

Exhibit “A”

**WINNIE STOWELL HOSPITAL DISTRICT
PUBLIC COMMENT-SIGN IN SHEET**

**POLICIES AND PROCEDURES
FOR PUBLIC COMMENT AT BOARD OF DIRECTORS
MEETINGS**

3-18-15 Reg. Mtg

Any Individual shall be allowed to speak but is subject to the rules set forth in above Policies and Procedures for Public Comment:

- a. The Board reserves the right to limit the number of speakers to insure the completion of the posted agenda in a timely manner
- b. Individuals desiring to speak shall sign-up in advance of the meeting
- c. The sign-up sheet shall be available 15 minutes before the beginning of each posted meeting
- d. Speakers shall be heard on a first-come first served basis, based on the sign-up sheet, time permitting
- e. The opportunity to speak shall be limited to no more than **three (3) minutes**, unless extended by the Board
- f. The Board is not required to speak and/or respond and/or answer any speaker, as allowed under law.

NAME	ADDRESS
D. Thompson PA	Clinic
Gloria Rasmussen	Stowell

PUBLIC PARTICIPATION FORM
FOR
WINNIE STOWELL HOSPITAL DISTRICT

Public Comment Only

Agenda Item

Instruction: Fill out all appropriate blanks and present to the District's Administrator prior to the time that the Agenda Item(s) you wish to address are discussed. If you have material or documents for the Court, please make sure you have one for the Clerk to ensure that it is put into the record.

Name: Clara Rosmer

Address: PO Box 56
Stewart, TX 79551

Phone #: 713-378-3139

Employer: _____

Address: _____

Work Phone#: _____

Do you represent any particular group or organization? Yes No

If you represent a group or organization, please state the name, address and telephone number of such group or organization.

Which agenda Item(s) do you wish to address?

a. 448 _____ For Against

b. _____ For Against

c. _____ For Against

Clara Rosmer
Signature

7/10/2012
Date

NOTE: This Public Participation Form must be presented to the District's Administrator prior to the time the agenda item(s) are discussed. As stated in the District's Public Comment Policy, Speakers will be limited to 3 Minutes and can address specific item(s) on the agenda.

Exhibit “B”

Winnie-Stowell Hospital District

Balance Sheet
March 18, 2014

Cash

	740,611.17	Prosperity Operating
	43,139.84	Comptroller 03.14.14 Deposit
Cash Balance	783,751.01	

Accounts Payable

			Inv No.'s
		Chambers County-Indigent care	
	32,259.88	Benckenstein & Oxford	
	500.00	Hubert Oxford/B&O	1/2 retainer
	500.00	Josh Heinz/B&O	1/2 retainer
	144.00	Husch Blackwell	2206342
	825.60	Mary Ellen Roberson, CPA	150324/150323
	53.20	HomeTown Press	Lgl Ntc 2/5 and 2/12
		Quill	
	169.26	Time Warner Cable	Serv 3/5-4/4
		Carroll R Hand Ins	Bond-Sherrie
		Carroll R Hand Ins	Bond-Donna
	97.82	Petty Cash	
		Donna Sonnier	Director
	2,224.40	Sherrie Norris	Admin Feb 14-Mar 13
	3,810.75	American Express	
	100.00	Tony King	Deputy Services
Total Liabilities	40,684.91		

Total Cash Balance **743,066.10**

Investments

	152,401.61	TexStar
	103,637.07	Prosperity CD (447)
Total Investments	256,038.68	

Total Fund Balance **999,104.78**

WINNIE-STOWELL HOSPITAL DISTRICT
Statement of Revenues, Expenditures and Changes in Net Position
For the 2 Months Ended February 28, 2015

REVENUE:

Investment Income	\$ 737
Nursing Home - UPL Program	3,677,607
Sales Tax Revenue	<u>91,059</u>
TOTAL REVENUE	<u><u>3,769,403</u></u>

EXPENSES:

Administrative Expenses	546
Administrative Services	4,220
Bank Service Charges	20
Depreciation Expense	1,172
District/County Promotion	1,500
Insurance - Property	5,656
Nursing Home Program - Interest Expense	201,784
Nursing Home Program Mgmt. Fees	2,045,881
Office Supplies/Postage	604
Professional Fees - Acctg.	4,400
Professional Fees - Legal	36,650
Project Cost - Nursing Home - UPL Program	580,940
Purchase of Land and Building	402,770
Security Expense	420
Taxes - Payroll	448
Telephone/Internet	341
Travel	539
Web-Site	<u>500</u>
TOTAL EXPENSES	<u><u>3,288,391</u></u>
INCREASE (DECREASE) IN NET POSITION	<u><u>481,012</u></u>
NET POSITION, BEGINNING OF PERIOD	<u><u>2,702,978</u></u>
NET POSITION, END OF PERIOD	<u><u>\$ 3,183,990</u></u>

For management purposes only.

WINNIE-STOWELL HOSPITAL DISTRICT
Supplementary Information - Cash and Cash Equivalents
As of February 28, 2015

Cash and Cash Equivalents	
Prosperity Bank - Checking	\$ 3,712,361
Petty Cash	150
TexStar	152,402
Wells Fargo - WSHD Transfer Account	430,476
Graham InterBank	<u>90</u>
Total Cash and Cash Equivalents	\$ <u>4,295,479</u>

WINNIE-STOWELL HOSPITAL DISTRICT
Supplementary Information - Comparison Actual to Budget

	2 Months Ended 2/28/2015 Actual	Annual Budget	Over (Under) Budget	% of Budget Used
Revenue				
Sales Tax Revenue	\$ 91,059	\$ 695,000	(603,941)	13.10%
Investment Income	737	925	(188)	79.68%
Loan Proceeds - Building	-	19,640,000	(19,640,000)	0.00%
Loan Proceeds - UPL Program	-	320,000	(320,000)	0.00%
Nursing Home - UPL Program	3,677,607	35,675,000	(31,997,393)	10.31%
Total Revenue	<u>3,769,403</u>	<u>56,330,925</u>	<u>(52,561,522)</u>	<u>6.69%</u>
Expenditures				
Administrative Services	4,220	30,000	(25,780)	14.07%
Administrative Expenses	546	1,500	(954)	36.40%
Bank Service Charges	20	-	20	0.00%
Bonds	-	350	(350)	0.00%
District/County Promotion	1,500	-	1,500	0.00%
Continuing Education - Medical Personnel	-	12,000	(12,000)	0.00%
County Indigent/1115 Wavier/Uncompensated Care Program	-	280,000	(280,000)	0.00%
Salary - Indigent Care Administrator	-	55,800	(55,800)	0.00%
Insurance	-	3,750	(3,750)	0.00%
Insurance - Property	5,656	10,000	(4,344)	56.56%
Interest - Building	-	10,584	(10,584)	0.00%
Notices & Fees	-	2,500	(2,500)	0.00%
Travel	539	3,200	(2,661)	16.84%
Professional Fees - Acctg.	4,400	30,000	(25,600)	14.67%
Professional Fees - Legal	36,650	125,000	(88,350)	29.32%
Principal Payments on Building	-	19,442	(19,442)	0.00%
Principal Payments on UPL Program Loans	-	19,640,000	(19,640,000)	0.00%
Project Cost - Nursing Home - UPL Program	580,940	3,381,150	(2,800,210)	17.18%
Nursing Home Program Mgmt. Fees	2,045,881	19,875,000	(17,829,119)	10.29%
Nursing Home Program - Bonds	-	3,500	(3,500)	0.00%
Nursing Home Program - Interest Expense	201,784	1,621,456	(1,419,672)	12.44%
Security Expense	420	-	420	0.00%
Office Supplies/Postage	604	7,000	(6,396)	8.63%
Taxes - Payroll	448	1,500	(1,052)	29.87%
Taxes - Payroll - Indigent Care	-	3,840	(3,840)	0.00%
Telephone/Internet	341	2,000	(1,659)	17.05%
Web-Site	500	1,500	(1,000)	33.33%
Purchase of Land and Building	82,770	400,000	(317,230)	20.69%
Payment to Hospital for Equip,Furn & Improvements	-	2,800,000	(2,800,000)	0.00%
Contingency	-	100,000	(100,000)	0.00%
Total Expenditures	<u>2,967,218</u>	<u>48,421,072</u>	<u>(45,453,854)</u>	<u>6.13%</u>
Revenue Over(Under) Expenditures	<u>\$ 802,185</u>	<u>\$ 7,909,853</u>		

For management purposes only.

Benckenstein & Oxford, L.L.P.

3535 Calder Avenue
Suite 300
Beaumont, TX 77706

March 18, 2015

INVOICE #: 47521 **HOIV**
Billed through: February 28, 2015
Client/Matter #: WSHD 87250

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

RE: Winnie-Stowell Hospital District

PROFESSIONAL SERVICES RENDERED

02/02/15	HOIV	Worked with VGM Health to answer questions regarding compensation scheme for Managers in Management Agreements.	0.40 hrs
02/02/15	HOIV	Conference call with Chambers County requesting a copy of their Employee Manual and job description index then forwarded the same to the District's CPA for review.	0.30 hrs
02/02/15	HOIV	Revised Job Description for Indigent Health Care Director and created an abbreviated version for posting in newspaper and distributed to Board.	1.30 hrs
02/02/15	HOIV	Drafted e-mail to Board and Chambers County Indigent Care Department in order to distribute proposed changes to the District's Indigent Policy Statement.	0.30 hrs
02/02/15	HOIV	Worked on Indigent Care Policy Statement by comparing the District's policy to the Chapter 61 of the Health and Safety Code as well as the State's Indigent Health Guideline Book and made substantial changes to the policy.	3.80 hrs
02/02/15	HOIV	Exchanged five (5) e-mails with VMG Health regarding needed information in order to finalize draft reports and provided this information.	0.70 hrs
02/02/15	HOIV	Exchanged e-mails with Trent Kreinke regarding documents needed by LTC Group in order to finalize monthly reports for July through December 2014.	0.40 hrs
02/02/15	HOIV	Conference call with Gary Klein regarding the Form 855 documents.	0.30 hrs
02/03/15	HOIV	Exchanged ten (10) e-mails with with LTC Group and Trent Kreinke regarding the Form 855 Documents and the needed documents for the LTC Group monthly reports.	1.00 hrs
02/03/15	HOIV	Drafted agendas for two upcoming Special Meetings.	0.80 hrs
02/03/15	HOIV	Traveled to Houston to meet with Todd Beiderman to discuss LTC nursing home fee and LTC's concern that the needed to be reduced per the preliminary VMG assessment resulting in a \$700,000.00 per year savings to District.	6.00 hrs

Client-	WSHD	87250	Invoice #	47521	PAGE	2
02/04/15	HOIV	Drafted extensive e-mail to Finance Committee to provide the status of the Nursing Home reports, 2015 Budgets and VMG Health assessments.			1.50 hrs	
02/04/15	HOIV	Received notification of IGT for Eligibility Period 1 and reviewed spreadsheet to determine date due as well as amount of IGT for the District.			0.80 hrs	
02/04/15	HOIV	Drafted agenda for February 9, 2015 Special Meeting and extensive e-mail to Board of the District advising them of the need to have a meeting and the status of the Nursing Home UPL program and incoming UPL payments.			1.70 hrs	
02/04/15	HOIV	Conducted multiple conference calls and e-mails with LTC Group and lender regarding status of UPL payments for the Nursing Home UPL Program and upcoming IGTs.			2.00 hrs	
02/05/15	HOIV	Exchanged eight (8) e-mails with Gary Klein and LTC Group regarding documents needed by the District in order to be in compliance with the Management Agreement and in anticipation of the upcoming reconciliations and payments of accrued amounts owed to management companies.			1.30 hrs	
02/05/15	HOIV	Received fair market value assessments from VMG Health, reviewed them, and distributed the assessments to managers and lawyers for the managers.			1.00 hrs	
02/05/15	HOIV	Conducted multiple conference calls with lender and LTC Group in regard to Eligibility Period 1 for the Nursing Home UPL and coordinated the creation and modification of the Promissory Note; Security Agreement; and Block Agreement.			2.00 hrs	
02/06/15	HOIV	Received multiple e-mails from LTC Group regarding the upcoming IGT amounts for Eligibility Period 1, first quarter; then prepared spreadsheet for Lender to confirm IGT amounts and to be able to explain to the Board the amount of UPL Funds, when the funds would be returned, amount outstanding in current IGTs, and the return date of UPL funds for the outstanding IGTs; drafted e-mail to CPA confirming these numbers and prepared an overview for the Board's upcoming meeting.			4.50 hrs	
02/06/15	HOIV	Received CMS Opinion regarding the Georgia UPL program and read it, in detail to determine whether there was any affect on the District's participation in the program.			0.70 hrs	
02/09/15	HOIV	Prepared for and attended Special meeting regarding IGT for Eligibility Period 2.			3.00 hrs	
02/10/15	HOIV	Drove to Austin and participated in meeting with the Texas Health and Human Services Department as part of Chambers County Day.			8.00 hrs	
02/11/15	HOIV	Returned from Austin after meeting with the Texas Department of Health Services regarding indigent care and the District's indigent care program.			8.00 hrs	
02/12/15	HOIV	Gathered documents for individual nursing facilities in order to prepare for compliance with Management Agreement and LTC Reports.			2.00 hrs	
02/12/15	HOIV	Worked with Administrator to prepare agenda for the February 18th, 2015 Regular Meeting.			0.60 hrs	
02/12/15	JCR	Research Texas Department of Aging and Disability Services website and downloaded DADS Reports for 6 Skilled Nursing Facilities.			1.50 hrs	

Client-	WSHD 87250	Invoice # 47521	PAGE	3
02/13/15	HOIV	Exchanged five (5) e-mails and two conference calls with Jessica Laskowskie and Steve Gularte with Chambers County Public Hospital District No. 1 regarding language in the proposed District Indigent Healthcare Policy Statement.	0.80 hrs	
02/13/15	HOIV	Read and reviewed Chapter 61 and made revisions to WSHD Indigent Care Policy to be reviewed by State Health Department and Chambers County Indigent Care Department.	3.50 hrs	
02/15/15	HOIV	Began drafting extensive set of minutes for January 14, 2015 Regular Meeting.	3.00 hrs	
02/16/15	HOIV	Prepared draft minutes for January 29, 2015 Special Meeting; February 9, 2015 Special Meeting; and February 10, 2015 Special Meeting and made revisions to all minutes including the January 14, 2015 Regular Meeting.	7.00 hrs	
02/17/15	HOIV	Continued revisions to the Indigent Care Agreement and exchanged e-mails with Steve Gularte regarding the same.	2.70 hrs	
02/17/15	HOIV	Met with officials from Hospital regarding status of payment to the Hospital of the District's \$3,750,000.00 commitment.	1.50 hrs	
02/17/15	HOIV	Conference call with LTC regarding reconciliation of funding of UPL funds received by the District and the need to transfer the money to the appropriate account.	0.30 hrs	
02/17/15	HOIV	Exchanged multiple e-mails and three conference calls with Lender to discuss loan schedule, funding of account at Interbank, and upcoming interest payments.	1.50 hrs	
02/17/15	HOIV	Exchanged nine (9) e-mails with LTC Group and multiple conference calls to reconcile amounts owed to the LTC Group for services from July 2014 through December 2014.	2.00 hrs	
02/17/15	HOIV	Spent a considerable amount of time on the phone with LTC Group, Board members, citizens concerning the Southeast Texas Political Review article that discussed the District.	2.00 hrs	
02/17/15	HOIV	Conference with Donna Sonnier regarding a number of questions relating to the Indigent Care Program.	0.80 hrs	
02/17/15	JCR	Prepare spreadsheet for Neches Capital Interest Amortization Schedule for Loan 1 and Loan 2.	0.60 hrs	
02/17/15	JCR	Prepare spreadsheet of LTC Group, LLC Invoices for July 2014 through December 2014.	1.20 hrs	
02/18/15	HOIV	Prepared for and attended regular monthly meeting.	5.00 hrs	
02/18/15	HOIV	Conducted extensive research on whether a Chapter 286 District can provide indigent care to alien residents and exchanged numerous e-mails with Connie Berry at the State Department of Health Services regarding the same.	3.20 hrs	
02/18/15	HOIV	Exchanged numerous phone calls and e-mails with Neches Capital regarding amount of funds to return and the timing to return funds pursuant to the Short	2.10 hrs	

Term Commercial Notes.

02/19/15	HOIV	Continued gathering documents from LTC and Managers in preparation for quarterly meeting of the Quality Committee to be composed of the Finance Committee, LTC Group, and Managers.	1.80 hrs
02/19/15	HOIV	Received Timeline Spreadsheet from LTC Group; reviewed it; and exchanged five (5) e-mails with LTC in order to be able to better advise the Board at the upcoming February 25, 2015 Special Meeting of the status of the Districts funds.	1.40 hrs
02/19/15	HOIV	Exchanged six (6) e-mails with counsel for the Texas Department of Health Services regarding the status of law for indigent programs for illegal aliens.	0.70 hrs
02/19/15	HOIV	Researched Open Meetings Act and Public Comment in regard to restricting public comment to items on the agenda.	2.00 hrs
02/20/15	HOIV	Drafted extensive e-mail to LTC Group explaining the District's position on the privilege and documents needed to support LTC's monthly reports.	0.80 hrs
02/20/15	HOIV	Exchanged ten (10) e-mails and multiple conference calls with the LTC Group and counsel for Caring Healthcare regarding the status of accrued amounts owed to Manager; terms of the Management Agreement; and timing of when amounts owed would be paid to Managers.	2.30 hrs
02/20/15	HOIV	Assisted with preparation of agenda for the Feb. 25, 2015 Special Meeting.	0.30 hrs
02/20/15	HOIV	Conducted conference calls with Chris Portner regarding the LTC Agreement and funding and researched attorney client privilege and the Public Information Act in regard to the the LTC Service Agreement and drafted extensive e-mail LTC in regard to scope of work and modifications needed to the monthly reports.	3.50 hrs
02/20/15	HOIV	Reviewed Management Agreement and reviewed reconciliation report submitted by Caring Healthcare on Tuesday February 17, 2015 and drafted e-mail to lawyer for Caring explaining why the funds would not be distributed until after the Board meeting.	1.30 hrs
02/23/15	HOIV	Exchanged multiple e-mails and conference calls with Trent Kreinke and Director Murrell regarding payment of Quality Incentive Fee to Caring Healthcare on February 23, 2015 and then to pay all outstanding amounts accrued following the February 25, 2015 Special Meeting.	2.00 hrs
02/23/15	HOIV	Worked on Timeline Spreadsheet to account for payments to Managers; accrued amounts owed to Managers; and merging the various worksheets in the spreadsheet in order to get consistent and accurate numbers.	2.50 hrs
02/24/15	HOIV	Worked with Skilled Nursing Home Facilities to facilitate the filing of annual Medicaid Cost reports that were coming due.	1.20 hrs
02/24/15	HOIV	Researched new rule adopted by the Texas Health and Human Services Commission relating to the Nursing Home UPL program and evaluated changes to the rules for the program on how the District is currently participating in the program.	1.00 hrs
02/24/15	HOIV	Exchanged six (6) e-mails with counsel for the lender regarding the rules for	0.80 hrs

the Nursing Home UPL Program as promulgated by the State of Texas and how these new rules could potentially affect disclosures by the District.

02/24/15	HOIV	Conference call with Kelly Smith, Skilled Nursing Home to discuss status of their organization, payment of accrued fees, and the need to set up a meeting with the District.	0.70 hrs
02/24/15	HOIV	Exchanged five e-mails with Kelly Smith, of Skilled Nursing Facilities, to provide her with information previously provided to outside counsel for Skilled.	0.50 hrs
02/24/15	HOIV	Exchanged eight e-mails with Managers regarding payment amounts for VMG Health.	0.80 hrs
02/25/15	HOIV	Prepared for and attended special meeting.	5.50 hrs
02/25/15	HOIV	Continued revisions to Timeline and coordinated with payment amounts with Lender, District, District's CPA, and LTC Group.	1.80 hrs
02/26/15	HOIV	Reviewed procedures to transfer funds and spent time detailing the procedures in order to make the transfer of funds following an UPL payment more efficient.	3.00 hrs
02/26/15	HOIV	Worked with LTC Group; Lender, and District Administrator by way of multiple e-mails and conference calls to reconcile accounts and transfer funds to Interbank.	1.60 hrs
02/27/15	HOIV	Coordinated the repayment of Neches Capital funds and outstanding interest payments due at the end of the month.	1.20 hrs
02/27/15	HOIV	Drafted suggested detailed payment processes on implementing the District's Wells Fargo Disbursement	3.00 hrs
02/27/15	HOIV	Researched the District's finances and prepared a spreadsheet and e-mail for the District's review that illustrates account balances as of January 31, 2013; the present; and projections to determine amount that can be allocated to Hospital.	3.70 hrs
Total fees for this matter			\$33,047.50

DISBURSEMENTS

02/13/15	Hubert Oxford IV; Invoice # mileage; Travel Expense,	172.50
02/28/15	Copy Expense	5.88
02/28/15	Color Copy Expense	19.00
02/28/15	Messenger Service	15.00
Total disbursements for this matter		\$212.38

BILLING SUMMARY:

Oxford, IV Hubert	131.20 hrs @	\$250.00 /hr	\$32,800.00
Roebuck, Jennifer	3.30 hrs @	\$75.00 /hr	\$247.50
TOTAL FEES			\$33,047.50

Client-

WSHD 87250

Invoice # 47521

PAGE

6

TOTAL DISBURSEMENTS	\$212.38
TOTAL CHARGES FOR THIS INVOICE	\$33,259.88
MONTHLY RETAINER	\$1,000.00 CR
TOTAL BALANCE NOW DUE	\$32,259.88

Federal ID# 74-1646478

Invoice Terms: Net 10 Days Upon Receipt

Please Reference Invoice Number on Your Check

HUSCH BLACKWELL

111 Congress Avenue, Suite 1400, Austin, Texas, 78701, (512) 472-5456, Federal ID No. 26-1688286

Hubert Oxford, IV Benckenstein & Oxford, L.L.P.
3535 Calder Ave., Suite 300
Beaumont, TX 77706

PAYMENT DUE UPON RECEIPT

Date: February 16, 2015
Invoice No. 2206342

INVOICE SUMMARY

For Professional Services Rendered and Costs Advanced Through January 31, 2015
(See attached pages for detail)

Our Reference No. 6061577-0000001

Hospital Organization/Compliance Matters

Total Professional Services	\$	144.00
Total Disbursements and Other Charges	\$	0.00
Total Amount this Invoice	\$	144.00

CONFIDENTIAL INFORMATION PROTECTED BY ATTORNEY-CLIENT PRIVILEGE

HUSCH BLACKWELL

111 Congress Avenue, Suite 1400, Austin, Texas, 78701, (512) 472-5456, Federal ID No. 26-1688286

Our Reference No. 6061577-0000001

PAYMENT DUE UPON RECEIPT

Hospital Organization/Compliance Matters

Date: February 16, 2015
Invoice No. 2206342

For Professional Services Rendered and Costs Advanced Through January 31, 2015

Total Professional Services	\$	144.00
Total Disbursements and Other Charges	\$	0.00
Total Current Invoice	\$	144.00

THIS INVOICE IS PAYABLE UPON RECEIPT. PLEASE RETURN THIS PAGE WITH YOUR REMITTANCE.

(Please reference your client and/or invoice number when submitting payment. Thank you!)

For wire transfer instructions, please email:
ARInfo@huschblackwell.com

Mail Payments to:
Husch Blackwell LLP
P.O. Box 802765
KANSAS CITY, MO 64180

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

(409) 892-8901

Invoice # 150324
March 17, 2015

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

Accounting services rendered as follows:

General Ledger Write-Up for March, 2015
1 month @ \$625.00 per month

625.00

Amount Due

\$625.00

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

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

(409) 892-8901

Invoice # 150323
March 17, 2015

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

Professional Services provided as follows:

Direct deposit monthly fee: Nov. & Dec., 2014, Jan. & Feb., 2015 @ \$15.00 each	60.00
Direct deposit per transaction fee: 4 @ \$0.15 each	0.60
Monthly payroll processing fee: Nov. & Dec., 2014, Jan. & Feb., 2015 (4 PPD @ \$35.00 each)	<u>140.00</u>
Amount Due for these services:	<u>\$ 200.60</u>

Please remit to:

P. O. Box 5151
Beaumont, Texas 77726

THE HOMETOWN PRESS
PO BOX 801
WINNIE TX 77665 0801

Phone Number: (409) 296-9988

RECEIVED
3-6-15

1.5% Monthly interest
18% APR on amount unpaid by due date

ID# 82

WINNIE-STOWELL HOSPITAL DISTRICT
PO BOX 1997
WINNIE TX 77665

We appreciate your business!
Balance Due: 53.20

Date	Description	Units		Debit	Credit
02/05/2015	LEGAL NOTICE Indigent Health Care Director needed	7.000	Inches	26.60	
02/12/2015	LEGAL NOTICE Indigent Health Care Director	7.000	Inches	26.60	
	Balance Due			53.20	

Current	30	60	90	90+
53.20	0.00	0.00	0.00	0.00

Avoid service charge - Payment due date by March 23, 2014
Copy must accompany payment to be properly credited

THE HOMETOWN PRESS

P.O. Box 801, Winnie, TX
Office: (409) 296-9988 Fax: (409) 296-9987
htpress99@windstream.net

RECEIVED
3-6-15

Publishers Affidavit

The attached Legal notice - indigent Health Care
Director

appeared in The Hometown Press; a newspaper published in Winnie, Chambers County, Texas
on the following dates:

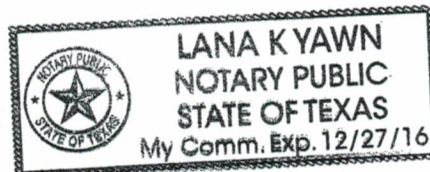
2-5-15
-2-12-15

Publishers Cost: \$ 53.20

Signed Scott Reed Wiley
(Newspaper Representative)

Sworn and subscribed to before me, this 1 day of March 2015

Lana K Yawn
(Notary Public)



Commission expires: 12-27-16

Let our readers know about your
Garage Sales, Help Wanted, Services ...

Deadline: Tuesday before publication at 5 p.m.

5-9987

YMENT

LEGAL NOTICE

Job Description: INDIGENT HEALTH CARE DIRECTOR
Winnie-Stowell Hospital District

SALARY

Full time position with benefits; salary dependent on qualifications and/or experience

SUMMARY OF POSITION

Manages day-to-day supervision and coordination of the activities of the Winnie-Stowell Hospital District's "(District's) Indigent Health Care Program ("Program").

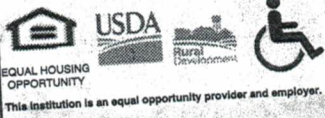
ACCEPTABLE TRAINING AND EXPERIENCE

Bachelor's degree preferred.

CONTACT PERSON

For a full job description, please contact Sherrie Norris, District Administrator, at (409)296-1003 or (409)201-3922 or it can be picked up Commissioner Mark Huddleston's Office located at 211 Broadway, Winnie, Texas 77665; (409)296-8250.

**Apartment Maintenance
Person needed. Winnie
area. Call 409-296-2100.**



EQUAL HOUSING OPPORTUNITY
This institution is an equal opportunity provider and employer.



**Nursing &
Rehabilitation
Center of Winnie
409-296-8200**

*"Setting the Standard in
Long-Term Healthcare"*

Due to our continued success, we are now taking applications for LVN/RN full-time, and PRN positions! Great work environment and only 25 miles from Port Arthur and Beaumont. Come join our TEAM! Fax resume to 409-296-8212 or apply in person at 1215 Hwy 124, Winnie, Texas 77665.

**SCHNEIDER IS HIRING
TRUCK DRIVERS!**

Experienced drivers, new Class A CDL holders and owner-operators should apply (\$6,000 tuition reimbursement for qualified candidates)

**UP TO \$7,000 SIGN-ON BONUS MAY APPLY
EARN UP TO \$76,000/YEAR**

TANKER, DEDICATED, INTERMODAL,
TRUCKLOAD AND DRAY OPPORTUNITIES

Some drivers home weekly



Apply: schneiderjobs.com/newjobs | More Info: 800-44-PRIDE

DRIVERS: BUSINESS IS BOOMING.



**LOCAL WORK
BEAUMONT AREA**

Email classified ads to:
Hometown Press
hpress99@windstream.net



Customer service
Call us anytime: 1-866-519-1263
Manage your account:
business.twc.com/myaccount
Visit us online: business.twc.com

Account number
8260 17 029 0121119
Customer code **1931**

Due date	Service period	Amount due
Mar 18, 2015	03/05 - 04/04	\$169.26

Service address
Winnie Stowell Hospital
Account Phone 406-201-3922
538 Broadway
Wshd Rm
Winnie, TX 77665-7600

RECEIVED
RC 3-6-15

Previous balance & payments	
Balance last statement	169.18
Payments received as of Feb 26, 2015	-170.10

Current month	
Monthly services	149.94
Surcharges	10.13
Taxes and fees	10.11

Total due by Mar 18, 2015 **\$169.26**



7010 AIRPORT RD EL PASO TX 79906-4943
8260 1700 NO RP 26 02272015 NNYNNYNN 01 008396 0029

WINNIE STOWELL HOSPITAL
PO BOX 1997
WSHD RM
WINNIE, TX 77665-1997



Payment due date
Mar 18, 2015

Account number
8260 17 029 0121119

Please write your account number on your check.

Please enclose this coupon with your payment.

**Please allow 7-10 days for delivery and payment processing. See reverse side for more convenient payment options.

Total amount due
\$169.26

Amount enclosed

TIME WARNER CABLE
PO BOX 60074
CITY OF INDUSTRY CA 91716-0074



PETTY CASH VOUCHER

DATE 3/18/2015

AMOUNT TO BE MAINTAINED IN PETTY CASH

150.00

PETTY CASH ON HAND

52.18

RECEIPTS:

Family Dollar	13.62
Market Basket (cash pd to DS)	29.62
Family Dollar - return	(6.49)
Dannay's Donuts	13.98
Dollar General	6.32
family Dollar	7.97
US Post Office	9.80
Chambers County Court Filings(2/5/15)	13.00
Chambers County Court Filing (2/13/15)	5.00
Chambers County Court Filing (3/13/15)	5.00

TOTAL RECEIPTS 97.82

RECEIPTS PLUS CASH 150.00

OVERAGE/SHORTAGE 0.00

AMOUNT TO BE REIMBURSED \$97.82

DATE _____

CHECK NO. _____

SIGNATURE _____

Sherrie Norris

February 14, 2015 through March 13, 2015

Date	Description	Time	Expense	Mileage
02/16/15	Office; To/From Post Office	4.00		5
02/17/15	Office; To/From Post Office	4.50		5
02/18/15	Office District Regular Meeting; To/From Post Office	8.00		5
02/19/15	Office; To/From Post Office	3.00		5
02/20/15	Office; To/From Post Office	5.00		5
02/23/15	Office; To/From Post Office	4.00		5
02/24/15	Office; To/From Post Office	3.50		5
02/25/15	Office; District Speical Meeting	7.50		5
02/26/15	Office; To/From Post Office	4.00		5
02/27/15	Office; To/From Post Office	3.00		5
03/02/15	Office; To/From Beaumont Wells Fargo & Post Office	3.50		58
03/03/15	Office; District Interviews	8.00		5
03/04/15	Office; District Interviews; District Finance Committee & Special Meeting	8.00		5
03/05/15	Office; To/From Post Office	6.00		5
03/06/15	Office; To/From Post Office	4.50		5
03/09/15	Office; To/From Post Office	4.00		5
03/10/15	Finance committee Meeting with Skilled and Caring	8.00		7
03/11/15	Office; To/From Beaumont (office Furniture) & Post Office	6.50		58
03/12/15	Office; To/From Post Office	3.50		5
03/13/15	Office; To/From Post Office	4.50		5
Total		\$2,060.00	103.00	208
Total Exp		\$164.40		
Total		\$2,224.40		
Expenses				
	Cell Phone		\$50.00	
	Mileage		\$114.40	
			\$164.40	

Signed:

Board Member Signature

Approval Date



Blue for Business®
 WINNIE STOWELL HOSPI
 JOHN E HENRY SR
 Closing Date 03/11/15 Next Closing Date 04/10/15

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Account Ending 0-51003

New Balance	\$3,810.75
Minimum Payment Due	\$35.00
Payment Due Date	04/05/15†

† **Late Payment Warning:** If we do not receive your Minimum Payment Due by the Payment Due Date listed above, you may have to pay a late fee of up to \$38.00 and your Purchase APR may be increased to the Penalty APR of 27.24%.

Membership Rewards® Points
 Available and Pending as of 01/31/15
0
 For up to date point balance and full program details, visit membershprewards.com

Account Summary

Previous Balance	\$796.00
Payments/Credits	-\$597.00
New Charges	+\$3,611.75
Fees	+\$0.00
Interest Charged	+\$0.00

New Balance	\$3,810.75
Minimum Payment Due	\$35.00

Credit Limit	\$15,500.00
Available Credit	\$11,689.25
Cash Advance Limit	\$3,100.00
Available Cash	\$3,100.00

Days in Billing Period: 31

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	12 years	\$6,127
\$118	3 years	\$4,231 (Savings = \$1,896)

If you would like information about credit counseling services, call 1-888-733-4139.

- ➔ See page 2 for important information about your account.
- ➔ **See Page 7 for Important Changes to Your Account Terms and Your Reward Program.**
- ➔ **See Page 9 for Important Changes to Your Agreement for Transferring Funds Electronically.**

Customer Care

Pay by Computer
open.com/pbc

Customer Care 1-877-258-3254 **Pay by Phone** 1-800-472-9297

➔ See page 2 for additional information.

Continued on Page 3

↓ Pleasefold on the perforation below, detach and return with your payment ↓

Payment Coupon Do not staple or use paper clips **Pay by Computer** open.com/pbc **Pay by Phone** 1-800-472-9297

Account Ending 0-51003
 Enter account number on all documents.
 Make check payable to American Express.

JOHN E HENRY SR
 WINNIE STOWELL HOSPI
 PO BOX 1997
 WINNIE TX 77665-1997

Payment Due Date 04/05/15
Minimum Payment Due \$35.00

Check here if your address or phone number has changed. Note changes on reverse side.

AMERICAN EXPRESS
 P.O. BOX 650448
 DALLAS TX 75265-0448

\$ _____
Amount Enclosed

000034992195946734 000381075000003500 07 H

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. If we accept payment in a foreign currency, we will convert it into US dollars at a conversion rate that is acceptable to us, unless a particular rate is required by law. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your financial account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.


How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number listed below for more information about this balance computation method and how resulting interest charges are determined. *The method we use to calculate the ADB and interest results in daily compounding of interest.*

Paying Interest: Your due date is at least 25 days after the Closing Date of each billing period. We will not charge you interest on your purchases if you pay the New Balance by the due date each month. We will charge you interest on cash advances and (unless otherwise disclosed) balance transfers beginning on the transaction date.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. **We will charge a fee of 2.7% of the converted US dollar amount.** We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is \$1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

	Customer Care & Billing Inquiries	1-877-258-3254	Hearing Impaired
	International Collect	1-623-492-7719	TTY: 1-800-221-9950
	Large Print and Braille Statements	1-877-258-3254	FAX: 1-800-695-9090
	Lost or Stolen Card	1-800-521-6121	In NY: 1-800-522-1897
	Cash Advance at ATMs Inquiries	1-800-CASH-NOW	

	Website: americanexpress.com
	Mobile Site: amexmobile.com
Customer Care & Billing Inquiries	Payments
P.O. BOX 981535	P.O. BOX 650448
EL PASO, TX	DALLAS TX
79998-1535	75265-0448

Change of Address
If correct on front, do not use.

- To change your address online, visit www.americanexpress.com/updatecontactinfo
- For Name, Company Name, and Foreign Address or Phone changes, please call Customer Care.
- Please print clearly in blue or black ink only in the boxes provided.

Street Address

City, State

Zip Code

Area Code and Home Phone

Area Code and Work Phone

Email

Pay Your Bill with AutoPay

- Avoid late fees
- Save time

Deduct your payment from your bank account automatically each month

Visit americanexpress.com/autopay today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit www.americanexpress.com/privacy.



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 WINNIE STOWELL HOSPI
 JOHN E HENRY SR
 Closing Date 03/11/15

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Account Ending 0-51003

i Your billing inquiry is under investigation. **No payment on the amount under review of \$796.00 is required at this time.** Please pay at least the Minimum Payment Due, which does not include the amount under review. If you wish to pay your balance in full, please deduct \$796.00 from the New Balance indicated above. To view the status of your investigation, please visit us at americanexpress.com/inquirycenter.

Payments and Credits
Summary

	Total
Payments	\$0.00
Credits	
JOHN E HENRY SR 0-51003	\$0.00
SHERRIE NORRIS 0-51011	-\$597.00
Total Payments and Credits	-\$597.00

Detail

	Amount
Credits	
02/19/15 SHERRIE NORRIS TEXAS HOSPITAL ASSOCAUSTIN TX 512-465-1000 Description MEDICAL SERVICES	-\$597.00

New Charges
Summary

	Total
JOHN E HENRY SR 0-51003	\$79.68
SHERRIE NORRIS 0-51011	\$3,532.07
Total New Charges	\$3,611.75

Detail

JOHN E HENRY SR
Card Ending 0-51003

	Amount
02/09/15 SCHOBELS RESTAURANT COLUMBUS TX 9797322385 TIP \$5.70	\$32.00
02/10/15 CAPITOL GRILL AUSTIN TX 5124725451	\$16.68
02/11/15 SCHOBELS RESTAURANT COLUMBUS TX 9797322385 TIP \$4.70	\$31.00

SHERRIE NORRIS
Card Ending 0-51011

	Amount
02/09/15 SERRANOS SYMPHONY SQAUSTIN TX 512-322-9922	\$259.21

Detail Continued

				Amount
02/10/15	CAPITOL GRILL 5124725451	AUSTIN	TX	\$20.13
02/11/15	LA QUINTA INNS Arrival Date 02/09/15 00000000	0907AUSTIN	TX Departure Date 02/11/15	\$457.70
02/11/15	LA QUINTA INNS Arrival Date 02/10/15 00000000	0907AUSTIN	TX Departure Date 02/11/15	\$241.84
02/11/15	LA QUINTA INNS Arrival Date 02/09/15 00000000	0907AUSTIN	TX Departure Date 02/11/15	\$483.68
02/11/15	LA QUINTA INNS Arrival Date 02/09/15 00000000	0907AUSTIN	TX Departure Date 02/11/15	\$457.70
02/11/15	LA QUINTA INNS Arrival Date 02/09/15 00000000	0907AUSTIN	TX Departure Date 02/11/15	\$483.68
03/03/15	TONYS BARBECUE & STEWINNIE 4092962225		TX	\$33.32
03/11/15	AMERICAN OFFICE LLC 409-212-0500 Description SECRETARIAL SVCS	BEAUMONT	TX	\$1,094.81

Fees

		Amount
Total Fees for this Period		\$0.00

Interest Charged

		Amount
Total Interest Charged for this Period		\$0.00

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest." Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full and on time each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.



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 JOHN E HENRY SR
 Closing Date 03/11/15

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Account Ending 0-51003

2015 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2015	\$0.00
Total Interest in 2015	\$0.00

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	11.24% (v)	\$0.00	\$0.00
Cash Advances	25.24% (v)	\$0.00	\$0.00
Introductory Purchase Rate Expires 11/10/2015*	0.00%	\$0.00	\$0.00
Total			\$0.00

(v) Variable Rate

* The APR for this balance is a promotional rate and it will expire on the date shown. Any balance at a promotional interest rate that has not been paid in full by the expiration date will begin accruing interest at the APR applicable to Purchases (current Purchases APR shown in table above). Promotional APRs may terminate earlier than the expiration date if you make a late payment or upon any event that causes a Penalty APR to apply to your account (see your Cardmember Agreement).

Remember, your introductory rate applies for all new purchases for your first 6 months of membership.



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WINNIE STOWELL HOSPI
JOHN E HENRY SR
Closing Date 03/11/15



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Account Ending 0-51003

Notice of Important Changes to the Billing Disputes Procedure

We are making two changes to the disclosure that describes our *Billing Disputes Procedure* in the American Express Cardmember Agreement ("Agreement"). We urge you and any Additional Cardmembers on your account to read the below notice carefully and file it along with your Agreement in a safe place for future reference. See the chart below for a summary of the changes and see the following page for a more detailed description.

Summary of Changes	
What Will Happen After We Receive Your Letter	<p>We are removing the 90 days limitation on our investigation. While we may continue to perform investigations into any inquiry regarding any potential errors, we do not have to complete that investigation within 90 days.</p> <p>In addition, we are removing the following language: "If we do not follow all of the rules above, you do not have to pay the first \$50 of the amount you question even if your bill is correct."</p>

Important Information about the Membership Rewards® program

The value of Membership Rewards points varies depending upon how you choose to use them. You can get information regarding the value of points for various redemption options and learn about upcoming changes going into effect on June 28, 2015 by visiting www.membershiprewards.com/pointsinfo or calling the number on the back of your Card. Redemption options and point values can change at any time. Point values listed do not include discounts or other promotional offers which may be in effect from time to time.

See reverse side for detailed changes.

Detail of Important Changes to Your Cardmember Agreement

We are making changes to the American Express Cardmember Agreement ("Agreement") governing your Account referenced in this notice. Any language in the Agreement contrary to or conflicting with terms amended below is replaced fully and completely. All terms of the Agreement not amended herein remain in full force and effect. We urge you and any Additional Cardmembers on your Account to read the below notice carefully and file it along with your Agreement in a safe place for future reference.

Billing Disputes Procedure

Effective April 1, 2015, the *Billing Disputes Procedure* section in Part 2 of the Cardmember Agreement is amended by deleting the *Billing Disputes Procedure* section and replacing it with the following:

Billing Disputes Procedure

What To Do If You Find a Mistake on Your Statement

If you think there is an error on your statement, write to us at:

American Express
PO Box 981535
El Paso TX 79998-1535

In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us:

- Within 60 days after the error appeared on your statement.
- At least 2 business days before an automated payment is scheduled, if you want to stop payment on the amount you think is wrong.

You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to

investigate any potential errors and you may have to pay the amount in question.

What Will Happen After We Receive Your Letter

When we receive your letter, we will do two things:

1. Within 30 days of receiving your letter, we will tell you that we received your letter. We will also tell you if we have already corrected the error.
2. We will investigate your inquiry and will either correct the error or explain to you why we believe the bill is correct.

While we investigate whether or not there has been an error:

- We will not try to collect the amount in question, nor report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.

- We can apply any unpaid amount against your credit limit.

After we finish our investigation, one of two things will happen:

- *If we made a mistake:* You will not have to pay the amount in question or any interest or other fees related to that amount.
- *If we do not believe there was a mistake:* You will have to pay the amount in question, along with applicable interest and fees. We will send you a statement of the amount you owe and the date payment is due. We may then report you as delinquent if you do not pay the amount we think you owe.

If you receive our explanation but still believe your bill is wrong, you must write to us within *10 days* telling us that you still refuse to pay. If you do so, we will not report you as delinquent without also reporting that you are questioning your bill. We will tell you then name of anyone to whom we reported you as delinquent, and we will let those organizations know when the matter has been settled between us.



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WINNIE STOWELL HOSPI
JOHN E HENRY SR
Closing Date 03/11/15

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Account Ending 0-51003

Important Change to Your Agreement for Transferring Funds Electronically

We are making a change to Your Agreement for Transferring Funds Electronically (the "EFT Agreement"). A summary of the change can be found in the table below.

A copy of the new EFT Agreement can be found on the following pages. This EFT Agreement replaces any previous EFT Agreement you may have received, and contains important information regarding Electronic Funds Transfers. Please take time to familiarize yourself with the EFT Agreement and retain it for future reference.

Summary of Change	
In case of errors or questions	We are clarifying that if we need more time to investigate after you have reported an error to us, we will credit your bank account within 10 business days.

See the following pages for your new EFT Agreement

Your Agreement for Transferring Funds Electronically

This *EFT Agreement* is between American Express Travel Related Services Company, Inc. and you, once you enroll in an Electronic Funds Transfer Service of ours (*service*) such as AutoPay, Pay By Computer, or Pay By Phone. This replaces any previous agreement you may have with us for the services.

Words we use in this agreement

In this EFT Agreement, *you* and *your* mean, in addition to the Basic Cardmember, any Additional Cardmembers who have enrolled in the service. *We*, *our*, and *us* mean American Express Travel Related Services Company, Inc. Your *card account* means the American Express card account. Your *bank* is the bank, securities firm, or other financial institution that holds your bank account. Your *bank account* is the bank account you use to pay for any transactions you make through the service. *Withdraw* or *withdrawal* means an electronic debit or deduction of funds from your bank account. Our *business days* are Monday through Friday, excluding holidays.

AutoPay, Pay By Computer, Pay By Phone

With these services, you can initiate electronic payments to your card account. When you do so, you allow us or our agent to draw a check on or initiate an automated clearing house (ACH) withdrawal from your bank account in the amount you authorize. If your bank returns a check or ACH withdrawal unpaid the first time we submit it for payment, we may cancel your right to use the service. Your bank may charge you a fee if this happens.

How to contact us about the services

You can call us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay questions. You may also write to us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso, TX 79998-1531.

How to stop AutoPay payments

The following terms do not apply to certain AutoPay programs and options where a business bank account is used for the transaction; and the specific terms and conditions of those programs and options will define any applicable notice and cancellation terms:

(1) If you have told us to make AutoPay payments from your bank account, you can stop any of these payments by calling us at 1-800-227-4669 or writing to American Express, Electronic Funds Services, P.O. Box 981540, El Paso, TX 79998-1540 in time for us to receive your request at least 2 business days before the payment is scheduled to be made.

(2) We will tell you, at least 10 days before each payment, when it will be made and how much it will be.

(3) If we receive your request to stop one of these payments at least 2 business days before the payment is scheduled to be made and we do not stop it, we will be liable for your losses or damages.

Unauthorized transactions

Tell us AT ONCE if you believe that a transaction has been made without your permission using your card or information about your card account. Calling is the best way of keeping your possible losses down. You could lose all the money in your bank account (plus your maximum overdraft line of credit, if applicable).

Call anytime at 1-800-528-4800 (or 1-336-393-1111 collect, if not in the U.S.). You may also write to us at American Express, Electronic Funds Services, P.O. Box 981532, El Paso, TX 79998-1532.

Improper transactions or payments

If we do not complete a transfer to or from your bank account on time or in the correct amount, according to this EFT Agreement, we will be liable for your losses or damages.

There are some exceptions. We are not liable:

- if, through no fault of ours, you do not have enough money in your bank account;
- if the transfer would go over the credit limit on any overdraft line you may have;
- if the funds in your bank account were subject to legal process or other encumbrance that restricted the transaction;
- if circumstances beyond our control (such as fire or flood) prevented the transaction, despite our reasonable precautions; or
- if the terminal or system was not working properly and you knew about the breakdown when you started the transfer.

Privacy

We will disclose information to third parties about your transactions:

- when necessary for completing transactions;
- to comply with government agency or court orders; or
- as stated in our Privacy Notice, which covers your use of the services.

Arbitration

The Arbitration section, in Part 2 of the Cardmember Agreement, applies to this EFT Agreement and the services.

In case of errors or questions

If you think your statement or receipt is wrong, or if you need more information about a transaction on your statement or receipt, call or write us as soon as you can. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem

or error appeared. If you do not contact us because of certain circumstances (such as you are in the hospital), we may extend the 60-day period for a reasonable time.

When you contact us:

- tell us your name and account number.
- describe the error or the transaction you are unsure about. Explain as clearly as you can why you believe it is an error or why you need more information.
- tell us the amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days after you called us. Within 10 business days after we hear from you we will determine whether an error has occurred. We will correct any error promptly. However, if we need more time, we may take up to 45 calendar days to investigate. If we do take more time, we will credit your bank account within 10 business days for the amount you think is in error so that you will have use of the funds during the time it takes to complete our investigation.

If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your bank account for the amount you question.

We will tell you the results within 3 business days after completing our investigation. If we decide that there was no error, we will send you written explanation. You may ask for copies of the documents that we used in our investigation. If we have credited your bank account and find no error, we will tell you when we will withdraw that amount from your bank account again. You authorize us to withdraw this amount from your bank account. If your bank account does not have enough funds to cover this withdrawal, we can charge the amount to your card account or collect the amount from you. If this happens, we may cancel your right to use a service.

We may end the services

We may extend or limit the services at any location without telling you ahead of time. Also, we may stop a service at any time.

We may cancel your participation in a service at any time. If we do, we will write to you, but we may not send you the notice until after we cancel. Also, we may refuse to authorize a transaction at our discretion.

We will end or suspend use of a service if:



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WINNIE STOWELL HOSPI
JOHN E HENRY SR
Closing Date 03/11/15

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Account Ending 0-51003

- you do not use it for 18 months in a row,
- your card account is in default,
- your card account is cancelled or suspended,
- you cancel the authorization you gave your bank to pay for any transactions you make through the service, or
- your bank account is closed to withdrawals by us or our agents.

You may choose to stop using any service. If you do, you must write to us at: American Express, Electronic Funds Services, P.O. Box 981531, El Paso, TX 79998-1531.

Assignment

We may assign this EFT Agreement to a subsidiary or affiliate at any time.

Note for Massachusetts residents

General disclosure statement: Any documentation given to you which shows that an electronic funds transfer was made will be admissible as evidence of that transfer and will constitute prima facie proof that the transfer was made.

Except as explained in this EFT Agreement, if you initiate an electronic funds transfer from your bank account, you cannot stop payment of the transfer.

Unless otherwise provided in this EFT Agreement, you may not stop payment of electronic funds transfers. Therefore, do not use electronic transfers for

purchases or service unless you are satisfied that you will not need to stop payment.

Disclosure of bank account information to third parties: If you give us your written authorization to disclose information about you, your bank account, or the transactions that you make to any person, that authorization will automatically expire 45 days after we receive it.

Optional limit on obtaining cash: You can ask us to limit the total amount of cash that you may get from ATMs in a single day to \$50. If you choose this option, we will take all reasonable steps to comply with your request.



**Membership Rewards®
Monthly Statement and Program News**

Prepared for JOHN E HENRY SR

Account Number 1M70555067

Total Points Balance 0

Points Earned this Period 0

Account Summary January 17, 2015 - January 31, 2015

Opening Points Balance	0
Points Earned this Period	0
Points Used this Period	0
Reinstated Points and Adjustments	0
Total Points Balance	0

Points Earned this Period are pending until charges are paid in full and all your accounts are in good standing.

Questions About Your Account?

 membershiprewards.com

1-800-AXP-EARN(297-3276)
International Collect: 305-816-2799

Did You Know?

Use Points For Your Charges
Use your Card for charges like travel, dining, groceries, and more, then go online and use the points you earned toward your eligible charges.

Learn more at
membershiprewards.com/yourcharges

Points Transaction Detail January 17, 2015 - January 31, 2015

Points Earned this Period	Points Activity On Eligible Charges	Bonus Points Awarded	Total Points Activity Per Card
Blue For Business XXXX-XXXXX0-51003	0	0	0
Add'l Blue For Business XXXX-XXXXX0-51011	0	0	0
Total	0	0	0

Membership Rewards points earned may be transferred or redeemed as long as all enrolled Card accounts are in good standing. Points transferred or redeemed cannot be reversed back into the program. **Forfeited points can be reinstated for a fee by calling the number provided below or visiting membershiprewards.com.** Terms and Conditions of the Membership Rewards Express® program apply. For more information, visit membershiprewards.com/terms or call 1-800-AXP-EARN (297-3276). From overseas, call collect 305-816-2799.

Prepared for
JOHN E HENRY SR
Membership Rewards® Account Number
1M70555067



OPEN Savings® Summary

WINNIE STOWELL HOSPI

JOHN E HENRY SR

Closing Date 03/11/15

Account Ending 0-51003

Discounts	
This Period	\$0.00
Year to Date	\$0.00

Membership Rewards® Points	
This Period	0
Year to Date	0

Remember, you can get benefits on eligible purchases with OPEN Savings® partners¹ automatically when you use your Business Card from American Express OPEN. Learn more at opensavings.com.

Discounts will be applied in the form of a statement credit. For full terms and conditions go to opensavings.com.

The Membership Rewards points balance shown above reflects only points received through the OPEN Savings benefit and may not reflect any reversals. Please refer to your Membership Rewards account balance for the most up-to-date balance information.

¹ See individual OPEN Savings partner terms and conditions located at opensavings.com.

Get 2 additional Membership Rewards® points for each eligible dollar spent OR a 5% discount on eligible purchases with OPEN Savings® partners. Visit opensavings.com for details.



PARK HYATT®

ANDAZ

GRAND | HYATT

HYATT™



Merchant participation and offers are subject to change without notice. Maximum annual caps and exclusions may apply to the benefit you can receive. See individual OPEN Savings partner terms and conditions located at opensavings.com.

Offers are made only to Cardmembers who meet certain qualifying criteria. By responding you will be disclosing to the merchant that you meet these criteria.

INVOICE

Deputy, Tony King attended the Winnie-Stowell Hospital District meeting on Wednesday, March 18, 2015. Arrived at _____ pm and left at _____ pm, for a total of _____ hours. Fees are \$100.00 per meeting.

Signature
Signature

BENCKENSTEIN & OXFORD, L.L.P.

ATTORNEYS AT LAW
BBVA COMPASS BANK BUILDING
3535 CALDER AVENUE, SUITE 300

BEAUMONT, TEXAS 77706
TELEPHONE: (409) 833-9182
FAX: (409) 833-8819

Hubert Oxford, IV

hoxfordiv@benoxford.com

March 18, 2015

Mr. Elroy Henry, President
Winnie Stowell Hospital District
825 State Hwy 124
Winnie Texas 77665

Re: Winnie Stowell Hospital District; Invoice for March 18, 2015 Meeting; Our File No. 87250.

Dear President Henry,

Please see the attached invoice for work performed in February 2015. The total amount owed is \$33,259.88. The amount owed to Benckenstein & Oxford, LLP after the paying the retainer of \$1,000.00 is \$32,259.88.

As you know from your efforts during the months of February and March 2015 have been extremely busy. Once you review the invoice, you will find the scope of my work this past month included, but not limited to, the following:

- Prepared for and attending a number of meetings and doing minutes for the meetings prior to the February 2015 Regular Meeting;
- Set up and participated in meetings while in Austin, Texas for Chambers County Day;
- Prepared revisions and researched on the District Indigent Health Care Policy;
- Coordinated the reconciliation and distribution of Upper Payment Limit Funds from the Nursing Home UPL program for the 4th Quarter 2014 and 1st Quarter 2015 payment; and
- Coordinated information needed by VMG Health to finish Fair Market Value Appraisals of Management Agreements.

While I understand and appreciate that the amount of this invoice and previous invoices has been significant, I can report that after March 2015, there is nothing on the foreseeable future that should require much legal work. In addition, I have been working with staff in order to take over much of the day to day matters I have been addressing and from what I can see; staff is doing a magnificent job.

Therefore, in addition to the balance owed to Benckenstein & Oxford, LLP for \$32,259.88, please pay the retainer of \$1,000.00 retainer by drafting a check in the amount of \$500.00 payable to Josh Heinz and a second check for \$500.00 to Hubert Oxford, IV.

If you have any questions concerning the invoice or the previously prepared minutes, please do not hesitate to contact me.

With best wishes, I am

Sincerely,

BENCKENSTEIN & OXFORD, L.L.P.

By: _____


Hubert Oxford, IV

Enclosure

Exhibit “C”

From: Donna Sonnier

**To: Elroy Henry
Raul Espinoza
Edward Murrell
Sherrie Norris
Sharon Burgess
Jeff Rolo**

Date: March 18, 2015

Re: March 10, 2015 Finance Committee Meeting

This memo will serve as an update for the Finance Committee's meeting attended by Sherrie Norris, Edward Murrell, Raul Espinoza, Hubert Oxford, and myself. On March 10, 2015, we met with the Managers of the District's thirteen (13) nursing homes. The purpose of the meeting was to discuss the overall financial and operational conditions of each of the District's nursing facilities and to explore developing quality assurance ("QA") program for each of the facility in order to ensure Nursing Home UPL funds were being used to benefit the residents of the facilities.

In the morning session, we met with Genesis, formally known as Skilled, representatives, Kelly Smith and Amanda Burnett. This meeting was followed by a meeting with Gary Kline from Caring Healthcare in the afternoon session.

In addition to the discussing operations and financial matters at each nursing facility, the morning session with Genesis, the group discussed procedures in place to track QA measures and how these procedures could be used to assist the District make sure the facilities benefitting from the Nursing Home Upper Payment Limits funds used the funds to provide better healthcare to the residents of the facility. Specifically, information was gathered from the morning session on various methods of reporting, tracking & trending of QA Indicators within the nursing homes, annual surveys for the nursing homes, scope of severity of tags issued by DADS during annual inspections of nursing homes and other key factors that would have a survey team in a nursing home from DADs if outside of the annual survey. The information gathered in the morning session was reviewed with Gary Kline in the afternoon session.

All parties in attendance agreed that there was a need to amend the District's Quality Incentive Policy in order to implement quarterly healthcare goals and to establish reporting indicators that would show tracking and trending of these goals to be shared with the Board on a monthly basis. In addition, both Managers and the Finance Committee agreed to meet during the next quarter in order to begin the process of establishing QA goals.

Regards,
Donna Sonnier
Winnie Stowell Hospital District

Exhibit “D”

Chair: Elroy Henry
Vice Chair: Jeff Rollo
Sect.: Edward Murrell

Winnie Stowell Hospital District

P.O. Box 1997
Winnie, Texas 77706
Phone: 409-296-1003

Dir. Raul Espinoza
Dir. Sharron Burgess
Admin. Sherrie Norris

March 18, 2015

U.S. Department of Health and
Human Services Health Resources and Services
Administration Federal Office of Rural Health Policy
5600 Fishers Lane
Rockville, MD 20857

Re: Riceland Medical Center's -HRSA-15-137 Rural Outreach Benefits Counseling
Program Application

To Whom it May Concern:

On behalf of the Winnie Stowell Hospital District ("District"), located in the eastern portion of Chambers County, Texas (i.e., Winnie and Stowell, Texas), we would like to offer our support for the Riceland Medical Center's (formerly Winnie Community Hospital and Winnie Community Clinic) application for the Rural Outreach Benefits Counseling Program.

We are happy to support a program that would provide to our rural communities the education and assistance our families need in accessing healthcare insurance and in navigating the health care plans that qualify. The Counseling Program will provide needed assistance that also has a human face, which is especially important to individuals and families who are not readily connected to our electronic nation. In addition, inside the District, we have a growing immigrant population that has language barriers that we must overcome to help them find their way into and through a maze to retrieve healthcare related services for their families and loved ones.

Since rural communities typically lag behind urban areas in accessing and using healthcare, the Counseling Program will increase the number of eligible people who actually enroll in a private insurance plan, Medicare, or Medicaid and maintain access to the healthcare plans as well as provide support to those newly insured who are unfamiliar in navigating an often confusing system.

We look forward to working jointly with Riceland in creating the educational documents, outreach strategies and events, and enrollment tactics that will serve our communities well.

If you have any questions, please don't hesitate to contact us.

Sincerely,

Elroy Henry
Chairman
Winnie Stowell Hospital District



HRSA-15-137
Rural Outreach Benefits Counseling Program
 Department of Health and Human Services
 Health Resources and Services Administration

GENERAL INFORMATION

Document Type:	Grants Notice
Funding Opportunity Number:	HRSA-15-137
Funding Opportunity Title:	Rural Outreach Benefits Counseling Program
Opportunity Category:	Discretionary
Funding Instrument Type:	Grant
Category of Funding Activity:	Health
Category Explanation:	https://grants.hrsa.gov/webExternal/SFO.asp?ID=b75e6a62-78d0-4be7-a9e3-6de4c7f04dd4
Expected Number of Awards:	10
CFDA Number(s):	93.912 – Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement
Cost Sharing or Matching Requirement:	No
Posted Date:	Jan 29, 2015
Creation Date:	Feb 3, 2015
Original Closing Date for Applications:	Mar 30, 2015
Current Closing Date for Applications:	Mar 30, 2015
Archive Date:	May 29, 2015
Estimated Total Program Funding:	\$750,000
Award Ceiling:	\$0
Award Floor:	\$0

ELIGIBILITY

Eligible Applicants:	Others (see text field entitled "Additional Information on Eligibility" for clarification)
Additional Information on Eligibility:	Please See Section 3.1 of the FOA

Agency Name:

Health Resources and Services Administration

Description:

This announcement solicits applications for the Rural Outreach Benefits Counseling Program (Benefits Counseling Program). The Benefits Counseling Program is a community-based pilot program targeted to improve outreach and service delivery in local and regional rural communities. The purpose of the three-year Benefits Counseling Program is to expand outreach, education and enrollment efforts to eligible uninsured individuals and families, and newly insured individuals and families in rural communities. For the purposes of this grant program, benefits counseling (outreach, education and enrollment efforts) will be limited to only public health insurance (Medicare, Medicaid and/or Children's Health Insurance Program), qualified health plans offered through Health Insurance Marketplace and/or private health insurance plans. The overarching goals of this grant funding are to coordinate and conduct innovative outreach activities through a strong consortium in order to: 1) Identify and enroll uninsured individuals and families who are eligible for: public health insurance such as Medicare, Medicaid, and Children's Health Insurance Program, qualified health plans offered through Health Insurance Marketplaces and/or private health insurance plans in rural communities; and 2) Educate the newly insured individuals in rural communities about their health insurance benefits, help connect them to primary care and preventive services to which they now have access, and help them retain their health insurance coverage. Proposed projects will have an outcomes-oriented approach that will enhance and sustain the delivery of effective benefits counseling in rural communities. Another important program element is the requirement of consortiums to deliver these benefits counseling services. Consortiums bring together rural providers, agencies and community organizations to address health care problems that are not easily solved by a single entity. The Federal Office of Rural Health Policy (FORHP) has found the most successful consortiums have the following common characteristics - involving all consortium members in the planning process and clearly defining roles for each consortium member. An effective benefits counseling project should be coordinated and leverage partnerships with organizations who share an interest in increasing outreach, enrollment and education of health insurance coverage. By leveraging these partnerships and other resources, an applicant can maximize federal funds by sharing administrative duties, referring clients/consumers to entities that have the capacity to enroll the uninsured or identifying opportunities to conduct joint outreach events. Activities funded under this grant will focus on conducting outreach and education in settings where eligible uninsured individuals and families may be identified and enrolled in health insurance coverage. Outreach can include internal/in reach efforts and/or external efforts. Internal/ in reach efforts focus on contacting and enrolling people who are already getting services at a health care provider entity and streamlining the administrative processes to build outreach into the staff's daily work. External outreach focuses on proactively seeking out uninsured people in the community, helping them find health care coverage and connecting them to care at an appropriate health care provider entity. Both kinds of outreach are important. All projects should incorporate enrollment and renewal assistance into their proposed activities. This may include providing direct help to individuals/families seeking to enroll in health coverage or linking individuals/families with entities in the community who are trained to provide such application assistance. This grant will also support activities designed to educate the newly insured in how to utilize health insurance and help connect them to primary and preventive health care services. As health care increasingly moves toward a focus on enhancing value in health care delivery, applicants are encouraged to

develop innovative and comprehensive approaches to improve health care coverage in their rural community. Applicants should think about how their proposed project addresses both goals of the Benefits Counseling Program and improves access for the large number of uninsured individuals and families in their community. The President's Improve Rural Health Care Initiative continues to increase efficiency and assess the way rural programs are administered by focusing on building an evidence base to improve health care in rural communities. The Benefits Counseling Program will support projects that demonstrate creative and effective models of outreach and benefits counseling services in rural communities that have a large number of uninsured individuals and families. As a recipient of a Benefits Counseling Program award, organizations may be offered targeted technical assistance throughout the three years of the project period to assist in achieving the project's desired outcomes and ensure program sustainability. This additional support is provided at no extra cost to grantees as this is an investment made by FORHP to contribute to the success of the grantee projects. FORHP has found that most grantees benefit greatly from the one-on-one support provided through this technical assistance. Additional information about targeted technical assistance will be provided to organizations after award.

Link to Additional Information:**Contact Information:**

If you have difficulty accessing the full announcement electronically, please contact:

Department of Health and Human Services, Health Resources and Services Administration, HRSA Grants Application Center, 910 Clopper Road, Suite 155 South, Gaithersburg, MD, 20878 lkwon@hrsa.gov
Contact Linda Kwon at (301)-59-4-42 Ext. 05 or email lkwon@hrsa.gov



Exhibit “E”

QUALITY INCENTIVE FEE POLICY

Adopted at February 18, 2015 Regular Meeting

Pursuant to the Management Agreement, set forth below as Exhibit “A”, Manager shall be eligible to receive the Quality Assurance Fee, if the Facility maintains substantial compliance (*Substantial Compliance*) with applicable nursing home regulations and state and federal survey requirements and implements Quality Assurance and Performance Activities. The goal of the Quality Incentive Fee is to identify criteria based outcomes for Hospital District to reward Manager for high performance, the provision of quality care, and improvements to the Facility’s care delivery systems.

Substantial Compliance: Manager will be deemed to have met the Substantial Compliance requirement for purpose of being entitled to the Quality Assurance Fee if the Facility:

- (i) has not committed violations of nursing home regulations and state or federal survey requirements involving substandard quality of care, as that term is defined under Health Care Laws,
- (ii) achieves substantial compliance with any substandard quality of care survey allegations by state or federal surveyors within 180 days after being found out of substantial compliance by TDADS or CMS; or
- (iii) any substandard quality of care non-compliance findings or allegations by TDADS or CMS involving state or federal survey requirements are either overturned or remain unresolved and contested through appeals filed by Manager through applicable legal and/or regulatory appeals processes.

Quality Assurance and Performance Activities: Manager shall Implement Quality Assurance and Performance Improvement Activities (PIPs), quarter over quarter, to improve the quality of life, care and service delivery in the facility.

- (i) In addition to the Substantial Compliance requirement, the Quality Incentive Fee will be paid for achievement by Manager of the Quality Assurance goals that are established cooperatively by Hospital District and Manager each Fiscal Year.
- (ii) Each calendar quarter, Hospital District shall meet with Manager to 1) establish goals and 2) then to determine Manager’s achievement of the goals during the prior calendar quarter.
- (iii) The Quality Incentive Fee may be earned by satisfying the criterion above or by improving the standards to the satisfaction of a quality committee composed of representative(s) from Hospital District and Manager.
- (iv) Any unearned Quality Incentive Fee amounts shall be carried over and may be earned by Manager in any subsequent quarter during the Term of this Agreement.

Exhibit “A”

ARTICLE I. COMPENSATION OF MANAGER

1.1 Fees and Incentive Payments.

(A) In consideration of services to be performed hereunder, each month during the Term, Hospital District shall pay Manager a fee (the “Base Management Fee”), to the extent the funds are available, which shall be an Operating Expense, equal to six percent (6%) of Ordinary Revenue recorded for such month. The amount of any Base Management Fee payment will be reduced by any payments for Operating Expenses, including payments under the Sublease, advanced by Hospital District out of funds other than Ordinary Revenue and not previously reimbursed by Manager.

(B) In addition to the Base Management Fee, to the extent the funds are available, Manager shall be entitled to receive incentive payments (the “Incentive Payments”) that are equal to any Surplus Working Capital plus fifty percent (50%) of Net Operating Income.

5.1.3 In addition, Manager shall be eligible to receive a Quality Incentive Fee (herein so called) equal to ten percent (10%) of Net Operating Income for achievement of the quality incentive criteria adopted in accordance with Exhibit A. Upon receipt of any Supplemental Payments, an amount equal to ten percent (10%) of Net Operating Income shall be deposited into a Quality Incentive Reserve Account, and the Quality Incentive Fee shall be paid solely from the Quality Incentive Reserve Account as provided in Exhibit A.

5.1.4 In the event of a default as set forth in Section 15.3 as to repayment of supplemental payments, expenses and penalties, fees and incentive payments shall be adjusted in an amount mutually agreed up by Manager and Owner in order to reimburse the non-defaulting party for payment of the defaulting party’s share of supplemental payments, fees and penalties.

EXHIBIT A-MANAGEMENT FEE

QUALITY INCENTIVE PROGRAM STANDARDS

The goal of the Quality Incentive Fee is to identify criteria based outcomes for Hospital District to reward Manager for high performance, the provision of quality care, and improvements to the Facility’s care delivery systems. The Quality Incentive Fee will be paid to Manager on a quarterly basis for substantial progress toward the achievement by Manager of the goals that are established and documented cooperatively by a quality committee composed of representative(s) from Hospital District and Manager each Fiscal Year. Each calendar quarter, the quality committee shall determine Manager’s performance towards achieving the goals during the prior calendar quarter prior to the payment of the Quality Incentive Fee. The Quality

Incentive Fee shall be earned by satisfying the goals established by the quality committee or by Manager's substantial progress towards achieving such goals. Any unearned Quality Incentive Fee amounts shall be carried over and may be earned by Manager in any subsequent quarter during the Term of this Agreement.

Exhibit “F”

AUTHORIZING RESOLUTION
HUD 2530 PREVIOUS PARTICIPATION

At a duly constituted meeting of the Board of Directors of Winnie-Stowell Hospital District, a political subdivision of the State of Texas established pursuant to CHAPTER 286 OF THE TEXAS HEALTH & SAFETY CODE (“District”), held on March 18, 2015, the following resolutions were adopted:

WHEREAS, the Directors of the District deem it to be in the best interests of the District to (1) have the Chairman of the District, or any other officer of the District, execute one or more Previous Participation Certification (“HUD Form 2530”) on behalf of the District and all of the Directors of the District; and (2) certify that the Chairman’s or other officer’s signature on such HUD Form 2530 attests to the District and all the Directors of the District having the same previous participation experience, except as may be otherwise indicated by the Chairman or other officer on the HUD Form 2530;

NOW, THEREFORE, BE IT RESOLVED: That the Corporation shall have the Chairman of the District, or any other officer of the District, execute on or more HUD Form 2530’s on behalf of all of the Directors of the District and that the Board hereby certifies that the Chairman or other officer’s signature on such HUD Form 2530 attests to all Directors of the District having the same previous participation experience, expect as may by otherwise indicated by the Chairman or other officer on the HUD Form 2530;

FURTHER RESOLVED: That Chair, Elroy Henry; Vice Chair, Jeff Rollo; Secretary Ed Murrell; Director Sharon Burgess; or Director Raul Espinosa, acting alone, or in the absence or unavailability of the aforementioned Directors, any Director of the District acting alone, shall be authorized and directed to execute any and all necessary documents; including the HUD Form 2530s and take any and all further actions necessary to further the purposes of this Resolution.

SECRETARY’S CERTIFICATE

I, undersigned, herby certify that the foregoing is a true copy of the Resolution adopted by a majority vote of the Board of Directors of the above mentioned District at a meeting of said Board held on the aforementioned date, and that said Resolution is in full force and effect;

Date: March 18, 2015

By: _____
Chairman