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|---|-----------------------------|------------------------------|---|
| <br><b>NATIONAL TAB</b><br>Comfort. Under control. |                             | 1329 E KEMPER RD. SUITE 4210 |   |
|   |                             | CINCINNATI, OH 45246         |   |
|   |                             | 513-860-2050                 |   |
|   |                             | will@nationaltab.com         |   |
| Client:   | MEP Mechanical Services LLC | Project:                     | Fresenius Kidney Care                     |
| Email:  | office@mepmechanical.com    | QUOTE #:                     | JMH-NT-13949                              |
| ATTN:   | Estimating                  | BID DATE:                    | 10/12/2022                                |
| Address:  |                             | Jobsite location:            | 325 North Bluemound Dr. - Grand Chute, WI |

Thank you for allowing National TAB this opportunity to bid on the testing and balancing of this project. The following is our understanding of the scope of work and the associated cost.

| Equipment:   | Qty.: | Equipment:  | Qty.: |
|--------------|-------|-------------|-------|
| RTUs         | 6     | Air Devices |       |
| Exhaust Fans | 3     |             |       |

**SCOPE OF WORK:**

1. TAB of listed equipment
2. Ductless systems - TAB is not required per NEBB Procedural Standards

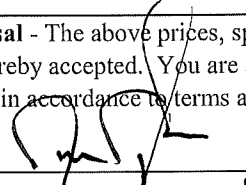
This proposal includes a written report to be submitted upon completion of all work by National TAB.

**TOTAL PRICE = \$ 5,000.00**

Any parts if required will be additional. However, no parts will be provided without initial approval unless National TAB, LLC has agreed with the client for a set fee to perform specific task. Lift rental to be additional if required if not provided by owner or GC. Work to be performed 1<sup>st</sup> shift only.

**Not included in price: Prevailing Wage, Sound and Vibration testing, Indoor Air Quality testing, and Pre-testing is not included unless price is specified separately above.**

WE HEREBY PROPOSE to furnish labor complete in accordance with NATIONAL TAB specifications, for the sum of: Five Thousand US Dollars and Zero Cents and any selected options stated above. Payment to be made as follows: Terms as specified by our acct department. New accounts are required to fill out a credit application.

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|--|--|
| <p><b>Acceptance of proposal</b> - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made in accordance to terms agreed upon.</p> <p>Client Signature </p> <p>Client Date of Acceptance <u>10/12/22</u></p> | <p><b>Authorized Signature for NT:</b></p> <p style="text-align: center;"><u>Will Turnbough</u></p> <p>Date: <u>10/12/22</u></p> |
|--|--|