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REQUIRED: The Client hereby confirms it has read and understands the aforementioned terms of service

Initials DW

REQUIRED: Client Information:

Company Legal Name: Physical Rehabilitation Network Holdings, LLC

State of Incorporation: Delaware

Company Mailing Address (no P.O. Boxes) - must match address given on Page 1:

2035 Corte Del Nogal, Suite 200

Carlsbad, CA 92011

REQUIRED: Client Primary Contact and Authorized Sender

First Name: Dawn Wild Last Name: Wild

Job Title: Director of Marketing Phone Number: 720-299-4808

Email Address (must match the URL of company's domain name):

dwild@prnpt.com Cell Phone: same as above

Initials: DW **(REQUIRED)**



Additional Authorized Senders

First Name: Mike Last Name: Rice
Job Title: Chief Development Officer Phone Number: 312-560-6020
Email Address: mrice@prnpt.com Cell Phone: same as above

First Name: _____ Last Name: _____
Job Title: _____ Phone Number: _____

Email Address: _____ Cell Phone: _____

First Name: _____ Last Name: _____
Job Title: _____ Phone Number: _____
Email Address: _____ Cell Phone: _____

First Name: _____ Last Name: _____
Job Title: _____ Phone Number: _____
Email Address: _____ Cell Phone: _____

REQUIRED: The Client hereby authorizes these parties to issue press releases for distribution on its behalf.

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REQUIRED: The Client hereby agrees to all terms and conditions included in the Agreement.

Primary Authorized Sender Signature: _____

Print Name: Dawn Wild

Position/Title: Director of Marketing

Date: August 8, 2018

Initials: DW **(REQUIRED)**