

**EXHIBIT A-2  
PARTICIPATING MEMBER DESIGNATION FORM**

**CONTRACTOR:** Fastenal Company  
**CONTRACT NUMBER:** PP-FA-261  
**PRODUCT CATEGORY:** Maintenance, Repair and Operations

**1. Tier.** The undersigned Participating Member hereby designates the following desired tier under the above-referenced Premier Purchasing Partners, L.P. Group Purchasing Agreement:

**a. Select one Tier by initialing below**

Member Initials	TIERS	TOTAL PRODUCT PURCHASED ( PER CALENDAR YEAR)
	TIER 1	Access Pricing

Seller's SMARTSTORE program is a vending program that allows the Participating Member to have Products located onsite via a vending machine. **See Exhibit M.**

**2. Aggregation Pricing Option.** By initialing where indicated below, the undersigned Participating Member or Participating Member group purchasing organization ("GPO") hereby elects to invoke the Aggregation Pricing Option whereby such Participating Member which operates multi-facility systems and has the ability to coordinate the purchasing decisions of such facilities, or such entity that has an established network of facilities for purposes of group purchasing, shall be entitled to aggregate the purchasing volume within their respective systems and networks in order to meet the tier designated in Item 1 above. In order to invoke this election, the undersigned must be a Participating Member that is able to coordinate the purchasing decisions of the facilities it wishes to aggregate or a GPO with members that are Participating Members. Attached hereto as Schedule 1 is a list of all such facilities. The undersigned Participating Member or GPO shall be responsible for updating such list on an annual basis. The undersigned Participating Member or GPO hereby elects to invoke the Aggregation Pricing Option: **Participating Member's (or GPO's) Initials:** \_\_\_\_\_

**3. Automatic Substitution.** By initialing where indicated below, the undersigned Participating Member hereby authorizes and directs its Authorized Distributors to automatically substitute any generically equivalent Product covered under the above-referenced Group Purchasing Agreement in lieu of any Product described in such Participating Member's purchase orders which is not covered under such agreement. The undersigned Participating Member hereby elects to invoke Automatic Substitution: **Participating Member's Initials:** \_\_\_\_\_

Participating Member's Primary Distributor: \_\_\_\_\_ Secondary Distributor: \_\_\_\_\_

**The undersigned Participating Member hereby acknowledges and confirms the above designations.**

**Hospital/GPO** \_\_\_\_\_  
 Print Name of Person Signing \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Title of Person Signing \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Date Signed \_\_\_\_\_  
 Entity Code \_\_\_\_\_  
 Print Name of Participating Member \_\_\_\_\_  
 Address \_\_\_\_\_  
 City and State \_\_\_\_\_

**Contractor** \_\_\_\_\_  
 Print Name of Person Signing \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Title of Person Signing \_\_\_\_\_  
 Date Signed \_\_\_\_\_

**Upon completion, please submit this form to both Contractor and Premier.**

**Contractor Information –  
 Fax: 507-494-6423**

**Premier, Inc. –  
 Fax: 704.816.3509**

