

Exhibit “A”

Winnie-Stowell Hospital District

Balance Sheet

September 17, 2014

Cash

	\$220,346.11	Prosperity Operating	
		Comptroller -- Deposit 8.8.14	57,476.73
Cash Balance	<u>\$220,346.11</u>		

Accounts Paid (in between regular meetings) (Outstanding Checks)

\$3,887.00	Computer Dimension	Ipads	1565
\$26.00	Heather Hawthorne, Cty Clerk	Highland dba	1566
\$31.73	Wilcox Pharmacy-UPS overnight	Overnight	1567
\$39.77	Wilcox Pharmacy-UPS overnight	Overnight	1568
\$31.73	Wilcox Pharmacy-UPS overnight	Overnight	1569

Accounts Payable

		Chambers County-Indigent care	Inv No.'s
\$450.00	CNA-Surety		Invoice-MMW
\$620.00	CNA-Surety		Invoice-CB
\$250.00	CNA-Surety		Invoice GNHRC
\$100.00	CNA-Surety		Invoice- GVH
\$300.00	CNA-Surety		Invoice-HRNC
\$300.00	CNA-Surety		Invoice MHRNC
\$850.00	CNA-Surety		Invoice- SBTCC
\$500.00	CNA-Surety		Invoice TWHC
\$200.00	CNA-Surety		Invoice-OMNC
\$300.00	CNA-Surety		Invoice-OLMNC
\$450.00	CNA-Surety		Invoice-HPCC
\$13,500.00	Durbin & Company	Invoice 4969 12-13 Audit	
\$1,000.00	Rick Labelle (\$20,000.00)		9 of 20
\$1,000.00	Mary Ellen Robertson-CPA		Jun/Jul 2014
	Benckenstein & Oxford		
\$500.00	Hubert Oxford/B&O		1/2 retainer
\$500.00	Josh Heinz/B&O		1/2 retainer
\$97.53	Quill		office supplies
\$1,974.28	Sherrie Norris Admin		Admin Services (Aug)

Total Liabilities **\$26,908.04**

Total Cash Balance **\$193,438.07**

Investments

\$223,435.87	TexStar	
\$103,454.45	Prosperity CD (447)	
\$8.92	Wells Fargo (1386)	Marshall Manor West
\$8.92	Wells Fargo (1378)	Rose Haven
\$29.12	Wells Fargo (9502)	Clairmont
\$29.12	Wells Fargo (9528)	Garrison
\$29.12	Wells Fargo (9510)	Golden Villa
\$29.12	Wells Fargo (9494)	Hallettsville
\$29.12	Wells Fargo (9460)	Marshall Manor N&R
\$29.12	Wells Fargo (9452)	Monument Hill
\$29.12	Wells Fargo (3691)	Oak Manor
\$29.12	Wells Fargo (9437)	Oakland Manor
\$29.12	Wells Fargo (7018)	Spring
\$29.12	Wells Fargo (7133)	The Woodlands
\$0.00	Wells Fargo ()	Highland Park

Total Investments **\$327,199.36**

Total Fund Balance **\$520,637.43**

Official Receipt for Recording in:
Chambers County CLERK
Post Office Box 728
Anahuac, Texas 77514

Issued To
WINNIE STOWELL HOSPITAL DISTRI
PO BOX 1997
WINNIE TX 77665

Recording Fees

Document 2014 Recording
Type Number PAGES Amount

A/NAME 96577 29 1 24.00
PC 0 2 2.00

26.00

Collected Amounts

Payment
Type Amount

Check 1566 26.00

26.00

Total Received: 26.00
Less Total Recordings: 26.00

Change Due: 0.00

Thank You
Heather H. Hawthorne - COUNTY CLERK

By - REDMONDS

Receipt# Date Time
14298921 08/28/2014 02:01PM

Wilcox Pharmacy
415 Highway 124
Winnie, TX 77665-6006
Phone: (409) 296-2497
Fax: (409) 296-2032

Sep 11 2014 10:20AM
Receipt # 66653
Cashier: vanessa r
Drawer #: POS01 - 1670

UPS	31.73
Subtotal	31.73
Tax Total	0.00
# Items: 1	Total 31.73
Check #1567 Tendered	31.73

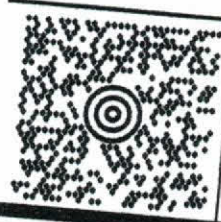


51
CK 1567

WINNIE - STOWEEL HOSPITAL DISTR
(409) 296 - 2497
415 HWY 124
WINNIE TX 77665

LTR 1 OF

SHIP TO:
ZUROVEC PLLC
(512) 327 - 7888
DARRELL ZUROVEC
1705 S CAPITAL OF TEXAS HWY 100
ONE WESTLAKE PLAZA
AUSTIN TX 78746



TX 787 9-02



UPS NEXT DAY AIR
TRACKING #: 1Z 770 E47 01 4563 5766

1



BILLING: P/P

WS 18.0.31

64.0A 07/2014

SEE NOTICE ON REVERSE regarding UPS fees, and notice of limitation of liability. Where allowed by law, shipper authorizes UPS to act as forwarding agent for export control and customs purposes. If exported from the US, shipper certifies that the commodities, technology or software were exported from the US in accordance with the Export Administration Regulations. Shipment contrary to law is prohibited.

Wilcox Pharmacy
415 Highway 124
Winnie, TX 77665-6006
Phone: (409) 296-2497
Fax: (409) 296-2032

Sep 15 2014 2:26PM
Receipt # 67017
Cashier: BEATRIZ R
Drawer #: POS01 - 1677

UPS 39.77

Subtotal 39.77

Tax Total 0.00

Items: 1 Total 39.77

Check #1568 Tendered 39.77

39.77

LTR 1 OF 1

ACY
65

HEALTHCARE
- 5861
- DOLAN
ORTOLA PKWY, SUITE 200
HILL RANCH CA 92610



CA 926 9-04



UPS NEXT DAY AIR
TRACKING #: 1Z 770 E47 01 4560 8812

1



BILLING: P/P

WS 16.0.31

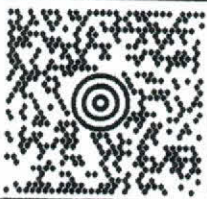
54.0A 07/2014

WINNIE - STOWELL HOSPITAL DISTRI
(409) 296 - 2497
PO BOX 1997
WINNIE TX 77665

LTR 10

SHIP TO:
BROWN HEATLY BUILDING
HHSC RATE ANALYSIS
MAIL CODE H-400
AUSTIN TX 78714

Wilcox Pharmacy
415 Highway 124
Winnie, TX 77665-6006
Phone: (409) 296-2497
Fax: (409) 296-2032



TX 787 9 - 09



UPS NEXT DAY AIR

TRACKING #: 1Z 770 E47 01 4557 5250

1



BILLING: P/P

Sep 17 2014 11:12AM
Receipt # 67226
Cashier: vanessa r
Drawer #: POS01 - 1685

UPS 31.73

Subtotal 31.73

Tax Total 0.00

Items: 1 Total 31.73

Check #1569 Tendered 31.73

WS 16.0.31

54.0A 07/2014



SEE NOTICE ON REVERSE regarding UPS Terms, and notice of limitation of liability. Where allowed by law, shipper authorizes UPS to act as forwarding agent for export control and customs purposes. If exported from the US, shipper certifies that the commodities, technology or software were exported from the US in accordance with the Export Administration Regulations. Diversion contrary to law is prohibited.

100 R 091



SF MLF

NOTICE OF PREMIUM DUE



Phone: 1-888-866-2666
Fax: 1-605-335-0357
Email: uwservices@cnasurety.com
Company#: 0601
Bond/Policy#: 71579024
Billing Date: 09/09/2014
Due Date: 09/08/2014

MARSHALL MANOR NURSING AND REHABILITATION CEN
1007 S. WASHINGTON AVE.
MARSHALL, TX 75670

Premium: \$450.00

Amount Due: \$450.00

Company#: 0601
Bond/Policy#: 71579024
Effective Date: 09/08/2014 Anniversary Date: 09/08/2015
Bond amount: \$45,000.00
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA MARSHALL MANOR NURSING AND REHABI
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: 409-832-7736
Agency Code: 42-23390

**J. S. EDWARDS & SHERLOCK
INSURANCE AGENCY, L. L. P.
P. O. BOX 22237
BEAUMONT, TX 77720**

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

Amount Due: \$450.00

CNA Surety
Company#: 0601
Bond/Policy#: 71579024 Effective Date: 09/08/2014
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA MARSHALL MANOR NURSING AND REHABI
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS
Written By: WESTERN SURETY COMPANY
Agency Code: 42-23390 J. S. EDWARDS & SHERLOCK

Check here if changes needed and explain below.

Make Check Payable To CNA Surety

CNA Surety Direct Bill
P.O. Box 957312
St Louis, MO 63195-7312

0003001 04223390000009082014 00601007157902400 0000004500003

NOTICE OF PREMIUM DUE



Phone: 1-888-866-2666
Fax: 1-605-335-0357
Email: uwservices@cnasurety.com
Company#: 0601
Bond/Policy#: 71579006
Billing Date: 09/08/2014
Due Date: 09/08/2014

CLAIRMONT BEAUMONT
1020 S. 23RD
BEAUMONT, TX 77707

Premium: \$600.00
Other Fees \$20.00

Amount Due: \$620.00

Company#: 0601
Bond/Policy#: 71579006
Effective Date: 09/08/2014 Anniversary Date: 09/08/2015
Bond amount: \$60,000.00
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA CLAIRMONT BEAUMONT
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: 409-832-7736
Agency Code: 42-23390

**J. S. EDWARDS & SHERLOCK
INSURANCE AGENCY, L. L. P.
P. O. BOX 22237
BEAUMONT, TX 77720**

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

Amount Due: \$620.00

CNA Surety

Company#: 0601
Bond/Policy#: 71579006 Effective Date: 09/08/2014
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA CLAIRMONT BEAUMONT
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS
Written By: WESTERN SURETY COMPANY
Agency Code: 42-23390 J. S. EDWARDS & SHERLOCK

Check here if changes needed and explain below.

Make Check Payable To CNA Surety

CNA Surety Direct Bill
P.O. Box 957312
St Louis, MO 63195-7312

0003001 04223390000009082014 00601007157900600 00000006200000

SF MLF

NOTICE OF PREMIUM DUE



Phone: 1-888-866-2666
Fax: 1-605-335-0357
Email: uwservices@cnasurety.com
Company#: 0601
Bond/Policy#: 71579011
Billing Date: 09/08/2014
Due Date: 09/08/2014

GARRISON NURSING HOME AND REHABILITATION CENT
333 N. FM 95
GARRISON, TX 75946

Premium: \$250.00

Amount Due: \$250.00

Company#: 0601
Bond/Policy#: 71579011
Effective Date: 09/08/2014 Anniversary Date: 09/08/2015
Bond amount: \$25,000.00
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA GARRISON NURSING HOME AND REHABIL
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: 409-832-7736
Agency Code: 42-23390

**J. S. EDWARDS & SHERLOCK
INSURANCE AGENCY, L. L. P.
P. O. BOX 22237
BEAUMONT, TX 77720**

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

Amount Due: \$250.00

CNA Surety
Company#: 0601
Bond/Policy#: 71579011 Effective Date: 09/08/2014
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA GARRISON NURSING HOME AND REHABIL
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS
Written By: WESTERN SURETY COMPANY
Agency Code: 42-23390 J. S. EDWARDS & SHERLOCK

Check here if changes needed and explain below.

Make Check Payable To CNA Surety

CNA Surety Direct Bill
P.O. Box 957312
St Louis, MO 63195-7312

0003001 04223390000009082014 00601007157901100 0000002500000

SF MLF

NOTICE OF PREMIUM DUE



Phone: 1-888-866-2666
Fax: 1-605-335-0357
Email: uwservices@cnasurety.com
Company#: 0601
Bond/Policy#: 71579020
Billing Date: 09/09/2014
Due Date: 09/08/2014

GOLDEN VILLA HEALTHCARE, LLC
1104 S. WILLIAM
ATLANTA, TX 75551

Premium: \$100.00

Amount Due: \$100.00

Company#: 0601
Bond/Policy#: 71579020
Effective Date: 09/08/2014 Anniversary Date: 09/08/2015
Bond amount: \$10,000.00
Name: WINNIE STOWELL HOSPITAL DISTRICT DBA GOLDEN VILLA HEALTHCARE, LLC
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

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Phone: 409-832-7736
Agency Code: 42-23390

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BEAUMONT, TX 77720**

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Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

Amount Due: \$100.00

CNA Surety
Company#: 0601
Bond/Policy#: 71579020 Effective Date: 09/08/2014
Name: WINNIE STOWELL HOSPITAL DISTRICT DBA GOLDEN VILLA HEALTHCARE, LLC
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS
Written By: WESTERN SURETY COMPANY
Agency Code: 42-23390 J. S. EDWARDS & SHERLOCK

Check here if changes needed and explain below.

Make Check Payable To CNA Surety

CNA Surety Direct Bill
P.O. Box 957312
St Louis, MO 63195-7312

0003001 04223390000009082014 00601007157902000 00000001000001

NOTICE OF PREMIUM DUE



Phone: 1-888-866-2666
Fax: 1-605-335-0357
Email: uwservices@cnaSurety.com
Company#: 0601
Bond/Policy#: 71579032
Billing Date: 09/09/2014
Due Date: 09/08/2014

HALLETTSVILLE REHABILITATION AND NURSING CENT
825 FAIRWINDS
HALLETTSVILLE, TX 77964

Premium: \$300.00

Amount Due: \$300.00

Company#: 0601
Bond/Policy#: 71579032
Effective Date: 09/08/2014 Anniversary Date: 09/08/2015
Bond amount: \$30,000.00
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA HALLETTSVILLE REHABILITATION AND
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: 409-832-7736
Agency Code: 42-23390

**J. S. EDWARDS & SHERLOCK
INSURANCE AGENCY, L. L. P.
P. O. BOX 22237
BEAUMONT, TX 77720**

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

Amount Due: \$300.00

CNA Surety

Company#: 0601
Bond/Policy#: 71579032 Effective Date: 09/08/2014
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA HALLETTSVILLE REHABILITATION AND
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS
Written By: WESTERN SURETY COMPANY
Agency Code: 42-23390 J. S. EDWARDS & SHERLOCK

Check here if changes needed and explain below.

Make Check Payable To CNA Surety

CNA Surety Direct Bill
P.O. Box 957312
St Louis, MO 63195-7312

0003001 04223390000009082014 00601007157903200 00000003000005

SF MLF

NOTICE OF PREMIUM DUE



Phone: 1-888-866-2666
Fax: 1-605-335-0357
Email: uwservices@cnasurety.com
Company#: 0601
Bond/Policy#: 71579037
Billing Date: 09/09/2014
Due Date: 09/08/2014

MONUMENT HILL REHABILITATION AND NURSING CENT
120 TEXAS 71
LA GRANGE, TX 78945

Premium: \$300.00

Amount Due: \$300.00

Company#: 0601
Bond/Policy#: 71579037
Effective Date: 09/08/2014 Anniversary Date: 09/08/2015
Bond amount: \$30,000.00
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA MONUMENT HILL REHABILITATION AND
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: 409-832-7736
Agency Code: 42-23390

**J. S. EDWARDS & SHERLOCK
INSURANCE AGENCY, L. L. P.
P. O. BOX 22237
BEAUMONT, TX 77720**

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

Amount Due: \$300.00

CNA Surety

Company#: 0601
Bond/Policy#: 71579037 Effective Date: 09/08/2014
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA MONUMENT HILL REHABILITATION AND
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS
Written By: WESTERN SURETY COMPANY
Agency Code: 42-23390 J. S. EDWARDS & SHERLOCK

Check here if changes needed and explain below.

Make Check Payable To CNA Surety

CNA Surety Direct Bill
P.O. Box 957312
St Louis, MO 63195-7312

0003001 04223390000009082014 00601007157903700 00000003000000

NOTICE OF PREMIUM DUE



Phone: 1-888-866-2666
Fax: 1-605-335-0357
Email: uwservices@cnasurety.com
Company#: 0601
Bond/Policy#: 71579053
Billing Date: 09/09/2014
Due Date: 09/08/2014

SPRING BRANCH TRANSITIONAL CARE CENTER
1615 HILLEDAHL BLVD.
HOUSTON, TX 77055

Premium: \$850.00

Amount Due: \$850.00

Company#: 0601
Bond/Policy#: 71579053
Effective Date: 09/08/2014 Anniversary Date: 09/08/2015
Bond amount: \$85,000.00
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA SPRING BRANCH TRANSITIONAL CARE
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: 409-832-7736
Agency Code: 42-23390

**J. S. EDWARDS & SHERLOCK
INSURANCE AGENCY, L. L. P.
P. O. BOX 22237
BEAUMONT, TX 77720**

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

Amount Due: \$850.00

CNA Surety

Company#: 0601
Bond/Policy#: 71579053 Effective Date: 09/08/2014
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA SPRING BRANCH TRANSITIONAL CARE
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS
Written By: WESTERN SURETY COMPANY
Agency Code: 42-23390 J. S. EDWARDS & SHERLOCK

Check here if changes needed and explain below.

Make Check Payable To CNA Surety

CNA Surety Direct Bill
P.O. Box 957312
St Louis, MO 63195-7312

0003001 04223390000009082014 00601007157905300 00000008500003

SF MLF

NOTICE OF PREMIUM DUE

CNA SURETY

Phone: 1-888-866-2666
Fax: 1-605-335-0357
Email: uwservices@cnasurety.com
Company#: 0601
Bond/Policy#: 71579057
Billing Date: 09/09/2014
Due Date: 09/08/2014

WOODLANDS HEALTHCARE CENTER (THE)
4560 S. PANTHER CREEK DR.
THE WOODLANDS, TX 77381

Premium: \$500.00

Amount Due: \$500.00

Company#: 0601
Bond/Policy#: 71579057
Effective Date: 09/08/2014 Anniversary Date: 09/08/2015
Bond amount: \$50,000.00
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA THE WOODLANDS HEALTHCARE CENTER
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: 409-832-7736
Agency Code: 42-23390

**J. S. EDWARDS & SHERLOCK
INSURANCE AGENCY, L. L. P.
P. O. BOX 22237
BEAUMONT, TX 77720**

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

Amount Due: \$500.00

CNA Surety

Company#: 0601
Bond/Policy#: 71579057 Effective Date: 09/08/2014
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA THE WOODLANDS HEALTHCARE CENTER
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS
Written By: WESTERN SURETY COMPANY
Agency Code: 42-23390 J. S. EDWARDS & SHERLOCK

Check here if changes needed and explain below.

Make Check Payable To CNA Surety

CNA Surety Direct Bill
P.O. Box 957312
St Louis, MO 63195-7312

0003001 04223390000009082014 00601007157905700 00000005000003

NOTICE OF PREMIUM DUE



Phone: 1-888-866-2666
Fax: 1-605-335-0357
Email: uwservices@cnasurety.com
Company#: 0601
Bond/Policy#: 71579046
Billing Date: 09/09/2014
Due Date: 09/08/2014

OAK MANOR NURSING CENTER
624 N. CONVERSE
FLATONIA, TX 78941

Premium: \$200.00

Amount Due: \$200.00

Company#: 0601
Bond/Policy#: 71579046
Effective Date: 09/08/2014 Anniversary Date: 09/08/2015
Bond amount: \$20,000.00
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA OAK MANOR NURSING CENTER
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: 409-832-7736
Agency Code: 42-23390

**J. S. EDWARDS & SHERLOCK
INSURANCE AGENCY, L. L. P.
P. O. BOX 22237
BEAUMONT, TX 77720**

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

Amount Due: \$200.00

CNA Surety
Company#: 0601
Bond/Policy#: 71579046 Effective Date: 09/08/2014
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA OAK MANOR NURSING CENTER
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS
Written By: WESTERN SURETY COMPANY
Agency Code: 42-23390 J. S. EDWARDS & SHERLOCK

Check here if changes needed and explain below.

Make Check Payable To CNA Surety

CNA Surety Direct Bill
P.O. Box 957312
St Louis, MO 63195-7312

0003001 04223390000009082014 00601007157904600 00000002000000

NOTICE OF PREMIUM DUE



Phone: 1-888-866-2666
Fax: 1-605-335-0357
Email: uwservices@cnasurety.com
Company#: 0601
Bond/Policy#: 71579050
Billing Date: 09/09/2014
Due Date: 09/08/2014

OAKLAND MANOR NURSING CENTER
1400 N. MAIN
GIDDINGS, TX 78942

Premium: \$300.00

Amount Due: \$300.00

Company#: 0601
Bond/Policy#: 71579050
Effective Date: 09/08/2014 Anniversary Date: 09/08/2015
Bond amount: \$30,000.00
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA OAKLAND MANOR NURSING CENTER
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: 409-832-7736
Agency Code: 42-23390

**J. S. EDWARDS & SHERLOCK
INSURANCE AGENCY, L. L. P.
P. O. BOX 22237
BEAUMONT, TX 77720**

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

Amount Due: \$300.00

CNA Surety
Company#: 0601
Bond/Policy#: 71579050 Effective Date: 09/08/2014
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA OAKLAND MANOR NURSING CENTER
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS
Written By: WESTERN SURETY COMPANY
Agency Code: 42-23390 J. S. EDWARDS & SHERLOCK

Check here if changes needed and explain below.

Make Check Payable To CNA Surety

CNA Surety Direct Bill
P.O. Box 957312
St Louis, MO 63195-7312

0003001 04223390000009082014 00601007157905000 00000003000002

SF CK1

NOTICE OF PREMIUM DUE

CNA SURETY

Phone: 1-888-866-2666
Fax: 1-605-335-0357
Email: uwservices@cnasurety.com
Company#: 0601
Bond/Policy#: 71585621
Billing Date: 09/10/2014
Due Date: 09/10/2014

HIGHLAND PARK CARE CENTER
2714 MORRISON ST.
HOUSTON, TX 77009

Premium: \$450.00



Amount Due: \$450.00

Company#: 0601
Bond/Policy#: 71585621
Effective Date: 09/10/2014 Anniversary Date: 09/10/2015
Bond amount: \$45,000.00
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA HIGHLAND PARK CARE CENTER
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: 409-832-7736
Agency Code: 42-23390

**J. S. EDWARDS & SHERLOCK
INSURANCE AGENCY, L. L. P.
P. O. BOX 22237
BEAUMONT, TX 77720**

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

CNA Surety

Company#: 0601
Bond/Policy#: 71585621 Effective Date: 09/10/2014
Name: WINNIE-STOWELL HOSPITAL DISTRICT DBA HIGHLAND PARK CARE CENTER
Description: TX NURSING HOMES - NURSING FACILITY RESIDENTS
Written By: WESTERN SURETY COMPANY
Agency Code: 42-23390 J. S. EDWARDS & SHERLOCK

Amount Due: \$450.00

Make Check Payable To CNA Surety

Check here if changes needed and explain below.

CNA Surety Direct Bill
P.O. Box 957312
St Louis, MO 63195-7312

0003001 04223390000009102014 00601007158562100 00000004500003

Durbin and Company, L.L.P.
2950 50th Street
Lubbock, TX 79413

806-791-1591

Winnie Stowell Hospital District
1020 So. 23rd Street
Beaumont, Texas 77707

Invoice No. 4969
Date Tuesday, September 16, 2014
Client No. DCO10240

SERVICE	AMOUNT
Audit Services Applicable to your Account - Y/E 12/31/12	8,500.00
Audit Services Applicable to your Account - Y/E 12/31/13	<u>5,000.00</u>
Current Amount Due	13,500.00
Prior Balance	<u>0.00</u>
Total Amount Due	<u>\$ 13,500.00</u>

MARY ELLEN ROBERTSON
CERTIFIED PUBLIC ACCOUNTANT
985 IH-10 NORTH, SUITE 101
BEAUMONT, TEXAS 77706

(409) 892-8901

Invoice # 140903
September 5, 2014

Winnie-Stowell Hospital District
P. O. Box 1997
Winnie, TX 77665-1997

Accounting services rendered as follows:

General Ledger Write-Up for June & July, 2014 2 months @ \$500.00 per month	1,000.00
Amount Due	<u><u>\$1,000.00</u></u>

Please remit to: P. O. Box 5151
Beaumont, TX 77726

[Need Help](#)

[1-800-982-3400](#)

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[Reorder Fast](#)

[Order by item #](#)

WELCOME, SHERRIE

My Account



\$0.00

[My Deals](#)

[PRODUCTS](#)

[INK & TONER](#)

[COFFEE | SNACKS](#)

[CLEANING](#)

[SERVICES](#)

[SHOP BY INDUSTRY](#)

My Account Balance

Payments or credits posted today will display at the start of the following business day.

You may click on any invoice transaction number to view details.

To change the sort order, please click on any heading.

For inquiries pertaining to all other transaction types: Email Customer Service or call 1-800-789-1331

View by account name and number:

Transaction Date	Transaction Type	Transaction Number	Order Number	P.O. No.	Due Date	Past Due (Days)	Total Amount
09/04/2014	Invoice	5839645	71078364	NORRISSHERRIE	10/04/2014	0	\$19.71
09/05/2014	Invoice	5864710	71078366	NORRISSHERRIE	10/05/2014	0	\$19.99
09/05/2014	Invoice	5861829	71078368	NORRISSHERRIE	10/05/2014	0	\$8.65
09/08/2014	Invoice	5896269	71078365	NORRISSHERRIE	10/08/2014	0	\$9.19
09/09/2014	Invoice	5945528	71078367	NORRISSHERRIE	10/09/2014	0	\$39.99
Total Account Balance							\$97.53

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Best experience in office products

P.O. Box 37600 Philadelphia, PA 19101-0600
Customer Service: 1-800-789-8965

0:
Order Date : 09/03/2014
Ship Date : 09/04/2014
InvoiceDate : 09/04/2014
TIN : 36-2952904

Sold To:
Winniestowell Hospital Distri


Po Box 1997
Winnie TX 77665-1997

Ship To:
Winnie Stowell Hospital Distri
Sherrie Norris
538 Broadway
Winnie TX 77665

Customer PO : norrissherrie Order# : 71078364 Invoice# : 5839645 Account# : C7769473

Item Number	Description	Color	Qty shipped	Price/UM	Extended
-------------	-------------	-------	-------------	----------	----------

Remember you can check your order status & tracking, print invoices and more in the Manage My Account section on Quill.com.



Earn up to \$20 per month in QuillCash™
Go to Quill.com/inkrecycle

Mdse Total:	\$18.97
Tax:	\$0.74
Freight:	Free

Go paperless! Get email alerts when you have new invoices.
To get started, just go to quill.com, click on the "My Account" link, then the account alert link.
To help apply your payment properly, remember to include your **account #** on your check and remit your payment to the address shown below.

Amount Due:	\$19.71
Due Date:	10/04/2014

Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.

Account Number: **C7769473**
Winniestowell Hospital Dis



Invoice Number: **5839645**
Invoice Date: 09/04/2014
Amount Due: \$19.71
Payable in U.S. Dollars

Payable to:
Quill Corporation
P.O.Box 37600
Philadelphia, PA 19101-0600

0011000000058396450007769473710000000019719

Place an "X" above _____ if you include any comments, suggestions and/or address changes on the back of this payment slip.



Best experience in office products

P.O. Box 37600 Philadelphia, PA 19101-0600
Customer Service: 1-800-789-8965

0:
Order Date : 09/03/2014
Ship Date : 09/05/2014
InvoiceDate : 09/05/2014
TIN : 36-2952904

Sold To:
Winniestowell Hospital Distri


Po Box 1997
Winnie TX 77665-1997

Ship To:
Winnie Stowell Hospital Distri
Sherrie Norris
538 Broadway
Winnie TX 77665

Customer PO : norrissherrie Order# : 71078366 Invoice# : 5864710 Account# : C7769473

Item Number	Description	Color	Qty shipped	Price/UM	Extended
901-QD105	Mrs. Fields red tin w/28 asst		1	\$19.99/each	\$19.99

Remember you can check your order status & tracking, print invoices and more in the Manage My Account section on Quill.com.



Earn up to \$20 per month in QuillCash™
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Mdse Total:	\$19.99
Tax:	\$0.00
Freight:	Free

Go paperless! Get email alerts when you have new invoices.
To get started, just go to quill.com, click on the "My Account" link, then the account alert link.
To help apply your payment properly, remember to include your **account #** on your check and remit your payment to the address shown below.

Amount Due:	\$19.99
Due Date:	10/05/2014

Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.

Account Number: **C7769473**
Winniestowell Hospital Dis



Invoice Number: **5864710**
Invoice Date: 09/05/2014
Amount Due: \$19.99
Payable in U.S. Dollars

Payable to:
Quill Corporation
P.O.Box 37600
Philadelphia, PA 19101-0600

0011000000058647100007769473710000000019996

Place an "X" above _____ if you include any comments, suggestions and/or address changes on the back of this payment slip.



P.O. Box 37600 Philadelphia, PA 19101-0600
Customer Service: 1-800-789-8965

0:
Order Date : 09/03/2014
Ship Date : 09/04/2014
InvoiceDate : 09/05/2014
TIN : 36-2952904

Sold To:
Winniestowell Hospital Distri


Po Box 1997
Winnie TX 77665-1997

Ship To:
Winnie Stowell Hospital Distri
Sherrie Norris
538 Broadway
Winnie TX 77665

Customer PO : norrissherrie Order# : **71078368** Invoice# : **5861829** Account# : **C7769473**

Item Number	Description	Color	Qty shipped	Price/UM	Extended
901-972477EFO	Universal stylus		1	\$7.99/each	\$7.99

Remember you can check your order status & tracking, print invoices and more in the Manage My Account section on Quill.com.



Earn up to \$20 per month in QuillCashSM
Go to Quill.com/inkrecycle

Mdse Total:	\$7.99
Tax:	\$0.66
Freight:	Free

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To get started, just go to quill.com, click on the "My Account" link, then the account alert link.
To help apply your payment properly, remember to include your **account #** on your check and remit your payment to the address shown below.

Amount Due:	\$8.65
Due Date:	10/05/2014

Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.

Account Number: **C7769473**
Winniestowell Hospital Dis



Invoice Number: **5861829**
Invoice Date: 09/05/2014
Amount Due: \$8.65
Payable in U.S. Dollars

Payable to:
Quill Corporation
P.O.Box 37600
Philadelphia, PA 19101-0600

0011000000058618290007769473710000000008655

Place an "X" above _____ if you include any comments, suggestions and/or address changes on the back of this payment slip.



P.O. Box 37600 Philadelphia, PA 19101-0600
Customer Service: 1-800-789-8965

0:
Order Date : 09/03/2014
Ship Date : 09/05/2014
InvoiceDate : 09/08/2014
TIN : 36-2952904

Sold To:
Winniestowell Hospital Distri

Po Box 1997
Winnie TX 77665-1997

Ship To:
Winnie Stowell Hospital Distri
Sherrie Norris
538 Broadway
Winnie TX 77665

Customer PO : norrissherrie Order# : **71078365** Invoice# : **5896269** Account# : **C7769473**

Item Number	Description	Color	Qty shipped	Price/UM	Extended
KEB21771	Mini cookies, fudge stripes, 2		1	\$8.49/box	\$8.49

Remember you can check your order status & tracking, print invoices and more in the Manage My Account section on Quill.com.



Earn up to \$20 per month in QuillCash™
Go to Quill.com/inkrecycle

Mdse Total:	\$8.49
Tax:	\$0.70
Freight:	Free

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To get started, just go to quill.com, click on the "My Account" link, then the account alert link.
To help apply your payment properly, remember to include your **account #** on your check and remit your payment to the address shown below.

Amount Due:	\$9.19
Due Date:	10/08/2014

Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.

Account Number: **C7769473**
Winniestowell Hospital Dis



Invoice Number: **5896269**
Invoice Date: 09/08/2014
Amount Due: \$9.19
Payable in U.S. Dollars

Payable to:
Quill Corporation
P.O.Box 37600
Philadelphia, PA 19101-0600

0011000000058962690007769473710000000009191

Place an "X" above _____ if you include any comments, suggestions and/or address changes on the back of this payment slip.



P.O. Box 37600 Philadelphia, PA 19101-0600
Customer Service: 1-800-789-8965

0:
Order Date : 09/03/2014
Ship Date : 09/08/2014
InvoiceDate : 09/09/2014
TIN : 36-2952904

Sold To:
Winniestowell Hospital Distri

Po Box 1997
Winnie TX 77665-1997

Ship To:
Winnie Stowell Hospital Distri
Sherrie Norris
538 Broadway
Winnie TX 77665

Customer PO : norrissherrie Order# : 71078367 Invoice# : 5945528 Account# : C7769473

Item Number	Description	Color	Qty shipped	Price/UM	Extended
901-053074	Frito lay variety pk 60/cs		1	\$39.99/case	\$39.99

Remember you can check your order status & tracking, print invoices and more in the Manage My Account section on Quill.com.



Earn up to \$20 per month in QuillCash™
Go to Quill.com/inkrecycle

Mdse Total:	\$39.99
Tax:	\$0.00
Freight:	Free

Go paperless! Get email alerts when you have new invoices.
To get started, just go to quill.com, click on the "My Account" link, then the account alert link.
To help apply your payment properly, remember to include your **account #** on your check and remit your payment to the address shown below.

Amount Due:	\$39.99
Due Date:	10/09/2014

Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.

Account Number: **C7769473**
Winniestowell Hospital Dis



Invoice Number: **5945528**
Invoice Date: 09/09/2014
Amount Due: \$39.99
Payable in U.S. Dollars

Payable to:
Quill Corporation
P.O.Box 37600
Philadelphia, PA 19101-0600

0011000000059455280007769473710000000039993

Place an "X" above _____ if you include any comments, suggestions and/or address changes on the back of this payment slip.

Date	Description	Time	Expense	Mileage	Notes
08/01/14	Review and save emails	1.00			
	To/from Post office; Review mail; update files	0.50		5	
08/04/14	Office - attend board meeting	6.00			
08/05/14	Review and save emails	1.00			
08/06/14	Review and save emails	1.00			
	To/from Post office; Review mail; update files	0.50		5	
08/07/14	Review and save emails	1.50			
08/08/14	Review and save emails	1.00			
08/09/14	Review and save emails	1.00			
08/11/14	Office	3.00			
	To/from Post office; Review mail; update files	0.50		5	
08/12/14	Office	4.00			
	To/From Chambers Court filing dba's	0.65		35	
	To/from Office Depot - office supplies copier	1.50		55	
	Office--To/from Chambers Court filing additional dba's	0.65		35	
08/13/14	Review and save emails	1.00			
08/14/14	Review and save emails	1.20			
08/15/14	Office	3.00			
	To/from Post office; Review mail; update files	0.50		5	
08/18/14	Office	4.50			
	To/From Chambers Court to file election documents	1.00		35	
08/19/14	Office	3.50			
	To/from Post office; Mail letter, Review mail; update files	0.50		5	
08/20/14	Office and attend board meeting	7.50			
08/21/14	Office	3.00			
08/22/14	Office	2.50			
	To/from Post office; Review mail received at office; update files	0.50		5	
08/25/14	To/From Chambers Court re cancel election	1.00			
	Office and attend board meeting	6.00			
08/26/14	Office	3.00			
	To/from Post office; Review mail received at office; update files	0.50		5	
08/27/14	To/From Beaumont, Computer Dimesions (6 ipads, set up training; and To Atty Oxford office to drop off Ipad	2.50		59	
	Office	3.00			
08/28/14	Office	2.50			
	To/From Chambers Court to file Highland dba	1.00		35	
08/29/14	Office	4.50			
	To/From Post Office; update files	0.50		5	
Total Hours	\$1,540.00	77.00		289	
Total Exp	\$434.28				
Total	\$1,974.28				

Date	Description	Time	Expense	Mileage	Notes
Expenses					
	Cell Phone		\$50.00		
	Mileage		\$158.95		
8.15.14	Court filing (Agenda 8.20.14)		\$5.00		
8.19.14	PO additional fee		\$1.61		
8.22.14	USPS-Overnight		\$32.10		
8.22.14	Court filing (Agenda 8.25.14)		\$5.00		
8.25.14	Court filing (order cancel election)		\$5.00		
9..3.14	Dropbox account		\$99.00		
9.3.14	USPS-Overnight		\$38.77		
9.9.14	USPS-Overnight		\$38.85		
			\$434.28		



Sherrie Norris <snorris881@gmail.com>

Purchase Confirmation

1 message

donotreply@netdatacorp.net <donotreply@netdatacorp.net>
To: snorris881@gmail.com

Fri, Aug 15, 2014 at 9:56 AM

Office Name: Chambers County Clerk - Heather H. Hawthorne
P.O. Box 728
Anahuac, TX 77514
[409-267-2418](tel:409-267-2418)

Receipt Number: **367353**

PUBLIC RECORDS: WSHD Agenda for Regular Meeting 2014.08.20

Payment Date: **2014-08-15 09:51:22**

Billing Information

Name: **SHERRIE NORRIS**

Address1: **PO BOX 1803**

Address2:

City: **WINNIE**

State: **TX**

Zip Code: **77665**

email: snorris881@gmail.com

Main Phone: **4092013922**

Credit Card Information:

Card Number: **xxxxxxxxxxxx9130**

Card Verification Number: **xxx**

Card Type: **Master Card**

Expiration Date: **xx/xxxx**

Your Order Amount:

Payment Amount **\$4.00**

Convenience Fee **\$1.00**

Total Amount **\$5.00**

=====

WINNIE
WINNIE, Texas
776650190
4841490665-0098
08/19/2014 (409)296-4475 01:27:31 PM

=====

===== Sales Receipt =====

Product Description	Sale Unit Qty	Price	Final Price
AUSTIN TX 78714 Zone-3 First-Class Mail Large Env 3.80 oz. Expected Delivery: Thu 08/21/14			\$1.61
Customer Postage			-\$1.47
Issue Postage:			\$0.14

=====
Total: \$0.14

Paid by:
Cash \$0.14

Order stamps at usps.com/shop or
call 1-800-Stamp24. Go to
usps.com/clicknship to print
shipping labels with postage. For
other information call
1-800-ASK-USPS.

Get your mail when and where you
want it with a secure Post Office
Box. Sign up for a box online at
usps.com/poboxes.

Bill#:1000201700829
Clerk:03

Wilcox Pharmacy
415 Highway 124
Winnie, TX 77665-6006
Phone: (409) 296-2497
Fax: (409) 296-2032

Aug 22 2014 3:18PM
Receipt # 64877
Cashier: kay w
Drawer #: POS01 - 1623

UPS 32.10
Subtotal 32.10
Tax Total 0.00
Items: 1 Total 32.10

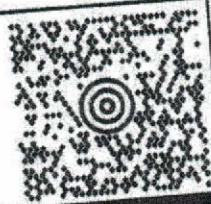
MasterCard Tendered 32.10
Acct #...9130
Approval #...572051



WSHD - SHERRIE NORRIS
(409) 201-3922
WILCOX PHARMACY
415 HWY 124
WINNIE TX 77665

LTR 1 OF 1

SHIP TO:
DEEANN TORO, REG. SERV. E-342
(512) 438-2477
TEXAS DADS
701 W 51ST STREET
AUSTIN TX 78751



TX 787 9-08



UPS NEXT DAY AIR 1

TRACKING #: 1Z 770 E47 01 4502 0518



BILLING: P/P

WS 16.0.31

54.0A 07/2014



Sherrie Norris <snorris881@gmail.com>

Purchase Confirmation

1 message

donotreply@netdatacorp.net <donotreply@netdatacorp.net>
To: snorris881@gmail.com

Fri, Aug 22, 2014 at 9:30 AM

Office Name: Chambers County Clerk - Heather H. Hawthorne
P.O. Box 728
Anahuac, TX 77514
[409-267-2418](tel:409-267-2418)

Receipt Number: **369096**

PUBLIC RECORDS: WSHD Agenda for Special Meeting 2014.08.25

Payment Date: **2014-08-22 09:25:11**

Billing Information

Name: **SHERRIE NORRIS**

Address1: **PO BOX 1803**

Address2:

City: **WINNIE**

State: **TX**

Zip Code: **77665**

email: snorris881@gmail.com

Main Phone: **4092013922**

Credit Card Information:

Card Number: **xxxxxxxxxxxx9130**

Card Verification Number: **xxx**

Card Type: **Master Card**

Expiration Date: **xx/xxxx**

Your Order Amount:

Payment Amount **\$4.00**

Convenience Fee **\$1.00**

Total Amount **\$5.00**

Official Receipt for Recording in:
Chambers County CLERK
Post Office Box 728
Anahuac, Texas 77514

Issued To
WINNIE STOWELL HOSPITAL DISTRI

Recording Fees

Document 2014 Recording
Type Number PAGES Amount

PN 3044 1 4.00

4.00

Collected Amounts

Payment
Type Amount

Cash 5.00

5.00

Total Received: 5.00
Less Total Recordings: 4.00

Change Due: 1.00

Thank You
Heather H. Hawthorne - COUNTY CLERK

By - BWOODY

Receipt# Date Time
14298797 08/25/2014 04:03PM

Dropbox payment received, account upgraded

1 message

Dropbox <no-reply@dropbox.com>
To: snorris881@gmail.com

Wed, Sep 3, 2014 at 1:32 PM



Hi Sherrie,

Thanks for upgrading your Dropbox account! This email serves as your receipt.

Email account: snorris881@gmail.com

Amount: \$99.00

New space: 1 TB

Transaction ID: krrhnw2

You will be charged \$99.00 (minus any applicable credits or promos) yearly until you cancel your subscription. Previous charges won't be refunded when you cancel.

A detailed summary of your transactions with Dropbox can be found on your payments page. If you have any questions, please contact us.

We hope you enjoy the extra space!

- The Dropbox Team

5577
Wilcox Pharmacy
415 Highway 124
Winnie, TX 77665-6006
Phone: (409) 296-2497
Fax: (409) 296-2032

Sep 3 2014 3:16PM
Receipt # 65868
Cashier: BEATRIZ R
Drawer # POS01 - 1649

UPS 38.77

Subtotal 38.77

Tax Total 0.00

Items: 1 Total 38.77

Visa Tendered 38.77

Acct #...3430

Approval #...003291

Signature required for the following:
- Payment(s) require a signature

Sherrie Nantz

Signature



\$ 38.55

Wilcox Pharmacy
415 Highway 124
Winnie, TX 77665-6006
Phone: (409) 296-2497
Fax: (409) 296-2032

WINNIE STOWELL HOSPITAL DISTRI
(409) 201-3922
WILCOX PHARMACY
415 HWY 124
WINNIE TX 77665

LTR

Sep 9 2014 4:53PM
Receipt # 66489
Cashier: kay w
Drawer #: POS02 - 1664

SHIP TO:
ALEXIS SEEFELDT, AFSB
(800) 331-6053
CNA SURETY
101 S. REID ST., SUITE 300
SIOUX FALLS SD 57103

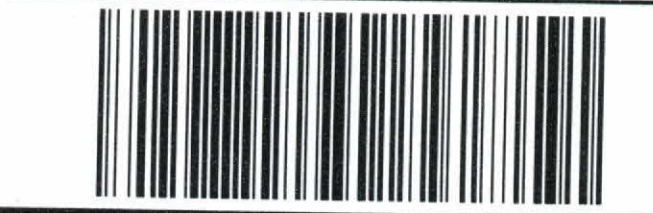
UPS		38.55
	Subtotal	38.55
	Tax Total	0.00
# Items: 1	Total	38.55



Visa Tendered 38.55
Acct #...3430
Approval #...009994

UPS NEXT DAY AIR 1
TRACKING #: 1Z 770 E47 01 4464 3937

Signature required for the following:
- Payment(s) require a signature



Signature _____

BILLING: P/P



WS 18.0.31 54.0A 07/2014

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