



Semen

Dear Client Depositor,

I am pleased to introduce you to ReproTech, Ltd. (RTL). RTL will provide you with safe long term storage of your cryopreserved semen. RTL is proud to be accredited by the American Association of Tissue Banks and Licensed by the New York State Department of Health and the State of California Department of Health Services. Our staff will provide you with the highest level of experience and professionalism to service your needs.

Our annual storage fee for semen is \$275. This fee can be paid annually, quarterly, or at our multi-year rate. We have agreed to waive the transfer fee for one tank if you are included in a group shipment. If you want us to use two shipping tanks, if applicable, the fee is \$250.00.

I have enclosed the paperwork required to facilitate a semen transfer to RTL for long term storage. Once we receive the following paperwork, we can arrange a specimen transfer:

A. **Registration Form**

Complete and sign form to ensure that we have current information regarding your address and phone number. Our annual storage fee is \$275.00. Please indicate on the Registration form if you would like to be billed quarterly or annually.

B. **Semen Cryostorage Agreement**

Please read this agreement carefully. In the Advanced Directives section, please choose one of the two choices.

C. **Treatment History**

Please complete and sign this form.

D. **Specimen Transfer to RTL and Medical Data Release Authorization**

Please read this three page document carefully. On this form you will let us know if you want us to ship using one tank or two. You will also decide if you want to purchase shipping insurance or not. We will waive the transfer fee for one tank. If you would prefer we use two shipping tanks, the fee is \$215.00. Shipping insurance is priced per shipping tank.

E. **HIV-1/2 (AIDS) Testing**

Prior to transfer, RTL requires evidence of serology for Anti-HIV 1 & 2. These testing results can be provided by your clinic or other testing facility.

In compliance with AATB Standards and RTL policies, the following tests must be completed and the results forwarded to RTL **prior to release** of your semen for your use in the future: HBsAg, and HCV.

Please call RTL at 651-489-0827 if you have any questions or visit our website at www.reprotech.com. We will notify you via mail once a transfer has occurred and your semen is in storage at ReproTech, Ltd.

Sincerely,
Jill Olson

The Cryostorage & Compliance Experts

NV 888.831.2765 • MN 888.489.8944 • FL 888.953.9669 • TX 888.350.3247

REGISTRATION FORM
 RTL Account # _____
 (RTL staff assigned)

Patient Information			Partner Information (If Applicable)		
Full Name			Full Name		
Email			Email		
(Please note that email address will be used for billing and correspondence)			(Please note that email address will be used for billing and correspondence)		
Date of Birth			Date of Birth		
Gender			Gender		
Cell Phone #			Cell Phone #		
Home/Alt Phone #			Home/Alt Phone #		
SS #			SS #		
Billing Street Address			Billing Street Address		
City	State	Zip	City	State	Zip

Tissue Type ☐ Embryo ☐ Oocyte ☐ Semen ☐ Ovarian Tissue ☐ Testicular Tissue
☐ Donor Oocytes: ID# _____ ☐ Donor Semen: ID# _____ ☐ Donor Embryo: ID# _____

Reason For Banking _____ (i.e. Cancer Treatment, IVF Back-up, Vasectomy, Hormone Therapy, etc.)

Non-Fertility Referring Doctor (if applicable, i.e. Oncologist, Urologist) Name _____

Address _____
 Street _____ City _____ State _____ Zip _____

Have you or your partner ever **had a positive test result** for HIV, Hepatitis B, Hepatitis C, HTLV I & II, Syphilis, Chlamydia, Gonorrhea, Zika Virus, West Nile Virus, COVID-19 or other communicable disease? **Check one:** ☐ No ☐ Yes, please specify: _____

Have you or your partner ever **cared for, lived with, or otherwise had close contact with** individuals diagnosed with COVID-19 infection? Check one: ☐ No ☐ Yes, please explain: _____ Dates: _____

Have you or your partner ever **lived or traveled** where the CDC has issued a **travel alert or warning** due to risk of disease transmission for Zika Virus, Ebola or other disease? Check one: ☐ No ☐ Yes: Where did you travel? _____ Dates: _____

Embryo Clients Only

Were donor eggs or donor semen used to create your embryos? Check one: ☐ Yes ☐ No If yes, please specify _____
 Was a gestational carrier used for your IVF procedure? Check one: ☐ Yes ☐ No

Payment Options: Please indicate your choice of **billing interval** for storage fees. Storage fees are non-refundable. Storage and shipping fees must be prepaid. ☐ Quarterly ☐ 1 year ☐ Multi-year _____ (choose 2, 3, 5 or 10 years, visit www.reprotech.com for pricing).
Progyny ID # _____ (Only applies if you have Progyny coverage) **Carrot Fertility Code:** _____ (Carrot Fertility members only)

Credit Card Authorization: Your signature here authorizes ReproTech, Ltd. to charge your credit card for shipping and storage fees. —
☐ Check here if you are only authorizing RTL to use your credit card for the first annual or multi year storage period and the shipping fees. Please note that quarterly storage fees are automatically billed and are not eligible for a one time authorization. —

Signature: _____ **Date** _____ **Account Number** _____

Name on Card _____ **Expiration Date** _____

****NOTE THAT CREDIT CARD PAYMENT IS REQUIRED FOR ALL INTERNATIONAL PATIENTS.**

Referring Fertility Physician/Clinic (where specimens are currently located or will be created)

Name University of Iowa Hospitals and Clinics Andrology Laboratory Telephone (319) 467-5299

SIGNATURE(S) BELOW ARE REQUIRED Your signature(s) below acknowledges acceptance of our privacy policy (www.rtlhipaa.com) and indicates that all information provided on this document is true and accurate. In addition, you agree to keep ReproTech updated with your current address and contact information.

Signature of Patient (or Parent/Guardian if minor) _____ **Date** _____

Signature of Partner (If Applicable) _____ **Date** _____

If you would like to request information about your account be released to someone other than yourself, please contact ReproTech or go to www.rtlmedicalinforelease.com to download the form and name another individual to whom we may release medical information.

Florida 954-570-7687 • Minnesota 651-489-0827 • Nevada 775-284-2795 • Texas 469-547-2399

SEMEN/TESTICULAR TISSUE CRYOSTORAGE AGREEMENT

This AGREEMENT, made between ReproTech, Ltd., a Minnesota corporation (the "Company"), and the person named below (the "Client Depositor").

1. Collection and Storage: With the assistance of the Client Depositor, and in accordance with the procedures for identification and testing established by the Company (as set forth in the Company's brochure and web site, www.reprotech.com), the Company shall receive the Client Depositor's semen/testicular tissue, which has been cryopreserved by the Client Depositor's physician/clinic (the "Clinic"), for long-term cryostorage until this Agreement is terminated pursuant to Paragraph 4. All procedures established by the Company may be modified at the sole discretion of the Company to reflect changes in industry practices, laws, or regulations.

2. Storage Fees and Records: The fee for each Storage Period shall be payable in advance and shall be adjusted from time to time by the Company based upon market factors. The current fees are set forth in the Company's brochure and web site, www.reprotech.com. A "Storage Period" begins with the month in which the Company receives specimens for storage. Unused storage fees are non-refundable. The Client Depositor shall keep the Company informed at all times, in writing, of their current address and telephone number for billing purposes and any other matter requiring notice to the Client Depositor. The Client Depositor's name and address, as well as other records relating to the subject of this Agreement, shall be kept on file at the Company.

3. Account in Default: If at any time the Company has not received full payment of all amounts due to the Company from the Client Depositor on or before the 60th day after the beginning of any storage Period, then the Client Depositor is in "default". In the event of default, the Company may, in its sole discretion, refer the Client Depositor's account to any attorney or collection agency for collection, and the Client Depositor agrees to pay all costs of such collection, including but not limited to any reasonable fees charged by the collection agency and reasonable attorney's fees. If the Client Depositor is in default, the Company may discard all stored specimens. The term "discard" means that the Company will thaw and destroy the specimens in a professional and ethical manner, as determined solely by the Company. Discarded specimens cannot and will not be used for reproductive purposes by or on behalf of any person or persons.

4. Termination of Agreement: This Agreement shall terminate and the Company's responsibilities for storage of specimens hereunder will cease:

- (1) upon the release of all specimens stored by the Company pursuant to Conditions of Release; or
- (2) upon the disposition of all specimens stored by the Company pursuant to a default under Paragraph 3; or
- (3) upon the notarized execution of Company's separate termination agreement by the Client Depositor or their Surviving Spouse; or
- (4) if the Client Depositor dies without leaving a Surviving Spouse, as established by evidence deemed sufficient by the Company.

5. Responsibilities and Liabilities of the Company: The Client Depositor acknowledges that they have been fully advised concerning the state of the art of cryopreservation of specimens of semen/testicular tissue. The Client Depositor acknowledges that they understand that the viability of the semen/testicular tissue and the results from subsequent insemination depend almost in their entirety upon the Client Depositor and the recipient. Accordingly, the Client Depositor understands and agrees that the Company's responsibilities shall be limited hereunder solely to the adequate cryostorage of said semen/testicular tissue consistent with the state of the art at the date of entering into this Agreement. The Client Depositor agrees to hold the Company harmless for any damage sustained while the semen/testicular tissue specimens are not in the possession and control of the Company. In any event, the total liability of the Company for failure to meet any of its responsibilities to the Client Depositor shall be limited to a prorated cost of the procedure that generated the sperm/testicular tissue. For example, the Company liability would be limited to 40% of the cost of the procedure that generated the sperm/testicular tissue if 10 viable vials were produced, 6 were used, and 4 were compromised due to gross negligence resulting in loss or damage of the 4 viable vials at ReproTech. The parties agree that any claims relating to or arising out of this Agreement will be brought in the state courts of Minnesota. In the event the Company terminates the operation of its storage facility, it may, 30 days after written notice to the Client Depositor at their last known address, assign and transfer its obligations hereunder and the semen held on behalf of the Client Depositor to a similar storage facility.

6. If Applicable- Storage of Potentially infectious Specimens- The storage of specimens from potentially infectious client (client for whom testing or screening show a potential for an infectious disease) requires certain additional safeguards and procedures. The undersigned understand and agree that their specimens will be stored in a separate vapor storage tank which is designated for potentially infectious specimens only:

- a. Specimens from a Client Depositor who has tested reactive for HIV will be stored in an HIV Only storage tank
- b. Specimens from a Client Depositor with non-HIV potentially infectious conditions may be stored in a separate non-HIV tank and their specimens will be physically segregated by use of canisters specific to their reactive test or risk.

The undersigned further understand that because of additional required precautions, storage fees and shipping fees may be higher than the fees charged to clients who do not have a potentially infectious risk. The undersigned acknowledge receipt of a fee schedule showing presently applicable fees and

understand that the shipping fees must be pre-paid by the Client Depositor prior to the shipment of the tank to the clinic and that the shipping fees are non-refundable. In addition, they understand that results of any testing for infectious diseases will be disclosed to the receiving physician/clinic and the recipient as part of an informed consent procedure before the specimens are used.

7. Additional Terms: The Client Depositor promises and agrees to indemnify and save harmless the Company from any loss and/or expenses incurred in connection with the defense or payment of any claim by any other party relating to the subject of this Agreement. The Agreement shall be binding upon the Client Depositor and their assigns, heirs, executors, and administrators.

8. CONDITIONS OF RELEASE OF SEMEN/TESTICULAR TISSUE SPECIMENS FROM STORAGE

Release of semen/testicular tissue specimens may occur:

- A. During the lifetime of the Client Depositor, the semen/testicular tissue will be released:
 - i. only to a licensed physician, and
 - ii. upon the express notarized authorization of the Client Depositor, and
 - iii. upon the authorization of the Recipient's clinic, and
 - iv. upon the completion of serology/virology tests required by the Company and/or U. S. State.

- B. After the death of the Client Depositor (as evidenced by a certified copy of the death certificate or otherwise

established by evidence deemed sufficient by the Company), if the recipient is the Surviving Spouse or designated owner, the semen/testicular tissue will be released:

- i. only to a licensed physician (who must execute a consent form provided by the Company), and
- ii. upon the express notarized authorization of the Surviving Spouse or designated owner and the recipient's physician as documented by execution of any informed consents required by RTL.

9. ADVANCED DIRECTIVES FOR SEMEN/TESTICULAR TISSUE SPECIMENS IN EVENT OF DEATH OF CLIENT DEPOSITOR

If the Client Depositor is a minor at the time of their cryopreservation, they are unable to consent to any use of their reproductive tissue and therefore this Advanced Directives section does not apply, as semen/testicular tissue cryopreserved on all minors shall be discarded upon the death of the Client Depositor. When the Client Depositor reaches the age of majority and/or changes their marital status, ReproTech, Ltd. strongly recommends completing a new Semen/Testicular Tissue Cryostorage Agreement.

A. If the Client Depositor is not married at the time of their death, the Client Depositor directs that their semen/testicular tissue specimens be discarded, upon receipt by the Company of a certified copy of their death certificate, or otherwise established by evidence deemed sufficient by the Company, unless the Company has received a written notice (ReproTech form or document provided by Client Depositor) signed by the Client Depositor and notarized prior to their death, identifying their designated owner and directing that their semen/testicular tissue specimens shall become the property of their designated owner and may be used by the designated owner for the purpose of procreation, upon the designated owner's written and notarized acceptance of and agreement to be bound by the terms of this Agreement including the Client Depositor's advanced directive below for use of their semen/testicular tissue specimens following their death.

B. If the Client Depositor is married at the time of their death, regardless of marital status at the time of initial cryopreservation, the Client Depositor directs the following disposition for their semen/testicular tissue specimens, upon receipt by the Company of a certified copy of their death certificate, or otherwise established by evidence deemed sufficient by the Company:

Choose one of the following by marking your choice with a check and signing and dating below your choice.

- ☐ i. Client Depositor is a minor, below options are not available.

Signature of Parent/Guardian

Date

Regardless of current marital status, all non-minor Client Depositors should select one of the following Advanced Directives as marital status can and does change.

- ☐ ii. The Client Depositor directs that their semen/testicular tissue specimens shall become the property of the surviving spouse or designated owner and may be used by the surviving spouse or designated owner for the purpose of procreation, upon their written and notarized acceptance of and agreement to be bound by the terms of this Agreement and if all Conditions of Release in section 8B have been met.

Client Depositor Signature

Date

- OR -

- ☐ iii. The Client Depositor directs that their semen/testicular tissue specimens be discarded.

Client Depositor Signature

Date

10. Customized Long Term Storage Option: Client Depositors who are interested in expressing their maintenance and disposition wishes in greater detail, or those interested in storage options beyond death may wish to utilize a Fertility Preservation Trust which is customized to the unique wishes of each Client Depositor. To learn more, visit www.trustfertility.com. This Agreement will remain in full force until the terms of a Trust Agreement shall control. Client Depositors are responsible for notifying ReproTech if a Trust is established.

☐ **Personal Consultation:** By checking the box, Client Depositor(s) agree to allow ReproTech to confidentially share Client Depositor(s) contact information in order to receive a personal consultation regarding the advantages offered by the Fertility Preservation Trust. There is no charge for an initial consultation.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT. I ACKNOWLEDGE THAT I FURTHER UNDERSTAND THAT MY CRYOPRESERVED SPECIMENS CANNOT BE USED IN THE EVENT OF MY DEATH UNLESS ALL CONDITIONS IN SECTION 8, CONDITIONS OF RELEASE, AND SECTION 9, ADVANCED DIRECTIVES, ARE COMPLETED.

By: _____
Client Depositor Name (Print)

Signature of Client Depositor

Date

If the Client Depositor is a minor, a parent or guardian of the minor must sign below:

Name of Parent/Guardian, if applicable (Printed)

Signature of Parent/Guardian, if applicable

Date

By: _____
ReproTech, Ltd. Representative Signature

Date

Account # assigned by RTL:

The Cryostorage Experts

Florida 954.570.7687 • Minnesota 651.489.0827 • Nevada 775.284.2795 • Texas 469.547.2399



Semen/
Testicular Tissue

TREATMENT HISTORY

All information is REQUIRED, where applicable

Name: _____ Account: _____

Clinical Diagnosis: _____

Referring Physician (i.e. Oncologist, Urologist) who referred you for cryobanking:

Name: _____ Clinic Name: _____

Address: _____

Phone #: _____

Reason for Semen/Testicular Tissue Cryobanking (Please check the applicable selections.)

Vasectomy:

____ Pre-vasectomy

____ Post-vasectomy

Cancer Treatment:

____ Pre-Radiation Therapy

____ Pre-Surgery

____ Pre-Chemotherapy

____ Between Treatments

Fertility Treatment:

____ IVF Backup

____ Donation

____ Use by a Friend

____ Use by a Surrogate

____ Use by a Gestational Carrier

____ Other, Please specify _____

High Risk Occupation:

____ Military Service/Deployment

____ Other (Hazardous chemicals, etc.), Please specify _____

Treatment History: Please indicate applicable treatments or therapies and dates:

	None	Past	Future
Vasectomy			
Chemotherapy			
Radiation Therapy			
Surgery			

Fertility History:

Number of pregnancies: _____

Number of live births: _____

Comments: _____

Your signature below acknowledges that the semen/testicular tissue specimens provided to RTL for the purpose of long term storage have been produced by and are the property of the undersigned. It is understood and agreed that future serology testing may be required for storage and/or release of these specimens.

Signature _____ Date _____

If the Patient above is a minor, a parent or guardian of the minor must sign below:

Signature of Parent or Guardian, if applicable: _____

The Cryostorage & Compliance Experts

Florida 888.953.9669 • Minnesota 888.489.8944 • Nevada 888.831.2765 • Texas 888.350.3247



SPECIMEN TRANSFER TO RTL AND MEDICAL DATA RELEASE AUTHORIZATION - COURIER

The undersigned client depositor(s) request(s) the transfer of his/her reproductive tissue specimens to ReproTech Ltd. (RTL) from the physician/clinic/"facility" listed below in accordance with RTL's current policies and procedures.

It is understood that the facility acknowledges this request and will assist in the transfer of the reproductive tissue specimens.

Furthermore, it is recognized by the client depositor(s) that events beyond the control of RTL and the facility may occur during transfer and it is understood by all parties that neither the facility nor RTL are responsible for any losses in connection with or related to the shipment of the reproductive tissue specimens.

I (we) hereby authorize the transfer of my (our) reproductive tissue specimens from the facility to RTL for continued long-term storage.

I (we) understand that RTL and the facility can neither verify nor guarantee the viability of the transferred reproductive tissue specimens being placed into long term storage at RTL.

I (we) agree to hold RTL harmless for any claims for damage to the reproductive tissue specimens arising from acts or omissions prior to RTL's possession of such specimens.

I (we) agree that RTL shall not be liable for errors, including specimen labeling errors, which occur prior to RTL's acceptance of the specimens for storage.

I (we) have read and understand the policies above and hereby authorize the facility to release my (our) reproductive tissue specimens to RTL.

I (we) authorize the facility to release to RTL medical data, including but not limited to: Personal biographical data, serology/virology testing data, and specimen processing/cryopreservation data. This includes information about human immunodeficiency virus-HIV, acquired immunodeficiency syndrome-AIDS, and AIDS related complex-ARC, as defined by Department of Community Health rules (1989 Public Act 174).

Type of tissue to be transferred to RTL for continued storage

Mark which type(s) of reproductive tissue(s) you want to be transferred to RTL for continued storage:

- | | | | | |
|---------------------------------------|--------------------------------------|--|---------------------------------------|---|
| <input type="checkbox"/> Embryo | <input type="checkbox"/> Sperm | <input type="checkbox"/> Testicular Tissue | <input type="checkbox"/> Oocytes | <input type="checkbox"/> Ovarian Tissue |
| <input type="checkbox"/> Donor Embryo | <input type="checkbox"/> Donor Semen | <input type="checkbox"/> Donor Eggs | <input type="checkbox"/> Other: _____ | |

Client Depositor Name(s) _____

Client depositors have several options to mitigate the risks inherent in the shipment of reproductive tissue, including the use of two shipping tanks and the purchase of optional shipping insurance. The majority of shipments are sent by UPS. We understand that UPS provides a limit of \$100 of insurance for the contents of each shipment of human reproductive tissue. We have reviewed the optional Specimen Shipping Insurance information (page 3) and have selected to:

I. You must choose one of these three Insurance options by placing a mark in the box adjacent to your choice.

I/ We understand and accept that without the purchase of additional insurance, coverage for transfers is limited to a maximum of \$100 (UPS) and that other courier services may provide no insurance coverage at all.

I/We wish to (select one of the three options below)

- ☐ I/We decline to purchase additional insurance.
- ☐ TIER 1: Purchase **Specimen Shipping Insurance** at the \$20,000 level as described on page 3; note the fees are subject to change. I/We understand that this insurance is for actual replacement costs up to \$20,000 and that it only insures the tissue against loss or loss of integrity due to an event that occurs during the shipment. I/We understand that payment for the insurance must be made in advance of the shipment for the insurance to be in effect.
- ☐ TIER 2: Purchase **Specimen Shipping Insurance** at the \$35,000 level as described on page 3; note the fees are subject to change. I/We understand that this insurance is for actual replacement costs up to \$35,000 and that it only insures the tissue against loss or loss of integrity due to an event that occurs during the shipment. I/We understand that payment for the insurance must be made in advance of the shipment for the insurance to be in effect.

II. You must select one of the two Shipping Tank options by placing a mark in the box adjacent to your choice.

- ☐ I/We are requesting that our reproductive tissue specimens be divided into two shipping tanks for additional safety during shipping and understand that a shipment by way of two tanks will incur additional shipping fee as per the RTL website. This option is only available if the reproductive tissue specimens are cryopreserved in more than one container.
- ☐ I/We have declined the use of two shipping tanks and accept the potential risk of using only one shipping tank.

I (we) have read and understand the policies and optional fees on page 3 and hereby authorize the cryobank listed below to release my (our) specimens to ReproTech Ltd.

Cryobank/Physician: UI Healthcare North Dodge
Address: Dept of Ob-Gyn; Andrology Laboratory
1360 North Dodge St - Suite 2000, Room 2365
Telephone: Iowa City, IA 52245

ENSURE YOU SELECT ONE OPTION IN EACH SECTION ABOVE; SECTIONS I AND II.

Name (Printed):	_____	_____
Signature(s):	_____	_____
	Client Depositor	Co-Client Depositor, if applicable
Date:	_____	_____
Address:	_____	_____
	_____	_____
Telephone:	() _____	() _____

If the Client Depositor above is a minor, a parent or guardian of the minor must sign below:

_____	_____
Signature of the Parent or Guardian, if applicable	Date

For clinic/cryobank use

We the undersigned cryobank/clinic agree to release to ReproTech, Ltd the reproductive tissue and medical data, including but not limited to Personal biographical/medical data. I verify that I am an authorized representative of the Cryobank/Clinic as listed above.

Signatures:	_____	_____
	Cryobank/Clinic Staff	ReproTech, Ltd. Staff

	Cryobank/Clinic Staff Printed Name	



Specimen Shipping Insurance

ReproTech Limited, the leader in long term storage of reproductive tissues, offers a shipping insurance program available exclusively to our clients. While every precaution and effort is taken to ensure safe and timely delivery of specimens, shipping accidents can happen. **Specimen Shipping Insurance** provides an inexpensive insurance solution to help minimize the financial impact of an adverse event during shipping.

Coverage for:

- Compromised specimens due to damaged or destroyed shipping tanks*
- Compromised specimens due to dramatic change in temperature*

* If coverage is purchased and a claim is filed, actual policy terms and conditions will apply; coverage begins once received by designated shipping carrier and ends once received at final destination.

The following coverage options are available if selected at the time of Specimen Transfer Authorization:

Tier 1:

Coverage will pay for out-of-pocket expenses associated with the replacement cost of lost or damaged reproductive tissue, up to a total cost not to exceed \$20,000.00. It is understood and agreed that in the event a second procedure is not possible, this policy would reimburse for the cost of the original procedure, up to the limit provided, and not to exceed the actual cost of the original procedure.

Total charge \$38.00 (includes our administrative fee of \$14.00)

Tier 2:

Coverage will pay for out-of-pocket expenses associated with the replacement cost of lost or damaged reproductive tissue, up to a total cost not to exceed \$35,000.00. It is understood and agreed that in the event a second procedure is not possible, this policy would reimburse for the cost of the original procedure, up to the limit provided, and not to exceed the actual cost of the original procedure.

Total charge \$58.00 (includes our administrative fee of \$22.00)

Fees are subject to change.

Insurance Carrier or ReproTech can neither verify nor guarantee the viability of the specimens being shipped.



info@reprotech.com
www.reprotech.com

Florida 888-953-9669

♦ Minnesota 888-489-8944

♦ Nevada 888-831-2765

♦ Texas 888-350-3247