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State of New Hampshire

DEPARTMENT OF SAFETY
JAMES H. HAYES BLDG. 33 HAZEN DR.
CONCORD, N.H. 03305
(603) 271-2791

ROBERT L. QUINN
COMMISSIONER OF
SAFETY

January 8, 2021

His Excellency, Governor Christopher T. Sununu
and the Honorable Executive Council
State House
Concord, NH. 03301

Requested Action

Authorize the Department of Safety, Division of Fire Standards & Training and Emergency Medical Services and Division of Fire Safety, to enter into an agreement with Life Extension Clinics, Inc. (VC#340900-B001) 1011 North MacDill Ave, Tampa, Florida 33607 in an amount not to exceed $8,946.00, to provide comprehensive medical evaluations for State of New Hampshire career firefighters. Effective upon Governor and Council approval through June 30, 2021. Funding source: 52.50% Revolving Funds, 47.50% General Funds.

Funds are available in the SFY2021 operating budget as follows:

02-23-23-2380-66310000 Dept. of Safety – Fire Safety – Fire Safety Administration 020-500239 Laboratory Services	SFY 2021 $8,946.00

Explanation

Under RSA 281-A:17, NH firefighters are covered for workers compensation for certain cancer diagnoses, provided that they can prove that they entered the fire service cancer free. The Fire Standards and Training Commission did not adopt the Pre-Hire Screening Physicals as a hiring requirement until January 1, 1997; therefore, there are approximately 180 firefighters currently employed in NH fire departments that fall under the eligibility requirements that were hired before the mandated physical examination was in place. This contract provides for screening this population of firefighters and provides for a physical examination outlined by NFPA 1582, which will provide the firefighter the proper documentation to meet the requirements outlined in RSA 281-A:17.

An RFP was posted in June of 2020 with criteria set for a selected vendor who received the most points. Two vendors responded with Life Extension Clinics, Inc. receiving the most points. Life Extension Clinics, Inc. will provide comprehensive medical evaluations for the eligible fire personnel. The medical physical will be provided by the contractor through the use of a board-certified MD and/or mid-level healthcare provider defined as a certified nurse practitioner or physician's assistant. The services will be conducted onsite at the NH Fire Academy Campus, 98 Smokey Bear Boulevard, Concord, New Hampshire via a mobile unit.

Fourteen (14) physicals will be paid by Department of Safety, Division of Fire Safety. All other firefighters who choose to utilize this vendor will be charged the contracted fee of $639.00 per examination and will pay the vendor directly.

Respectfully submitted,

Robert L. Quinn
Commissioner of Safety

Occupational Physical w Cancer Screening and Chest Xray
Bid RFP DOS 2021-02

	Criteria			
VENDOR	Work Plan Maximum 50 pts	Pertinent Experience Maximum 30 pts	Cost Maximum 20 pts	Total Points
Site Med North America	40	20	7.8	67.8
Life Extension Clinics, Inc dba Life Scan Wellness Centers	50	30	20	100

Definitions of each Scoring Criteria	
Work Plan -	customer service, comparable client services, clarify of forms and procedures, service locations, hours available, and training
Pertinent Experience -	experience, credentials, licensures, and qualifications of individuals employed by the contractor
Cost -	evaluation of fee schedule and overall cost of the services

Evaluation Committee Members and Qualifications

Deborah Pendergast	Director of Division of Fire and Standards & Training and Emergency Medical Services
Jeffrey Phillips	Assistant Director of Division of Fire Standards & Training and Emergency Medical Services
Heather Clough	Administrative Supervisor, Division of Fire Standards & Training and Emergency Medical Services

FORM NUMBER P-37 (version 12/11/2019)

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Safety, Division of Fire Standards & Training and Emergency Medical Services		1.2 State Agency Address 33 Hazen Drive, Concord, NH 03305	
1.3 Contractor Name Life Extension Clinics, Inc.		1.4 Contractor Address 1011 North MacDill Ave, Tampa, FL 33607	
1.5 Contractor Phone Number 813-876-0625	1.6 Account Number 10-023-2380-66310000-020	1.7 Completion Date June 30, 2021	1.8 Price Limitation Not to exceed $8,946.00
1.9 Contracting Officer for State Agency Deborah A. Pendergast		1.10 State Agency Telephone Number 603-223-4200	
1.11 Contractor Signature Date: 12/10/2020		1.12 Name and Title of Contractor Signatory Patricia Johnson CEO	
1.13 State Agency Signature Date: 12/21/20		1.14 Name and Title of State Agency Signatory Steven Lavole, Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By:		On: 12/21/20	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials
Date 12/10/2020

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials _____

Date 5/10/2000

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

10.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the

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Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $1,000,000 per occurrence and $2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A *("Workers' Compensation")*.

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

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Date 12/10/2020

EXHIBIT A – SPECIAL PROVISIONS

There are no modifications, additions, and/or deletions to the Form P-37.

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Date 12/10/2020

EXHIBIT B

2. EMPLOYMENT OF CONTRACTOR: SERVICES TO BE PERFORMED.

Project Overview:
As a result of Senate Bill SB59 in July of 2019, NH firefighters are now eligible for a Line of Duty Death benefit for a cancer diagnosis, provided that they can prove that they entered the fire service cancer free. The Fire Standards and Training Commission did not adopt the Pre-Hire Screening Physical as a hiring requirement until January 1, 1997, therefore, there are approximately 180 firefighters currently employed in NH fire departments that do not have proof that they are free of occupational cancer. The intent is to screen this population of firefighters and provide a baseline to allow them to be eligible for this benefit should they be diagnosed with occupational cancer.

Life Extension Clinics, Inc. shall provide the following services in accordance with RFP DOS 2021-02 to the Department of Safety, Division of Fire Standards & Training and Emergency Medical Services and to municipalities and firefighters. The contract period is effective upon Governor & Council approval through June 30, 2021. This contract is null and void if the Governor and Council does not approve it.

Services:
The contractor that will provide comprehensive medical evaluations for the identified fire personnel. The contractor shall provide physical examinations with ultrasounds and blood tests for up to 180 State of NH Career Firefighters. This medical physical will create a baseline and an evaluation of a cancer-free diagnosis. The medical physical shall be provided by the contractor through the use of a board-certified MD and/or mid-level healthcare provider defined as a certified nurse practitioner or physician's assistant.

The services will be conducted onsite at the NH Fire Academy Campus, 98 Smokey Bear Boulevard, Concord, New Hampshire via mobile unit. The vendor must be able to provide all equipment necessary to perform the exams, assessments, tests and evaluations referenced in this proposal. Any site preparation or equipment needed will be supplied by the Division.

The contractor shall be able to provide onsite services, with the exception of the blood draws. Blood draws will be performed by an offsite lab that the contractor works with; the contractor will review the results with the candidate.

The medical evaluations shall be completed by June 30, 2021. This includes the scheduling for physicals and all follow ups.

The physical examinations conducted by the contractor must adhere to the following standards:

a) United States Occupational Safety and Health Administration (OSHA) Regulations (Standards 29 CFR).
b) National Fire Protection Agency (NFPA) 1582- 2018 edition, Standard on Comprehensive Occupational Medical Program for Fire Departments which contains minimal standards for release to work.

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c) United States Department of Transportation (USDOT) 49 CFR 391.41- 391.49 excluding drug and alcohol testing.

The Division will offer the below referenced physical exam to up to 180 career firefighters hired before January of 1997 and still employed on full time departments on the State of NH.

Components of the Occupational Medical Evaluation of members (NFPA 1582- 18, 7.4)

Physical Exam (NFPA 1582 compliant)	
Hands-On Physical Exam	Included
Vision Exam (Titmus)	Included
Occupational Hearing Exam	Included
Skin cancer assessment	Included
Behavioral Health and Sleep Assessment Screenings	Included
Personal Consultation with review of testing results	Included
Cardiopulmonary Assessment	
Echocardiogram (Heart Ultrasound)	Included
Resting EKG	Included
Treadmill Stress Test with EKG	Included
Carotid Arteries Ultrasound	Included
Aortic Aneurysm Ultrasound	Included
Pulmonary Function Test	Included
Cancer and Disease Assessment	
Thyroid Ultrasound	Included
Liver, Pancreas, Gall Bladder, Spleen, & Kidney Ultrasounds	Included
Bladder Ultrasound	Included
Pelvic Ultrasound for Women (external)	Included
Testicular Ultrasound for Men	Included
Blood and Laboratory Tests	
Hemoccult Test	Included
Urinalysis	Included
Lipid Panel	Included
Diabetes Tests (Hemoglobin A1C and Glucose)	Included
Complete Blood Count	Included
Comprehensive Metabolic Panel	Included
TSH(Thyroid Blood test)	Included
PSA (men)	Included
CA-125 (women)	Included
Testosterone Testing (for Men)	Included
Enhanced Blood Markers for Cancer and Disease Screening	Included

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Fitness Evaluation (NFPA 1583, WFI Guidelines)	
Muscular Strength and Endurance Evaluation	Included
Aerobic Endurance Evaluation (VO2 Max Calc)	Included
Flexibility Evaluation	Included
Nutrition and Diet Recommendations	Included
Personal Fitness Recommendations	Included
Medical Clearances	
OSHA Respirator Medical Clearance	Included
Firefighter Medical Clearance NFPA 1582	Included
TOTAL	$1609.00 EACH

Advanced Blood Markers for Cancer and Diseases:
Male Panel: AFP, CEA, CA19-9, CA-15-3, Amylase/Lipase

Female Panel: AFP, CEA, CA19-9, CAIS-3, Amylase/Lipase

CEA: Carcinoembryonic antigen (CEA) is a protein associated primarily with diseases of the colon as well as other organs of the gastrointestinal tract. The marker is also associated with breast and lung cancer. It is approved for use in the management (monitoring) of patients with colorectal cancer.

CA 15-3: CA 15-3 (Cancer Antigen 15-3) is the breast cancer marker. High rates can also apply to other cancers: colon, stomach, kidney, lung, ovary, uterus, pancreas, and liver.

CA 19-9: CA 19-9 (Cancer Antigen 19-9) is a protein associated primarily with colorectal cancer as well as pancreas cancer, stomach cancer, and bile duct cancer. It is approved for use in the monitoring of patients with pancreatic cancer.

AFP: AFP (Alpha-1-Fetoprotein {AFP}) is a liver associated protein that is generally elevated in liver disease including viral hepatitis, cirrhosis of the liver and liver cancer as well as testicular and ovarian cancers. It is often used to monitor cancer progression.

Amylase/Lipase: Amylase and lipase are key digestive enzymes. Amylase helps your body break down starches. Lipase helps your body digest fats. The pancreas is a glandular organ that sits behind the stomach and produces digestive juices that empty into the small intestine. The pancreas also produces both amylase and lipase, as well as many other enzymes. Inflammation of the pancreas, also call pancreatitis, commonly causes high levels of amylase and lipase in the bloodstream. Amylase and lipase tests are used to detect pancreatitis which could result in pancreatic cancer.

PSA (Prostate Specific Antigen, men) is a standard test in Firefighter Physicals.

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CA-125 (Ovarian Cancer Antigen, women) is a standard test in Firefighter Physicals.

The cost of Firefighter Physical per person is $639.00. A minimum of 45 appointments are needed for the vendor to confirm scheduling. Fourteen (14) physicals will be paid by Department of Safety, Division of Fire Safety. All other contract payments will be made to the Contractor by the individual firefighters scheduling the testing; the State will only be responsible for the payment of fees for the fourteen physicals for the Division of Fire Safety. The State will not be responsible for the payment of any other fees to the Contractor under the Contract. The State will not be responsible for any travel or out of pocket expenses incurred in the performance of the Services performed under the Contract. The Contractor shall be responsible for performing its obligations in accordance with the Contract.

This program shall include maintenance of a confidential medical and health record for the identified members. All medical record keeping shall comply with the requirements of 29 CFR 1910.1020, "Access to employee exposure and medical records," and other applicable regulations and laws. All health information shall be maintained as part of an individual's comprehensive medical record, and the contractor shall be responsible for archiving these additional records as part of each member's confidential medical file.

Should a member consent to the sharing of medical information between the contractor and his/her PCP, a waiver will be developed and signed to provide all documentation to the PCP.

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Date 12/10/2013

EXHIBIT C

5. CONTRACT PRICE: LIMITATION ON PRICE: PAYMENT.

Fourteen physicals will be paid by Department of Safety, Division of Fire Safety. All other contract payments will be made to the Contractor by the individual firefighter, and the State will not be responsible for the payment of any fees to the Contractor under the Contract. The State will only be responsible for the payment of fees for the fourteen physicals for the Division of Fire Safety. The State will not be responsible for the payment of any other fees to the Contractor under the Contract. The Contractor shall be responsible for performing its obligations in accordance with the Contract.

The contract price for the State's obligation will not exceed $8,946.00. Invoices shall be submitted when services have been completed to:

State of New Hampshire
Department of Safety
Division of Fire Safety
33 Hazen Drive
Concord, NH 03305
Email: AccountsPayable@dos.nh.gov

Contractor Initials
Date 10/10/2025

LIFE EXTENSION CLINICS, INC.

CERTIFICATE OF AUTHORITY

Life Extension Clinics, Inc.
1011 North MacDill Avenue
Tampa, FL 33607

I, Michael J Terrana, hereby certify that:

1. I am a duly elected Officer of Life Extension Clinics, Inc.
2. The following is a true copy of a vote taken at a meeting of the Board of Directors called and held on December 9, 2020 at which a quorum of the Directors were present and voting.

VOTED: That Patricia Johnson, CEO is duly authorized on behalf of Life Extension Clinics, Inc. to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority remains valid for thirty (30) days from the date of this Certificate of Authority. I further certify that it is understood New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein

Signed: _____

Printed Name: Michael J. Terrana

Title: Chief Financial Officer and Co-Owner

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH
The foregoing instrument was acknowledged before me by means of ☑ physical presence, or ☐ online notarization, this 11th day of December, 2020, by Michael Terrana, who is personally known to me or has produced _____ as identification.

Notary Public State of Florida
Jennifer L Connelly
My Commission GG 327822
Expires 04/25/2023

_____
Signature of Person Taking Acknowledgement

Jennifer Connelly
Printed, Typed or Stamped Name

_____
Serial Number (if Any)

1011 North MacDill Avenue
Tampa, Florida 33607
(813) 876-0625

State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that LIFE EXTENSION CLINICS, INC. is a Florida Profit Corporation registered to transact business in New Hampshire on September 04, 2020. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned; and the attached is a true copy of the list of documents on file in this office.

Business ID: 850586

Certificate Number: 0005054501

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 10th day of December A.D. 2020.

William M. Gardner

Secretary of State

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/10/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER O. E. Wilson Insurance, Inc. 1475 Belcher Rd S Largo FL 33771	CONTACT NAME: Cinda Groves PHONE (A/C, No, Ext): (727) 535-0524 FAX (A/C, No): (727) 536-9828 E-MAIL ADDRESS: cinda@oewilson.com
INSURED Life Extension Clinics,Inc. 1011 N. Macdill Ave Tampa FL 33607	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Auto-Owners Insurance Company — 18988 INSURER B: Admiral Insurance Company — 24856 INSURER C: Transportation Insurance Company — 12408 INSURER D: — INSURER E: — INSURER F: —

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:	X	X	062312-20690745	11/10/2020	11/10/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	X	X	4159162800	09/18/2020	09/18/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $	X	X	41-591-628-01	11/10/2020	11/10/2021	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	WC 6 56600287	11/29/2020	11/29/2021	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
B	Medical Professional Liability Retroactive Date: 5/31/2001			EO000037691-04	05/31/2020	05/31/2021	2,000,000 2,000,000	Aggregate Each Claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Medical Professional Liability Additional Coverages:

Sexual Abuse $1,000,000 Each Claim/$1,000,000 Aggregate

Network Security & Data Privacy Liability $1,000,000 Each Claim/$1,000,000 Aggregate

CERTIFICATE HOLDER

State of New Hampshire Department of Safety Division of Fi
Standards &Training & Emergency Medical
33 Hazen Dr
Concord, NH 03305

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE Gary I Wilson <SK>