PURCHASE REQUISITION

NORTHERN NEVADA Public Health
Serving Reno, Sparks & Washoe County

Date: 2/26/26

- ☒ **PO Requisition**
- ☐ **ProCard Purchase**
- ☐ **Change Order**

PO #: _____

Barcode req'd? ☐Yes ☐No

APPROVALS	
Supervisor	
DD	
DHO	
Technology	
Media	

Vendor: REMSA Health **Vendor #:** 101312

Address: _____ **Email:** _____

Contact Name: _____ **Phone:** _____

	Approvals	Grant/match	Non-grant	ProCard Allowed
Only on ProCards: $0-$100 does not require approval prior to allowed ProCard purchases				
$0-$1,000	Supervisor	Single quote	Single Quote	**Required if suppliers take Credit cards Not to exceed $9,999.99**
$1,001-$5,000	Sup & DD			
$5,001-$50,000	Sup, DD & DHO	**2 informal quotes suggested for purchases over $9,999.99**	**2 informal quotes suggested for purchases over $9,999.99**	
Professional Service Agreements (PSA) are REQUIRED for all services over $9,999.99 Grant and Non-Grant)				
$50,001-$100,000	Sup, DD & DHO	2 written quotes (SAM registry over $25,000)	2 written quotes/ unless exempt under NRS	No
over $100,000 per contract, to DBOH, over $300,000 to BCC	DBOH & BCC (over $300,000.00)	Advertised bid or RFP unless exempt under NRS 332.115		
Technology	DSS	Dollar threshold noted above. No purchases of laptops, tablets, cell phones, desktops or software via ProCards. Items such as keyboards, speakers, and other peripheral items may be purchased with ProCard with purchasing or TS approval.		
Media	PH Comm Mgr	all media purchases		

Additional Information:
FY26 Grants 12553 Purchase - Lucas 3 Device for IHCC community partner to support medical surge events

Cost Center/ Internal Order	G/L	Complete Description	QTY	Unit Price	AMT
12553	711504	Lucas 3 Chest Compression System	4	19,204.20	$ 76,816.80
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
				TOTAL:	$ 76,816.80

Reason for purchase: IHCC Community Partner Medical Surge Support

Requester: Andrea Esp **Division Contact:** Kelsey Zaski 326-6051
(Name and phone number)

Person designated for SAP entry or ProCard purchaser: Kelsey Zaski

Form updated August 2025

WASHOE COUNTY
SOLE SOURCE PURCHASE REQUEST FORM

This form is required for sole source approval of any of the following:

Non-grant funds:

- **Equipment or supplies exceeding $50,000**
- **Professional Services exceeding $50,000**

Grant funds:

- **Equipment or supplies exceeding $50,000**
- **Professional Services* exceeding $50,000**

  ***Note:** Noncompetitive awards to professionals or consultants that are on retainer contracts are restrictive of competition and not allowable under OMB guidelines.

DEPARTMENT Health - PHD

REQUESTOR'S NAME Andrea Esp PHONE # 775-326-6042

REQUISITION NUMBER _____ DATE 3/30/2026

RECOMMENDED SOLE SOURCE SUPPLIER Stryker via REMSA Health

ESTIMATED DOLLAR VALUE OF PROCUREMENT (ANNUALLY) $ 76816.80

Description of good or service requested:

Lucas 3 Chest Compression System

Unique features/qualifications required that are not available from another supplier:

The Lucas 3 Chest Compression System is the newest system available from Stryker for automatic chest compression systems. Stryker will not authorize the resale of this product by any vendor. Sole Source letter from Stryker attached. Styker is aware REMSA Health will be purchasing the devices and selling them to NNPH.

Were other options sought?

- If yes, why were they unacceptable? If no, why were alternatives not reviewed?

Alternatives were reviewed, however, after discussion with Stryker, these options are not viable as warranty is void if bought through another vendor. Alternative models were reviewed and deemed inappropriate due to several lawsuits for faulty parts and additional steps needed to begin automatic compressions thus delaying life-saving measures. See attached documentation.

What efforts were made to determine there was no competition for the service or good and how was it determined the price for the purchase is fair and reasonable?

A representative from Stryker was contacted to determine alternative vendor options. This items is not permitted to be resold and can only be purchased and serviced through Stryker. Alternative models do not provide the same quality and efficiency as the Lucas 3 Device.

I have read and understand the Policies and Procedures of the Board of County Commissioners including the Washoe County Grants Manual (if applicable) with regard to sole source procurements. I understand that competition is the preeminent consideration in the expenditure of County and grant funds, and I acknowledge the County's commitment to the principle of fairness to any vendor who would like to do business with the County. After observing these principles and considerations, I hereby submit that the goods, services, and/or supplier specified fit the County's sole source criteria for the following reasons:

Please provide sufficient detail to clearly identify the reason(s) for this sole source procurement request. Select all of the following applicable to the requested purchase. Attach additional information if necessary.

Note: Grant-funded purchases must fall under either 6, 7 or 8 below.

☐ 1. The product is unique in design and/or features that are required for a specific application. List the unique features and explain why they are needed for the application the product will be used for.

☑ 2. The product being purchased must be compatible with existing equipment. Identify the existing equipment.

Stryker Lucas 3 Chest Compression Units are the industry standard in our region and are the current model being used by a majority of the EMS agencies in Washoe County.

☑ 3. The product requested is one which the user has had specialized training for. Identify who the user of this product will be and provide a description of the previous training.

Stryker Lucas 3 Chest Compression Units are the industry standard in our region and are the current model being used by a majority of the EMS agencies in Washoe County. See attached email.

☐ 4. Consultants/Subcontractors: The individual/company is the most suitable to provide the service requested and the selection process is based on the following:

- ☐ There is evidence that the assistance to be provided is essential and cannot be provided by persons receiving salary support within Washoe County.
- ☐ A selection process was utilized to select the most qualified person.
- ☐ The consulting charges are appropriate considering the qualifications of the consultant or company based on past experience and the nature of the work to be performed.

☐ 5. The product or service is available only from the manufacturer or their authorized representative. Identify the manufacturer or authorized representative, and provide telephone number and address information.

☐ 6. The product or service is available only from a single source.

☐ 7. The awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to a written request from the grantee department. (Attach sponsor authorization)

☑ 8. After solicitation of a number of sources, competition is determined inadequate.

☑ 9. Other. Please explain the specific circumstances and/or requirements that warrant the goods or services request to be procured from a sole source.

Alternative models were reviewed and deemed inappropriate due to several lawsuits for faulty parts and additional steps needed to begin automatic compressions thus delaying life-saving measures. See attached documentation.

The following provides justification as to reasonableness of price: (i.e.; aligns with market pricing, government discount applied, cost analysis was conducted, aligns with historical pricing, etc.)

I understand that I may be required to justify this sole source procurement before the appropriate authority, including the Board of County Commissioners, and that my signing this document knowing any of it to be false may subject me to administrative action.

Andrea Esp Digitally signed by Andrea Esp Date: 2026.03.30 11:15:09 -07'00'

Signature of Requestor

Signature
Department Head Approval

Andrea Esp

Print Name

March 31, 2026

Print Name

For completion by the Purchasing Division:

(✓) Sole source justification is adequate and exempt from competitive bidding requirements per NRS 332.115.

( ) Sole source justification is adequate to justify exemption from competitive bidding requirements per NRS 332._____.

( ) Sole source justification is adequate and exempt from competitive procurement requirements Uniform Guidance 2 CFR Pt. 200.320.

( ) Sole source justification is inadequate and request is returned to department for additional justification, instructions on whether to seek competitive bids for the goods or services requested, or to withdraw the request.

Signature
Purchasing and Contracts Manager
(or authorized representative)

Print Name

Date

March 2026

Stryker is the sole-source provider in the Hospital (hospitals and hospital-owned facilities), Emergency Response Services and Emergency Response Training (paramedics, professional and volunteer fire) markets in the U.S. and Canada for the following products:

- New LIFEPAK® 15 monitor/defibrillators
- New LIFEPAK 20e defibrillator/monitors
- New LIFEPAK CR2 automated external defibrillators
- New LIFEPAK 1000 automated external defibrillators
- New LUCAS® chest compression system
- CODE-STAT™ data review software and service

Stryker is the sole-source provider in all markets for the following products and services:

- RELI™ (Refurbished Equipment from the Lifesaving Innovators) devices
- LIFENET® system and related software
- ACLS (non-clinical) LIFEPAK defibrillator/monitors
- LIFELINKcentral™ Government Campus Solution
- MultiTech 4G and Titan III gateways
- Factory-authorized inspection and repair services which include repair parts, upgrades, inspections and repairs

Stryker does not authorize any third parties to sell these products or services in the markets listed above. We will not fulfill orders placed by non-authorized businesses seeking to resell our products or services. If you have questions, please feel free to contact your local Stryker customer service representative at 800.442.1142.

Sincerely,

Matt Van Der Wende, Vice President, Americas Sales

Copyright © 2022 Stryker
M0000008130 REV AB

Stryker or its affiliated entities own, use, or have applied for the following trademarks or services marks: LIFELINKcentral, LIFEPAK, LUCAS, CODE-STAT, RELI, LIFENET, Stryker. All other trademarks are trademarks of their respective owners or holders. The absence of a product, feature, or service name, or logo from this list does not constitute a waiver of Stryker's trademark or other intellectual property rights concerning that name or logo.

REMSA Health
450 Edison Way
Reno, NV 89502-4140 USA
+17758585700
BOR@remsahealth.com
www.remsahealth.com

INVOICE

BILL TO
Inter-Hospital Coordinating Council - Northern Nevada Public Health
1001 E. 9th Street, Bldg B
Reno, NV 89512

INVOICE # AC-842
DATE 03/01/2026
DUE DATE 03/31/2026
TERMS Net 30

ACTIVITY	AMOUNT
Product LUCAS 3, v3.1 Chest Compression System, Includes Hard Shell Case, Slim Back Plate, (2) Patient Straps, (1) Stabilization Strap, (2) Suction Cups, (1) Rechargeable Battery and Instructions for use With Each Device Quote #11245072	76,816.80

BALANCE DUE **$76,816.80**

For your convenience you can now pay your bill online. Go to http://www.remsa-cf.com to the Helpful Links section, click on the REMSA Bill Pay link and enter your information. You can pay by Debit/Credit Card or Bank Payment. Thank you for your business - we appreciate it very much.

stryker

LUCAS

Quote Number:	11245072	Remit to:	Stryker Sales, LLC 21343 NETWORK PLACE CHICAGO IL 60673-1213 USA
Version:	1	Division:	Medical
Prepared For:	REMSA	Rep:	Sahel Segovia
	Attn:	Email:	sahel.segovia@stryker.com
		Phone Number:	(408) 545-8169
Quote Date:	01/21/2026		
Expiration Date:	04/21/2026		

Delivery Address		**Sold To - Shipping**		**Bill To Account**	
Name:	REMSA	Name:	REMSA	Name:	REMSA
Account #:	20103550	Account #:	20103550	Account #:	20103550
Address:	450 EDISON WAY	Address:	450 EDISON WAY	Address:	
	RENO		RENO		
	Nevada 89502-4117		Nevada 89502-4117		

Equipment Products:

#	Product	Description	Qty	Sell Price	Total
1.0	99576-000063	LUCAS 3, v3.1 Chest Compression System, Includes Hard Shell Case, Slim Back Plate, (2) Patient Straps, (1) Stabilization Strap, (2) Suction Cups, (1) Rechargeable Battery and Instructions for use With Each Device	4	$19,204.20	$76,816.80
				Equipment Total:	$76,816.80

Price Totals:

Estimated Sales Tax (0.000%):	$0.00
Shipping and Handling:	$0.00
Grand Total:	$76,816.80

Prices: In effect for 30 days

Terms: Net 30 Days

PENDING APPROVAL

stryker

LUCAS

Quote Number:	11245072	Remit to:	Stryker Sales, LLC 21343 NETWORK PLACE CHICAGO IL 60673-1213 USA
Version:	1	Division:	Medical
Prepared For:	REMSA	Rep:	Sahel Segovia
	Attn:	Email:	sahel.segovia@stryker.com
		Phone Number:	(408) 545-8169
Quote Date:	01/21/2026		
Expiration Date:	04/21/2026		

Shipping & Handling Includes:
Standard freight, special packaging, semi rigging cranes, labor & delivery of equipment to final location, removal of all packaging, pre-delivery site check, education/training

Terms and Conditions:
Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule. Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency. A copy of Stryker Medical's terms and conditions can be found at https://techweb.stryker.com/Terms_Conditions/index.html.

PENDING APPROVAL

From:	Nomura, Zebulon
To:	Zaski, Kelsey; pburton; tkerfoot; Scott Norman; baldwina; eastmank; Green, Cindy (External Contact); SFD - Klaich, Nick; Kammann, Joseph R
Cc:	Esp, Andrea; Program, EMS
Subject:	Re: Request for Review: Defibtech ARM XR Quote
Date:	Thursday, March 5, 2026 4:06:18 PM
Attachments:	image001.png image002.png image003.png image004.png image005.png image006.png Outlook-htinlmtw.png

---

Hi Kelsey.

We choose the LUCAS 3 because, at the end of the day, reliability is everything. Defibtech has been hit with Class I recalls—the most serious kind—for motor failures linked to patient deaths. That's a massive red flag. Compare that to the LUCAS, where recalls are usually just minor things like labels or bags, and the choice is clear.

When we tested the Defibtech ourselves, the build quality felt cheap and just didn't seem like it would hold up in the field. The three-piece setup is also a dealbreaker: you have to stop CPR just to get the backboard and bridge on, which creates a huge gap in compressions. We know that every minute without CPR drops survivability by 10%, so we're not willing to trade a patient's life for a lower price tag. We're sticking with the device that actually works when it matters most.

Key Recalls & Legal Risks

- Defibtech ARM XR (2024)
  - Class I Recall due to a motor defect that stops compressions; linked to one death and one injury.
- Defibtech RMU-1000/2000 (2021)
  - Software recall for "stalling" during operation.
- Product Liability
  - Law firms are actively seeking plaintiffs for wrongful death suits specifically related to the 2024 ARM XR motor failure.
- LUCAS 3
  - Only minor Class 2 recalls, mostly involving backboards or carrying cases, with no recent history of life-threatening motor defects.

https://www.fda.gov/medical-devices/medical-device-recalls-and-early-alerts/chest-compression-device-recall-defibtech-llc-removes-rmu-2000-arm-xr-chest-compression-device-due

Thanks

Zeb Nomura
EMS Coordinator | Truckee Meadows Fire Protection District
znomura@tmfpd.us | Office: 775.326.6006 | Cell: 775.799.0524
3663 Barron Way, Reno, NV 89511

From: Zaski, Kelsey <KZaski@nnph.org>
Sent: Thursday, March 5, 2026 3:00 PM
To: pburton <pburton@remsahealth.com>; tkerfoot <tkerfoot@remsahealth.com>; Scott Norman <snorman@remsahealth.com>; baldwina <baldwina@reno.gov>; eastmank <eastmank@reno.gov>; Green, Cindy (External Contact) <greenc@reno.gov>; SFD - Klaich, Nick <nklaich@sparksnv.gov>; Kammann, Joseph R <JKammann@tmfpd.us>; Nomura, Zebulon <znomura@tmfpd.us>
Cc: Esp, Andrea <AEsp@nnph.org>; Program, EMS <EMSProgram@nnph.org>
Subject: Request for Review: Defibtech ARM XR Quote

Good afternoon,

The County has requested additional information to better understand the rationale for selecting the LUCAS devices over the Defibtech ARM XR mechanical CPR device, particularly given the more cost-effective pricing of the Defibtech option. Please review the specs provided by Defibtech and attached quote to determine if this may be a viable alternative device. As part of your review, please consider operational, clinical, training, compatibility, and maintenance factors that would support the decision to move forward with LUCAS rather than the ARM XR.

Your feedback will help inform the County's purchasing decision for our HPP grant funding and future funding opportunities and ensure we can clearly articulate the justification for the Lucas device. Please provide any feedback by no later than ***Thursday, March 12th.***

ARM XR Key Differences:

- Lighter Weight: ~16.4 lbs vs. ~20 lbs (assembled) for easier carry and maneuverability.
- Taller Frame Design: More clearance over the chest—accommodates larger patients.
- Variable Compression Depth: Automatically adjusts (1.8–2.2 in); LUCAS 3 uses fixed depth.
- Removable Compression Module: Detaches easily from frame for service and storage.

- Non-Hinged Frame: Simple one-handed attachment to the backboard.
- Larger Volume Suction Cup: Improves suction stability on chest during compressions.
- Battery Design & Bay: Easy hot swaps mid-rescue with minimal interruption.
- Longer Runtime: Up to 60 minutes per charge (vs. ~45 minutes for LUCAS 3).
- Compact Storage: Breaks down into three parts for easy transport and storage.
- Lower Cost: Delivers comparable performance at a more accessible price point.
- Simple Interface: User-friendly design with clearly labeled buttons and LED indicators.

Thank you!

NORTHERN NEVADA
Public Health

Kelsey Zaski *(She/Her)*
Office Specialist
Population Health (Public Health Preparedness and Emergency Medical Services)

M: 775-326-6051
1001 E Ninth St. Bldg. B Reno, NV 89512

NNPH.org

Click here to take our customer satisfaction survey

Chest Compression Device Recall: Defibtech, LLC, Removes RMU-2000 ARM XR Chest Compression Device due to Risk of Device Stopping Compressions

This recall (/medical-devices/medical-device-recalls-and-early-alerts/what-medical-device-recall) involves removing certain devices from where they are used or sold. *The FDA has identified this recall as the most serious type. This device may cause serious injury or death if you continue to use it.*

Affected Product

- RMU-2000 Chest Compression Module
  - Product Name: RMU-2000 ARM XR Chest Compression Device
  - Unique Device Identifier (UDI)/: UDI-DI: 00815098020812, 10815098020819
  - Serial Numbers: See full list.

What to Do

Do not use affected Defibtech RMU-2000 ARM XR Chest Compression Devices (identified by serial numbers).

On July 12, 2024, Defibtech, LLC, sent all affected customers an Urgent Medical Device Safety Removal letter recommending the following actions:

Feedback

- Identify and quarantine affected units.
- If devices were transferred or distributed further, please ensure the recipients are aware of this notice or provide Defibtech with contact information.

Customers will be contacted by Defibtech to arrange for product return and devices will be refunded, repaired, or replaced at no cost.

Reason for Recall

Defibtech, LLC, is recalling RMU-2000 ARM XR Chest Compression Devices due to a problem with the device's motor that may cause it to stop compressions.

The use of affected product may cause serious adverse health consequences, including patient injuries, delay of therapy and death due to a period of time without compressions to circulate oxygen throughout the body.

There has been one reported injury and one report of death.

Device Use

The RMU-2000 ARM XR Chest Compression Device is used to provide chest compressions on adults whose hearts suddenly stop and are not circulating blood throughout the body.

Contact Information

Customers in the U.S. with questions about this recall should contact Defibtech Customer Support: 1-877-453-4507, 7:30AM - 6PM Eastern.

Full List of Affected Devices

- Unique Device Identifier (UDI)/Model: UDI-DI: 00815098020812, 10815098020819
- Serial Numbers:

502000249	502000067	502001052	502000997	502000925
502000248	502000272	502000947	502000288	502000244
502000205	502000211	502001011	502000283	502000965
502000216	502000240	502001001	502000299	502000268
502000217	502001067	502001058	502000293	502000971
502000237	502000933	502000904	502000278	502000994
502000987	502000228	502000233	502000984	502000270
502000235	502001014	502000203	502000209	502000980
502000246	502000995	502000291	502000914	502000224
502000946	502001057	502000210	502000242	502000245
502000236	502001056	502000983	502000287	502000945

502000948	502001015	502000202	502000218	502000942
502000247	502000961	502001003	502000297	502000250
502000953	502000970	502000962	502000267	502000212
502000262	502000949	502000921	502000908	502000903
502000952	502000951	502000918	502000072	502000260
502001047	502000269	502000928	502000222	502000935
502000968	502000221	502000241	502000934	502001073
502000991	502000215	502000913	502000944	502000969
502001012	502000271	502000280	502000998	502001002
502000930	502000257	502000234	502000284	502000999
502001048	502000959	502000907	502000929	502000993
502001013	502000910	502000064	502000226	502001017
502000252	502000261	502000231	502001055	502001049
502000967	502000916	502000938	502001054	502000255
502000977	502000259	502000927	502000265	502000274
502000253	502000256	502000238	502000986	502000905
502000926	502000204	502000939	502000954	502000298
502000229	502000227	502000963	502001007	502000989
502000915	502000074	502000296	502001010	502000931
502000982	502000225	502001006	502001068	502000901
502000285	502000220	502000263	502000277	502000923
502000219	502000958	502000996	502001009	502000258
502000956	502000941	502000950	502000912	502000213
502000275	502000294	502000243	502001004	502000292
502000232	502000966	502001053	502000957	502000900
502000078	502000937	502000978	502000239	502000207
502000223	502001050	502001016	502000975	502000266
502000932	502000206	502000964	502000917	502000273
502000922	502001008	502001051	502000286	
502000943	502000279	502000909	502000282	
502000068	502000254	502000251	502000911	

Additional FDA Resources

- FDA's Enforcement Report (https://www.accessdata.fda.gov/scripts/ires/index.cfm?Product=208977)
- Medical Device Recall Database entry (https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfRES/res.cfm?id=208977)

Additional Company Resources

- Defibtech Recall Letter (https://www.defibtech.com/site/assets/files/9018/rmu_fa_2024.pdf) (http://www.fda.gov/about-fda/website-policies/website-disclaimer) [07/12/2024]

Unique Device Identifier (UDI)

The unique device identifier (UDI) helps identify individual medical devices sold in the United States from manufacturing through distribution to patient use. The UDI allows for more accurate reporting, reviewing, and analyzing of adverse event reports so that devices can be identified, and problems potentially corrected more quickly.

- How do I recognize a UDI on a label? (/medical-devices/unique-device-identification-system-udi-system/udi-basics)
- AccessGUDID database - Identify Your Medical Device (https://accessgudid.nlm.nih.gov/)
- Benefits of a UDI System (/medical-devices/unique-device-identification-system-udi-system/benefits-udi-system)

How do I report a problem?

Health care professionals and consumers may report adverse reactions or quality problems (https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home) they experienced using these devices to MedWatch: The FDA Safety Information and Adverse Event Reporting Program.

Was this page helpful? * (required)

Yes

No

Submit

An official form of the United States government. Provided by Touchpoints

Sales Quote QUO081709

Coro Medical LLC

416 Mary Lindsay Polk Dr
Suite 505
Franklin, TN 37067

Document Date

January 19, 2024

Quote Expiration Date

March 19, 2024

Bill-To Address

Northern Nevada Public Health
Kelsey Zaski
1001 N. Ninth Street
Building B
Reno, NV 89512
USA

Ship-to Address

Northern Nevada Public Health
Kelsey Zaski
1001 N. Ninth Street
Building B
Reno, NV 89512
USA

Salesperson

Luke Fonash

Payment Terms

Net 30 days

No.	Description	Quantity	Unit	Unit Price	Line Amount
RCF-A1000EN	Defibtech ARM	3	Each	9,300.00	27,900.00
	Includes:				
	1-Year Warranty				
	ARM CPR Compression Device				
	Defibtech ARM Patient Backboard				
	Defibtech ARM Device Carry Case				
	Defibtech ARM Rechargeable Battery (RBP-1000)				
	Defibtech ARM Patient Wrist Straps (RSS-G1010GG)				

	Defibtech ARM Stabilization Strap (RSS-1000)
	Defibtech ARM Patient Interface Pad - 3pk (RPP-1003)
	Defibtech ARM AC Adaptor (RPM-1000)
	External power cable (AC 110v)
	Instruction Manual

Subtotal	27,900.00
Total Tax	0.00
Total $	**27,900.00**

Amount Subject to Sales Tax	0.00
Amount Exempt from Sales Tax	27,900.00