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Jonathan Demchick: Thank you all for joining us this afternoon. My name is Jonathan Demchick and I work on the med-tech team here at Morgan Stanley. I'm pleased to have with us a few senior leaders of Globus Medical. We've got Dave Demski, the new CEO; and we have Dan Scavilla, the CFO.

Before we get started, I just want to briefly mention our disclosures. You can find them at the Morgan Stanley website. And then to kick it off, I really just wanted to start about the new leadership change. Obviously due to some health issues, David Paul, stepping down from the CEO role and Dave, you are stepping up into it. Obviously this company has really been-- a big part of what everyone's had is like, this has been David Paul's company. You've been there from the beginning. You've held a lot of different roles. How do you view this leadership role that you're kind of stepping into and what changes do you expect to kind of really be implementing?

David Demski: Well, thanks, Jon. As you said, David and I have been together since the beginning and we tend to see the world the same way. So I don't think there will be any fundamental changes in the way the company is led. I think we're going to continue to innovate. We think that's been an important part of our past and it's an important part of our future. We're looking at market share. We're going to grow at multiples of the market. We're going to be a mid-30s EBITDA performer in terms of profitability.

I will say within those broad guidelines, I think the difference may be that I'm-- I think we need to be more aggressive in terms of our salesforce execution, where we maybe in the past have walked away from contracts because we didn't like the pricing or we have passed on a competitive rep because we thought he was too expensive in the early days. Those are some opportunities that I think on the margin that we should be taking on because I think it's going to help our growth, and ultimately it will pay for itself.

Jonathan Demchick: And it was very noticeable that the interim tag wasn't really thrown in there. I mean it sounds like this has been potentially in the works for a while now, with just maybe a catalyst happen that drove everything a little earlier. Obviously David plans to stay very involved in the company, but as you kind of see it now, you are the permanent CEO of this company?

David Demski: That's absolutely the plan and you're right, we had contemplated this and talked about it actually for a number of years. I think he's really looking for the opportunity that provides him to get away from the day-to-day and just focus on really product development and some of the longer-term strategy of the company, which are the things that he loves. As you mentioned, I've got a broad background with the company. I was originally one of the founders. I was the CFO. I was President and Chief Operating Officer for a number of years and in the last couple of years I've focused on emerging technologies, which is our robotics platform and our orthopedic trauma business.

Jonathan Demchick: Yeah. So right there you really touched on, I guess, really the point I was going to say, which is let me-- of anyone who could be stepping into this role, you were about as well prepared to do it as I can really think of anyone that could be, but you also mentioned at the end, you've currently been in charge of the emerging pipeline portfolio that has really been building and we're kind of at a pretty big catalyst point right now. You've just got the robotics approval. Trauma is going to be rolling out over the next-- towards the end of the year, beginning of next year area. And we're now taking a key leader from that area and moving him to obviously a more senior role. What's the transition plan there?

David Demski: Well, I'm still-- most of my direct reports are going to continue to report to me as the CEO, so the leader of the product development and robotics as well as the sales leader are both reporting to me. And the guy running our trauma division is also going to report to me for the foreseeable future. They've got a lot of bandwidth within themselves. They're very capable leaders. I trust them, but I want to stay close to those because they're so strategically important to the company right now.

Jonathan Demchick: Understood. When I think about Globus as a whole, there's two things that come to mind and you certainly hit on one of them, the strong growth, kind of staying in the sort of upper-single, low-double-digit range and the other part of it that's really been core to Globus over the years has been this really strong profitability. Recently the growth part of the equation hasn't really been there and basically that's dating back to the salesforce headwinds from late 2015 early 2016. I think we've been a little surprised by the magnitude of the duration there. Can you help us put these into context a bit, and when do you think the stronger growth profile really reemerges?

David Demski: Sure. Well, the headwinds you speak of are-- over our history we have really never experienced turnover among productive reps and we had a number of them occur a couple of years ago at this point. So we had to work through the impact of their loss and it's always been, we've always grown through hiring competitive reps as well as innovation in our bag. The bag continues to perform. Getting those competitive reps, we had seen a lag in hiring. That's been changed this year. So let me step back.

The turnover, I think we addressed the issues that caused that and we've seen that stop. We didn't hire enough last year, but this we've already achieved a record pace. We hired more competitive reps in the first half of the year than we've ever hired in a full year before. The next step is to get those folks productive. So when you hire a competitive rep they usually have a non-compete, so you have to pull them out of that area and put them somewhere else. They're not as efficient early on and you put somebody else in that territory to try to get some of that business. I don't think we've focused aggressively enough on that aspect. And that's something we're going to change in the back half of this year.

So you'll see hopefully some improvement short term, but then as those guys start to roll off their non-competes next year, I'm looking for a really robust 2018.

Jonathan Demchick: So should we be thinking about it as sort of a 9-12 month lag between hiring someone and getting them to the full productivity that you'd be hoping for out of a rep, or does it take shorter or longer?

David Demski: Full productivity is probably a 3-year process. The slope of the curve typically changes. It's pretty modest in the first year while they're on their non-compete and then when they come out of their non-compete, the slope increases, but it's a good three years to get them back to where they were. Then typically with the breadth of our bag and the fact that we can get them a bigger territory, they're usually better off at that point.

Jonathan Demchick: And how have you-- I mean you mentioned some of the headwinds and that you've solved some-- this is the first time that we've saw like really productive reps leaving. How has the process of recruiting, retaining, and developing reps changed?

David Demski: Recruiting is pretty much the same and we've always been successful at bringing people over. We offer a very competitive commission structure. We have innovation. When you have 15 new products a year, the sales reps just love to have new things to talk about. They can go to-- call on surgeons that they've not traditionally gotten business from. So that piece hasn't changed.

I think there are a number of unique factors in terms of turnover and retention. Some of the things that we were doing internally, I think we shot ourselves in the foot a little bit, so we stopped that. Like I said, that has changed back to the historical norm where we're not seeing turnover among productive reps.

In terms of development, that's an area that historically we've not been very successful bringing somebody from outside of the industry into a new territory and getting them onto straight commission. I mean straight commission means they can live off what they sell. We've seen a lot of turnover in that. We continue to experience that turnover, so we've addressed it in that we've beefed up our criteria for bringing people onboard. We've increased their training, both the classroom training, outside the classroom and then in the field. We've engaged our successful reps to mentor some of those folks. So that program is in place. It's just-- it's too early to tell if that's going to work. It makes sense to me, and it should work, but time will tell.

Jonathan Demchick: So it seems that basically the headwinds that we really saw in the business kind of peaked in the 3Q16 area. And we're now in area, I guess, 3Q17. As we kind of anniversary that sort of peak of headwind, are we now past the salesforce impact and that we should probably be back to the normalized growth rates that you'd be expecting from Globus going forward?

Dan Scavilla: Jon, I think it's going to be a matter of execution, like Dave said. We're not declaring victory and done. We're in the middle of having this achieved. We were pleased that we went from negative into a breakeven Q1. We turned low single-digits in Q2 day adjusted. We need to get up to mid-to-higher single digits as we get into Q3-Q4 and that's not just comp driven, but really about onboarding those reps and making them productive and going.

We feel like we have everything in place to do it, but we do have execute to achieve it.

Jonathan Demchick: So shifting a bit, and we want to head into robotics. I mean obviously this is a pretty interesting product cycle for Globus. You typically don't have product cycles like this, certainly not of the capital variety. So given the recent FDA approval of Excelsius, obviously it's early days, but how is the launch going and what are reasonable expectations as investors think about the longer sales cycle into hospitals?

David Demski: Sure. In terms of how the launch is going, I would say this is unprecedented interest and enthusiasm on the part of the clinicians. They've been able to see the system for probably 6 to 8 months at this point, and tremendous interest from that standpoint. What we haven't been able to do is market the product. So until we had FDA approval, we hired a capital salesforce about a year ago. The dynamic of getting someone to try your pedicle screws and spend $5,000 on a case is much different than trying to convince a hospital to make a million-dollar investment in a new technology. That involves the CEO, the CFO, and a completely different process, so we have dedicated reps that are focused on that.

Our sales leadership there, as well as most of the reps, come from Intuitive. I think they've been obviously the stars in that area of kind of breaking out of the capital cycle and causing a C-Suite to make decisions on a time-sensitive basis. So time will tell. We're seeing a tremendous amount of activity right now that we've approved for about three weeks. We're quoting on systems. It's new to us. So I can't predict what's going to happen in the next quarter, although the activity level I see is very promising and we're bullish on the technology long term.

Jonathan Demchick: Okay, so we've got-- I don't know-- call it a month and a half of actually an ability to sell in this quarter. Probably sales cycle in this sort of area is longer than that on average. I mean it's probably not a good idea for people to be putting in multiple systems being placed in a third quarter. Is that a fair way to think about it?

Dan Scavilla: Yeah, I would encourage that, Jon. I think the sales cycle, the approval process, the actually ship and installation are such that if we were to grab revenue, it would be probably outside any expectation we have. I think it's more reasonable to think that that will occur in Q4.

Jonathan Demchick: Okay. So maybe a couple systems get placed in Q4. Again, it's I guess a longer sales cycle, so it's a little hard to tell. I mean obviously 2018 is where we can really expect to see the impact. And that-- at million-dollar price points, this thing could be impactful pretty quickly. I mean is it fair to be assuming that into next year this thing could drive points of growth for Globus?

Dan Scavilla: Yeah. I think that's fair to assume that. Again, we'll get through the capital cycle and the fiscal years of the hospitals to understand what we can do with Q4. But I think as we walk into 2018, some of the drivers, some of the growth that we would announce and put into our guidance will be through robotics.

Jonathan Demchick: Yeah, and I'm just kind of throwing out a couple numbers here, but like a 10 to 20 system placement year in '18, is that too high, too low, something in the range that you guys are expecting?

Dan Scavilla: I'll tell you, it's a great question. Let's get them placed and get them running in Q4. We'll step forward into January with our estimates. I would certainly that the numbers are the range you're thinking of, but as of this point, I have no data to say.

Jonathan Demchick: Understood. So Excelsius isn't really the first spine robot to market. There is-- Mazor has a product. Zimmer Biomet acquired ROSA. I think it's tough for a lot of people as they try to think about all of these products and what they really do differently. If you were going to point out Excelsius, compared to the spine robotic market right now, what is the differentiator?

David Demski: Sure. You mentioned two competitors, but Mazor is really the only one that's gotten significant traction in the spine world. There's a number of areas where I think we come out better than they do. First of all, it's the only navigation in robotic system. So the

Mazor system is simply a robotics system. So you move the robotic arm to the trajectory you want, and it holds that angle, but there's nothing visually for the surgeon to see what's happening with the implants and instruments.

So if you think about it, Medtronic's Stealth system is a navigation system. So that doesn't have the robotic arm, but the surgeon can see on a screen where their instrument is and where the implant is in relation to the image, the spine. Ours combines both. So you've got the robotic trajectory along with navigation and surgeons have said that's extremely important to them from a safety factor and a comfort factor.

I think you have-- a second advantage is that ours works with three different imaging modalities. The Mazor system works with a preop CT. Ours works with the preop CT as well interop CT, so the O-arm (ph) for Brainlab systems, or fluoro. It just works with regular fluoro on a 2D basis. So every hospital already has fluoro systems. They don't have to invest in any additional capital for our system.

And then finally the fact that we're an implant company. We design the system to do spine surgery because we understand spine surgery. So we had surgeons that helped us with that. The workflow is much more intuitive for the surgeons to grasp. In particular, the Mazor system and the ROSA system both work off of K-wires, so you have to insert a K-wire into each level and you've got this kind of spaghetti coming out of the spine. And you move the robot out of the way, and then you place a cannulated screw over the K-wire, which is not your traditional workflow, extra steps, a little bit of a safety factor, and it takes more time.

If you use the Globus instrument systems, you can avoid the K-wire and do the case and you do your tap or awl, and you do your drill, and you place your screw. That's how they do the cases today. So it's a much smoother, more intuitive workflow for them.

Jonathan Demchick: And you mentioned Mazor is kind of the real competitor out there in the market. They have recently partnered with Medtronic and there's really been, I guess, an acceleration in the industry in placements of a lot of these systems, which I guess you can look at in both a good or a bad view to kind of view it for Globus. One is people are really buying into spine robotics right now but the other is it's a tougher competitor. How do you look at that?

David Demski: I think you said it perfectly. I think they've endorsed our strategy from a standpoint of is this technology something that's important. And frankly, I don't think it's a matter of if computer-assisted surgery is going to change the way we do spine surgery, I think it's when. I think if you look at the way IT has impacted the rest of our lives and how it's made us more efficient and better at the things we do, I can't imagine that it won't affect spine surgery the same way. So it's where everybody is going to be at some point in the future. I'm glad we're early on. I think we have a number of advantages on this system, so I'm really confident in our ability to compete with Medtronic, but I think it's a place you absolutely need to be for the long run.

Jonathan Demchick: At the-- I guess right at the end 2Q, you guys bought KB Medical, which I guess to some people maybe gave them a little bit of a scare that there was something wrong with Excelsius that it wasn't going to come to market as planned. That clearly wasn't the case because obviously Excelsius has now been approved. But KB Medical, how does that augment what you already have in robotics?

David Demski: Sure. So they have some great technologists there that they're going to help us in our next generation. Today the robot that we have it will help the surgeon implant pedicle screws, but that's only part of the case. We need to focus on the discectomy. So you want to take the spongy material out from between the vertebrae. You want to do the decompression, where you're going to remove bony ingrowth from nerves. That's a very sensitive part of the case. It's another area where we can see technology help improve the safety and the speed of doing that.

So we want to-- as we improve the functionality, as we encompass more of the case, that's going to drive adoption across the landscape. So the folks from KB are going to help us there. They also have a very strong IP portfolio. So it's going to help us as other competitors come in. I think everybody will have a robot, but when you have IP, they have to get there and it takes them longer, and they can't do some of the more innovative things that we've done.

And then finally, just from a view of the world, they've approached the problem very similarly to us. We thought they would be a potential acquisition target for somebody else and we didn't want that to happen.

Jonathan Demchick: Understood. Questions for Dave and Dan? Moving over to trauma, another very large opportunity, perhaps not as large in the near term, but longer term it seems to be every bit if not even larger than the robotics opportunity. So where are we in product development and the salesforce build? And when do you expect to launch this?

David Demski: Sure. So when we first thought about this a couple year ago, we identified the overall trauma market and we picked about 9 or 10 products which we felt represented about 70% of the volume, the dollar volume in the market, and we started working on those products. The idea is to launch them all relatively simultaneously and that was enough products in the bag for us to go out and recruit an exclusive salesforce to sell the products. So we're halfway through the approval cycle. We have about half those products approved, a couple more with the FDA, and we're responding to their questions. Those I'm confident we'll have approved this year.

We're building out sets. So the manufacturer, there's tons of SKUs when it comes to trauma. So we've invested in our manufacturing capability and we're building out those sets. We're a little bit slower than what we thought a couple years ago. So we delayed the hiring of the sales force a bit. At this point, we've got all of our field sales management hired so those guys are now out recruiting reps and you will see a-- in fourth quarter we're going to make hires of reps, and then really strongly into 2018 we're going to build out that sales footprint to the trauma.

Jonathan Demchick: Okay. So as we look at trauma and heading into, again, it's not going to really make an impact in this year, but '18 is one that could really be an impact. Probably not the size of the impact you'd be expecting from robotics. But maybe it can drive a point of growth, something like that.

David Demski: Yeah. I think in terms of relative scale, the robotic opportunity is really transformative. So it's hard to predict, but I think it will be a big impact when it hits. The trauma impact is really opportunistic. The market leaders there have kind of neglected their innovation and their attention to surgeons, so we're seeing a lot of folks that are interested in that. But there you have a situation where you have a lot of non-competes that we have to work around, so as we hire that salesforce in 2018, they're going to be restricted in terms of what they can do.

We'll get some traction. I'm confident of that, but you're going to see a bigger impact into '19 for that.

Jonathan Demchick: Okay. So putting it all together, I mean basically we're going to lap all of those salesforce headwinds, maybe get a little bit more aggressive as you've kind of talked about on taking the reps. Basically maybe core spine can grow something at the multiple of the market by itself. So let's call it mid-single digits. So you can throw on top of that, some these emerging pipeline products, call it 2 to 3 points of growth. It's very easy to kind of build a scenario where you guys can be growing back in the upper single digits next year.

Dan Scavilla: I think so, Jon. In fact, as you look at consensus for 2018, I would tell you that is in the range of what I would anticipate. Again, we need to finish up Q3 and execute in Q4. But what I see today makes sense with where I think we ought to be tracking right now.

Jonathan Demchick: And I think, what-- consensus is in the 8-9% per--

Dan Scavilla: Yeah. It's about 9% to 10%. It's about 684 as I recall for next year. And again, we're not committing to that. I'm just saying as I look at it now, that's in the range right now of what I would anticipate.

Jonathan Demchick: Understood. As we looked over the last couple of quarters, there's been a number of things that have really kind of changed along the lines in the spine market. One is the broader sort of growth of the market that we've seen. Spine across the board has decelerated a bit and we've heard varying sort of opinions as to what necessarily has happened, if anything material has happened. What have you guys seen in the market?

Dan Scavilla: Yeah. So I guess the way I would answer that is really, we're digging out from our situation in 2016 that we talked about. Making sure we hire, making sure we go from that negative inflection point we've called out in Q3 of last year to build up. So again, we were pleased that we landed Q2 at a day adjusted rate of 3%. Could that have been 4% or so in a stronger market? Possibly, but we're really internally focused.

We have not heard from the field or experienced payer pushback or anything like that that would have taken us off. Certainly we'll monitor that. We'll look at it a little bit closer for the second half of the year. But right now what we're hearing through the investors hasn't necessarily registered with our experience.

Jonathan Demchick: And I guess the other part of the market is really just the competition side of things. And I guess two things that I view as pretty notable for Globus, as well just for the spine market in genera; one is that the market leader, Medtronic, has actually been improving their growth rate. So the reinvestments that they've been planning, I guess over the past couple of years, at least seem to be bearing some fruit for them.

And then the other side of it is that some of the smaller players have really talked about launching expandable cage products, things that aren't really out there yet that you guys, for the past number of years have been the pioneer in that space. Can you kind of tackle both of those points of views on how competition is, I guess, maybe being ramped up a little bit in the industry?

David Demski: So, sure. On the Medtronic question, I do think they are more aggressive than they were, say, 3 or 4 years ago and we see that as we have recruited some reps. They've stepped in and tried to stop those deals. They've put some financial incentives out there. So this is an area where I think we should be more aggressive. We should counter that and bring reps over. The reps love the portfolio that we offer, and again, we have a very competitive commission structure long term.

They've stepped in to do things on the short-term basis to stop that, at least temporarily. So that is a factor. It should be a modest impact to our financials, but I think that's where we can invest and we need to invest to make it stronger. In terms of the expandables, frankly, I'm surprised that it's taken this long to see this amount of competition. It's been a great segment for us. We have, I guess, strategically held back penetration or adoption by our pricing policies. We've maintained a very high price point on our expandables. So as competition comes in, I'm sure they're going to start to undercut us there and I think we will react to that. We're not going to hold steady, but I think the impact of that will be-- not to use a pun-- but to expand the overall market in terms of adoption because that's probably the number-one objective we get. We have a clinician who wants to use a product and we're strong on our price and we won't move, so the hospital won't let him use it. As those prices come down, that's going to open up the entire market. So I'm confident about our segment of that. I'm sure other folks will have some share but I think the overall pie is going to be much bigger.

Jonathan Demchick: How much exposure do you guys have to expandables today?

David Demski: In terms of what percentage of our business? Yeah, we don't share that information.

Dan Scavilla: Joe, what I would tell you though is we do not necessarily over-index in any one area. So I don't think we're sitting there with that great amount. I'd also tell you that as a 7% share overall, the chances of the other 93% of the market coming into focus on us would be unlikely. I think this is about a market expansion, a migration from peak or static spacers into more expandables. I think all in all this can help change the standard of care as opposed to have some huge impact on us.

Jonathan Demchick: Understood. One of the other very unique aspects of Globus is its balance sheet. In a world where most companies, at least in the mid cap area, have levered up a couple turns. Globus is a couple turns net cash. This gives you significant firepower capacity. The problem though, and I'm not sure the problem is the right word for it-- is that you have a lot going on between the core business, between Alphatec, between emerging technology. Is using cash for acquisition even a priority right now?

Dan Scavilla: Well, it depends on the definition. So bear with me on this because you're right, we have got a strong cash flow and as a result a cash balance, and with the right disciplines, maintain cost and no debt. But, we do have to feed the acquisitions we have, which will consume some cash. So keep in mind the Alphatec acquisition and the conversion of that from Alphatec product to Globus product will require us to build sets. The launching of trauma, which again will be the creation of sets to put on the hospitals and it will require cash; as well as just a continued expansion of our bone bank, biologics, and also the branch medical for manufacturing. So all of those do it, and need to burn cash, and they remain priorities.

We continue with tuck-in technology acquisitions. So they're not necessarily generating revenues, but they'll help us with next-generation products and we continue to buy those where we can. A larger scale acquisition for us to your point, would need to occur after we successfully get robotic and trauma on its way, satisfied with the growth of US and international, and then we would look for something like that. We look at many options. We have nothing identified yet. But to your point, I think that's something that would occur later on, maybe late in 2018 onward, if needed, if we found the right thing.

Jonathan Demchick: During 2Q, you reiterated guidance at about $625 million. So the number is still the same, but the path I guess changed up a little bit. We've talked about this a little bit before. But the core business, I guess, was a little bit weaker. The emerging technology segment was a little delayed. And the nice part about this was Alphatec, the acquisition that you guys did about a year ago, has been very, very strong.

So to get to the $625 million by my math, you need to basically be growing mid-to-upper single digits in the core, keep Alphatec on its $60 million-plus run rate, and then get a few million dollars contribution from emerging tech, which sounds certainly in the realm of possibilities. Do all of these assumptions seem reasonable? And then beyond that, if you were concerned about one of them, which would it be?

Dan Scavilla: So, yeah. So I think what we've discussed is there are many different ways for us to achieve $625 million. There are a lot of moving parts and so for us to define that is certainly unknown. It doesn't mean we can't get stronger core or stronger Alphatec, many ways to get there.

So to your point, what you laid out is one option to achieve that. I'm not saying it's the only option to achieve it. If anything were to concern me, it's just that we keep the execution occurring to strengthen up the core, and I mean both the US and international that way. I think that's really it.

I think we have all the things needed to do it. We just have to stay focused on it while putting trauma and robotics out to market.

Jonathan Demchick: Last chance for questions for the team?

Unidentified Audience Member: (Inaudible) you think the industry slowdown or whatever you want to call it, could be a function of the salesforce turnover that's kind of happened throughout the industry? I mean you've had your issues. NuVasive has talked about the lag in productivity for their recent hires. And it seems like the industry itself is going through-- or there is a number of moving pieces in that. And so seeing the shift in elective surgeries and that seasonality, could the salesforce turnover throughout the industry explain some of that or no?

David Demski: I doubt it. Because if you're talking about a productive rep who's got a lot of business, I think they're going to go somewhere. So they're going to take their business to a competitor. So I doubt that they--

Unidentified Audience Member: (Inaudible) wouldn't that then lead, if there's a non-compete in place, wouldn't that then lead to that kind of potential months or a quarter or two quarters of--

David Demski: But the surgeon is going to keep doing the cases. So the business is either going to stay with where he came from, or they're going to move it, but it's not going to affect the overall market.

Jonathan Demchick: Any other questions? I wanted to finish up a little on, I guess a similar question or point that we were just kind of talking about it is that there's often this period of time, especially when you're a procedure-related company that there's a little more fluctuation. Obviously with Harvey and with Irma recently, there's been a number of disruptions that could have occurred, especially on these kind of elective procedures that are being done. Have you guys thought about the impact yet? Have you had an ability to maybe more likely that you've had an ability to think about Texas a little more than Florida. But what are your initial thoughts on the type of impact you could have from this?

Dan Scavilla: Yeah. So you're right, Jon. So we've looked at Harvey. We do not think that will be impactful to us, not something that we would come off our numbers with for Harvey. Irma is something different. It ran right up Florida into Georgia into the Carolinas. And there will absolutely be some level of impact. We need to assess that, how many were delayed, will they be caught up in the next few weeks? Will they bleed into some later point in time? So we'll have a better answer as we assess and work with the hospitals on that. But I would anticipate some level of disruption in Q3 related to Irma.

David Demski: We're very strong in the Carolinas. And actually because of the path of Irma was not-- we didn't know what it was, a lot of the coastal Carolina communities cancelled elective surgeries for the first half of this week. So even though it didn't hit them, it's affecting. And not all of those surgeries will come back this year. It's impossible to lose three days of surgery and then fit it in by the end of the year.

Jonathan Demchick: It certainly makes sense. Well, Dave, Dan; thank you so much for the time. Thank you all for joining.

David Demski: Thank you.