

PROJECT APPLICATION

Confidentiality

All information contained in this Application will be treated confidentially to the extent permitted by law (see "Certification" section IV of this Application). Under the New York State Freedom of Information Law, information must be disclosed unless such information contains trade secrets (which, if disclosed, would cause irreparable harm). Please indicate which information provided in this Application constitutes trade secrets with an explanation as to why in a letter accompanying this Application. The letter should be addressed to the New York City Industrial Development Agency.

Are you applying for the: Bond Program
 Small Industry Incentive Program
 Industrial Incentive Program

(SIIP, if annual revenues are less than \$5 million and IIP, if annual revenues are greater than \$5 million)

By what date do you wish to close the proposed project financing? JULY 31, 2001

I. Applicant Information	
Applicant's Name:	<u>TRI-STATE SURGICAL SUPPLY & EQUIPMENT LTD</u>
Address:	<u>409 HOYT STREET BROOKLYN, NEW YORK 11231</u>
Phone/Fax Numbers:	<u>(718) 624-1000 (718) 624-0666</u>
IRS Employer ID Number:	<u>[REDACTED]</u>
S.I.C. Code:	<u>421990</u>
NY State Dept. of Labor Number (if applicable)	

Officer of Applicant completing this application (contact person):

Name: GEORGE HOFFMANN Title: PRESIDENT
 Phone #: (718) 624-1000 Fax #: (718) 624-0666

Applicant's operation: Manufacturing Service Wholesale Other

Brief description of business: WHOLESALE DISTRIBUTOR OF MEDICAL SUPPLIES

To describe what kind of entity Applicant is, please check one of the following:

Public Corp. Private Corp. General Partnership Limited Partnership C Corp. S Corp.
 Limited Liability Company Other (specify) _____

Applicant's State of Incorporation or Registration: NEW YORK

States in which Applicant is qualified to do business: NEW YORK

Applicant's Attorney: Name: AARON FEINBERG Phone #: (718) 3397224 Fax #: (718) 82-1091

Firm and Address: AARON FEINBERG & ASSOC. 1777 EAST 10 STREET BROOKLYN NY 11223

Applicant's Accountant: Name: SAM SONNENSCHINE Phone #: (212) 2190220 Fax #: (212) 2199052

Firm and Address: BRAND, SONNENSCHINE & CO. LLP 377 BRO ADWAY NEW YORK NY 10013

II. PROJECT INFORMATION

1. Please briefly describe the proposed project; if machinery and equipment is to be acquired, please list the type: 2 PROPERTIES FOR OFFICE USE AND WAREHOUSING FACILITY

2. Please give best estimates for all anticipated costs and proposed sources of financing involved in the project:

<u>Uses of Funds</u>		<u>Sources of Funds</u>	
Land & Building (Acquisition)	<u>3,250,000</u>	Bonds	_____
New Construction	_____	Loans (Please Identify Sources)	<u>3,200,000</u>
Renovations/Building Improvements	_____	Company funds	<u>200,000</u>
Machinery/Equipment	_____	Officer Equity/Loans	_____
Fees/Other Soft Costs	<u>150,000</u>	Other Sources (Please Identify)	_____
Other (explain)	_____		
Total Project Costs	<u>3,400,000</u>	Total Project Sources	<u>3,400,000</u>

Please explain costs, loans and other sources of funding on a separate sheet.

3. Please provide the following information relating to the proposed project site.

Street Address & Borough	Block Lot & Section Number	Square Footage of Land	Square Footage of Building	Currently Owned or Leased	Number of Floors including Basement	Zoning
66 FOURTH STREET BURLYN	471-110		10,000		1	M1-2
106-114 THIRD STREET	465-29					
120 THIRD STREET	465-33	3600	24600		1	M1-2

4. Please provide the following information regarding all present and proposed tenant(s) and sub-tenant(s) at the proposed project site, their percentage of occupancy, and affiliation with the Applicant.

Name Contact & Phone	Affiliation with Applicant	Square Feet & Floors (Percent of Occupancy)	Lease Expiration	Tenant Business
LENIVM AIR	NONE	3000 SQ FT. 9%	MAR 31, 2002	A/C, HEATING

5. Provide street address, borough or town, for premises which you currently own or lease, even if you don't occupy same. Do you plan to terminate/sell/vacate/remain at such premises? With respect to currently leased premises, provide the name and address of the landlord and the expiration date of the lease term. Please provide additional details on an attached sheet.

Property Location	Borough/Town	Own/Lease	Landlord	Lease Expiration	Planned Disposition
409 HOYT STREET	BROOKLYN	LEASE	SBH, LLC	MAY 2002	REMAIN

6. Is there a relationship, by virtue of common control or through related persons, directly or indirectly, between the Applicant and the present owner of the project site?

YES NO If yes, please provide all details on attached sheet.

7. Will a real estate holding company, limited liability company, or partnership be formed to own the project or premises?

YES NO

If yes, please provide the name and address of same, the kind of entity (corporation, partnership, etc.), and its officers, partners, shareholders, members, and their respective percentage ownership, etc.

AN LLC WILL OWN THE PROPERTY.

OFFICER: GEORGE HOFFMANN

SOLE SHAREHOLDER: GEORGE HOFFMANN (100%)

III. DUE DILIGENCE

1. List name(s), address(es), and phone and fax numbers of any other entity in which, directly or indirectly, Applicant or any of its shareholders, partners, directors, or officers individually or collectively hold 5% or more of the stock or ownership interest (an "Affiliate"). Please include real estate holding companies if applicable.

Entity Name	Address	Phone/Fax Number	Percent Interest
TRI STATE SURGICAL WEST	4353 N. MOZART STREET CHICAGO	(773) 624-	100%
HLL LABORATORIES INC	409 HOYT STREET BROOKLYN	1000	100%
MBS, LTO	25-35 FOULCH STREET BROOKLYN	SAME	100%
SBH, LLC	409 HOYT STREET BROOKLYN	SAME	100%

2. Has Applicant or any of its Affiliates ever received, or is currently receiving, financial assistance or any other kind of discretionary benefit from any governmental entity or agency, including the New York City Industrial Development Agency ?

YES NO If yes, please provide all details on attached sheet.

3. Has the Applicant, or any existing or proposed tenant of the proposed project facility, or any person related to any of the foregoing, received or benefitted from within the past six months, or is contemplating to receive or benefit from within the next six months, tax-exempt financing anywhere within the United States?

YES NO If yes, please provide all details on attached sheet.

4. Has Applicant, or any stockholder, partner, officer or director, or any entity with which any of the foregoing individuals have been associated, ever been adjudicated bankrupt or placed in receivership, or otherwise been the subject of a bankruptcy or similar proceedings (prior or current)?

YES NO If yes, please provide all details on attached sheet.

5. Have any of Applicant's stockholders, partners, officers or directors ever been convicted of any criminal proceedings?

YES NO If yes, please provide all details on attached sheet.

6. Is Applicant, or any stockholder, partner, officer or director of Applicant, a plaintiff or defendant in any civil or criminal proceedings?

YES NO If yes, please provide all details on attached sheet.

7. If you responded yes to the previous two questions, in what litigation is Applicant, or any of the individuals and entities currently involved, either as plaintiffs or as named defendants? Provide all details on attached sheet.

8. Does Applicant have any contingent liabilities? (e.g., pending claims; federal, state or local tax liabilities; judgment liens; other liens, etc.)

YES NO If yes, please provide all details on attached sheet.

9. Has Applicant filed all required tax returns with appropriate governmental jurisdictions entities?

YES NO If no, please provide all details on attached sheet.

Please provide the following information:

10. Company Principals (please attach a brief resume)

Name	Title	Address	Social Security Number	Date of Birth
GEORGE HOFFMANN	PRES.	1245-55 ST BROOKLYN	13 [REDACTED]	06-28-47

11. Major Customers

Company Name	Address	Phone/Fax	Contact Person	Percent of Sales

NO MAJOR CUSTOMERS THAT REPRESENT ANY SIGNIFICANT PERCENTAGE OF SALES.

12. Major Suppliers

Company Name	Address	Phone/Fax	Contact Person
ROSS LABS	999 CRUPPER AVE. COLUMBUS OHIO	(800) 551-5837	
KENDALL	15 HAMPSHIRE ST. MANSFIELD MA	(800) 962-9888	
ALLEGIANCE	POB 13802 NEWARK N.J.	(800) 365-6021	

13. Unions

Union	Address	Phone/Fax	Contact Person	Contract Expiration
UNITED PRODUCTION	735 WYTHE AVE. BRUNN	(718) 875-2140	MR. ISAACSON	MAR 31, 2002

14. Banks

Bank Name	Contact Person	Phone/Fax	Type of Account
FLEET BANK	MARY GELORMINO	(718) 403-6632	CHECKING
	FAY	(718) 403-6603	REVOLVING LINE OF CREDIT

IV. CERTIFICATION

TRI-STATE SURGICAL SUPPLY

I, the undersigned, request on behalf of AND EQUIPMENT LCO. ("Applicant") that this Application, including financial data and any tax returns submitted herewith, be submitted for review by the Board of Directors of the New York City Industrial Development Agency ("IDA"). I hereby certify that the information contained herein and in the attachments hereto, are, to the best of my knowledge and belief, accurate, true and correct. I understand that any intentional misstatements or misleading information contained herein, or the omission of relevant information, could be cause for rescission of IDA approval and IDA benefits. Further, I fully understand and accept the fees associated with the IDA program, including but not limited to the IDA Closing Fee; I fully understand and accept the benefit package I am to receive under the IDA program; and I acknowledge receipt from the IDA of a memorandum explaining legal, insurance and various real estate related requirements, all of which will be necessary for the contemplated project.

On behalf of Applicant, I hereby acknowledge and agree that Applicant shall be, and is responsible for, and shall promptly pay all costs incurred by the IDA, in connection with document negotiations, closing and, where applicable, bond issuance and sale, whether or not closing occurs and whether or not bond issuance and sale occur in applicable instances. The aforesaid costs, and Applicant's obligation hereunder to pay for same, shall include, but not be limited to, attorney's fees. Applicant's obligations hereunder are absolute and shall in no event be contingent upon closing.

On behalf of myself, all other principals of Applicant, and Applicant, I hereby authorize the IDA and the New York City Department of Investigation (DOI) to initiate their background clearance procedure with respect to myself, all other principals of Applicant, and Applicant. I, all other principals of Applicant, and Applicant agree to give the DOI permission to secure all necessary personal data from all relevant sources, public and private, and I, all other principals of Applicant, and Applicant further agree to cooperate in all phases of the DOI background and clearance procedure. I, all other principals of Applicant, and the Applicant agree to hold the IDA and the City of New York harmless with respect to any claims for injury, damage, loss or expense which may arise should the above mentioned background clearance procedure not be completed satisfactorily.

On behalf of Applicant and its existing and future affiliates, I authorize any private or governmental entity, including but not limited to The New York State Department of Labor ("DOL"), to release to the IDA and/or to the New York City Economic Development Corporation ("EDC"), and/or to the successors and assigns of either (collectively, the "Information Recipients"), any and all employment information under its control and pertinent to Applicant and its existing and future affiliates and the employees of same. In addition, upon the IDA's request, Applicant shall provide to the IDA any employment information in Applicant's possession or in the possession of any of Applicant's existing and future affiliates, which is pertinent to Applicant and Applicant's existing and future affiliates and the employees of same. Information released or provided to Information Recipients by the DOL, or by any other governmental entity, or by any private entity, or by Applicant itself (collectively, "Employment Information"), may be disclosed by the Information Recipients in connection with the administration of the programs of the IDA, and/or EDC, and/or the successors and assigns of either, and/or the City of New York, and/or as may be necessary to comply with law; and, without limiting the foregoing, the Employment Information may be included in (x) reports prepared by the Information Recipients pursuant to New York City Local Law 69 of 1993, (y) other reports required of the IDA, and (z) any other reports required by law. If the IDA approves this Application and the IDA Board of Directors approves the financing project which is the subject of this Application, this authorization shall remain in effect through the term of the financial assistance documents which the Applicant and the IDA will enter into at closing. If the IDA does not approve this Application, and/or the IDA Board of Directors does not approve the project which is the subject of this Application, this authorization shall remain in effect through the earlier to occur of the aforesaid decisions not to approve.

I, all other principals of Applicant, and Applicant, understand that the IDA may be requested to disclose the information contained in this Application and the attachments hereto, under applicable disclosure laws, or at the request of investigative law enforcement or other governmental bodies. On behalf of myself, all other principals of Applicant, and Applicant, I authorize the IDA to disclose any such information, under such law or where so requested, and I, all other principals of Applicant and the Applicant release the IDA from any liability to the Applicant, all other principals, and/or myself for such disclosure. I also authorize the IDA at its discretion to transmit this Application, including any financial data or tax returns submitted herewith, to the IDA's financial advisors.

On behalf of Applicant, I acknowledge and agree that the IDA reserves the right to require Applicant to submit at Applicant's sole expense, such other documentation as the IDA may require in addition to the documentation required hereunder, and that all such documentation, whether requested hereunder or hereafter, shall be provided at Applicant's sole cost and expenses, and shall be in form and substance satisfactory to the IDA.

Approval of this Application may only be granted by the IDA's Board of Directors through the Board's adoption of an inducement or authorizing resolution for the project described in this Application. Additionally, it is understood and agreed that the \$2,500 Application fee accompanying this Application is non-refundable, regardless of whether or not this Application is so approved. Applicant acknowledges and accepts that: the \$2,500 Application fee will accrue toward payment of the IDA Closing Fee should closing occur; and if and when the IDA's Board of Directors approves this Application, the Agency may additionally require Applicant to pay at such time an amount equal to 1/10 of a percent of the bond/project amount (as applicable), which payment shall also accrue toward payment of the IDA Closing Fee should closing occur.

Date:

APRIL 20, 2001

Certification By:

Signature of Chief Executive Officer

GEORGE HOFFMANN

Printed Name

Attested By:

Chief Financial Officer/Secretary

GEORGE HOFFMANN

Printed Name