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# **HCMO-1 Appendix: Supplemental Information**

<u>AleraCare MSO, Inc. ("AleraCare") and Pure Healthcare LLC ("Pure Healthcare") Supplemental</u>
Answers to HCMO Notice of Material Change Form

## **II.** Contact information for the parties

# 1. Provide information for Party A.

Legal entity name	AleraCare MSO, Inc.	
Assumed name	N/A	
Tax ID		
Mailing address	5350 East High Street, Suite 300,	
	Phoenix, AZ 85054	
Website	N/A	
Contact Name		
Title	Chief Operating Officer & Chief Compliance Officer	
Phone		
Cell Phone		
Email		

## 2. Provide information for Party B.

Legal entity name	Pure Healthcare, LLC
Assumed name	N/A
Tax ID	
Mailing address	4179 Riverboat Road Suite 220, Taylorsville, UT 84123
Website	https://purehealthcare.com/
Contact Name	
Title	Chief Revenue Officer
Phone	

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Cell Phone			
Email			

### 3. Provide a billing contact for payment of review fees.

Please split all fees equally amongst the two parties below.

#### Party A:

Name	
Address	5350 East High Street, Suite 300, Phoenix, AZ 85054
Phone	
Email Address	

## Party B:

Name	
Address	4179 Riverboat Road, Suite 220, Taylorsville, UT 84123
Phone	
Email Address	

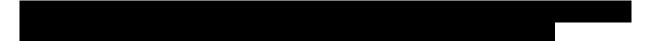
## IV. About the entities involved in the proposed transaction

#### 10. Describe Party A

# b. Describe Party A's governance and operational structure (including ownership of or by a health care entity).

AleraCare is currently governed by its Board of Directors, which includes representatives from Hildred Capital Management, LLC and members of AleraCare's executive leadership team. The day-to-day operations are managed by AleraCare's executive leadership team. At present, AleraCare does not manage or operate infusion clinics in Oregon and therefore does not meet the definition of a "health care entity" as defined by ORS 415.500(4)(a). Post-closing, AleraCare will manage and/or operate infusion clinics in Oregon. Please see "B-2 Aura Topco Organizational Chart" provided in the accompanying submission materials.

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Please see below the list of entities under Aura TopCo, LLC:



#### 11. Describe Party B

e. Provide financial statements for the most recent three fiscal years. If Party B operates outside of Oregon, provide financial statements both for Party B nationally and for Party B's Oregon business.

Please refer to the file labeled as "Pure Healthcare Financial Statements," included in the accompanying submission materials, which contains the unaudited national financial statements for the last three financial years. Please refer to the file labeled as "Pure Healthcare Oregon Financial Statements," included in the accompanying submission materials, which contains the unaudited financial statements related to Pure Healthcare's Oregon business for the last three financial years. All revenue associated with Oregon operations (\$ between June 2024 and May 2025) is below the \$10,000,000 threshold.