

The following summary illustrates a projected year's income and expenses for the subject practice which incorporates a 4% increase in fees and overhead expense but no increase in production. Although all variable expenses are included, fixed expenses that will not be duplicated are not included. This summary is not a representation or warranty of future practice performance. Purchasers should obtain legal and accounting counsel prior to any purchase decision. **NOTE: Practice price does not include accounts receivable.**

<b>PRACTICE INCOME</b>				
EXPECTED GROSS COLLECTION INCREASE			\$844,693	100.0%
	HYGIENE COMPONENT		\$287,196	34.0%
	DENTIST COMPONENT		\$557,497	66.0%
	RETAINED SELLER		\$0	0.0%
	ASSOCIATE		\$0	0.0%
	PURCHASER		\$557,497	66.0%
<b>VARIABLE EXPENSE INCREASE</b>				
	WAGES, PAYROLL TAX, ETC.		\$227,455	26.9%
	LABORATORY		\$51,736	6.1%
	CLINICAL SUPPLIES		\$75,790	9.0%
	OTHER VARIABLE EXPENSE		\$13,540	1.6%
TOTAL VARIABLE EXPENSE INCREASE			\$368,521	43.6%
<b>FIXED EXPENSE INCREASE</b>				
	RENT		\$0	0.0%
	PHONE, UTILITIES		\$3,000	0.4%
	LEGAL & ACCOUNTING		\$3,500	0.4%
	INSURANCE		\$1,500	0.2%
	OTHER FIXED EXPENSE		\$5,609	0.7%
TOTAL FIXED EXPENSE INCREASE			\$13,609	1.6%
<b>DEBT SERVICE INCREASE</b>				
	INTEREST		\$48,784	5.8%
	PRINCIPAL		\$67,251	8.0%
TOTAL DEBT SERVICE - THIS IS BREAK-EVEN RETENTION PERCENTAGE			\$116,034	13.7%
<b>SUMMARY</b>				
EXPECTED INCREASED COLLECTIONS			\$844,693	100.0%
EXPECTED INCREASED EXPENSES			\$382,130	45.2%
EXPECTED INCREASED DEBT SERVICE			\$116,034	13.7%
EXPECTED INCREASED NET INCOME & PERCENT OF PERSONAL PRODUCTION			\$346,529	62.2%
PURCHASER PRODUCED PRODUCTION			\$557,497	66.0%
EQUITY INCREASE & PERCENT OF PERSONAL PRODUCTION			\$67,251	12.1%
TAX SAVINGS FROM DEPRECIATION & PERCENT OF PERSONAL PRODUCTION			\$28,180	5.1%
TOTAL ECONOMIC BENEFIT-CASH, TAX SAVINGS, EQUITY & % PERSONAL PROD.			\$441,959	79.3%
<b>THIS CASH FLOW EXAMPLE IS BASED ON THE FOLLOWING ASSUMPTIONS:</b>				
	SALES PRICE & PERCENT OF GROSS		\$560,000	69%
	WORKING CAPITAL		\$41,000	4.9%
	TOTAL LOAN		\$601,000	71.2%
	LOAN INTEREST RATE		9.00%	
	LOAN TERM IN MONTHS		84	
	MONTHLY PAYMENT		\$9,670	13.7%
	ESTIMATED MONTHLY HYGIENE/ASSOC PROFIT		\$14,360	20.4%

**Rocky Mount, North Carolina****MERGER DATA SUMMARY FOR PRACTICE NUMBER 8661**

The following data is provided by the owner of the practice. It is believed to the best of the owner's knowledge to be a true and accurate representation of the facts of the practice. It is the responsibility of any purchaser to verify all information contained herein and to seek qualified counsel in the interpretation and verification thereof.

**OFFICE DATA**

SQUARE FOOTAGE OF OFFICE	2,182
EXPANDABLE FOOTAGE	None
CURRENT MONTHLY RENTAL i.e. "1200" PRICE PER SQUARE FOOT	
IS OFFICE HANDICAPPED ACCESSIBLE?	Yes
NUMBER OF PARKING SPACES	15 spaces
PROXIMITY OF PARKING PLACES	Font door
NUMBER OF OPERATORIES EQUIPPED FOR DENTIST	2
NUMBER OF OPERATORIES EQUIPPED FOR HYGIENIST	4
NUMBER OF PLUMBED BUT UNEQUIPPED OPERATORIES	
NUMBER OF UNPLUMBED EMPTY OPERATORIES	
DATE OF LEASE i.e. "1/1/99"	
DATE LEASE ENDS - i.e. "1/1/04"	
TERM OF LEASE IN YEARS i.e. "5"	
YEARS REMAINING ON LEASE i.e. "2.5"	
RENEWAL OPTIONS	
DO YOU OWN YOUR BUILDING? "YES" OR "NO"	Yes
DO YOU WISH TO SELL THE BUILDING? "YES" OR "NO"	No
PRICE OF BUILDING	
IF NOT FOR SALE, MO. RENTAL AMOUNT	\$3,000
ANNUAL REAL ESTATE TAXES	\$3,914
ANNUAL REAL ESTATE INSURANCE COST	
PURCHASER MORTGAGE INTEREST RATE	7.00%
PURCHASER MORTGAGE TERM - YEARS	15
PURCHASER MONTHLY PAYMENT	
PURCHASER CURRENT MONTHLY RENT PRICE PER SQUARE FOOT	\$16.50

**WORK SCHEDULE**

PLANS AFTER SALE OF PRACTICE	
DAYS/WEEK CURRENTLY WORKED	4
ENTER DESIRED DAYS WORKED FOR NEW BUYER SALE	
DESIRED WORK DAYS/WEEK 1ST YR	0
DESIRED WORK DAYS/WEEK 2ND YR	0
DESIRED WORK DAYS/WEEK 3RD YR	0
DESIRED WORK DAYS/WEEK 4TH YR	0
DESIRED WORK DAYS/WEEK 5TH YR	0
DESIRED WORK DAYS/WEEK 6TH YR	0

<b>PRACTICE DATA</b>	
WHAT CONSULTANT USED IN PAST 5 YRS	No
RESULTS	
DESCRIBE INTERNAL MARKETING	
DESCRIBE EXTERNAL MARKETING	Yellow pages listing
HAS GROSS CHANGED SIGNIFICANTLY? WHY?	
<b>PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA &amp; REDUCED FEE PLANS</b>	
ESTIMATE NUMBER OF PTS LAST 18 MONTHS	1,500
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	21
AVERAGE NUMBER PTS TREATED PER DAY BY DENTIST	9
AVERAGE NUMBER PTS TREATED PER DAY BY HYGIENIST	8
HOW FAR AHEAD IS DENTIST SCHEDULED?	
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	six months
% PRACTICE INCOME FROM CASH	45%
% OF PATIENTS PAYING CASH	40%
% PRACTICE INCOME FROM INSURANCE	55%
% OF PATIENTS WITH INSURANCE	60%
% PRACTICE INCOME FROM HMO	
% OF PATIENTS WITH HMO	
% PRACTICE INCOME FROM PPO	
% OF PATIENTS WITH PPO	
% PRACTICE INCOME FROM CAPITATION	
% OF PATIENTS WITH CAPITATION	
% PRACTICE INCOME FROM MEDICAID	
% OF PATIENTS WITH MEDICAID	
% PRACTICE INCOME WITH REDUCED FEE PLANS	
% OF PATIENTS WITH REDUCED FEE PLANS	
<b>PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA &amp; REDUCED FEE PLANS</b>	
OFFICE HOURS	MONDAY 8:30 am - 5:00 pm
	TUESDAY 8:30 am - 5:00 pm
	WEDNESDAY 8:30 am - 5:00 pm
	THURSDAY 8:30 am - 5:00 pm
	FRIDAY 8:30 am - 1:00 pm when open. Used for staff training/doctor CE.
	SATURDAY
DENTIST HOURS WORKED PER WEEK	38
HYGIENIST HOURS WORKED PER WEEK	56
ASSOCIATE HOURS WORKED PER WEEK	
DENTIST PATIENT VISITS PER YEAR	1,900
HYGIENE PATIENT VISITS PER YEAR	2,800
NUMBER OF DAYS WORKED PER YEAR	205
NUMBER OF WEEKS WORKED PER YEAR	48
ACTUAL ACCOUNTS RECEIVABLE BALANCE	\$64,398
SIX WEEKS ACCOUNTS RECEIVABLE	\$97,465
WHAT IS YOUR COLLECTION PERCENTAGE	99%
WHAT TYPE RECALL SYSTEM	
WHAT TYPE COMPUTER SYSTEM	Dentrix

<b>WHAT % OF THE PRACTICE INCOME IS:</b>	
HYGIENIST PRODUCTION	34%
OPERATIVE	52%
PEDODONTICS	0%
ORTHODONTICS	0%
IMPLANTS	0%
REMOVABLE PROSTHETICS	4%
FIXED PROSTHETICS	3%
ENDODONTICS	2%
PERIODONTICS	0%
ORAL SURGERY	4%
COSMETIC	0%
TMJ TREATMENT	0%
SOFT TISSUE MANAGEMENT	0%
OTHER	1%
TOTAL	100%
<b>MARKET FACTOR DATA</b>	
EQUIPMENT FACTOR SCALE 0% - 100%	90%
LOCATION DEMAND SCALE 0% - 100%	50%
PLAN / MEDICAID PRACTICE %	
ANNUAL FEE INCREASE %	4%
ANNUAL OVERHEAD INCREASE %	4%
<b>FEE SCHEDULE</b>	
ADULT PROPHY 01110	\$68
GOLD INLAY 02540	\$840
TWO SURFACE POSTERIOR COMPOSITE 02392	\$185
TWO SURFACE AMALGAM 02150	\$144
CORE BUILD-UP INCLUDING PINS 02950	\$194
GOLD / PORCELAIN CROWN 02750	\$875
ANTERIOR CANAL ROOT CANAL 03310	\$600
BICUSPID ROOT CANAL 03320	\$750
LABIAL PORCELAIN VENEER 02962	\$826
AVERAGE OF FEES	\$498
PERCENT OF FEE PARITY	89%
<b>DEMOGRAPHIC DATA</b>	
WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	57,000
WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA	100,000 to 150,000
APPROXIMATE NUMBER OF GENERAL DENTAL PRACTICES WITHIN	10
MAJOR EMPLOYERS IN AREA	one
	Nash Hospital, Hospira, Consolidated Diesel, RBC Bank, Boddie-Noell Enterprises, MBM Corp. Cheesecake Factory
DESCRIBE ANY MAJOR ECONOMIC CHANGES IN YOUR DRAWING AREA	Stable

<b>STAFF DATA</b>			
DESCRIBE STAFF BY POSITION AS TO	ANNUAL SALARY	WILL POSSIBLY STAY?	YEAR HIRED
RECEPTIONIST	\$48,350	Yes	1983
OFFICE MANAGER	\$ _____	_____	_____
RECEPTIONIST	\$ _____	_____	_____
ASSISTANT	\$44,050	Yes	2000
ASSISTANT	\$33,000	Yes	2009
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
HYGIENIST	\$68,700	Yes	1990
HYGIENIST	\$67,900	Yes	2003
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
LAB TECHNICIAN	\$ _____	_____	_____
LAB TECHNICIAN	\$ _____	_____	_____
OTHER _____	\$ _____	_____	_____
OTHER			
DESCRIBE FRINGE BENEFITS AND VALUE	Retirement contributions, vacation, well-pay incentives		
DO YOU HIRE ANY UNPAID FAMILY MEMBERS	No		
DESCRIBE DUTIES			
ESTIMATED ANNUAL VALUE OF ABOVE			
<b>PRODUCTION CENTERS</b>			
	YEAR TO DATE	LAST YEAR	TWO YEARS AGO
ENTER YEAR	_____ TO _____	2009	2008
GROSS PRODUCTION	\$ _____	\$868,856	\$888,862
HYGIENISTS	\$ _____	\$297,803	\$294,743
OWNER	\$ _____	\$571,053	\$594,119
ASSOCIATE	\$ _____	\$ _____	\$ _____
ASSOCIATE	\$ _____	\$ _____	\$ _____
ASSOCIATE	\$ _____	\$ _____	\$ _____
ENTER ASSOCIATE SALARY IN DOLLARS IF FIXED			
ENTER ASSOCIATE COMMISSION PERCENTAGE			
ENTER HYGIENIST SALARY IN DOLLARS IF FIXED			
ENTER HYGIENIST COMMISSION PERCENTAGE			
<b>CONFORMITY DATA</b>			
DOES YOUR PRACTICE MEET OSHA STANDARDS?	Yes		
WHY NOT			
DOES YOUR PRACTICE MEET CDC STANDARDS?	Yes		
WHY NOT			
DOES PRACTICE MEET ALL GOVERNMENTAL REGULATIONS?	Yes		
EXPLAIN ANY DISCREPANCIES			
HAVE YOU HAD ANY DISCIPLINARY ACTION IN LAST 7 YRS	No		
EXPLAIN			
HAVE YOU HAD ANY PRACTICE RELATED SUITS FILED	No		
AGAINST YOU IN THE PAST TEN YEARS? EXPLAIN			
DESCRIBE ANY HEALTH PROBLEMS WHICH WOULD AFFECT	None		
YOUR PRACTICE OF DENTISTRY			