FIRST CHOICE PRACTICE SALES, INC.

a California Corporation (01916111)

SELLER RETIRING! 25+ YEARS GOODWILL! MOSTLY CASH PATIENTS! BRAND NEW CUSTOM BUILDOUT IN 2018!

LISTING #	22 - 206		-	PRICE: \$299,000			A/R'S: \$170K				
LOCATION:	San Gabriel Pas	San Gabriel Pasadena Arcadia # of Ops: 5			Est.	1998	PO	PULATI	ON: _!	Mixed	l
DESCRIPTION	V: # of O			# Not Plumbed:			Sq. Ft. 1,680 +/-				
Lease X	Own	Op	tion/Re	enew 0	Yrs	s. Remain	5+	\$/Mor	th <u>\$5</u>	5,917	FG
Office Hours	M	T		\mathbf{W}	7	ГН	FR	SAT			SUN
<u>-</u>	Closed	10 - 6:30		Closed	10 -	- 6:30	10 – 6	2x		closed	
<u>STAFF</u>	Front: 1 M	GR	Sal	Salary: \$27/1		\$27/hr	,		Stay _	Ti	ransition
	Back: 3		Salary: \$24		\$24 rda /	4 rda / \$20 da / \$2		20 da Will		Stay $Y - 9/5/4 y = 6$	
ATIENT PRO	FILE:										
% Group	5-10 Yrs:	5-10 Yrs: 11-1		19 Yrs: 20-49		_ 20-49 Yı	Yrs:		50-75+:		
% Reimb	Cash	90%	.]	Idemn _		_ PP	PO 10%				
	Medical	0%	= ∙	Cap _	0%	_ Avg. Ca	ıp	\$0			
% Revenue	Restorative	estorative Crow		n & Bridge		Endo		0%		Perio	
e Revenue			-		•	_					
	Oral Surgery		Pı	rosthetics		_ Orti		100%			
PRACTICE STA		verify v	Pi	rosthetics yer Audit	(appro	_ Orti	ho <u>1</u>				
PRACTICE STA	Oral Surgery ATS: *(Need to	verify v	P i vith Bu y 130 +/-	rosthetics yer Audit	a) (appro	_ Ortl x) # of Recal	ho <u>1</u> Is per mo	onth*			
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referral sources and does little to no direct advertising. Does limited aligners, G-Force.

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REGISTRATION AGREEMENT – CONFIDENTIALITY

IMPORTANT: Please fax back this form to obtain the office location and financial data @ 949-548-0525

In consideration of FIRST CHOICE PRACTICE SALES INC., hereinafter called FIRST CHOICE, supplying me with confidential information concerning the following businesses, or any other businesses to which you may otherwise introduce me, I agree to use such confidential information obtained only for purposes of evaluation to purchase. I further agree not to divulge such information to others, except to secure professional advice. I further agree not to directly contact the owner, employees, landlord, suppliers or disturb any business relationship which includes requesting a position as an associate or asking for permission to visit the practice during practice hours of the seller without first obtaining seller's permission through FIRST CHOICE PRACTICE SALES, INC.

Should I, or anyone to whom I have introduced those confidential business listings that you previously presented to me, purchase or acquire an interest in any of those businesses, I agree to conduct all negotiations through your office. I further understand that the seller will be responsible for the payment of the commission to **FIRST CHOICE PRACTICE SALES**. I further understand and agree that if I should purchase all or any portion, lease, become an associate of or come into possession of the business through direct negotiations with the seller and without **FIRST CHOICE's** involvement, within one year from date hereof, then a commission is due **FIRST CHOICE** and I will assume responsibility for the payment of that commission.

The commission referred to above is ten percent (10%) of the total purchase price or \$12,500, whichever is greater. Should any controversy arise as a result of this agreement, **FIRST CHOICE** and I hereby agree to have the matter settled by and under the rules of the American Arbitration Association without the necessity of a court order. All rights of discovery allowed by law may be used and the prevailing party shall be entitled to actual attorney fees and costs. Any decision shall be final and binding upon myself and **FIRST CHOICE**.

NO AGENCY RELATIONSHIP IS CREATED BY SIGNING THIS AGREEMENT.

Listing No. 22 - 206	Location	San Gabriel Pasadena Arcadia
Accepted and Agreed to:		
Signature		Agent
Print Name		Print Name
Date	<u> </u>	Date
		P. O. Box 8445
Address		Newport Beach, CA 92660 (949) 548-4559
City	Zip	Any additions or deletions to this page other than information we have
Phone (Circle One: Mobile/Home/Business)	requested will void your request and we will not provide any additional information. Thank you.
E-mail Address		illioilliation. Illank you.

PLEASE FAX BACK TO: 949 548-0525