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| Qty Purchase Agreement QPA Number | | Page |
| 00000000000000000000000015085 | | 1 of 1 |
| Requisition Nbr.: | Hearing Aid Devices & Services | |
| Effective Date: | 12/21/2015 | |
| Expiration Date: | 12/31/2019 | |
| Agency Number: | | |
| Facility: | ASA-RFS-16-001 | |
| Vendor ID: | 0000075354 | |
| Vendor Telephone Nbr: | | |
| Name Of Contact Pers: | | |
| Contact Email: | | |
| FAX Number: | | |