Form No. DMB 234 (Rev. 1/96)
AUTHORITY: Act 431 of 1984
COMPLETION: Required
PENALTY: Contract will not be executed unless form is filed

STATE OF MICHIGAN
DEPARTMENT OF MANAGEMENT AND BUDGET
PURCHASING OPERATIONS
P.O. BOX 30026, LANSING, MI 48909
OR
530 W. ALLEGAN, LANSING, MI 48933

April 22, 2008

NOTICE
OF
CONTRACT NO. 071B8200161
between
THE STATE OF MICHIGAN
and

NAME & ADDRESS OF CONTRACTOR	TELEPHONE: Cash Link **(214) 476-9272** **Fax: (800) 547-9413**
ASD Healthcare **4006 Beltline Rd, Ste 200** **Addison, TX 75001**	CONTRACTOR NUMBER/MAIL CODE
	BUYER/CA (517) 241-1647 **Irene Pena**

Contract Compliance Inspector: Irene Pena

Influenza Vaccine, Flulaval, Afluria, FluMist – Statewide usage for 2008/2009 Inoculation Year

CONTRACT PERIOD: From: **April 1, 2008**	To: **March 31, 2009**
TERMS **N/A**	SHIPMENT **N/A**
F.O.B. **N/A**	SHIPPED FROM **N/A**
MINIMUM DELIVERY REQUIREMENTS **N/A**	
MISCELLANEOUS INFORMATION:	

The terms and conditions of this Contract are those of Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP)'s Contract #MMS28000. This Contract is between MMCAPand ASD Healthcare. In the event of any conflicts between the specifications, terms and conditions indicated by MMCAP and those indicated by the vendor, those of MMCAP take precedence.

Attachments:

- **MMCAP Contract #MMS28000**

ESTIMATED ONE (1) YEAR/SEASON CONTRACT COST: $75,000.00