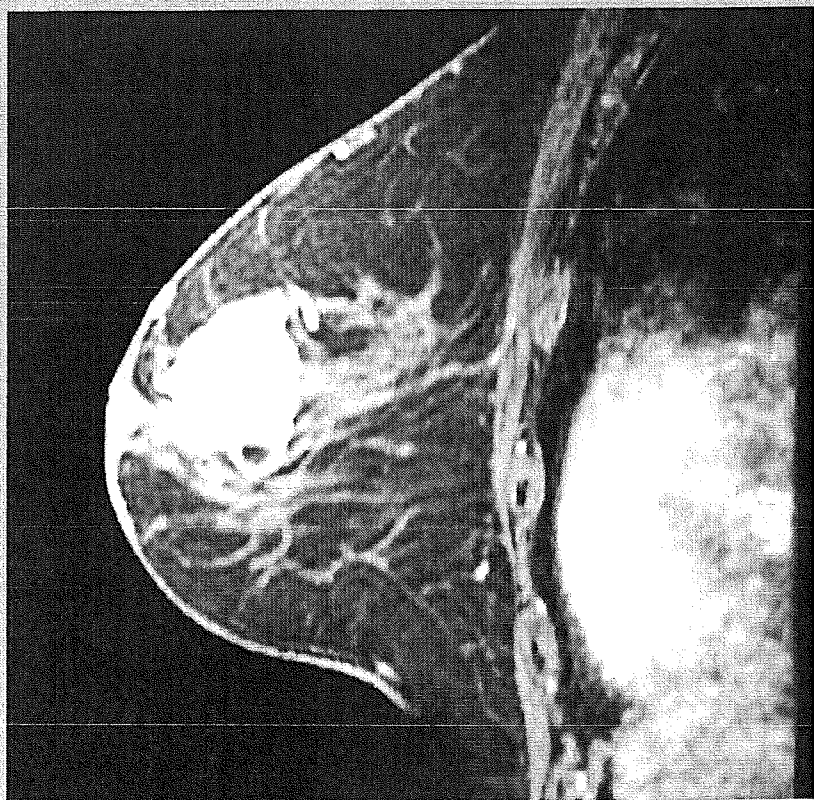
See more in

Breast Imaging

Not all breast MR needs are the same—and neither are all breast MR imaging solutions. With applications and tools designed specifically for breast MR, GE offers you the most complete portfolio

VIBRANT

VIBRANT is the first combination of a full breast MR system with a dedicated breast MR coil and technology that offers unparalleled performance. The efficient, dynamic system allows for a 10% shorter time to trade-offs between high spatial and high temporal resolution. Geospatially aware, one-breast-to-both-breast diagnosis confidence and breast comfort.



BREAST & CADstream

BREAST & CADstream diagnosis confidence by improving the ability to characterize lesions and reduce false-positive therapy. First breast-specific, single-portal, wide-coverage application. Best-in-class detection rates and localization.

CADstream from GE Healthcare, automatically generates dynamic breast MR images that identify the most suspicious areas and provides a detailed, multi-portal, CADstream, enables a range of procedure control and MR guided applications on the GE Healthcare.

See more in

MSK Imaging

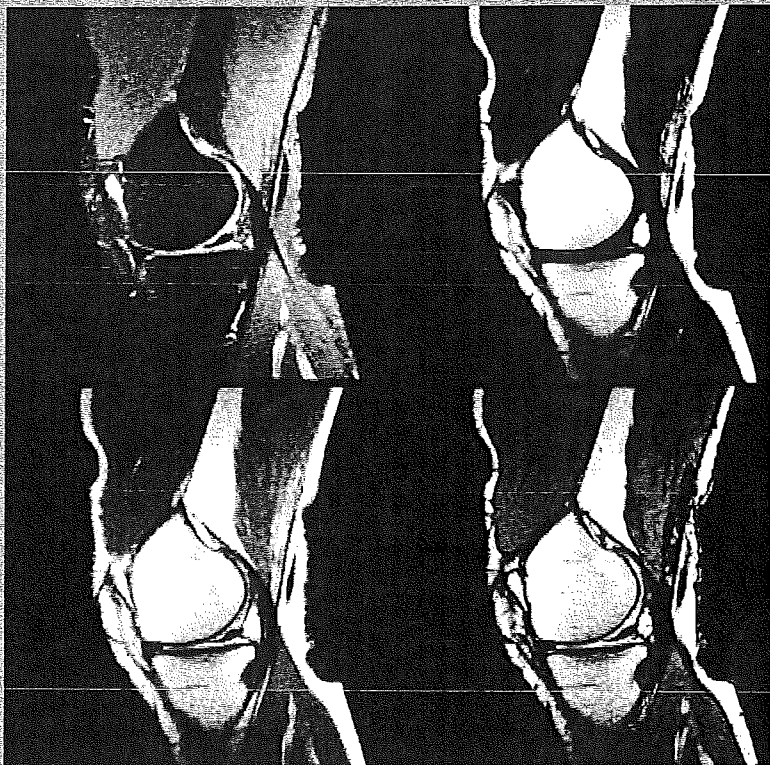
With a technique that allows you to scan once and get multiple contrasts – water only, fat only, in-phase, and out-of-phase – and delivers virtually infallible fat suppression, Signa HDxt 1.5T with Optima Edition package makes no bones about capturing musculoskeletal anatomy like you've never seen it.

IDEAL

This innovative fat/water separation technique provides multiple contrasts from one acquisition for consistent, uniform fat suppression virtually everywhere – patient to patient, technologist to technologist.

Water-only

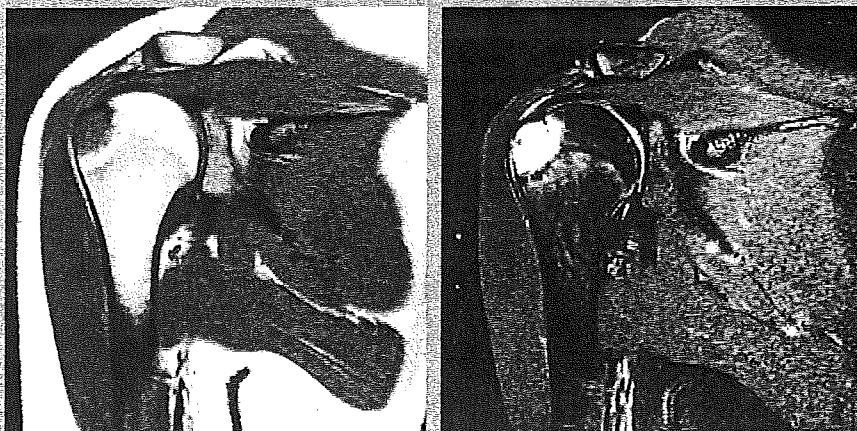
Fat-only

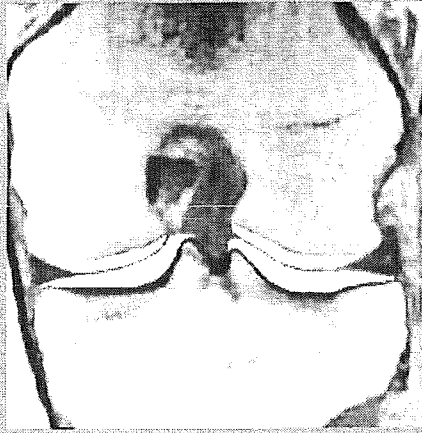
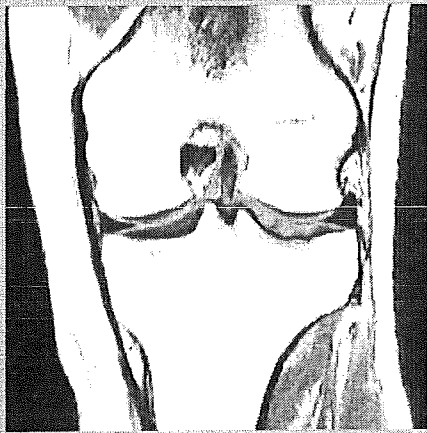
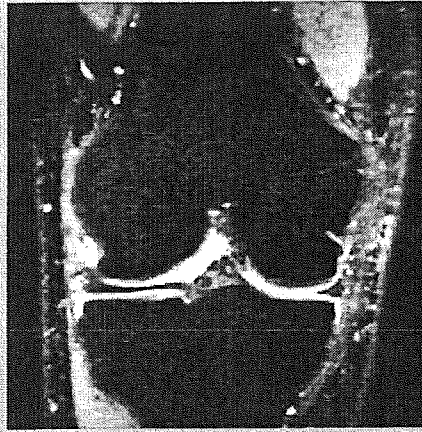
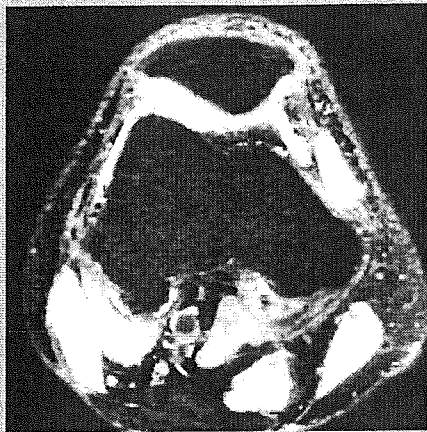


In-Phase

Out-of-Phase

HD Shoulder Array Images





Cube

Cube enables several slice-by-slice, plane-after-plane 2D acquisitions with a single 3D volume scan utilizing Fast of Art and imaging acceleration techniques. ARC enables reformatted soft millimeter isotropic volume data from a single Cube acquisition into any plane—without gaps, and with the same resolution as the original plane.

CartiGram

CartiGram is a non-invasive imaging method to assess articular cartilage integrity, detect early cartilage degeneration, and non-invasively monitor patient progress. It allows better visualization of collagen fiber network loss or degradation that translates into focal T2 increase.

High Density Coils

HD Wrist Array

The HD Wrist Array is an 8-channel high-res, in-body design that is optimized for wrist MRI.

HD Knee Array

Optimal to the Knee, the HD Knee Array is the HD Knee Array with a 16-channel transmit/receive design. It may optimize the ability to transmit and receive signals with superior signal-to-noise ratio.

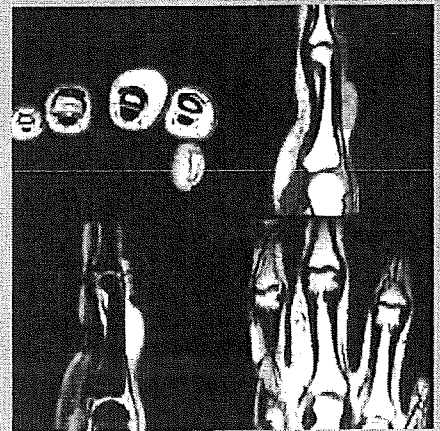
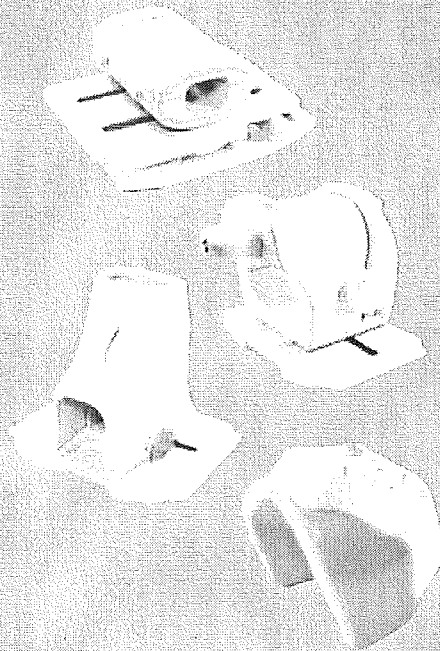
HD Foot and Ankle Array

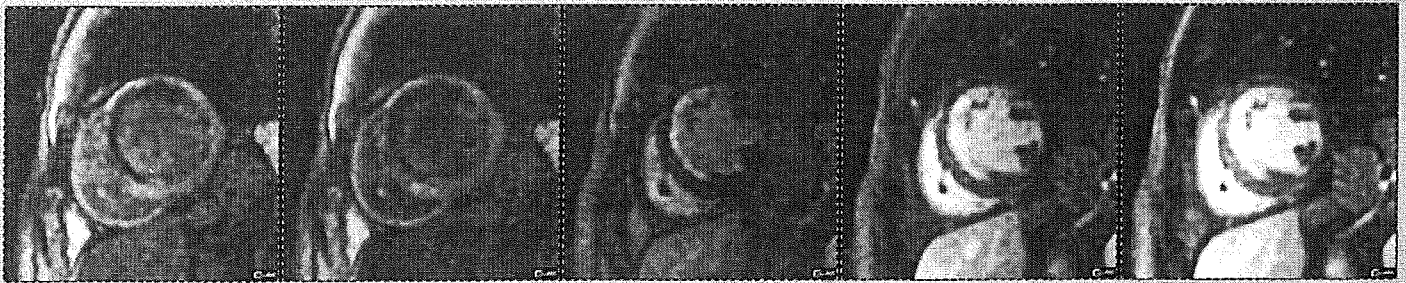
The HD Foot and Ankle Array is optimized for ASSET parallel imaging and provides excellent images of the structures of the foot and ankle by increasing the number of coils and decreasing the SAR.

HD Shoulder Array

Optimized for Parallel Imaging

Optimized for ASSET parallel imaging, the HD Shoulder Array is optimized for ASSET parallel imaging and provides excellent images of the structures of the shoulder by increasing the number of coils and decreasing the SAR.

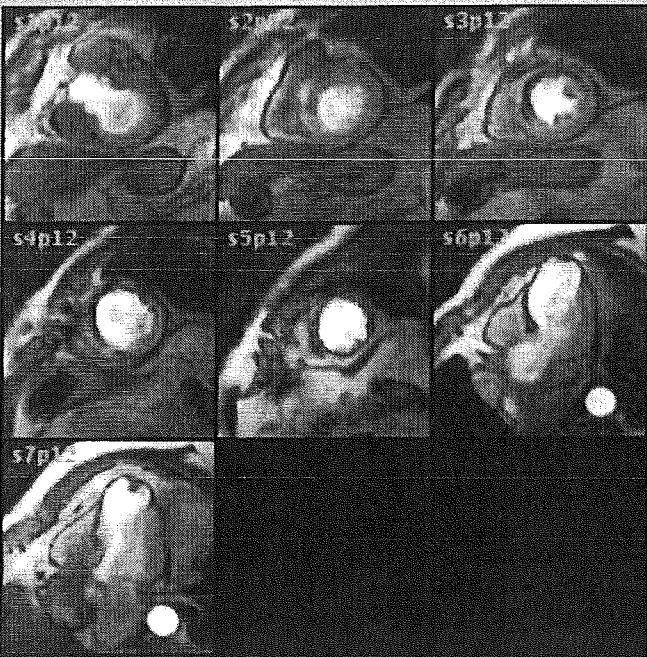




NEW

Circle IR

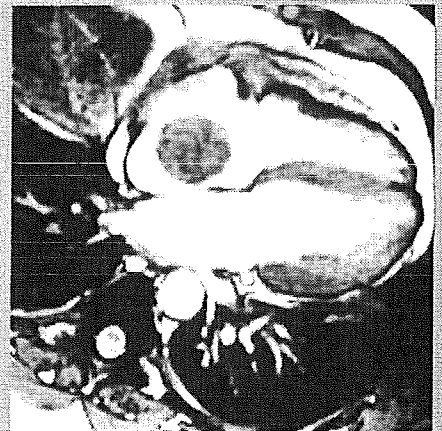
Optimal brain abnormalities visualized in a single breath hold with circle IR.



NEW

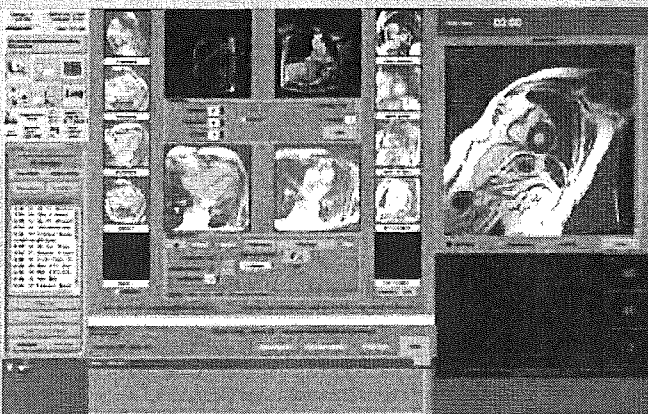
FIGURE
Course

Circle IR allows visualization of brain abnormalities and disease such as anaplastic astrocytoma in this image.



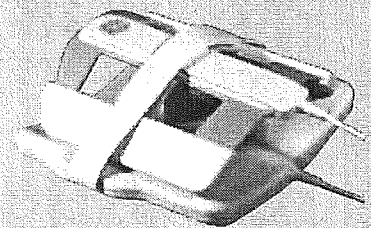
FIESTA

FIESTA 3D shows a white-blood imaging technique that sensitizes signal loss in the presence of turbulent flow (2D). 3D FIESTA provides high resolution in a single breath hold.



MRX Echo

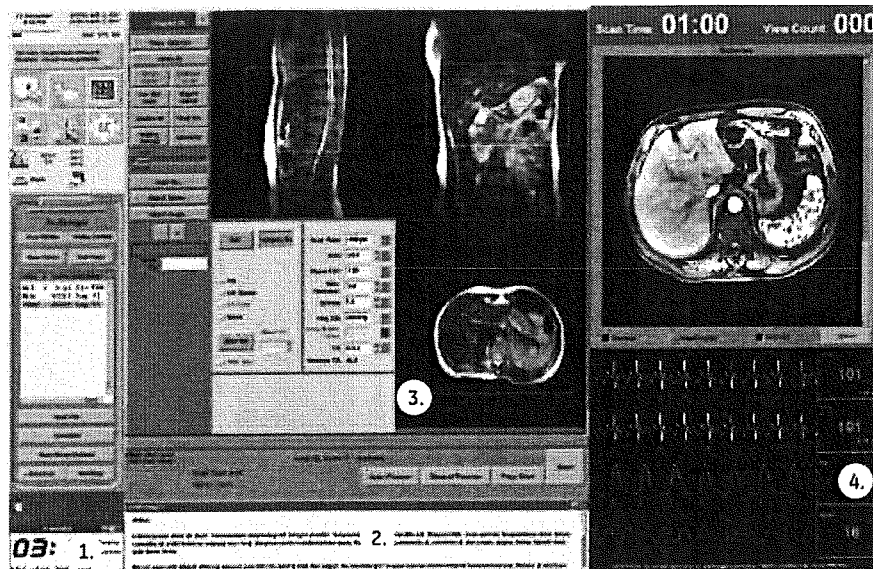
With MRX Echo, you can acquire motion sensitive images that may only be seen with cardiac phase sensitive imaging. Images are automatically analyzed.



HDx Correlation Array

Large diameter array from GE Healthcare provides correlation array even in smaller sizes. The correlation array is available.

User Interface Console & Wizard Guides



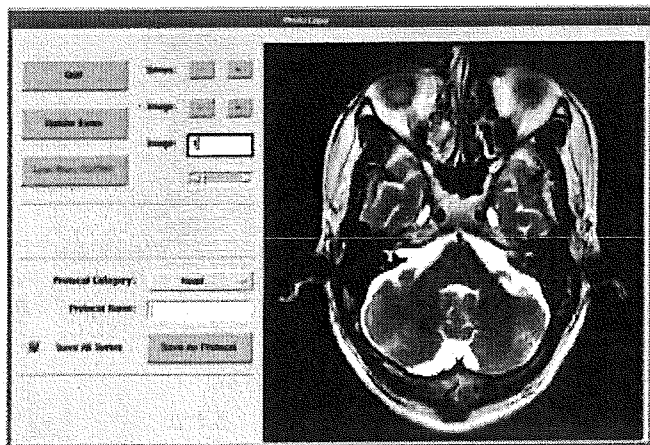
1. Easy access to timing screen.

2. Protocol notes allow you to permanently load physician preferences and protocol information to ensure imaging consistency.

3. Auto TR eliminates time spent finding the lowest TR depending on prescribed slices.

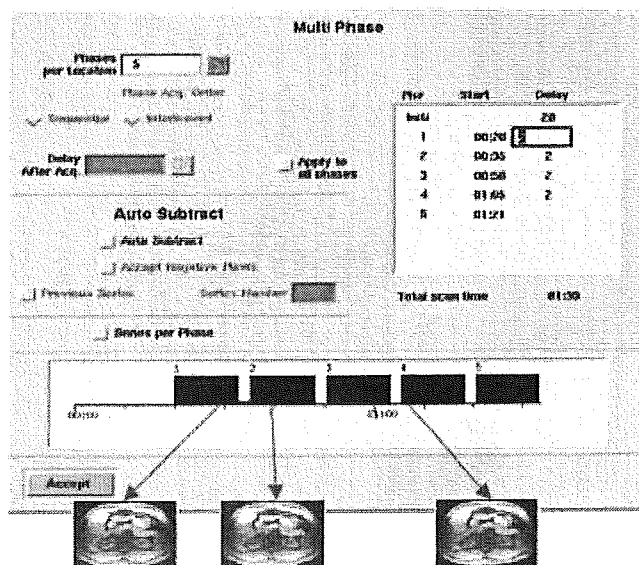
4. Gating and triggering screen is easily visualized, eliminating the need to change screens when evaluating waveforms.

ProtoCopy

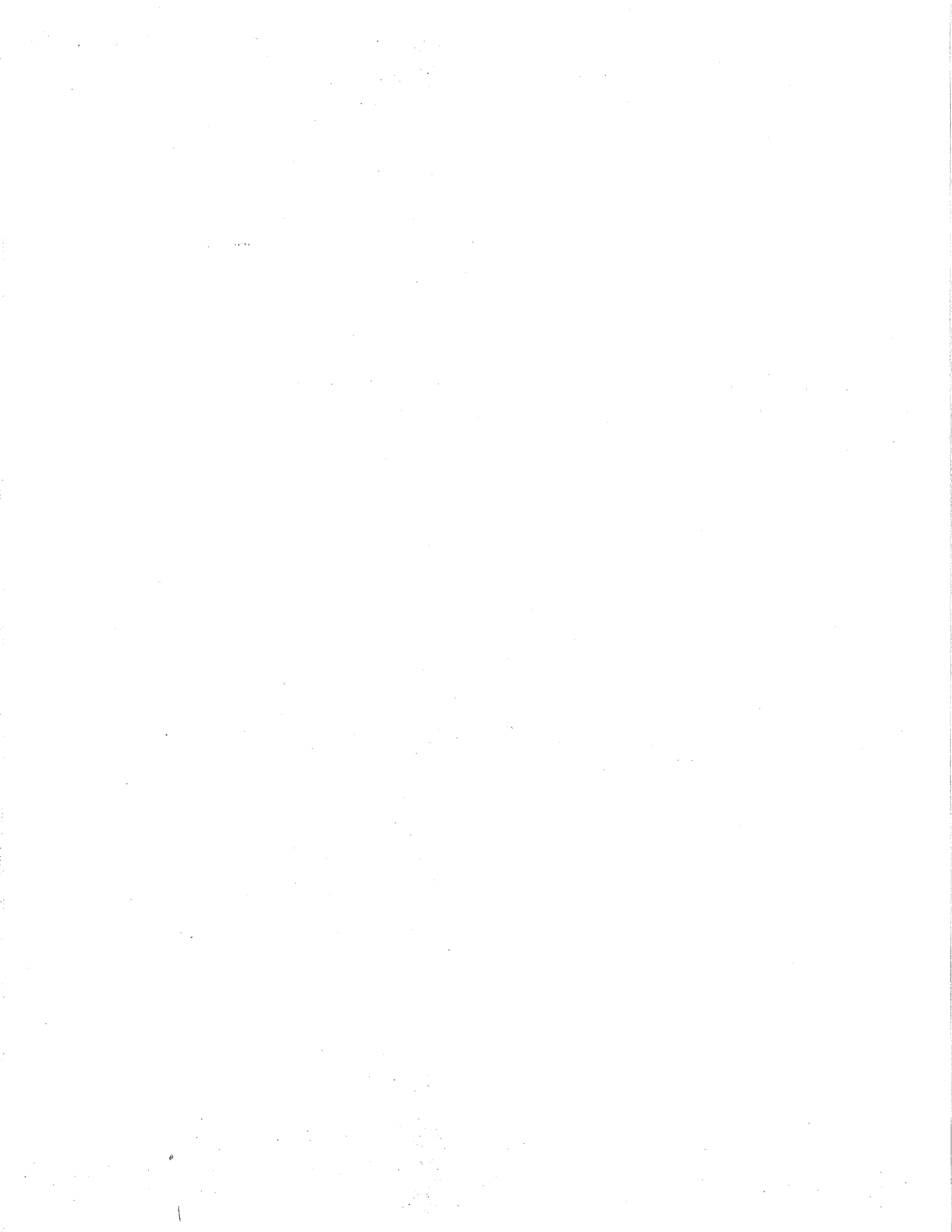


- Copy a protocol after the scan has been completed
- Share between multiple-facilities or centers with a mouse click

DynaPlan



- Optimize your breast or abdomen delay times
- Subtraction, mask-phase and unique time delays are optimized for even the most unique protocols
- Preferences are permanently stored, simplifying future use



INSIGHTFUL TECHNOLOGY.

CUTTING-EDGE MADE PRACTICAL.

Sometimes all you need is the right tool for the right job. With the Optima MR450w, we've taken the right amount of technology and combined it with the right gantry design. Namely the performance you only get from 1.5T with the open architecture of a 70 cm wide bore. It's cutting-edge technology fine-tuned to meet your everyday needs.

Optical RF (OpTix)

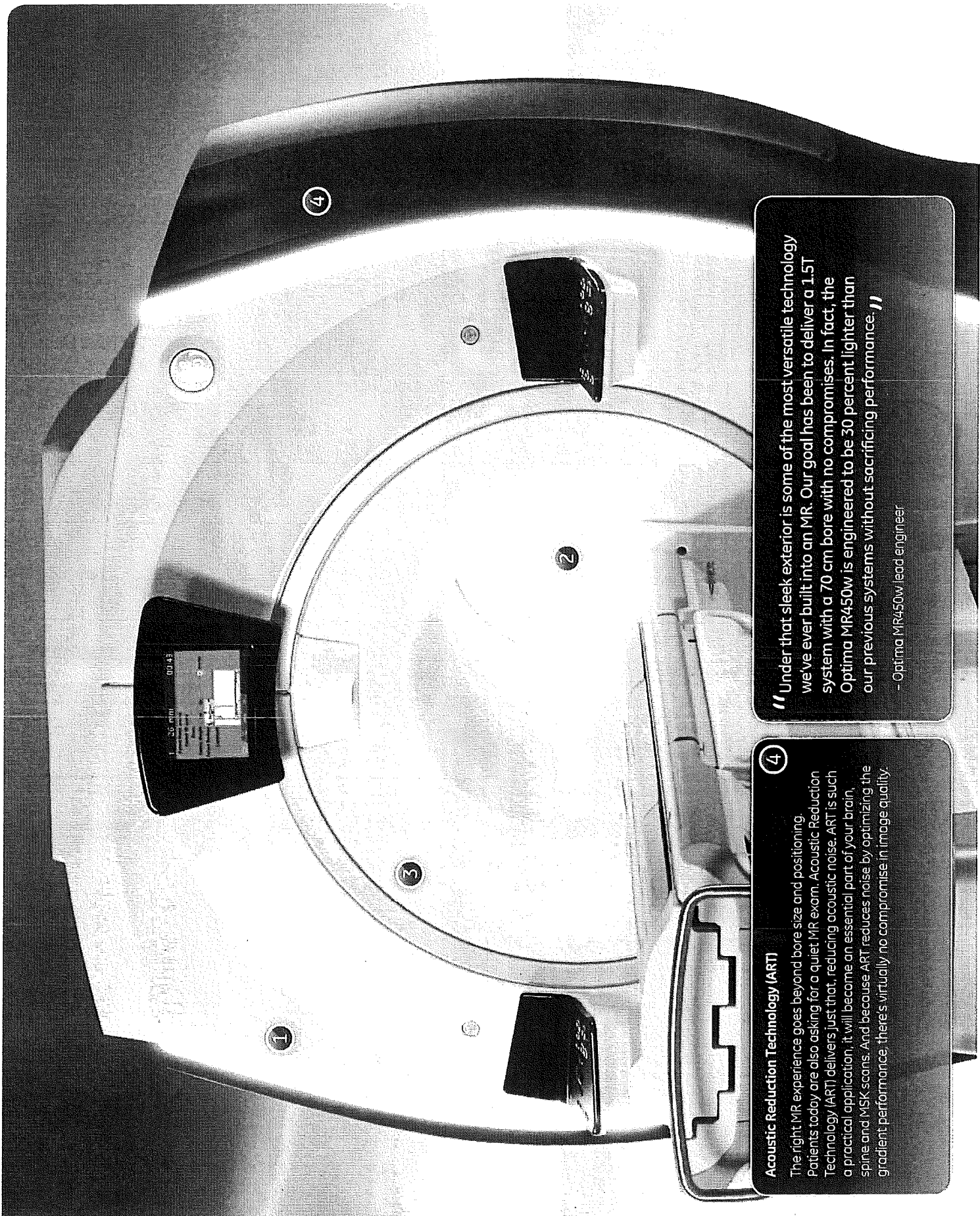
OpTix Optical RF offers high channel count, analog to digital-optical signal conversion where it matters - inside the scan room to minimize noise and signal degradation, but away from the patient to enhance comfort and safety.

Usable FOV

Our 70 cm flored, open bore design with a large 50 x 50 x 50 cm field of view results from excellent homogeneity, gradient, linearity and RF uniformity. In order to properly image off-center anatomy such as a shoulder or hip, you need a large, usable field of view, which the Optima MR450w delivers.

Gradients

Gradient speed, accuracy and reproducibility often determine the success of demanding acquisitions like fMRI, DTI and Fiesta. The gradient and RF body coils are water and air-cooled for optimum duty-cycle performance, short TR's and TE's, producing sharp and clear images.



Acoustic Reduction Technology (ART)

4 The right MR experience goes beyond bore size and positioning. Patients today are also asking for a quiet MR exam. Acoustic Reduction Technology (ART) delivers just that, reducing acoustic noise. ART is such a practical application, it will become an essential part of your brain, spine and MSK scans. And because ART reduces noise by optimizing the gradient performance, there's virtually no compromise in image quality.

“Under that sleek exterior is some of the most versatile technology we've ever built into an MR. Our goal has been to deliver a 1.5T system with a 70 cm bore with no compromises. In fact, the Optima MR450w is engineered to be 30 percent lighter than our previous systems without sacrificing performance.”

- Optima MR450w lead engineer

FLEXIBLE COILS.

EMBRACE THE PATIENT.

Coils are to MR what lenses are to a camera. They help focus the energy of MR into a clearer picture of your patients. However, no two patients are alike and traditional coil design can sometimes emphasize function over comfort. And an uncomfortable, moving patient can sometimes lead to poor image quality and time-consuming re-scans.

Not any more. The Geometry Embracing Method (GEM) Suite is designed to bring a new level of comfort to patients, minimizing anxiety and motion during the exam. Crafted to embrace the patient, these flexible coils make for a relaxed scan experience. This also makes it easier for technologists to correctly position their patients without strain or difficulty.

Imagine what your patients will say when you can now offer feet-first imaging for all exam types, lightweight, flexible coils and a re-designed table surface that alleviates pressure points. They'll probably thank you.

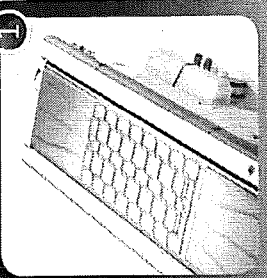
"We've completely changed how we think about coil design. With GEM Suite, patients can expect a more comfortable exam with open, flexible coils that naturally follow the contours of the human body. "

- GEM Suite R&D coil engineer

GEM express patient table and posterior array

The GEM express patient table is a mobile patient transport with an embedded high-density, posterior RF coil array. The integrated posterior array supports both head-first and feet-first imaging for all anatomies and can help eliminate the need to reposition patients within an exam, as well as the need for coil exchanges.

1



GEM anterior array

The GEM anterior array facilitates extended coverage of chest, abdomen, pelvis and cardiac imaging. It is lightweight, flexible, thin and pre-formed to conform to the patient's size and shape.

2

GEM lower extremity array

The GEM lower extremity array facilitates imaging of the thighs and lower legs. The coil incorporates an innovative, self-supporting hinge design between the upper and lower elements to accommodate various patient sizes and simplify patient setup.



4

GEM Flex Suite

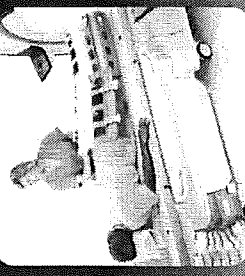
The GEM Flex Suite is a set of lightweight and flexible arrays that accommodate a wide range of patient sizes and shapes. The suite consists of three high-density, 16-channel arrays, knee support with a fixation device and a coil fixation pad for high-resolution imaging of the hips, knees, ankles, feet, wrists, elbows and shoulders. These coils remove the need for the patient to fit into a hard-shell array that is not designed for their particular body type.

3

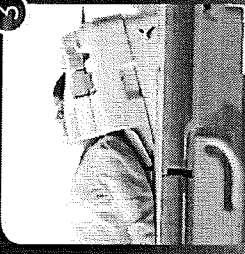
GEM head and neck unit

The GEM head and neck unit (HNU) can support head-first or feet-first imaging. The open-face design provides an unobstructed view for patients. GEM comfort tilt helps improve patient comfort by elevating the superior end of the coil. This enhances image quality by positioning the anatomy, for example in kyphotic patients, closer to the coil elements.

1



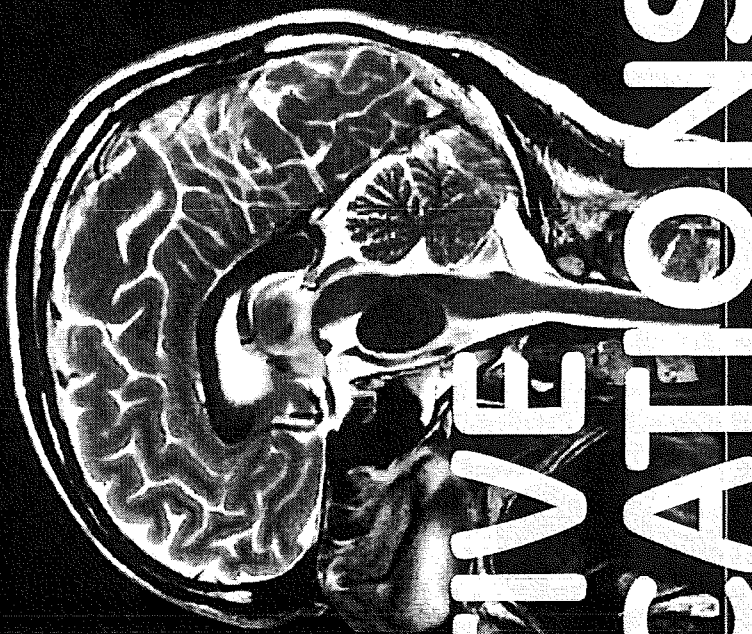
4



1

2

3



INTUITIVE APPLICATIONS.

SEE TO UNDERSTAND.

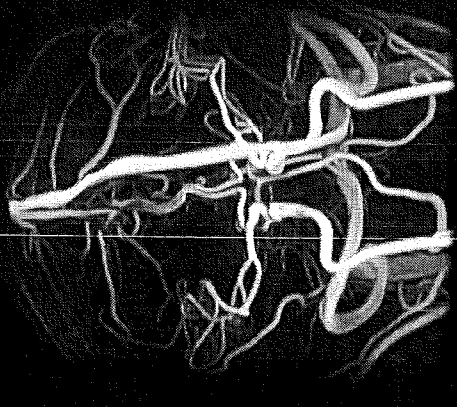
Even with the right balance of design and technology, intuitive applications are what truly drive better understanding of what you need to see. The Optima MR450w offers the latest advanced applications to help you utilize the full potential of 1.5T MR imaging.

How about acquiring contrast-quality images without using contrast? With Inhance DeltaFlow, one of the many applications available on the Optima MR450w, you can. Patients can now be evaluated without contrast injections. That's a win-win for you and the patient.

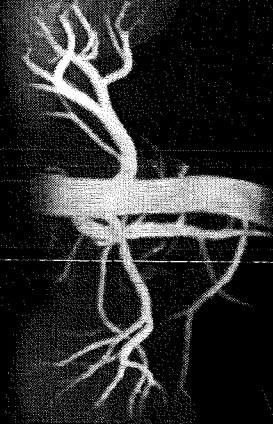
VASCULAR



Inhance Deltaflow
3 stations w/ ARC



Inhance 3D Velocity
320 x 256 1.2 mm



Inhance Inflow IR
256 x 256 2 mm

INTUITIVE APPLICATIONS.

CONTRAST WITHOUT CONTRAST

3D ASL

Non-contrast brain perfusion. Quantitative perfusion imaging without contrast.

Inhance Inflow IR

Consistent and reliable non-contrast, free-breathing imaging of the arterial and venous vasculature, such as the renal and portal vein.

Inhance DeltaFlow

High-resolution, rapid, non-contrast lower extremity/peripheral vascular three-station imaging typically in less than six minutes.

Inhance 3D Velocity

High-resolution, fast, non-contrast imaging of the arterial and venous structure in the brain.

BREAST

VIBRANT Flex

Generates up to four contrasts with high-resolution in just one short scan and virtually eliminates fat suppression failures in breast imaging, even over a large FOV with irregular anatomy.

VIBRANT

Lays the foundation of breast MRI with a high combined spatial detail and scanning speed including bilateral shimming to ensure uniform bilateral fat saturation.

Breast Biopsy

In-room Operator Console (iROC) supports needle localization for breast biopsy.

NEURO

Cube

3D FSE-based sequences for isotropic resolution in all contrasts (T1, T2, & T2 FLAIR).

SWAN

High-resolution visualization and delineation of small vessels and microbleeds.

PROPELLER

Motion-insensitive T1, FLAIR, T2, FLAIR and DWI for efficient imaging of uncooperative patients.

3D MERGE

Improves grey-white matter contrast in the spinal cord.

MUSCULOSKELETAL

PROPELLER

Motion-insensitive T1, T2 and PD imaging to improve the visualization of subtle structures such as cartilage, meniscus, ligaments and labrum.

IDEAL

This unique fat/water separation technique provides multiple contrasts from one acquisition for consistent, uniform fat suppression virtually every time.

CartiGram

A non-invasive imaging method to assess articular cartilage integrity, detect early cartilage degeneration and monitor patient progress.

BODY

LAVA Flex

A rapid 3D sequence for consistent and reliable fat saturation in one breath hold.

MRCP (MR cholangiography)

High-resolution reliable visualization of the biliary ducts.

PROPELLER

Motion-insensitive, free-breathing T2 abdominal imaging.

Whole Body w/ GEM Suite

Perform whole body imaging without repositioning the patient or coils.

MR-Touch

Non-invasive measure of liver stiffness.

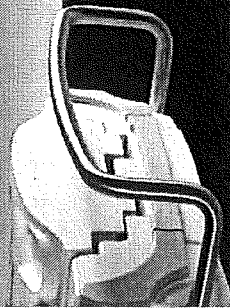
eDWI

Ability to visualize pathology and measure ADC values in a single breath hold in the liver and beyond.

"IT'S WIDE BORE DONE RIGHT. AGAIN."

This is what just one MR expert felt when they saw the Optima MR450w for the first time. It exemplifies our goal to design an MR with as much emotion as technical prowess. This approach has led us to develop one of the most patient and user-friendly MR systems we've ever built.

WHAT WILL YOU FEEL WHEN
YOU SEE IT FOR THE FIRST TIME?

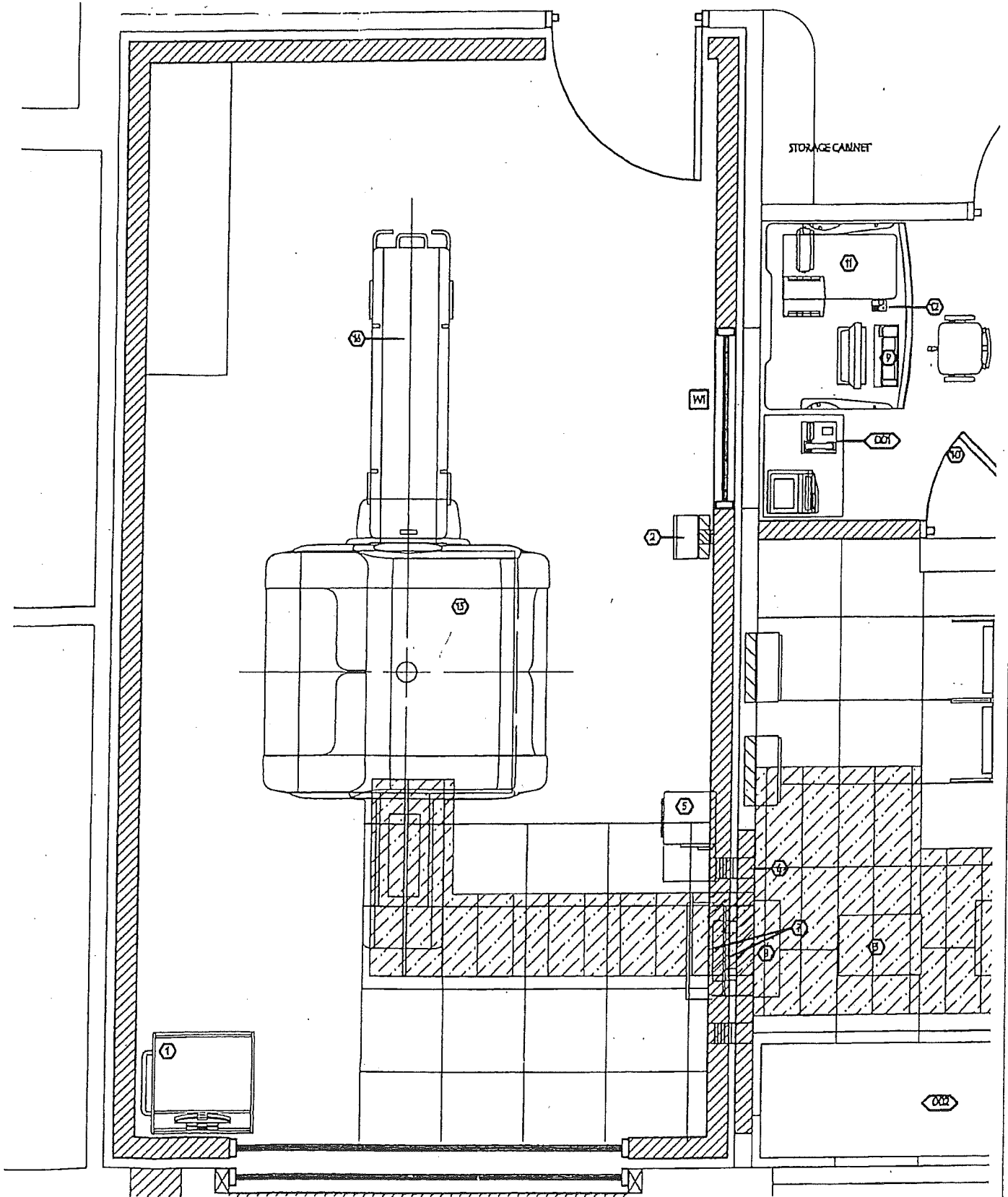




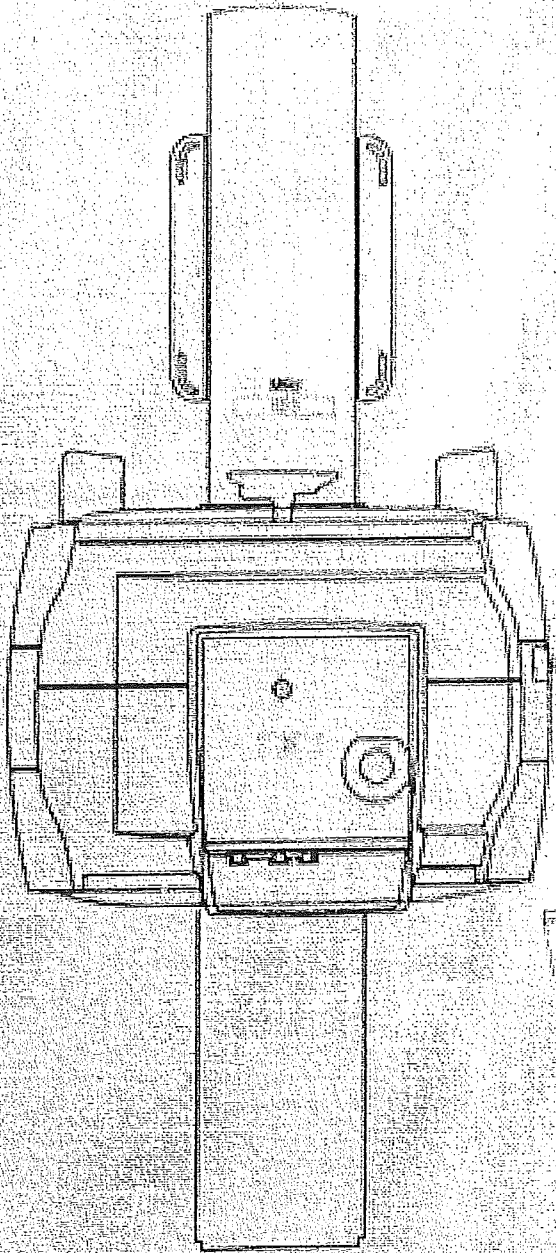
Appendix C

Current and Proposed Drawings

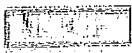
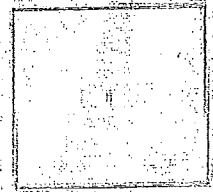
EXISTING MRI - INSTALLED 2008



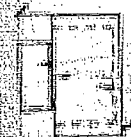
PROPOSED NEW MRI - 2016



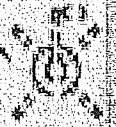
CR
GATEWAY
RECORD



RECORDING
MACHINE



EQUIPMENT
ENCLOSURE



Appendix D
Capital Cost Sheet

Proposed Total Capital Cost of Project

Construction (See Attached Quote)	\$234,309.00
DHSR Fee	\$2,000.00
A/E Fee	\$52,000.00
Controls/Fire Alarm	\$9,223.00
Vibration Analysis Quote	\$3,500.00
Construction Contingency	\$25,000.00
Mobile Rental (\$1200/day x 120 days)	\$144,000.00
<hr/>	
Total Construction Est.	\$470,032.00
Equipment Lease	\$1,560,798.08
Total Construction Estimate	\$470,032.00
<hr/>	
Total Project Cost Estimate	\$2,030,830.08

Margaret R. Pardee Memorial Hospital
MRI Replacement
Hendersonville, NC

Project No. 2773-00

SECTION 00 42 00 - FORM OF PROPOSAL

PROPOSAL SUBMITTED BY: CAMERON CONSTRUCTION, INC.

ADDRESS: P.O. BOX 15120
GREENVILLE, SC 29610

TELEPHONE NO. (864) 294-9455

LICENSE NO. 51645

TO: Mace Huggins
Margaret R. Pardee Memorial Hospital
800 N. Justice Street
Hendersonville, NC 28791

The Undersigned, having examined, compared, and familiarized himself with the Instructions to Bidders, the Supplementary Instructions to Bidders, and the Bid Documents as prepared by Wright McGraw Beyer Architects, Inc., and having examined the site of the work and familiarized himself with all conditions and requirements pertaining thereto, hereby proposes to furnish all material, labor, equipment, services, and transportation necessary to complete the work in accordance with the Bid Documents for the Project entitled:

**Margaret R. Pardee Memorial Hospital
MRI Replacement
Hendersonville, NC**

for the sum of:

BASE BID: GENERAL CONTRACT-(including taxes)

Two Hundred Thirty Four Thousand Three Hundred Nine Dollars No Cent 234,309.00
(\$ _____).

NOTE: The award of the Contract will be based on the lowest bona fide Base Bid Amount and any accepted Alternates including taxes. Only specified items are to be included in the base bid. Voluntary alternates and voluntary value engineering items are not to be included in the base bid nor as part of any specified alternates and will not be considered as part of the award process. The voluntary alternates and voluntary value engineering items are only for the purpose of information to show proposed substitutions that may be used by the owner as a cost savings or value added item. Provide a lump sum amount for each voluntary alternate and voluntary value engineering items with any additional documentation attached. The below Estimated Tax Amount is for information in determining the Contract Amount. The Contract Amount will be the sum of Base Bid, accepted Alternates, and the Estimated Tax Amount.

Allowance for Estimated Tax Amount on Base Bid: Thousand Dollars (\$ 1,000.00).

Allowance for Estimated Permit Fees included in Base Bid: Twenty Five Hundred Dollars (\$ 2,500.00).

The undersigned further proposes to undertake work on the Date of Commencement as established in the Agreement and shall achieve Substantial Completion of the entire Work within not more than 120 calendar days.

Alternate No. 1 the (INSERT DESCRIPTION).

Add (including taxes): N/A (\$ _____)

Margaret R. Pardee Memorial Hospital
MRI Replacement.
Hendersonville, NC

Project No. 2773-00

Voluntary Alternates and Value Engineering Items: N/A

_____ (\$ _____)

The undersigned acknowledges that he has received and reviewed the below enumerated addenda and has taken them into account in the preparation of this proposal.

Addendum No.1 _____ dated 12/01/15

Addendum No.2 _____ dated 12/10/15

Addendum No. 3 _____ dated 12/18/15

The undersigned proposes to utilize the following subcontractors :

Electrical Contractor Emory Electric

Mechanical Contractor Greenville Mechanical

Plumbing Contractor Southern Mechanical

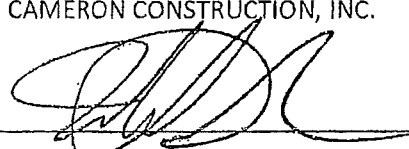
Drywall Contractor Carolina Acoustical

Flooring Contractor Upstate Commercial

Millwork Contractor Satterfield Woodworking

Respectfully submitted this 23 day of December 2015

By: CAMERON CONSTRUCTION, INC.

By: 

Michael S. Mason, PRESIDENT

Title: (Owner, Partner, or Corp. Pres. or Vice-Pres. Only).

WITNESS:

(Proprietorship or Partnership)

ATTEST:

BY:

TITLE:

 - P.O.S.
(Corp. Sec. or Assist. Sec. Only)

(CORPORATE SEAL)

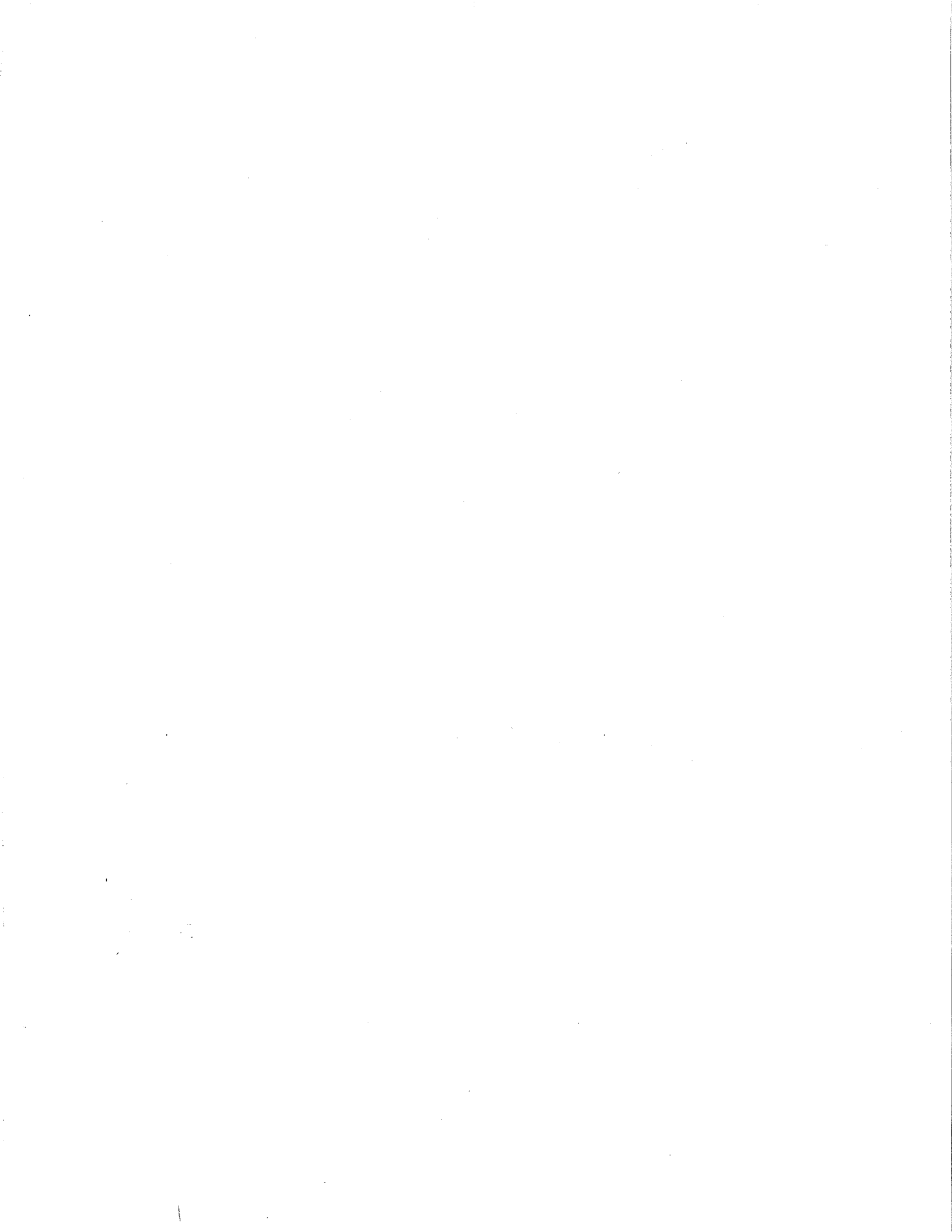
Cameron

For Base Bid Only, CSI Cost Breakdown (Including Overhead and Profit)

Division 1:	General Requirements	40,661	_____
Division 2:	Site Work	3,600	_____
Division 3:	Concrete	1,831	_____
Division 4:	Masonry	- 0 -	_____
Division 5:	Metals	- 0 -	_____
Division 6:	Wood & Plastics	8,561	_____
Division 7:	Thermal & Moisture	875	_____
Division 8:	Doors & Windows	5,248	_____
Division 9:	Finishes	13,175	_____
Division 10:	Specialties	- 0 -	_____
Division 11:	Equipment	- 0 -	_____
Division 12:	Furnishings	- 0 -	_____
Division 13:	Special Construction	34,254	_____
Division 14:	Conveying Equipment	- 0 -	_____
Division 20:	Basic Mechanical	- 0 -	_____
Division 21:	Fire Suppression	21,823	_____
Division 22:	Plumbing	9,293	_____
Division 23:	Heating, Ventilating & A/C	42,093	_____
Division 26:	Electrical	52,895	_____
Division 27:	Communications	- 0 -	_____
Division 28:	Electronic Safety	- 0 -	_____
Division 31:	Earthwork	- 0 -	_____
Division 32:	Exterior Improvements	- 0 -	_____
Division 33:	Utilities	- 0 -	_____

END OF SECTION

234,309 ✓



Appendix E

Existing Equipment Removal Letter



November 4, 2015

Mr. Ron McKee
Director of Radiology
Margaret Pardee Hospital
800 N. Justice Street
Hendersonville, NC 28791

Dear Mr. McKee:

This letter is to inform you that GE Healthcare will be removing the GE 1.5T MRI (leased) from Margaret Pardee Hospital and will be replacing it with a GE MR 450W. GE will be removing the current system from Margaret Pardee and the system will be returned to GE Healthcare.

Thank you,

A handwritten signature in black ink, appearing to read 'John Donovan', is written above the typed name.

John Donovan
Client Executive
GE Healthcare
864-415-3886

Appendix F

Response to Required Questions

Responses to Required Questions

1. **A comparison of the existing and replacement equipment, using the format in the attached table. Note: If the manufacturer's model and serial numbers for the existing equipment are not provided, the exemption request will not be processed until the numbers are provided.**

See equipment comparison table in Appendix B

2. **A description of the basic technology and functions of the existing and replacement equipment, including diagnostic and treatment purposes for with the equipment is used or capable of being used.**

Magnetic resonance imaging (MRI) is a test that uses a magnetic field and pulses of radio wave energy to make pictures of organs and structures inside the body. In many cases MRI gives different information about structures in the body than can be seen with an X-ray, ultrasound or computed tomography (CT) scan. MRI also may show problems that cannot be seen with other imaging methods. MRI is used to find problems such as tumors, bleeding, injury, blood vessel diseases or infection.

3. **Brochures or letters from the vendor describing the capabilities of the existing equipment and the replacement equipment.**

See Appendix B for brochures of the existing equipment and the replacement unit.

4. **A copy of the purchase order for the existing equipment, including all components and original purchase price.**

The original purchase order for the existing equipment no longer exists. See Appendix A for renewal of current lease agreement.

5. **A copy of the title, if any, for the existing equipment or the capital lease for the existing equipment.**

See Appendix A for renewal of current lease agreement.

6. **If the replacement equipment is to be leased a copy of the proposed capital lease that transfers substantially all the benefits and risks inherent to the ownership of the equipment to the lessee of the equipment, in accordance with the criteria in Generally Accepted Accounting Principles (GAAP).**

See Appendix A for proposed capital lease agreement.

- 7. If the replacement equipment is to be purchased, a copy of the proposed purchase order or quotation, including the amount of the purchase price before discounts and trade-in allowance.**

N/A-See Appendix A, Replacement equipment is a capital lease

- 8. A letter from the person taking possession of the existing equipment that acknowledges the existing equipment will be permanently removed from North Carolina, will no longer be exempt from requirements of the North Carolina Certificate of Need law, and will not be used in North Carolina without first obtaining a certificate of need.**

See Appendix E for documentation showing the existing equipment will be permanently removed from North Carolina, will no longer be exempt from requirements of the North Carolina Certificate of Need law, and will not be used in North Carolina without first obtaining a certificate of need.

- 9. Documentation that the existing equipment is currently in use and has not been taken out of service.**

The existing equipment is currently in service and is being used to perform MRI scans on patients that need them. The unit is outdated, at the end of its useful life, and needs to be replaced.

