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PROPOSAL FOR THE DEVELOPMENT OF MINI CLINICS & MINI HOSPITALS IN SOUTH AFRICA

Nelson Mandela said:

"In the face of the grave threat posed by HIV/Aids, we have to rise above our differences and combine our efforts to save our people. The challenge is to move from rhetoric to action, and action at an unprecedented intensity and scale. There is a need for us to focus on what we know works."

Nelson Mandela's speech at closing the 13th International AIDS Conference in Durban, 2000



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Introduction

Green EPD Builders is focusing on concept combination of logic and latest green technology developments which can help million of people in the world. We at Green EPD focuses on the hospitals, clinics, schools, housing, hotels & lot more with Green technology, which makes self dependent to consumer to use that property. We have design properties which will not need or minimal grid power by collaborating various sources of renewable energy in developing the product and also concept configuration of technology which makes easy on consumer to use our products.

We mean by 'Green EPD' is Green Engineering, Procuring and Development of buildings with new concepts, where we do all in all work from Designing to inauguration of the project with US standards and with well economize way, where long term benefits are huge for end consumer.

Global Green Mini Clinic offer most versatile, simple, easy, extremely appealing and problem solving way out for billions of remote and village locations globally. Green EPD developed Global Green Mini Clinic not because it envisions huge development in B R I C countries or African countries, but because we believe The Mini Clinic at village and remote locations will change the scenario of basic health treatments that are the entire developing and under-developed countries need and just because such facilities are not there.

We all see numerous people dying the world over for easily treatable diseases, treatments and medicines for which are with the Medical Sciences since the last few decades etc; like Cholera, Malaria, HIV, AIDS, Diarrhea etc are glaring examples. This is what concerns us and our Global Green Mini Clinic is of such simple and innovative solution developed with a great team of visionaries after ample study of the type and size of the unit that would fit tropical, warm village and remote locations, where most of the time electricity and water is always a problem.

We affectionately call it our "**GLOBAL GREEN MINI-CLINIC**"

Our Aim:

This mini-clinic would be used by people who do not have medical facilities in their towns or villages and have to go approximately 5,10 or sometimes 20 + kilometers / miles to have some primary care and treatment. Our plan is designed to help the population in practically every sub-district or village.

Our basic aim is to ensure that all deprived areas of the world have medical clinics by which people will be able **to have primary medical care** with access to regular medical checkups. The mini-clinic will be served by physician assistants / nurses / midwives and other qualified trained healthcare personnel.

We certainly believe that our stationed-Mini-Clinic units [**not mobile units**] can very quickly change the landscape of village level medical treatment in many Asian, African, Eastern European and South American countries; apart from our offer to customize the Mini Clinics for any special needs in North America and Western Europe as well. Our team of experts can certainly work with you on a one to one basis for such matters.

Our mission is to provide primary medical facilities to the human being born on this earth no matter how interior or rural area they are living; for the population who has to travel long distance before getting medical treatment; to provide the medical clinics in a manner by which once it is installed, the community or village can take the benefit round the year and keep themselves healthy, with the lights on, the patients would have medical care.

Global Green Mini Clinic is just not a commercial product; it is a concept which intends to revolutionize the rural and village Health Care scenario and create employment & an entrepreneurial spirit to own Mini Health Centers in remote areas and villages of all desired countries.

South Africa Health Overview

The spread of AIDS (acquired immunodeficiency syndrome) is an alarming problem in South Africa, with up to 31% of pregnant women found to be HIV infected in 2005 and the infection rate among adults estimated at 20%.

The link between HIV, a virus spread primarily by sexual contact, and AIDS was long denied by prior president Thabo Mbeki and then health minister Manto Tshabalala-Msimang, who insisted that the many deaths in the country are due to malnutrition, and hence poverty, and not HIV.

According to the South African Institute of Race Relations, the life expectancy in 2009 was 71 years for a white South African and 48 years for a black South African.

In 2007, in response to international pressure, the government made efforts to fight AIDS. In September 2008 Thabo Mbeki was recalled by the ANC and chose to resign and Kgalema Motlanthe was appointed for the interim.

After the 2009 General Elections, President Jacob Zuma appointed Dr Aaron Motsoaledi as the new minister and committed his government to increasing funding for and widening the scope of AIDS treatment. Health Minister Mr. Motlanthe's appointed Barbara Hogan who immediately started working to improve the Government's approach to AIDS.

AIDS affects mainly those who are sexually active and is far more prevalent in the black population. Most deaths are people who are also economically active, resulting in many families losing their primary wage earners. This has resulted in many 'AIDS orphans' who in many cases depend on the state for care and financial support. It is estimated that there are 1,200,000 orphans in South Africa. Many elderly people also lose the support from lost younger members of their family. According to the 2011 UNAIDS Report, South Africa has an estimated 5.6 million people living with HIV - more than any other country in the world.

South Africa is ranked as an upper-middle income economy by the World Bank. It has the largest economy in Africa and the 28th-largest in the world. About a quarter of the population is unemployed and lives on less than US \$1.25 a day.

There are 4 200 public health facilities in South Africa. People per clinic is 13,718, exceeding WHO guidelines of 10 000 per clinic. However, figures from March 2009 show that people averaged 2.5 visits a year to public health facilities and the usable bed occupancy rates were between 65% and 77% at hospitals.

Doctor shortages reported on March 2012; *165,371 qualified health practitioners in both public and private sectors were registered with the Health Professions Council of South Africa, the health practitioner watchdog body. This includes 38,236 doctors and 5 560 dentists.*

The doctor-to-population ratio is estimated to be 0.77 per 1 000. But because the vast majority of GPs – 73% – work in the private sector, there is just one practicing doctor for every 4 219 people, as reported by Southafrica.info

In report of Dr. A. Motsoaledi, Minister of Health on April 3rd 2012 mentioned following (HIGHLIGHTS):

- Major Health issues of South Africa are HIV and AIDS, TB and Maternal, Child and Women's Health.
- The UNAIDS model also estimates that there were 3,332,512 new infections in adults above 15 years.
- South Africa is one of 12 countries globally that are classified as having a high burden of Tuberculosis (TB).
- Tuberculosis remains a major public health program in South Africa because 73% of TB patients are HIV positive.
- 25 districts with poor maternal and child health outcomes and will be rapidly rolled out to cover the whole country.
- The highest provincial HIV prevalence was recorded in KwaZulu-Natal (KZN) which increased from 38.7% in 2008 to 39.5% in 2009 and stabilized at 39.5% in 2010.
- Provinces with 'higher' HIV prevalence estimates compared with 2009 are: Eastern Cape (29.9%), Gauteng (30.4%), Limpopo (21.9%), Mpumalanga (35.1%), Northern Cape (18.4%), and Western Cape (18.5%)
- **Health Sector 10 Point Plan also focusing on** Overhauling the health care system by:
 - (a) Refocusing on Primary Health Care (PHC)
 - (b) Improving the functionality and management of the Health System
 - (c) Revitalizing Primary Level Facilities
 - (d) Mass mobilization for better health for the population
 - (e) *Municipal Ward-based PHC outreach teams*
 - (f) Re-opening of nursing schools and colleges
 - (g) Combating Malaria



BIG LINE OUT SIDE CLINIC AND

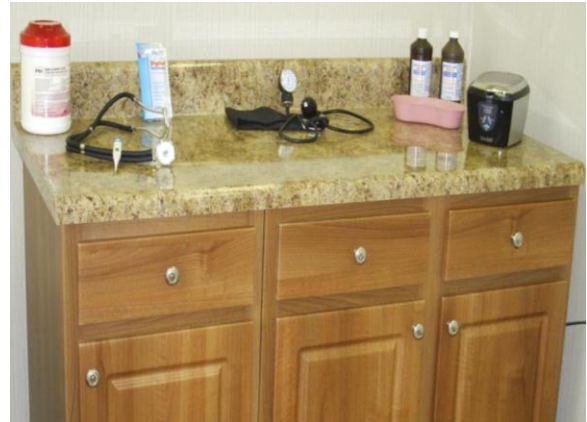


THEN CHECK UP

Technical Basics

Unique Design:

The product we are offering is uniquely designed to meet the needs of developing economies and combat the shortages of modern clinics in rural areas and thereby reduce the incident of communicable diseases in the country. We believe that we are uniquely positioned to penetrate and gain market share in this segment due to our corporate and government relationships. Also our ability to build a regional and ultimately a national field clinical program would help us to create a competitive market program that would expose our concept to the total population.



Competitive Advantage:

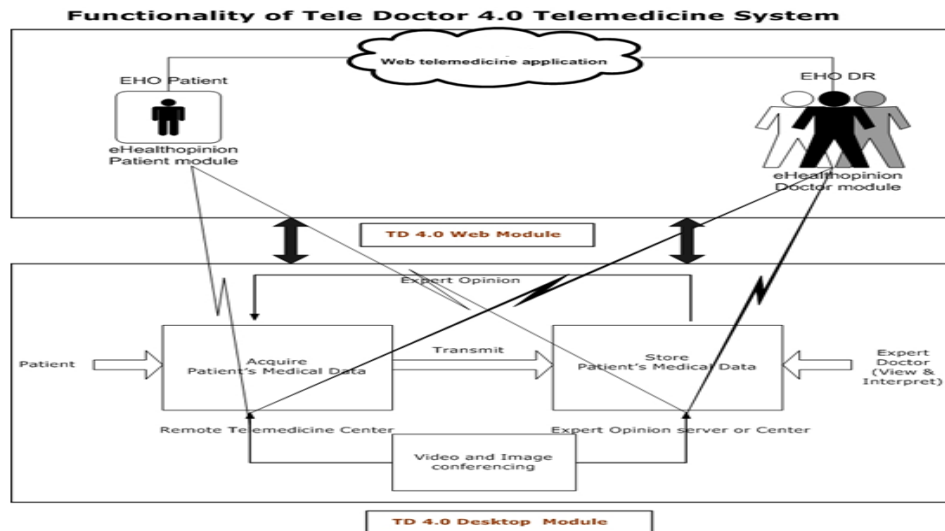
The competitive advantage inherent in the mini-clinic concept is obvious. It should be stated succinctly that nothing like this type of product has been placed in the market place. Although the current technology involved in the mini-clinic is available to many people in the market place but nobody has thought of offering this as a comprehensive solution to the shortages of medical facilities.

Tele-Medicine:

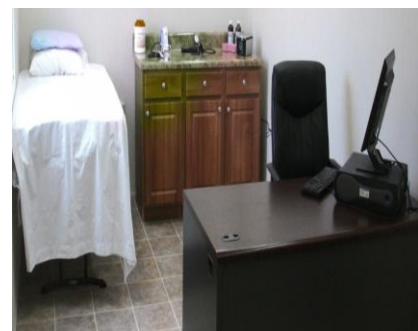
Our Global Green Mini clinics are equipped with Tele-Medicine systems and capable of communicating patients problems and virtual treatments are possible through video-connectivity even at low bandwidth rates, while having an internet connectivity is essential, the benefits of Tele-medicine systems are now recognized world over and especially by W H O also by the results that are seen the world over. At the same time, in advanced countries it is now at the next level, while old patients are using it to frequent travel to medical centers and also Child Day Care centers are implementing to increase their service efficiency and undertaking primary healthcare problems of kids to avoid their parents to leave their day time jobs to be with their children right away.



Benefits and uses of Telemedicine can be extremely beneficial for people living in **isolated communities and remote regions** and is currently being applied in virtually all medical domains. Patients who live in such areas can be seen by a doctor or specialist, who can provide an accurate and complete examination, while the patient may not have to travel or wait the normal distances or times like those from conventional hospital or GP visits. **Recent developments** in mobile collaboration technology with the use of hand-held mobile devices allow healthcare professionals in multiple locations the ability to view, discuss and assess patient issues as if they were in the same room.



Telemedicine can be used as a teaching tool, by which experienced medical staff can observe, show and instruct medical staff in another location, more effective or faster examination techniques. It improved access to healthcare for patients in remote locations. "Telemedicine has been shown to reduce the cost of healthcare and increase efficiency through better management of chronic diseases, shared health professional staffing, reduced travel times, and fewer or shorter hospital stays." Several studies have documented increase patient satisfaction of telemedicine over the past fifteen years.





We and You have reasons to be Green:

It's not just a reason that we wanted to have Green Mini Clinics, much has been there behind our concept. Reasons that went behind making the Mini Clinic Green and to make it stationary are more than a few. Here are some of the vital ones:

- a) Worldwide the dependency on electricity in developing and under-developed countries is as good as being "Uncertain" , so how can we depend on smooth functioning in remote locations
- b) The confidence level of "Owner Operator" has to be very comfortable
- c) The program seeks to work with local people and authorities to offer mini-electrical sources for charging of batteries for home lighting and more
- e) In many windy locations, just a mere 10 KW system of Wind Generator can pay wonders at practically no cost for days and nights all together.
- f) By running specially arranged TV shows, during evenings, villagers can be educated to take more benefit of green sources around them while the Mini-Clinic works as a great example for them.

There are many more reasons, some of them we may not know, and we welcome your suggestions as well.

Cell Phone Medicine Systems:

Cellular / Mobile phones are indeed a boom of technology to villages, rural locations and hilly terrains. In most countries these days, the per-capita ratio of mobile phones has indeed gone higher than one could have imagine, Our GLOBAL GREEN MINI CLINICS come with an offer to implement CELLULAR PHONE BASED TELE-MEDICINE, where internet connectivity would not be possible, or even if One could wish to have it additionally as a resource with the nurse at the clinic to equip themselves for visiting old, disabled, pregnant or very sick patients.

Mobile phones are used heavily throughout the world, even in remote villages, rural communities, hilly terrains, and other hard-to-reach areas. Even very poor people have basic phones and cell service. Hence, a mobile phone-powered telemedicine and patient management system taps into existing telecommunications infrastructure, draws upon widespread familiarity with the phones and there is no extra requirement of any type of electricity.



We offer MOBILE PHONE-POWERED TELE-MEDICINE SYSTEMS for people living at the bottom of the healthcare pyramid and where because of poor communication and internet connectivity to the mobile phone powered systems work well, specifically when

- Clinics do not foresee to get Internet connectivity in near future
- Clinics, without the right systems and without electronic health record (EHR) systems
- Clinics extending care with home-visit nurses or health workers for old, disabled, pregnant or very sick patients
- Clinics equipped with Internet and computers needing additional mobility to deliver care while moving around in the clinic or outside of the clinic

We offer these systems through partnership with one of the most innovative mobile telemedicine companies in the world, Click Medix, which has designed the system with faculty members and graduates from Massachusetts Institute of Technology (MIT) and Carnegie Mellon University (CMU).

Click Medix MOBILE PHONE POWERED TELE-MEDICINE SYSTEM allows clinic staff to:

- 1) Manage patient care through an electronic medical record system that can be used through mobile phones alone or in concert with Internet connected computers
- 2) Draw upon leading medical experts through tele-consultation by following structured, medical protocols to gather information necessary for remote diagnosis and treatment advice
- 3) Collect ongoing health updates to manage chronic diseases, to treat infectious diseases and to alert public health authorities of emerging epidemics and epidemiology risks
- 4) Obtain healthcare training from remote medical education organizations

These four factors work together to improve patient health outcomes with no additional resources. In addition to improved health outcomes GLOBAL GREEN MINI CLINICS have a net positive effect on the environment by eliminating unnecessary, and medically ruinous, travel.

To buy this system is as optional facility at your choice but it is very useful system.

World Health Organization has included these in their compendium of new and emerging health technologies that address Global Health Concerns 2011.

Global Green Mini Clinic Vs Mobile Clinic

Parameter	Global Green Mini Clinic	Mobile Clinic
Purchase Cost	Affordable	Rather expensive. Estimates suggest a purchase cost about 5 times the cost of the Mini Clinic
Operational Cost	Minimal Operational Cost. Once delivered costs little to operate	High Operational Cost – Cost of petrol, oil, breakdown and repairs etc
Geography/Terrain	Once delivered, can still be operated in bad weather conditions	The geographical terrain and imperatives may preclude operation due to difficulty in movement Rain, Poor roads will limit access to certain areas
Operation	Can provide round the year service operation	Only specific days as per fixed route operation
Predictability	It is predictable and its location is known and constant	Unpredictable. Operation cannot be predicted because it may not arrive in a community for any number of reasons
Community and Social Implications	The community in which it is located can take ownership and feel part of the operation and protect it and feel proud. This could be a source of Political Capital for the incumbent Government	The Community can only hope it belongs to them & it comes for certain days only
Job Opportunity	Tremendous job opportunity for the local community where it is located	Limited job opportunity for the local community
Application/Adaptability	The Mini Clinic can be adapted to suite several needs – An Outpatient, a surgical suite, an admission ward and serve any discipline	Very limited adaptability
Personnel as a limiting factor	Operation is predictable and does not depend on ancillary personnel limitations	Absence or Lack thereof of even a driver can cripple operations

Cost-Recovery Health Delivery:

It is important to notice that health services has operated a cost-recovery health delivery system known as the "cash-and-carry" system whereby patients are required to pay up-front for health care services at government clinics and hospitals.

In a country where 80 percent of ill-health and early deaths is attributable to infectious diseases, pregnancy and child related problems and accidents, the National Insurance scheme is very reassuring, if they have and a big relief to the teeming masses who were very vulnerable to their circumstances.

Basic Structure:

Plan: Rural and semi urban oriented.

Size: 40 ft. X 10 ft. Concrete building built with US patent pending energy saving wall panels.

Interior Module: [1] Attendant Area with Desk, Patient checkup bed & medical storage [2] Waiting Area [3] WC and storage area

Construction on site: The set up can be put in use immediately after installation, it won't need re-assembling

Water and Electrical Power materials: Electrical configuration is not difficult. It can be done by simple electricians following our manual.

Design structure: According to international prefabricated construction safety standards.

Useful Time: Life tenure of use is 45 years or more of building, subject to regular maintenance and others as prescribed individually.

Transportation: Factory set up duly mounted [Or can be constructed in the base country also]

Transport: Packing: It is open packing of wall panels and other material in box or customized packing.

Note: These are the general specifications, it may differ if client condition and requirement changes.

Interiors:

Door: Entrance Door: It is a steel door; it is one side open with handle lock and keys.

Window: There are 2 sets of steel windows with metal window frame and bars (if desired)

Waiting Room: The reinforced PVC floor tile is imitated wood grain and it is stain concrete and environment protection.

Lighting: There are 2 ceiling lamps

Medical Examination Table: Wooden

Medical Clerk Room: The reinforced PVC floor tile in imitated wood grain.

Lighting: There is one ceiling lamps

Parts and Auxiliary Equipment: There is glass mirror, stainless steel clothes rack, towel rack, lavatory paper box, and stainless steel floor drain.

Turnkey Package:

We are taking utmost care and regularly updating the clinic's package and its facility to get maximum advantage to be given to needy people around the world. Our package will consist of:

Exterior:

1. Concrete Building of 400 sq ft
2. One metal door and two windows
3. Solar System of 660 watts of 3 panels
4. With battery back up
5. Water Tank 100 liters
6. Water Pump
7. Satellite for internet connectivity
8. Concrete logo embalmed signage
9. Wall mounted metal ladder

Interior Furniture:

1. Patient examination bed
2. With pillows & mattress
3. Consultant Desk/Table
4. Visitor Chair: 2 units
5. Executive Chair
6. Refrigerator
7. Garbage Bin: 2 units
8. Sitting Stool
9. Curtain with ceiling rod

Interior Construction:

1. Internal Wooden Door
2. Toilet with WC with flush tank
3. Toilet door, mirror & soap tray
4. Basin with tank less heater under sink
5. Towel Rod, Toilet Paper Holder
6. Surface Mounted Tube Light: 3 units

Interior Fixture:

1. Ceiling Fan: 3 units
2. Medical Storage Cabinet: 2
3. Base Cabinet w/SS sink with cabinet
4. Home Batteries: 2 units
5. Bed Side Medical Cabinet

Medical:

1. Computer System
2. Tele Medicine System
3. Ultra sonic water machine
4. Medicine Package estimated worth \$1000-
5. Stethoscope
6. BP Monitor
7. Thermometer
8. Basic First Aid Pack
9. Supply of Anti AIDS Doses
10. Diabetic Equipments

Optional /Extra (Your decision):

Below facilities or products can be added to our basic package based on your area requirements and complete package in full or part can be configured depending on your requirement, however basic concept itself is sufficient to start the facilities, where health care facilities are rare.

1. Medicine Equipments like Oxygen (O₂) Cylinders /Roll Away Bed/others of your choice.
2. Furniture & Equipments like Extra visitor chairs/ More security bars on windows/ Television for waiting area
3. Solar System/ Home Batteries (additional than mentioned above)
4. Special Air to Water System (where there is no water facility)
5. State/ Regional/ District/ County Level Hospital Facility:5 to 50 Beds
6. House for clinic operator near clinic
7. Recurring medicine supply management program
8. Operator Training Facility Program
9. Nursing Institute Affiliation Program
10. Special Program Enrolments with corporate & foundations
11. Mobiles: Ambulance, Surgery Van or Drug Spray Vehicle or others of your choice
12. Other décor and facilities of your choice.

Possible Centers or Specialty Service:

You can plan for any center service or specialty service that our Global Green Mini Clinic can be used for such development. It's matter of efforts and enthusiasm for development. Below are a few symbolic centers and specialty clinics we can develop for you.

- One Village – One General Clinic
- Extension of over - crowded Hospital
- Decentralization of medical facility
- Nutrition, HIV, Infectious Diseases Center
- Church charity health centers
- Emergency Centers
- Eye, Dental, Nutrition or Women Center



Project Approach

There are NINE provinces and they are in turn divided into 52 districts: 8 metropolitan and 44 district municipalities. The district municipalities are further subdivided into 226 local municipalities. The metropolitan municipalities, which govern the largest urban agglomerations, perform the functions of both district and local municipalities.

Major cities with half a million and above populations are: Johannesburg, Soweto, Cape Town, Durban & Pretoria.

Major 15 cities with below half a million are: Mitchell's Plain, Umlazi, Kithlong, Tembisa, Khyalitsa, Soshanguve, Mamelodi, Ibhati, Port Elizabeth, Tshivhase, Pietermaritzburg, Sebokeng, Bloemfontein, Mabopane & Chatsworth.

Under the following, South African Acts, what we are proposing is a very much viable & required in South Africa:

THE NATIONAL HEALTH ACT, 2003 (ACT 61 OF 2003) PROCLAIMED ON 1ST MARCH 2012:

Section 42: Deals with the establishment of clinics and community health centre committees through provincial legislation

Section 51: Empowers Minister to, in consultation with the Minister of Education, establish academic health complexes.

We can start with:

Phases	Targets
One	5 Major cities x 4 units = 20 units
Two	Next 10 major cities x 4 units = 40 units
Three	Next 20 other cities x 4 units = 80 units
Four	Next 100 other villages x 1 units = 100 units
Five	Next 100 other villages x 1 units = 100 units

In similar way, we can phase out the plan according to demographics and your requirements.

Under any circumstances, Global Green Mini Clinics are useful and to achieve 100% goal of health care facilities nationwide is possible with your support, efforts and cooperation.

FAQ

Q. What is the size of the Mini-Clinic?

A: Standardize container size will be 40 X 10 FEET

Q. Is this a Mobile Clinic?

A. NO. This is stationed clinic can cannot be moved. This gives permanent facility to community.

Q. Why we should buy this, if it's not mobile?

A. Mobile units are three to four times expensive as it mounted on bus or truck body, where as this is rock solid cement concrete unit as you can have three to four facilities in same cost. Also please see Comparative Analysis between Global Green Mini Clinic and a Mobile Clinic on our website.

Q. What are the logistics costs and will you cover delivery to another country?

A: Logistics cost from factory to our US Savannah Port will be covered in the cost; that is to say from factory to port. Further from port to your destination will at your cost of destination.

Q. What is the actual cost of freight from US port to our destination?

A: We can give approximate cost, it will be between \$1000- \$1500 per unit approx & it differs from location to location and quantity to be ship.

Q. What is the unit cost of the mini clinic?

A: Depends on your optional products are added than it will be designed and calculated accordingly.

Q. How can we buy your mini clinic?

A. You can buy from directly, if there is no dealer in your region. If we have dealer than we will direct your inquiry to them and dealer will service you.

Q. Can we become your Dealer for our country?

A: YES. We have to appoint you Dealer for your country, if there is none. You have to fulfill Dealer requisite through agreement for which you need to send us Letter of Interest (LOI) to our Marketing Dept and they will process your application and that way you can work with us on approval.

Q. Firstly, who handles the setting up/installation of the clinic? Will personnel come from the US to set it up?

A: We will set up and install the clinic or you can do as well but we will send technical staff from the US to work with local help to do the work. Also when 50 units are placed in a country, we will engage Regional Executive for technical help as well, depending on the situation.

Q. When exactly will the product be available, once we order?

A: We will ship within 30 - 60 days from the date of receipt of the order with payment. In case of larger order, delivery terms will vary according to size of order.

Q. How do I make sure that nobody circumvents me to take over the business from me?

A: Once you are ready with Dealer Appointment we will only work with you. We are policy oriented Company who will not cut you or anybody, even if we get the response from other companies we will route it through you. Please rest assured of honesty and integrity and same is expected.

Q. Do you have anything like a 1 year warranty/technical support system for the equipments in case anything goes wrong? Also you could send someone to train local staff to be able to manage the facility to promote sustainability?

A: Yes we give 1 year warrant, technical support and training is required than, we also provide that as mentioned in our optional facility list.

Q. How long does it take to set it up?

A: Set up time will vary from 2 to 5 days for each unit, depending on location

Q. In case where there is no access to clean water in the area, how would this be handled since you have solar panels for generating power

A: Water pump is part of the product package & with the water pump you will be able to provide water for the clinic. Where there is no water at all than we have Air to Water System which can help you, as mentioned in option facility list.

Q. How will water be pumped into the tank? Would we need to bore a hole to extract the water?

A: We will be supplying pump for taking water to the tank and yes, borehole will be required and pump is part of our package. Only in certain venues where pumps is not useable, for example, in heavy hard rock land which will make it difficult to use the submersible pump, in such place client have to use their own resources. This kind of situations will be rare, we believe or they can use Air to Water System, as mentioned above.

Q. I know Solar panel and batteries are part of the package. Is it true?

A. Yes Solar panel & battery is included in package and additional system is also available as mentioned in optional facility list.

Q. Do you have any financing facility for the Mini-Clinic?

A. Yes. If required we can help you in financing by through other companies but for that a minimum of 10 million US dollars with a 15% down payment. Also from time to time we can update you about other possibilities also.

Q. Why you are not using bricks or blocks?

A. We have several ways to attach the wall panels. One is by bolting them together, the second is welding them to the embed, that are casted into the panels. Blocks or bricks have more labor involved than wall panel. It takes a lot of bricks and blocks to lay into place and takes more time than our wall panels. Also the block is using more materials than wall panel uses.

Q. Where we can market this clinic?

A. You can market to Health, Defense, Forest, Rural Development and various other Government dept., also to N.G.O, corporate houses, Trust, Foundations & various other organizations.

Q. Who will obtain permits and permission?

A. All permits and permissions required in your region or country has to be obtained by client. If any, needs to be obtaining with US than we will work with client to help with best of our ability.

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