

MEMO OF DIRECTION

Dated: _____

From: _____

I have been successfully engaged in the practice of dentistry at

_____,
for the past _____ years. In the event I should be unable to continue my practice by reason of my death or disability, I believe that it will be absolutely essential to sell my practice as soon as practicable, in order to preserve its value for myself, my spouse and my family, as the case might be.

I have evaluated the services provided by Wolff Dental Services Group, LLC d/b/a ADS MidAmerica Dental Practice Sales, 6220 Arlington, Raytown, Missouri 64133 (“MidAmerica”), (816)358-6782 and have concluded that MidAmerica shares my view with respect to the urgency connected with the disposition of a dental practice in the event of the death or disability of the principal.

With that in mind, I authorize and direct my personal representative, my surviving spouse, my surviving family members or my successor, as the case might be, to promptly seek the assistance of MidAmerica, (including the use of its temporary staffing assistance if deemed appropriate) and enter into its standard agency agreement providing for a determination of the estimated value of my practice, the identification of prospective purchasers of my practice and assistance in the culmination of any transfer transaction.

Dentist

Witness: _____ Date: _____

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