Professional Services through May 09, 2019

<table>
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<tr>
<th>Description</th>
<th>Contract Amount</th>
<th>Prior Billed</th>
<th>Current Billed</th>
<th>Total Billed</th>
<th>Percent Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERELMAN DISPLAY CUT LETTER ADDITIONS</td>
<td>12,412.00</td>
<td>0.00</td>
<td>12,412.00</td>
<td>12,412.00</td>
<td>100.00</td>
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<tr>
<td>Total</td>
<td>12,412.00</td>
<td>0.00</td>
<td>12,412.00</td>
<td>12,412.00</td>
<td>100.00</td>
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</tbody>
</table>

Invoice total 12,412.00

Please call 302-230-5202 with any questions regarding this invoice.
**Freight Terms**

- **FOB(SHPPY):** PAY
- **Terms:** NET60
- **Invoice Method:** Invoice By Mail
- **Delivery Date:** no date specified

<table>
<thead>
<tr>
<th>LINE NO.</th>
<th>DESCRIPTION</th>
<th>UOM</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>ACC EXPANSION / 18X12 MILLER FAMILY PLAQUE</td>
<td>EA</td>
<td>12,412.00</td>
<td>1.00</td>
<td>12,412.00</td>
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</tbody>
</table>

**Comments:**

- REQUESTER: LORIE KUTERBACH 215-662-4850
- BUYER: JERRY MILES 267-414-2649

Pricing confirmed: 02/12/2019

edressler@mitchellai.com

PLEASE CONFIRM RECEIPT OF ORDER VIA FAX OR E-MAIL

FAX# 267-414-2687

jerry.miles@uphs.upenn.edu

ORDER WAS PLACED WITH / PRICE CONFIRMED WITH: ___________________________ DATE: ___________________ 

AUTHORIZED PURCHASING REPRESENTATIVE: ___________________________ DATE: ___________________ 

Through the acceptance and shipment of this order, you agree to the Terms & Conditions of the University of Pennsylvania Health System and its affiliates.