SERVICES AGREEMENT

THIS SERVICES AGREEMENT (hereinafter referred to as the "**AGREEMENT**") is entered into effective the 1st day of July, 2026 ("**EFFECTIVE DATE**") by and between **JTK IMAGING SERVICES, LLC**, an Oklahoma limited liability company, authorized to do business as a licensed contractor for imaging services in the State of Oklahoma (hereinafter referred to as "**JTK**"), and **OKLAHOMA STATE DEPARTMENT OF HEALTH - MUSKOGEE COUNTY HEALTH DEPARTMENT** authorized to conduct business and provide services in the State of Oklahoma (hereinafter referred to as "**FACILITY**").

In consideration of the mutual promises set forth hereinbelow, JTK and FACILITY agree as follows:

1. **TERM**. This AGREEMENT shall be for a term of one (1) year and automatically renew for successive one (1) year terms unless terminated in writing by JTK or FACILITY.

2. **SERVICES**. JTK agrees to provide mobile imaging services to include, but not limited to, X-RAYS, ULTRASOUNDS, ABI'S, DOPPLERS, ECHOCARDIOGRAMS and EKG's, to patient(s) of FACILITY upon receipt of a requisition or order from an attending or ordering physician for said patient(s). JTK shall provide such services in accordance with any applicable requirements of federal, state or local laws and regulations. JTK shall observe and comply with all policies and procedures for said FACILITY. Such services shall be provided by JTK to the FACILITY'S patient(s) in a reasonable and timely manner. JTK agrees to provide such services to FACILITY 24 hours a day, 7 days a week, 52 weeks a year (365 days).

3. **INVOICES AND PAYMENTS**. JTK agrees to provide monthly invoices on or before the 5th day of each month to FACILITY for each exam for all skilled patients of FACILITY at the rate of FIFTY AND 00/100 DOLLARS ($50.00) exam. FACILITY agrees to pay JTK for such invoice within thirty (30) days of the date of such invoice. FACILITY agrees to provide all patient information from patient's chart available to FACILITY to JTK in order to allow JTK to invoice any Medicaid, Medicare or third party insurance that patient may have at the time of any exam.

4. **PERSONNEL**. JTK hereby certifies that the technologists employed by JTK are licensed and registered in accordance with all applicable federal, state and local laws.

5. **JCAHO AND HIPPA**. JTK shall comply with all JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS ("JCAHO") and the HEALTH

E-MAILED
7/6/26 12:13
Emily Amanda

COUNTY OF MUSKOGEE STATE OF OKLAHOMA

day of 6th July 2026
Chairman
Member
Member
Attest
County Clerk

INSURANCE PORTABILITY AND ACCOUNTABILITY ACT ("HIPAA") standards, all federal, state and local laws and regulations governing the provisions of patient care services.

6. **DISCRIMINATION**. All services shall be provided hereunder by JTK to FACILITY without regard to race, sex, creed, nationality, medical condition, age or qualified disability.

7. **INSURANCE**. JTK agrees to carry and provide to FACILITY proof of general liability and professional liability insurance. A copy of JTK's Certificate of Liability Insurance is attached hereto.

8. **TERMINATION**. This AGREEMENT may be terminated by either JTK or FACILITY at any time by providing a thirty (30) days' written notice in advance to either JTK or FACILITY.

9. **NOTICES**. Any notices required to be delivered under any provision of this AGREEMENT shall be considered delivered (i) within five (5) days after deposit with the United States Postal Service by registered or certified mail, return receipt requested; (ii) delivered by overnight delivery by a nationally recognized overnight delivery service; or (iii) hand-delivered to JTK or the FACILITY at the following addresses:

JTK:

JTK Imaging Services
2413 Saint Andrews Court
Muskogee, OK 74403

FACILITY:

Oklahoma State Department of Health
Attn: Chief Legal Counsel
123 Robert S. Kerr Avenue
Oklahoma City, OK 73102

Muskogee County Health Department
530 South 34th Street
Muskogee, OK 74401

10. **ENTIRE AGREEMENT**. This AGREEMENT contains the entire agreement of JTK and FACILITY. No oral or written agreements existed prior to this AGREEMENT. Any changes to this AGREEMENT must be done in writing and agreed upon by JTK and FACILITY.

JTK and FACILITY are acting independent of each other, and participate in this AGREEMENT as separate independent-contracting entities.

EXECUTED as of the EFFECTIVE DATE set forth hereinabove.

JTK IMAGING SERVICES, LLC
an Oklahoma liability company

By: Susan M. Jackson

SUSAN M. JACKSON
GENERAL MANAGER/
MARKETING DIRECTOR

"JTK"

OKLAHOMA STATE DEPARTMENT OF HEALTH

By: Emily Walsh

Emily Walsh

Printed Name

MUSKOGEE CO. HEALTH DEPT.
530 SOUTH 34TH
MUSKOGEE, OK. 74401
Phone: 918-683-0321
Fax: 918-683-5033

Address

Telephone Number

Fax Number

"FACILITY"

JTK IMAGING SERVICES AGREEMENT

Agreement effective on 08-09-2021, JTK Imaging Services, a licensed contractor of imaging services in the state of Oklahoma and Muskogee Health Department. In consideration of the mutual promises set forth in the body of this agreement, the parties agree as follows:

1.Term

This agreement shall be for a term of one year, automatically renewed for successive one-year terms unless terminated. Either party may terminate this agreement by giving a thirty day (30) written notice in advance to the other party.

- No Trip Charge
- No Weekend Charge
- No Overnight Charge
- No Holiday Fees
- No STAT Fees

2.Services

JTK Imaging offers EKG, ULTRASOUND, XRAY, DOPPLER, and ABI'S.JTK Imaging agrees to provide services when the patient's attending physician provides orders. JTK Imaging shall provide services in accordance with any applicable requirements of federal, state, or local laws and regulations. JTK Imaging shall observe by Facility policies & procedures. JTK Imaging shall respond to the facility's requests for service in a reasonable and timely manner. JTK Imaging will provide services 24/7 365 days a year. We offer bedside review and sending of images to board certified radiologists. Our state-of-the-art equipment provides sharper images for better reads. We provide exceptional quality care and continue to raise the standards in patient care.

3.Invoices & Payments

JTK Imaging will invoice the facility directly for all skilled patients for a flat rate fee of $50 per exam. Facility will pay JTK Imaging within 30 days of the invoice date. The facility will provide information from the patient's chart for billing.

4.Personnel

JTK Imaging hereby certifies that the Radiology Technician employed by the contractor are licensed and registered in accordance with all applicable federal, state, and local laws.

5.JCAHO & HIPPA

JTK Imaging will comply with all Join Commission on Accreditation of Healthcare Organizations (JCAHO) & (HIPPA) standards, all federal, state, and local laws and regulations governing the provision of patient care services.

6.Discrimination

All services shall be provided hereunder without regard to race, sex, creed, nationality, medical conditions, age, or qualified disability.

7.Insurance

JTK Imaging agrees that it shall carry and provide facility proof of general liability and professional liability insurance.

8.Notice

Any notices required to be delivered under any provision of this agreement shall be considered five (5) days after deposit in the United States mail by registered or

certified mail. Return receipts requested or delivered by overnight delivery by recognized overnight delivery service, or hand delivered to:

FACILITY: Muskogee Health Department

CONTRACTOR: JTK Imaging Services

9.Entire Agreement

This contract contains the terms of both parties. No oral or written agreements existed prior to this agreement. Any changes must be done in writing and agreed upon by all parties. All parties are acting independent of each other and participate in the agreement as separate independent contracting entities.

Facility

By: Jim R Johnson

Title: Regional Director

Date: 8/18/21

Contractor

By: Jonny Griffin

Title: General Manager

Date: 8-09-2021

COUNTY OF MUSKOGEE OKLAHOMA

23 day of Aug 2021

Chairman

Member

Member

Attest

County Clerk

JTKIMAG-01 CHAMM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/5/2026

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 have ADDITIONAL INSURED provisions or 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 Rich & Cartmill, Inc. 2738 E. 51st Street, Suite 460 Tulsa, OK 74105	CONTACT NAME: PHONE (A/C, No, Ext): (918) 743-8811 FAX (A/C, No): (918) 744-8429 E-MAIL ADDRESS: richcartmill@rcins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Underwriters at Lloyds, London	112200
INSURED JTK Imaging Services LLC 2413 Saint Andrews Court Muskogee, OK 74403	INSURER B: National Liability & Fire	20052
	INSURER C:	
	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			MEO186052924	12/16/2025	12/16/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$ 1,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$ 3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$ 1,000,000
							PER LOCATION	$ 1,000,000
B	AUTOMOBILE LIABILITY			73APR439094	12/14/2025	12/14/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 500,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Professional Liabili			MEO186052924	12/16/2025	12/16/2026	Occurrence	1,000,000

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

CERTIFICATE HOLDER

SAMPLE

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

Tony D Holmes

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/27/2026

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	CONTACT NAME:	
PAYCHEX INSURANCE AGENCY INC/PAC 76250885 225 KENNETH DRIVE STE 110 ROCHESTER NY 14623	PHONE (A/C, No, Ext): (877) 266-6850	FAX (A/C, No): (585) 389-7894
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A : Hartford Insurance Company of the Midwest	37478
INSURED JAMIE KIZZIA DBA JTK IMAGING SERVICES 2413 SAINT ANDREWS CT MUSKOGEE OK 74403-1682	INSURER B :	
	INSURER C :	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	☐ ANY AUTO						BODILY INJURY (Per person)	
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	
	☐ DED ☐ RETENTION $							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		76 WEG BL5GVA	01/14/2026	01/14/2027	X PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$100,000
							E.L. DISEASE -EA EMPLOYEE	$100,000
							E.L. DISEASE - POLICY LIMIT	$500,000

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

For Informational Purposes
2413 SAINT ANDREWS CT
MUSKOGEE OK 74403-1682

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

Susan L. Castaneda

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
JTK Imaging Services, LLC

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

☒ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

5 Address (number, street, and apt. or suite no.). See instructions.
243 Saint Andrews Court

Requester's name and address (optional)

6 City, state, and ZIP code
Muskogee OK 74403

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
81 - 4501545

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** [signature] **Date** 01/05/2026

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they