

**AMENDED AND RESTATED EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM
RENTAL OF SPECIALTY BEDS
Effective April 15, 2007**

SELLER: KCI USA, INC.
CONTRACT NUMBER: PP-NS-358
PRODUCTS: Specialty Beds

1. **Volume and Commitment:** Pricing tiers for Products shall vary according to commitment level and total dollar volume of Products rented per calendar year by Participating Members according to the following:

ALL PRODUCTS: SPECIALITY SUPPORT SURFACES (WOUND CARE, PULMONARY and BARIATRIC)

Member Initials	VOLUME TIERS	COMMITMENT OF PARTICIPATING MEMBER'S PRODUCT REQUIREMENTS PER PREVIOUS 12-MO. USAGE OF ALL PRODUCTS: SPECIALITY SUPPORT SURFACES (WOUND CARE, PULMONARY, AND BARIATRIC)
	TIER 1	Non-committed Participant
	TIER 2	90% commitment and previous 12-mo. usage of < \$99,999
	TIER 3	90% commitment and previous 12-mo. usage of ≥ \$100,000 and < \$399,999
	TIER 4	90% commitment and previous 12-mo. usage of ≥ \$400,000

BARIATRIC PRODUCTS ONLY

Member Initials	VOLUME TIERS	COMMITMENT OF PARTICIPATING MEMBER'S PRODUCT REQUIREMENTS PER PREVIOUS 12-MO. USAGE OF BARIATRIC PRODUCTS ONLY
	TIER 1A	Non-committed Participant
	TIER 2A	90% commitment and previous 12-mo. usage of < \$34,999
	TIER 3A	90% commitment and previous 12-mo. usage of ≥ \$35,000 - \$139,999
	TIER 4A	90% commitment and previous 12-mo. usage of ≥ \$140,000+

Check box below to commit to KCI's Expense Cap Program:

Participating Member must commit to at least 90% annual usage of their Specialty Support Surfaces and Beds to Seller and rent at least \$35,000 of the Products on an annual basis.

2. **Aggregation Pricing Option.** By initialing where indicated below, the undersigned Participating Member hereby elects to invoke the Aggregation Pricing Option whereby such Participating Member shall be entitled to aggregate the participation levels within its respective multi-facility system and/or network of facilities in order to meet the participation level designated in Item 1 above. In order to invoke this election, the undersigned Participating Member must be able to influence the purchasing decisions of the facilities it wishes to aggregate. Attached hereto as Schedule 1 is a list of all such facilities. The undersigned Participating Member shall be responsible for updating such list on an annual basis. The undersigned Participating Member hereby elects to invoke the Aggregation Pricing Option: **Participating Member's Initials:** _____

The undersigned Participating Member hereby acknowledges and confirms the above designations.

Hospital
 Print Name of Person Signing _____
 Signature _____
 Title of Person Signing _____
 Date Signed _____
 Entity Code _____
 Print Name of Participating Member _____
 Address _____
 City and State _____

Seller
 Print Name of Person Signing _____
 Signature _____
 Title of Person Signing _____
 Date Signed _____

Upon completion, please submit this form to both Seller and Premier.

**Seller Information –
 Fax: 210-255-6753**

**Premier, Inc. –
 Fax: 704-733-4895**

SCHEDULE 1

**LIST OF PARTICIPATING MEMBER'S FACILITIES
(For Purposes of Implementing the Aggregation Pricing Option)**

[TO BE COMPLETED BY THE PARTICIPATING MEMBER AND UPDATED ON AN ANNUAL BASIS]

System name: _____

Premier Entity Code	Participating Facility Name	City	ST	Phone Number	Contact Name

**EXHIBIT A-2
PARTICIPATING MEMBER DESIGNATION FORM**

SELLER: KCI USA, Inc.
CONTRACT NUMBER: PP-NS-438
PRODUCT CATEGORY: Negative Pressure Wound Therapy

1. Tier. The undersigned Participating Member hereby designates the following desired tier under the above-referenced Premier Purchasing Partners, L.P. Group Purchasing Agreement:

a. Select one Tier by initialing below

Member Initials	TIERS	TOTAL PRODUCT PURCHASES (\$ PER CALENDAR YEAR)
	TIER 1	< \$50,000
	TIER 2	\$50,000 to < \$250,000
	TIER 3	\$250,000 to < \$1,000,000
	TIER 4	\$1,000,000+

2. Aggregation Pricing Option. By initialing where indicated below, the undersigned Participating Member hereby identifies qualification for the Aggregation Pricing Option whereby such Participating Member shall be entitled to aggregate the purchases within its respective multi-facility system owned by a single entity in order to meet the tier designated in Item 1 above. Attached hereto as Schedule 1 is a list of all such facilities. The undersigned Participating Member shall be responsible for updating such list on an annual basis. The undersigned Participating Member hereby elects to invoke the Aggregation Pricing Option: **Participating Member's Initials:** _____

Participating Member's Primary Distributor: _____ Secondary Distributor: _____

The undersigned Participating Member hereby acknowledges and confirms the above designations.

<p align="center">Hospital</p> <p>Print Name of Person Signing _____</p> <p>Signature _____</p> <p>Title of Person Signing _____</p> <p>Date Signed _____</p> <p>Entity Code _____</p> <p>Print Name of Participating Member _____</p> <p>Address _____</p> <p>City and State _____</p>	<p align="center">Seller</p> <p>Print Name of Person Signing _____</p> <p>Signature _____</p> <p>Title of Person Signing _____</p> <p>Date Signed _____</p>
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Upon completion, please submit this form to both Seller and Premier.

**Seller Information –
Fax: 210-255-6753**

**Premier, Inc. –
Fax: 704.733.4895**

