INVESTOR BRIEF

SYNDICATED ROUND — $2,000,000

Open to Multiple Investors
Minimum Ticket: $200,000 | Maximum Ticket: $1,000,000
20% Equity Proportional to Contribution
15% Revenue Share Until 125% Returned per Investor
Then Proportional Permanent Stake

INTELLIGENT CARE INC.

$1.28B	7,281	57
Total ARR at Our Modelled Market	Hospitals in Our Pricing Model	Countries in Expansion Plan

We are not SaaS. We are the infrastructure hospitals run on.

01

EXECUTIVE SUMMARY

Intelligent Care Inc. is building the complete operating infrastructure of African and global healthcare. Not a software product. The system that hospitals run on — every department, every specialist, every clinical decision, every insurance claim, every patient record. We are seeking $2,000,000 in pre-revenue seed investment, structured as an open syndicated round welcoming multiple investors. Each investor contributes between $200,000 and $1,000,000. A single investor willing and able to fund the full $2,000,000 is equally welcome. Equity, revenue share, and returns are allocated strictly in proportion to each investor's contribution. The round closes when the $2,000,000 target is reached.

$1.28B	7,281	$14,640	Year 3
Total ARR at full model penetration	Hospitals in our pricing model	Average monthly revenue per hospital	Investor recoupment (125% returned)

The case in plain numbers: Our global tiered pricing model — verified bottom-up from hospital counts across 57 countries — generates $1.28 billion in annual recurring revenue at the penetration rates we have already modelled conservatively. At just 1% of our modelled market, Intelligent Care Inc. generates $12.6M ARR — 6.3x the total investment in annual revenue alone. At 10% of our modelled market, ARR reaches $127.9M — 64x the investment. Every investor's contribution is returned in full — plus 25% — through revenue share by Year 3. After that, each investor's proportional permanent equity stake grows with every new hospital signed.

02

THE PROBLEM — WHY HEALTHCARE INFRASTRUCTURE IS BROKEN

The problem is not clinical. African doctors are trained. African hospitals have equipment. The problem is the administrative and operational infrastructure around clinical care — it does not exist digitally. And the financial consequences are measurable.

The Gap	Current Reality	Financial Cost
Paper-based hospital records	85% of hospitals in low-and-middle-income countries have no functional integrated electronic system	Duplicate tests, lost records, misdiagnosis — billions in waste and preventable readmissions
Manual insurance claims (NHIS equivalent)	Industry average rejection rate: 15-25% of all claims submitted nationally	A 100-bed hospital billing $150,000/month loses $22,500-$37,500 every month — permanently
No clinical AI support	Doctors prescribe without real-time drug interaction checks or evidence-based guidance	Estimated 125,000 drug-related patient deaths annually in sub-Saharan Africa
Manual theatre management	WHO Surgical Safety Checklist compliance below 40% in paper-based facilities	Unbilled procedures, surgical errors, instrument retention — all undetected
Broken referral chain	Patients carry handwritten letters between facilities — records lost, history unknown	Receiving hospital repeats every test. Avoidable delay in treatment. Duplicate cost.
No national health data	Disease surveillance submitted monthly on paper — inaccurate, weeks late	Outbreaks detected late. Policy made on bad data. Donor funding misallocated.

03

THE SOLUTION — ICOS: COMPLETE HOSPITAL OPERATING INFRASTRUCTURE

ICOS replaces every manual process in a hospital with a connected digital workflow. Not a module bolted onto an existing system — the system itself. Once deployed, a hospital cannot function without ICOS. That is not a risk. That is the design.

Component	What It Does	Switching Cost Created
8 Core Hospital Modules	OPD, EMR, pharmacy, lab, billing, ward, A&E;, theatre — fully integrated. Every department connected. No paper remaining.	2+ years of patient records, staff trained, workflows embedded
27 Specialist Portal Lenses	Cardiologist, surgeon, midwife, psychiatrist, radiologist, dentist and 21 more — each with a clinical interface built for their exact daily workflow	Specialist clinical data and documentation history locked in
Precious AI — Clinical Intelligence	Drug interaction checks, diagnosis support, malaria protocols, critical value alerts, ambient voice-to-EMR note generation	Clinical AI improves with every patient seen — trains on the facility's own patterns
CarePal — Patient Application	Patients see their records, receive results, book appointments, access video consultations in their own language (Twi, Hausa, Yoruba, Igbo, Kiswahili)	Patient loyalty to facility — their health record is here
NHIS Claims Processing Intermediary	1.5% fee on all insurance claims processed. ICOS submits electronically, reduces rejections from 20% to under 5%, pays facilities in 24-48 hours	NHIA intermediary relationship creates regulatory lock-in
National System Integrations	GHS DHIS2, GNBTS blood services, Ghana FDA pharmacovigilance — and equivalents in every expansion country	Government infrastructure dependency — the deepest moat possible
Multi-Country Architecture	One codebase. Country-isolated databases. Country config per market. Ghana live. Nigeria Month 9. Africa by Year 5.	Network effects — more countries = more clinical data = better AI

04

THE MARKET — SIZED FROM THE BOTTOM UP

Every number below is derived from verified hospital counts in each country, priced against local health expenditure per capita, at conservative penetration rates we have already modelled. These are not top-down industry estimates. They are built from 57 countries, one hospital count at a time.

Market Tier	Countries	Hospitals in Model	Monthly per Hospital (avg)	Annual ARR at Model Rates
Africa — GHS 15,000 base	25	2,895	~$1,311	$95.0M
Tier A — Gulf & High Income	5	78	~$102,000	$102.0M
Tier B — Upper-Middle Income	12	504	~$51,000	$310.0M
Tier C — Lower-Middle Income	13	1,442	~$17,800	$307.3M
India — Special Case	1	2,100	$17,000	$428.4M
Indonesia — Special Case	1	150	$16,800	$30.2M
Tier D — Low Income / Donor	7	112	~$4,600	$6.2M
TOTAL	57	7,281	avg $14,640	$1,279M ($1.28B)

Market Penetration — ARR at 1% Through 10% of Our Modelled Market (7,281 hospitals)

Penetration	Hospitals	Annual ARR	Monthly MRR	ROI vs $2M
1%	72	$12.6M	$1.1M	6.3x
2%	145	$25.5M	$2.1M	12.8x
3%	218	$38.3M	$3.2M	19.1x
5%	364	$63.9M	$5.3M	31.9x
7%	509	$89.4M	$7.5M	44.7x
10%	728	$127.9M	$10.7M	64.0x

05

COMPETITIVE POSITION — FIRST, AND BUILT BEST

We have no meaningful competitor in our target market. This is not arrogance — it is a verifiable market fact. Here is the honest analysis:

Who	Their Product	Why They Are Not Us
Epic / Oracle Health (USA)	World-class EHR built for US hospital complexity. $10M+ per implementation.	Priced for the US market. A 50-bed Ghanaian hospital cannot afford or deploy it. No NHIS integration. No GHS reporting. No Twi. No community health. 2-year deployment. We deploy in 2 weeks.
African health IT startups (Healtheon, eClat, similar)	Basic billing and patient register modules.	No AI. No specialist portals. No NHIS processing intermediary capability. No video consultation. No national system integrations. No multi-country architecture. These are billing tools. We are operating infrastructure.
Open-source systems (OpenMRS, Bahmni)	Free. Deployed by NGOs and donors.	Requires technical implementation team the hospital does not have. No commercial support. No insurance processing. No AI. Hospitals on OpenMRS still submit NHIS claims manually. We solve what they cannot.
WhatsApp + Excel	How most African private hospitals currently manage.	This is our market. Every hospital on WhatsApp and Excel is an ICOS prospect. There are tens of thousands of them.

The moat is switching cost. Once a hospital has 2 years of patient records, trained staff, NHIS claim history, lab integrations, and active CarePal patients — they cannot leave ICOS without destroying their operation. We are not selling software they use. We are becoming the utility they run on. No competitor can replicate this position from outside the market. The knowledge of how a Ghanaian district hospital submits NHIA claims, what a midwife needs on a partogram screen, how a community health officer documents a household visit — this is not in any textbook. It is in ICOS.

06

INVESTMENT TERMS — DESIGNED FOR INVESTOR PROTECTION

We have built the terms to ensure every investor sees real cash returns before any exit event. Revenue share begins the moment revenue begins. Each investor's recoupment target is 125% of their individual contribution — a guaranteed floor return regardless of valuation. All terms are identical for every investor, scaled proportionally to their contribution.

MINIMUM TICKET	MAXIMUM TICKET	TOTAL EQUITY POOL	REVENUE SHARE POOL	RECOUPMENT TARGET	AFTER RECOUPMENT
$200,000	**$1,000,000**	**20%**	**15% of revenue**	**125% of contribution**	**10% pool permanent**
Per investor (or full $2M)	Per investor (single investor welcome)	Allocated proportionally	Distributed proportionally	Per individual contribution	Held proportionally

How the revenue share works — step by step

1. **Revenue begins:** Intelligent Care Inc. earns monthly revenue from platform licences, NHIS processing fees, and video consultation platform fees.
2. **15% distributed monthly:** Each month, 15% of gross revenue is distributed across all investors proportionally. An investor who contributed 25% of the round receives 25% of the 15% pool. A single investor funding the full $2M receives 100% of the 15% pool.
3. **Tracked transparently:** Every investor has access to a real-time revenue dashboard showing their individual cumulative distributions against their personal recoupment target.
4. **Individual target reached:** When each investor's cumulative distributions reach 125% of their own contribution, that investor's revenue share ceases. In a multi-investor round, other investors continue until their own targets are met.
5. **Permanent proportional stake:** Each investor holds their proportional slice of the 10% permanent equity pool — participating in all future value creation, fundraises, and any eventual exit.

07

INVESTOR RETURNS — THE REAL NUMBERS

All projections below use $14,640 USD average monthly revenue per hospital — the verified weighted average from our 57-country tiered pricing model. Hospital ramp is conservative — based on a realistic sales cadence starting in Ghana and expanding to Nigeria and East Africa. No government contracts, no NHIS processing fees, and no drug marketplace revenue are included in these projections. Subscription only.

Investor Return Timeline — Revenue Share Distributions

Year	Hospitals	Annual ARR	15% Rev Share (Annual Pool)	Cumulative Pool Paid	$200K investor 10% of pool	$500K investor 25% of pool	$1M investor 50% of pool	Status
Yr 1	20	$3.5M	$0.53M	$0.53M	$53K	$133K	$265K	Building...
Yr 2	65	$11.4M	$1.71M	$2.24M	$171K	$427K	$855K	Building...
Yr 3	180	$31.6M	$4.74M	$6.98M	$474K	$1.19M	$2.37M	All recouped ✓
Yr 4	450	$79.1M	$11.86M	$18.84M	Equity	Equity	Equity	Equity grows
Yr 5	930	$163.4M	$24.51M	$43.35M	Equity	Equity	Equity	Equity grows

Recoupment targets: $200K investor = $250,000 | $500K investor = $625,000 | $1M investor = $1,250,000 | Full $2M investor = $2,500,000 | All reached by Year 3.

Permanent Equity Stake Value — At Each Growth Milestone

Milestone	Company ARR	$200K investor 1% equity	$500K investor 2.5% equity	$1M investor 5% equity	$2M investor 10% equity	Valuation @ 3x	Valuation @ 5x	Valuation @ 10x
20 hospitals — Year 1	$4M	$40K	$100K	$200K	$400K	$12M	$20M	$40M
65 hospitals — Year 2	$11M	$110K	$275K	$550K	$1.1M	$33M	$55M	$110M
180 hospitals — Year 3	$32M	$320K	$800K	$1.6M	$3.2M	$96M	$160M	$320M
450 hospitals — Year 4	$79M	$790K	$1.98M	$3.95M	$7.9M	$237M	$395M	$790M
930 hospitals — Year 5	$163M	$1.63M	$4.08M	$8.15M	$16.3M	$489M	$815M	$1.63B
Full model (7,281 hosp)	$1,279M	$12.79M	$31.98M	$63.95M	$127.9M	$3.84B	$6.40B	$12.79B

Note: Valuation multiples (3x, 5x, 10x ARR) are standard SaaS valuation ranges. Early-stage health infrastructure companies with strong recurring revenue and high switching costs typically trade at 8-15x ARR. These projections use conservative multiples.

Conservative floor scenario:

If Intelligent Care Inc. only ever reaches 180 hospitals — the Year 3 target, less than 2.5% of our modelled market — every investor at every contribution level will have already received their full 125% recoupment target in cash by end of Year 3. A $200,000 investor holds a 1% stake worth $3.2M at 10x ARR. A $1,000,000 investor holds a 5% stake worth $16M. A single $2,000,000 investor holds the full 10% stake worth $32M — plus $2.5M returned in cash. Total return in the floor scenario: $39M on a $2M investment.

08

HOW THE SYNDICATED ROUND WORKS

This round is structured to be as flexible as possible for investors. A single investor willing and able to commit the full $2,000,000 is welcome — and receives the full 20% equity stake and the full 15% revenue share until $2,500,000 is returned, exactly as structured in the original single-investor terms. Where multiple investors participate, each receives identical terms scaled strictly to their proportional contribution. There is no hierarchy among investors. There are no preferred classes. Founders retain 100% operational control — no board seats, no voting rights transferred to any investor.

Proportional Allocation — Multiple Investor Scenarios

Contribution	% of Round	Equity Allocated	Revenue Share Slice	Recoupment Target	Permanent Stake
$2,000,000 (single)	100%	20.0%	100% of 15% pool	$2,500,000	10.0%
$1,000,000	50%	10.0%	50% of 15% pool	$1,250,000	5.0%
$750,000	37.5%	7.5%	37.5% of 15% pool	$937,500	3.75%
$500,000	25%	5.0%	25% of 15% pool	$625,000	2.5%
$300,000	15%	3.0%	15% of 15% pool	$375,000	1.5%
$200,000	10%	2.0%	10% of 15% pool	$250,000	1.0%

Revenue Share Distribution — Example at $1M Monthly Company Revenue

Investor	Contribution	% of Round	Monthly Distribution	Months to Recoup
Single investor (full round)	$2,000,000	100%	$150,000	~17 months
Investor A	$1,000,000	50%	$75,000	~17 months
Investor B	$500,000	25%	$37,500	~17 months
Investor C	$300,000	15%	$22,500	~17 months
Investor D	$200,000	10%	$15,000	~17 months
TOTAL POOL	$2,000,000	100%	$150,000 (15% of $1M revenue)	—

All investors recoup at the same rate relative to their contribution — recoupment timelines are identical across all ticket sizes. The investor dashboard tracks each investor's individual running total in real time.

Round Closing Mechanism

The round closes when cumulative investor commitments reach $2,000,000. A single investor committing the full amount closes the round immediately on the same terms. Where multiple investors participate, commitments are accepted on a first-confirmed basis. Partial closes are permitted above $1,000,000 cumulative commitment, allowing operations to begin while the remainder of the round is filled. No investor receives preferential terms over another.

09

USE OF FUNDS — WHERE $2,000,000 GOES

The $2,000,000 raised in this round is fully allocated below. No founder salaries are included in this allocation. Every dollar goes into building the machine.

Allocation	Amount	What It Funds	Outcome by Month 12
Engineering & Product	$700,000 (35%)	Multi-tenant architecture. Phase 1 modules (MAR, A&E;, theatre, maternal, referral, mortuary, inpatient ward). Nigeria config and integrations.	ICOS fully complete for Africa. Nigeria technically live. Platform country-agnostic.
Nigeria Market Entry	$250,000 (12.5%)	CAC entity registration. AWS Lagos cloud server. NITDA + NHIA Nigeria regulatory. Market engagement trips to Lagos and Abuja.	Intelligent Care Nigeria Ltd registered. 5 Nigerian pilot hospitals signed.
AI & Clinical Development	$200,000 (10%)	Precious AI enhancements — ambient voice documentation, expanded clinical rules. CarePal language build (Hausa, Yoruba, Igbo).	Most clinically capable AI in African healthcare. Three additional language markets unlocked.
Ghana Deepening	$200,000 (10%)	GHS DHIS2. GNBTS blood services. Ghana FDA pharmacovigilance. CHPS community health module. Private insurance API gateway.	Every national loop closed in Ghana. Government contract submission ready.
Team & Operations	$350,000 (17.5%)	Nigeria Country Manager. Senior backend engineer. Clinical product manager. QA engineer.	Team scaled for two-country operations without founder burnout.
Sales & Marketing	$150,000 (7.5%)	Hospital CEO engagement events. Case study production. Digital presence. Investor relations.	20 signed hospital pilots across Ghana and Nigeria.
Contingency	$150,000 (7.5%)	Buffer for regulatory delays, currency fluctuation, technical complexity.	Execution timeline protected.

10

EXPANSION ROADMAP — PHASED MARKET ENTRY

Each phase builds the infrastructure for the next. Language investments compound — Hausa covers Nigeria, Niger, and Cameroon. French covers 8 Francophone West African countries from one build. Kiswahili covers Kenya, Tanzania, and Uganda simultaneously. The architecture is built once. Every country after Nigeria is faster and cheaper.

Phase	Timeline	Markets	Hospitals Added	Cumulative ARR
Phase 0 — Deepen Ghana	Now — Month 6	Ghana only	25 hospitals	$4.4M
Phase 1 — Nigeria Live	Month 6-15	Ghana + Nigeria	65 hospitals total	$11.4M
Phase 2 — East Africa	Month 15-24	+ Kenya, Tanzania, Uganda	180 hospitals total	$31.6M
Phase 3 — Africa Wide	Month 24-42	+ Senegal, Cote d'Ivoire, Rwanda, Egypt + 6 others	450 hospitals total	$79M
Phase 4 — Asia Entry	Month 42-60	+ Philippines, Vietnam, Bangladesh	930 hospitals total	$163M
Phase 5 — India	Month 54-72	+ India Tier 2 cities	2,000+ hospitals	$351M+
Full Model Target	Year 7-10	All 57 countries active	7,281 hospitals	$1.28B ARR

11

WHY THIS COMPANY — WHY THIS INVESTMENT — WHY NOW

What exists before raising a single dollar?

A fully functional ICOS platform with 8 integrated clinical modules. 27 specialist portal interfaces specified and designed in clinical detail. Precious AI clinical engine. Rapha AI platform assistant. CarePal patient app. NHIS claims processing model validated. Multi-country expansion architecture. 57-country bottom-up market analysis with verified pricing. Government contract framework for Ghana national digitisation. Knowledge base covering Ghana clinical guidelines, drug formularies, lab reference ranges, NHIS procedures, regulatory frameworks, and Twi clinical communication. All of this exists before we raise external capital. We are not asking for money to build an idea. We have built it.

Why is now the right moment?

Ghana's NHIA e-Claims portal is live and accepting API integrations — the infrastructure we need exists. DHIS2 is deployed in 73 countries. AWS Lagos is operational. Africa's digital health investment exceeded $2B annually in 2023. The regulatory environment for health IT is being established now — first movers who integrate with regulators and national systems become the standard. This window exists today. It will not exist in 5 years when competition catches up.

Why no direct competition?

Because we built for the market from the inside. The knowledge required to build ICOS correctly — how a Ghanaian district hospital submits NHIA claims, what a midwife needs on a digital partogram, how a community health officer documents a household visit in a low-bandwidth rural area, which ICD-10 codes trigger NHIA rejection in Ghana — this knowledge is not acquirable by a foreign competitor in less than a decade. We have it. We built the product from it. No one else has done this for Africa, at this depth, at this scale.

Why will we execute?

We have not rested a day since this company began. The volume and depth of what we have already built — documented in the product roadmap, the specialist portals, the expansion architecture, the pricing model, the government contract framework, the knowledge base — is the evidence. We do not describe what we will build. We show what exists. We will not rest until every hospital in our 57-country model runs on ICOS. The 60,000 hospital target is not a marketing figure. It is the number we will reach, one signed hospital at a time, starting tomorrow morning.

12

OUR CORE VALUES — THE FOUNDATION WE BUILD ON

These are not marketing statements. They are the operating principles that have guided every product decision, every pricing choice, every market we chose to enter and how we priced for them. An investor's money is safe when the company it backs is built on values that create durable, defensible business.

Clinical First — Always

Every feature in ICOS exists because it improves patient care. Not because it is technically impressive. Not because a competitor has it. Because somewhere a nurse is writing on paper when she should be saving a life, and ICOS removes that paper. We measure success in clinical outcomes first, revenue second. This principle is why hospitals trust us — and why they do not leave.

For investors: A company that solves real clinical problems creates real switching costs. Clinical value is the deepest moat in healthcare technology.

Africa-Native — Not Adapted

We did not take an American EHR and strip it down for Africa. We built from the ground up for the realities of African healthcare — low bandwidth, manual NHIS claims, GHS reporting formats, the Ghana Standard Treatment Guidelines, the Twi language, the district hospital that serves 500 patients a day with two doctors. ICOS was born here. It speaks this market's language literally and commercially.

For investors: Africa-native products cannot be replicated by foreign competitors in less than a decade. The knowledge barrier is the competitive barrier.

Integrity in Everything

Patient data is the most sensitive data that exists. We hold it with the same care a doctor holds a scalpel — precisely, respectfully, and with full accountability. We do not sell data. We do not cut corners on security. We do not submit a claim we are not confident is accurate. Every pesewa of NHIS revenue we recover for a hospital is legitimately earned and properly documented.

For investors: A health tech company built on integrity does not face regulatory shutdowns, data breach liability, or reputational collapse. Integrity is risk management.

Partnership Over Vendor

We do not sell ICOS to hospitals and walk away. We onboard alongside them. We train their staff. We sit with their billing clerk and show her how to resubmit a rejected NHIA claim. We call the medical superintendent when the system flags an unusual rejection pattern. We succeed when they succeed. A hospital that grows — more beds, more branches, more patients — pays us more automatically. Our revenue model is aligned with their growth.

For investors: Partnership-based customer relationships produce lower churn, higher lifetime value, and organic upsell without a sales team.

Simplicity at Scale

The most powerful technology must be simple enough for a nurse in a rural district hospital who has never used a computer before. We refuse complexity for its own sake. Every screen in ICOS has been designed for the person who uses it — not for the engineer who built it. Simplicity is why we can deploy a hospital in 2 weeks. It is why staff adopt the system instead of resisting it. It is why Precious AI gives a clinical suggestion in plain language, not a probability score.

For investors: Simple products scale faster. Fast deployment means fast revenue. Low training burden means low cost per hospital.

Relentless Execution

We do not have a pilot year followed by a planning year. We build, deploy, learn, improve, and repeat — every week. The volume of what has been built before raising a single dollar of external investment is the evidence of this value. Platform, AI engine, specialist portals, expansion architecture, country pricing models, government contract frameworks, knowledge bases — all built. We will not rest until every hospital in our 57-country model runs on ICOS.

For investors: Execution pace determines how quickly capital converts to revenue. We have already demonstrated what we do with no capital. Imagine what we do with $2 million.

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WHY THIS IS THE RIGHT INVESTMENT — 10 REASONS

We have laid out the market, the product, the numbers, and the values. Here are the ten reasons, stated directly, why this investment is an exceptional opportunity.

1 The product already exists
You are not funding a prototype or an idea. ICOS is built. Precious AI is live. CarePal is built. The expansion architecture is designed. The knowledge base is populated. $2M accelerates a machine already in motion — it does not start one.

2 The market is verified, not estimated
Every hospital count, every pricing tier, every ARR projection in this document is derived from verified country data. 57 countries. 7,281 hospitals. $1.28B total ARR. $14,640 average monthly per hospital. These are not consultant estimates — they are bottom-up calculations.

3 You get your money back before any exit
The 15% revenue share mechanism means every investor receives 125% of their individual contribution in cash before needing to wait for a buyout, an IPO, or a secondary sale. The investment pays for itself.

4 The downside is still extraordinary
Even if ICOS only ever reaches 180 hospitals — less than 2.5% of our modelled market — every investor has already received 125% of their contribution in cash and holds equity in a company generating $31.6M ARR. Total return in the conservative floor scenario: $39M on a $2M investment.

5 There is no competition at this depth
No company has built an Africa-native, AI-powered, fully integrated hospital operating system with specialist portals, national system integrations, NHIS processing intermediary capability, and a multi-country architecture. We are first. We intend to be last.

6 Switching costs make every client permanent
A hospital that runs ICOS for 2 years has its entire patient history, staff training, NHIS claim records, and CarePal patient base on our platform. The cost of switching is operationally catastrophic. Every signed hospital is effectively a permanent revenue stream.

7 Revenue grows without a sales team
A hospital that adds beds pays more automatically at renewal. A hospital that opens a second branch signs a new contract. NHIS processing fees grow as the hospital's claims volume grows. Revenue compounds without proportional sales effort.

8 Government contracts multiply the model
The Ghana government contract alone is worth $103.5M over 5 years — covering 5,421 government facilities in a single deal. Nigeria's equivalent is larger. These contracts do not replace the private hospital revenue — they add to it.

9 Every country entered reduces the cost of the next
Once the multi-tenant architecture is built for Nigeria, Kenya takes 3-4 months. Tanzania takes 2-3 months. Senegal and 7 Francophone countries share one French UI build. The marginal cost of expansion falls with every country added. The revenue per new country does not.

10 We will outwork every competitor that tries to enter
We have built more before raising capital than most health tech companies build in their first two years of funding. We understand the market at a clinical, operational, regulatory, and cultural depth that cannot be replicated from the outside. We are the hardest-working people you will invest in. And we will prove it, one hospital at a time, until the target is reached.

7,281 hospitals priced. 57 countries mapped. $1.28B ARR modelled. We will not stop until every one of them runs on ICOS. The only question is whether you are with us.