Exhibit X

| OSC Use Only: |
|---|
| Reporting Code: |
| Category Code: |
| Date Contract Approved: |

**FORM A**

State Consultant Services - Contractor's Planned Employment

From Contract Start Date Through The End Of The Contract Term

State Agency Name: SUNY Upstate Medical University — Agency Code: 28110

Contractor Name: Upstate Medical Anesthesiology Group, Inc — Contract Number: C/X-507597

Contract Start Date: 07/01/2025 | Contract End Date: 06/30/2026

| Employment Category | Number of Employees | Number of hours to be worked Annually | Amount Payable Under the Contract |
|---|---|---|---|
| Locum Anesthesiologists | 3 | 2080 | 3,227,380.00 |
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Name of person who prepared this report: Jennifer Eckrich, MHA

Title: Business Manager — Phone #: 315-464-5205

Preparer's Signature: _____

Date Prepared: 08/15/2025

(Use additional pages, if necessary)