Exhibit “A”

Winnie-Stowell Hospital District
Attendance Form
Please Print Legibly

NOTE: For Public Comment – If you are planning on making a public comment, please see the "Policy and Procedures" and fill out a "Public Participation Form"

Date: Oct. 19 2016 REGULAR MEETING

Name	Address
Gloria Rocma	The Sabine Reco
Ashley Francis	The Rose 77034
Mable A Hilbradus	HOMETOWN PRESS
HARRY BARRON	LARRY'S TRADE DAYS
DAN YANCY	Hospital

Exhibit “B”

LTC GROUP

Winnie-Stowell Hosptial District			
Executive Summary of Nursing Home Monthly Site Visits			
September 2016			
Facility	Operator	# of Lic. Beds	Comments
Marshall Manor (MM)	Caring Healthcare	179	Census: 112, Down 2. The facility had their annual survey on June 9th 2016. The facility has had their plan of correction accepted by the state. No reportable incidents since the last visit. The facility is looking good and they are planning some events for the upcoming holiday season.
Highland Park Care Center (HPCC)	Carling Healthcare	64	Census: 47, Up 1. This facility has been given the highest rating in Houston for patient satisfaction. Construction has begun on the new facility and corporate anticipates it will be completed July 2017. There were no reportable incidents since the last visit. The facility had their annual survey in April and it was fairly positive with only 7 tags. The facility is working with the state to clear the tags with a desk review.
Marshall Manor West (MMW)	Caring Healthcare	118	Census: 78, Down 1. Facility had their full survey at the end of January and received a deficiency free survey. No reportable incidents since the last visit. A new gardening area has been added to the facility to allow the residents to grow their own vegetables and flowers. The facility has contracted with a new housekeeping service and it is working well.
Golden Villa (GV)	Caring Healthcare	120	Census: 82, Down 2. The survey took place in February, the state has cleared the facility via desk review. There have been no reportable incidents since the last visit. The facility has finished plans for a new therapy gym to be built next year.
Rose Haven Retreat (RHR)	Caring Healthcare	108	Census 54, Down 1. The facility had their annual survey at the end of June and received two tags, the plan of correction has been accepted by the state. No reportable incidents since the last visit. The facility has hired a new administrator as well as a new DON.
Spring Branch Transitional Care Center (SBTCC)	Caring Healthcare	198	Census: 196, Up 3. The facility had its annual survey on April, the facility has had its plan of correction accepted by the state. Two reportable incidents since the last visit, the first involved a resident to resident altercation which led to a fracture, the state substantiated the claim but did not cite the facility. The second involved medication that was left on a resident's bedside, the nurse was disciplined and the facility was not cited. The facility has hired a new administrator who has almost 40 years in the healthcare industry.

Garrison Nursing Home and Rehabilitation Center	Caring Healthcare	93	Census 77, No change. The facility had their annual survey in June. The facility has had their plan of correction accepted by the state. No reportable incidents were reported since the last visit. Facility appears to be doing really well. The open house for the new therapy gym had 90 people show up which is a great turn out for a town this small.
Clairmont Beaumont (CB)	Genesis	148	Census 112, Up 5. Facility recently upgraded to a 4-star rating. Improvements continue to be made to the facility. The facility appears very nice. One reportable incident since the last visit, a self-report of abuse was investigated and unsubstantiated. The facility appeared in great shape and there were no compliance issues noted.
The Woodlands Healthcare Center (WHC)	Genesis	214	Census: 157, No Change. Administrator provided the tour of the facility. Survey was in May and all tags cleared. There were two reportable incidents since the last visit, both were unsubstantiated. There were no compliance issues noticed during the visit.
Monument Hill Rehabilitation and Nursing Center (MHRNC)	Genesis	108	Census: 64, Up 11. The facility had their annual survey in September, the administrator is expecting 8 minor tags from the survey. No reportable incidents since the last visit. The facility is putting in procedures to maintain healthy living weight for all of its residents. There are some staffing needs as the facility needs 8 CNA's.
Oakland Manor Nursing Center (OKLD)	Genesis	120	Census: 49, Down 2. The facility presents really well and the staff is doing a good job. There were two reportable incidents since the last visit, both incidents were investigated and determined to be unsubstantiated. The facility is currently in their survey window. The staffing situation is getting better at the facility. The facility is taking steps to prevent skin tears and are making good use of their closed unit.
Halletsville Rehabilitation and Nursing Center (HRNC)	Genesis	120	Census: 62, Up 7. Facility appeared neat and the residents appeared happy and well kept. The facilities survey window will open in October. There were two reportable incidents since the last visit, both incidents were investigated in-house and resolved.
Oak Manor Nursing Center (OMNC)	Genesis	82	Census: 40, Down 3. There were two reportable incidents since the last visit, both were investigated by the state and deemed unsubstantiated. Things appear to be going well with the new administrator and DON. The facility is in need of 3 full time CNAs, but is doing a good job managing their current staffing situation. They are currently in their survey window.

Exhibit “C”

WSHD Financial Reporting Sheet

Reporting Date: Wednesday, October 19, 2016

From	Sales Tax	Property Tax	County	Other	Net
MPAP Funds Mar 2016		$0.00	$0.00	$2,474,001.68	$2,474,001.68
MPAP Funds Apr 2016 (expected)				$2,394,195.12	
Texas Comptroller	$39,554.19		$0.00	$0.00	$39,554.19
Total:	$39,554.19	$0.00	$0.00	$4,868,196.80	$2,513,555.87

Expenses	For	Amount	Status
Checks to Be Signed			
Benckenstein & Oxford	Inv 48192	6,990.00	
Hubert Oxford	1/2 Retainer	500.00	
Josh Heinz	1/2 Retainer	500.00	
David Sticker, CPA	Inv 19147	2,187.50	
American Express	Oct Inv	991.57	
Star Graphics - Lease		4.86	
Deputy	Oct Reg Mtg	100.00	
Quill		398.05	
IHS	Inv	1,059.00	
Brookshire Bros Pharmacy	IC-Sept. Rx's	3,852.31	
Willcox Pharmacy	IC-Sept. Rx's	904.80	
	Total Checks Drafted	**17,488.09**	
ACH Withdraws			
Time Warner	Inv 10/5-11/4	170.04	ACH
Star Graphics - Contract		133.42	ACH
ECISD		15,000.00	ACH
IRS	Empoyee Taxes	310.04	ACH
	Total ACHs Drafted	**15,613.50**	
Nursing Home Expenses Paid During the Month			
Interest (Loans 8 & 9)		99,971.50	Pd Sep 30
Payment to LTC Inv Feb 16		267,168.88	Pd Sep 20
	Total Nursing Home Expenses	**367,140.38**	
	Total Expenses for Oct.	**$400,241.97**	

Funds Summary	Totals
Prosperity Operating	$2,027,389.99
Interbank	$2,474,101.68
Prosperity CD	$104,181.22
TexStar	$653,776.68
Net Cash Position	$5,259,449.57
Checks Drafted	-$17,488.09
Ending Balance	$5,241,961.48
Last Month-Sept.	
Prosperity Operating	$3,433,422.86
Interbank	$65,333.76
Prosperity CD	$104,181.22
TexStar	$653,333.76
Net Cash Position	$4,256,271.60
Net Expenses	-$1,821,904.45
Ending Balance	$2,434,367.15
Outstanding Loans	
Loan #8 Balance (2/11/16-11/6/16)	$3,620,000.00
Loan #9 Balance (5/13/16-2/6/17)	$3,620,000.00
	$7,240,000.00

Upcoming Nursing Home Revenue/Expenses	
Expense	Amount
Payment to LTC Inv March & April 16	-561,975.92
Oct Interest (Loans 8 & 9) Due 10/31	-99,971.50
Proxy Payment to Genesis Due	-669,006.12
Loan 8 Principle Due 11/6	-3,620,000.00
	-$4,950,953.54

September 26 2016

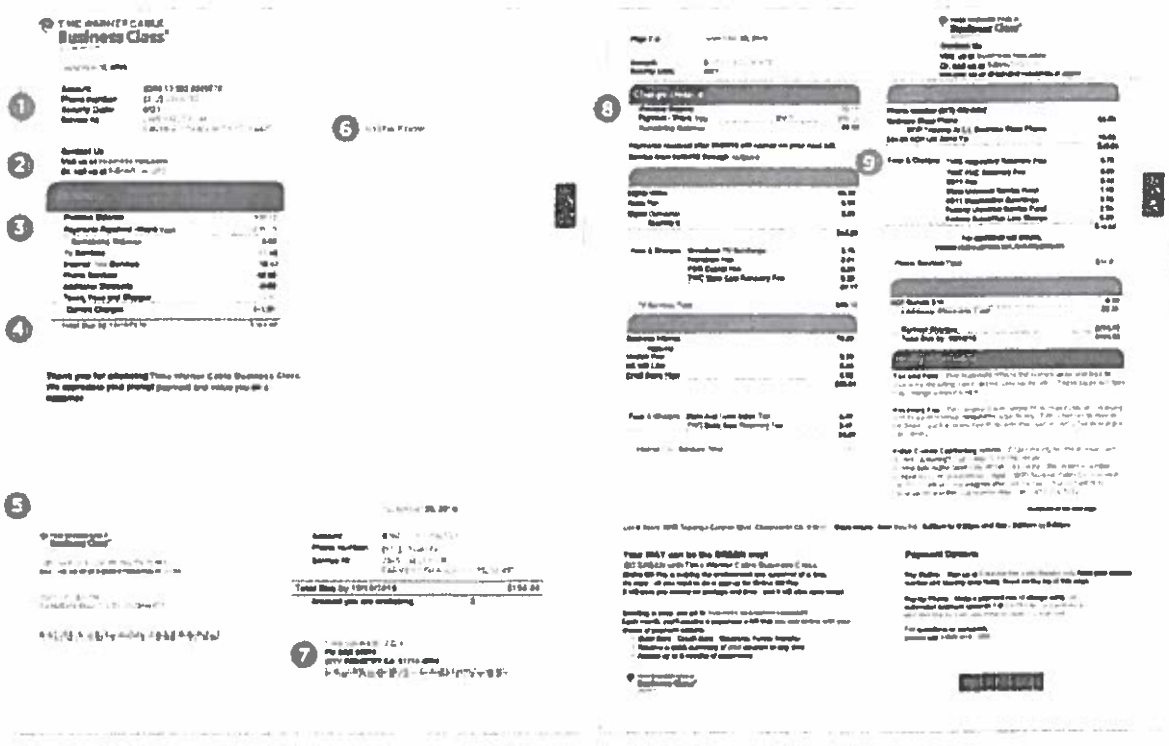
Winnie Stowell Hospital
Account 8260 17 029 0121119
Security Code **1931**

TIME WARNER CABLE
Business Class

Contact Us
Visit us at business twc com
Or call us at 866-519-1263
92 50 1 1 03 N 3 RP 26 09272016 NNYNNYNN 01 005733 0029

Introducing your New Billing Statement

We have improved your monthly statement to make it easier to read.



1. Statement date. Account number and Security code in upper left corner of each page
2. How to reach us
3. At a glance: your charges, payments and credits for this bill
4. Payment due date
5. Payment coupon for your convenience. Simply tear it off and mail
6. Important messages, reminders and offers. You'll find special events, savings opportunities, news and promotions
7. Be sure our address shows in the return envelope window
8. Itemized details of transactions during this period
9. Required telecommunication taxes, fees, and charges. For information, please see the Billing Information section of your bill

Star graphics
A FUNCTION4 COMPANY

4785 Eastex Freeway Beaumont, TX 77706
P: 409-892-0671 F: 409-892-6323

CONTRACT INVOICE

Invoice Number: INV478033
Invoice Date: 09/19/2016

Bill To: Winnie - Stowell Hospital District
PO Box 1997
Winnie, TX 77665

Customer: Winnie - Stowell Hospital District
538 Broadway
Winnie , TX 77665

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
3A0064	Net 30	10/19/2016	$20.11	**$4.86**

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
4457-01		$18.58		01/26/2016	01/25/2021

Remarks

Summary:

Contract base rate charge for this billing period	$0.00
Contract overage charge for the 08/26/2016 to 09/25/2016 overage period	$18.58 **
**See overage details below	$18.58

Detail:

Equipment included under this contract

KM/227

Number	Serial Number	Base Adj.	Location
3A2812	A7AK011001716	$0.00	Winnie - Stowell Hospital District 538 Broadway Winnie, TX 77665

Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
B\W	3A2812 - B\W	14,872	16,561		1,689	0	1,689	$0.011000	$18.58
									$18.58

Please include invoice number on check.
Remit payment to:
PO Box 7186
Beaumont, TX 77726-7186
Fed ID # 76-0385530

Invoice SubTotal	$18.58
Tax:	$1.53
Invoice Total	$20.11
Balance Due:	**$4.86**

STAR GRAPHICS INC

Remittance Section

Invoice No.	Account	Due Date
51732543	966321	10/15/2016
Due This Period	**Amount Enclosed**	
$133.42	$	

See Statement Below

STATE OF TEXAS DBA WINNIE-STOWELL HOSPITAL DISTRICT
EMAIL INVOICING ATTN: ACCOUNTS PAYABLE
PO BOX 1997
WINNIE, TX 77665-1997

Please make check payable to
STAR GRAPHICS INC
PO BOX 41602
PHILADELPHIA, PA 19101-1602

21000005173254300001334 25

Keep lower portion for your records – Please return upper portion with your payment

STAR GRAPHICS INC
PO BOX 41602
PHILADELPHIA, PA 19101-1602

Invoice Date	Invoice Number	Account
09/24/2016	51732543	966321
Period of Performance		**Contract Number**
09/15/2016— 10/14/2016		25377446

Important Messages

This invoice will be paid through an electronic payment transaction as previously authorized by you.

Please visit us online at **www.lesseedirect.com** to:
-Make payments
-View copies of your contract and open invoices

See Reverse for Important Information

Invoice Details

Description	Payment Amount	Sales/Use Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	$104.56	$8.49	$113.05	$0.00	$113.05
INSURANCE	$18.83	$1.54	$20.37	$0.00	$20.37
Billed this Invoice	**$123.39**	**$10.03**	**$133.42**	**$0.00**	**$133.42**
Total Amount Due					**$133.42**

(Please see the following pages for details.)

Asset Details

Contract Number	Serial Number	Make / Model	Asset Number	Payment Amount	Sales/Use Tax	Total Amount
25377446	A7AK011001716	KONMIN/BH227	25377446_1	$104.56	$8.49	$113.05
Asset Location: 538 BROADWAY WINNIE CHAMBERS TX 77665-7600 United States						
						Asset Amount Total $113.05

Contact Us

- Has your address, telephone or email address changed?
- Would you like to enroll in paperless Invoicing?
- Are you interested in setting up automated/ recurring payments?

Customer Service Requests
customercarecenter@leasedirect.com

Email
Please email change requests, along with your contract number to invoicing@leasedirect.com

Phone
Customer Contact Center 800-736-0220

Correspondence Address
STAR GRAPHICS INC
1111 OLD EAGLE SCHOOL RD
WAYNE, PA 19087-1453

Overnight Payment Address
LOCKBOX- 41602
RTE. 38 & EASTGATE DRIVE
MOORESTOWN NJ,08057

IMPORTANT REMINDER Enclose remittance slip with your check and send it to the address on reverse side to ensure accurate and timely processing of your payment. For prompt review and handling, please send other correspondence and notices separately to the attention of: Customer Service STAR GRAPHICS INC 1111 OLD EAGLE SCHOOL RD, WAYNE, PA 19087-1453.
For general account information 24 hours a day, 7 days a week, visit our website www.lesseedirect.com.

Please remit payments at least 5 business days prior to due date.
Please be sure to record your Invoice or Account Number on the check.

Explanation of Charges:

It is important to us that you understand the charges on your invoice. Please refer to this guide as assistance.

1. DOCUMENTATION FEE
   A one time charge assessed on the new transactions. This fee covers the cost of UCC filings and other documentation costs.
2. INSURANCE CHARGE
   A charge due each billing period as the result of the equipment being insured by the lessor against all risks of loss or damage.
3. PAYMENT
   Amount due each billing period in accordance with the terms of the contract.
4. FINANCE CHARGE
   Per diem finance charge which is assessed when a payment is not received by its due date.
5. LATE FEE
   Assessed when a payment is not received by its due date, as provided by the contract.
6. SALES/USE TAX
   The sales/use tax is due in accordance with the tax laws of the state(s) where the equipment is located. For questions about taxes call the Customer Service number mentioned below.
7. PROPERTY TAX
   The lessor, as owner of the equipment, is assessed and pays property tax to the appropriate taxing authority on an annual basis. Per the lease contract, the Lessee has agreed to reimburse the Lessor for all property taxes paid on their behalf plus reasonable administrative costs. For questions about taxes call: Customer Service number mentioned below.
8. RETURNED CHECK FEE
   Assessed each time a check is returned for any reason.
9. COPY FEE
   Assessed when the Lessee requests an additional copy of the contract.
10. ACCOUNT STATEMENT
    Overview of prior invoices for which no payment was received at the time the current invoice was printed.

Department of Treasury
Internal Revenue Service
Ogden UT 84201-0039

RECEIVED
OCT 14 2016

Notice	CP161
Tax period	June 30, 2016
Notice date	October 10, 2016
Employer ID number	61-1500560
To contact us	Phone 1-800-829-0115

309732.547435.88432.29050 1 AT 0.399 701

WINNIE-STOWELL HOSPITAL DISTRICT
% ROBERT A PASCASIO
PO BOX 1997
WINNIE TX 77665-1997

309732

You have an unpaid balance for June 30, 2016

Amount due: $310.04

Our records show you have an unpaid balance for the tax period ending on June 30, 2016 (Form 941).

Billing Summary

Tax you owed	$3,730.43
Payments you made	-3,730.43
Failure to make a proper federal tax deposit penalty	310.04
Amount due by October 31, 2016	**$310.04**

What you need to do immediately

Pay immediately

- You must pay the full balance you owe by October 31, 2016, to avoid additional interest charges.

Continued on back...

IRS

WINNIE-STOWELL HOSPITAL DISTRICT
% ROBERT A PASCASIO
PO BOX 1997
WINNIE TX 77665-1997

Notice	CP161
Notice date	October 10, 2016
Employer ID number	61-1500560

Payment

- Make your check or money order payable to the United States Treasury.
- Write your Employer ID number (61-1500560), the tax period (June 30, 2016), and the form number (941) on your payment and any correspondence.

INTERNAL REVENUE SERVICE
OGDEN UT 84201-0039

Amount due by October 31, 2016

$310.04

611500560 X8 WINN 01 2 201606 670 00000031004

What you need to do immediately—**continued**

Pay immediately—**continued**

- You must pay the full balance you owe by October 31, 2016 to avoid additional interest charges.
- If you're enrolled in the Electronic Federal Tax Payment System (EFTPS), you can use that method of payment instead of paying by check or money order.
- If you can't pay the amount due, pay as much as you can now and call us at 1-800-829-0115 to discuss your options for paying the remaining balance.

If you think there's been a mistake

- Call 1-800-829-0115. Have your payment information and a copy of your tax return available to review with us. You can also contact us by mail. Fill out the Contact information section, detach, and send it to us with any correspondence or documentation.

If we don't hear from you

If you don't pay the full balance of $310.04 by October 31, 2016, interest will increase.

IRS

WINNIE-STOWELL HOSPITAL DISTRICT
% ROBERT A PASCASIO
PO BOX 1997
WINNIE TX 77665-1997

Notice	CP161
Notice date	October 10, 2016
Employer ID number	61-1500560

Contact information

If your address has changed, please call 1-800-829-0115 or visit www.irs.gov.

☐ Please check here if you've included any correspondence. Write your Employer ID number (61-1500560), the tax period (June 30, 2016), and the form number (941) on any correspondence.

Primary Phone	Best time to call	Secondary Phone	Best time to call
	☐ a.m. ☐ p.m.		☐ a.m. ☐ p.m.

INTERNAL REVENUE SERVICE
OGDEN UT 84201-0039

611500560 XB 01 2 201606

Payments credited to your account for the tax period ending on June 30, 2016

The total amount of your tax payments is shown below. Please call 1-800-829-0115 if any information is incorrect or missing.

Date received	Amount
July 22, 2016	$3,730.43
Total payments	**$3,730.43**

309732

Penalties

We are required by law to charge any applicable penalties.

Failure to make a proper federal tax deposit

Due date	Payment date	Days late	Payment type	Rate	Amount due	Penalty
06/15/2016	07/22/2016	37	EFT	10%	2,470.43	247.04
07/15/2016	07/22/2016	7	EFT	5%	1,260.00	63.00
Total failure to make a proper federal tax deposit						**$310.04**

We charged a penalty because you did not make a proper tax deposit. Common reasons why we charge this penalty are:

- You did not deposit your tax on time
- You did not deposit enough tax
- You paid your tax directly to the IRS
- You did not deposit your tax electronically, as required by law

For information about depositing taxes, see the Employer's Tax Guide (Publication 15) or the Agricultural Employer's Tax Guide (Publication 51). (Internal Revenue Code section 6656)

Designation of deposit

The law allows you to tell the IRS where to apply your deposits within the tax return period with a deposit penalty. You have 90 days from the date of the correspondence you received showing the deposit penalty to contact the IRS if you want to specify where to apply your deposits.

The law also allows the IRS to remove the deposit penalty if: (1) the penalty applies to the first required deposit after a required change to your frequency of deposits, and (2) you file your employment tax returns by the due date.

Removal or reduction of penalties

We understand that circumstances—such as economic hardship, a family member's death, or loss of financial records due to natural disaster—may make it difficult for you to meet your taxpayer responsibility in a timely manner.

If you would like us to consider removing or reducing any of your penalty charges, please do the following:

- Identify which penalty charges you would like us to reconsider (e.g., 2005 late filling penalty).
- For each penalty charge, explain why you believe it should be reconsidered.
- Sign your statement and mail it to us with any supporting documents.

We'll review your statement and let you know whether we accept your explanation as a reasonable cause to reduce or remove the penalty charge(s).

Continued on back...

Penalties—**continued**

Removal of penalties due to erroneous written advice from the IRS

If you were penalized based on written advice from the IRS, we will remove the penalty if you meet the following criteria:

- If you asked the IRS for written advice on a specific issue
- You gave us complete and accurate information
- You received written advice from us
- You relied on our written advice and were penalized based on that advice

To request removal of penalties based on erroneous written advice from us, submit a completed Claim for Refund and Request for Abatement (Form 843) to the IRS service center where you filed your return. For a copy of the form or to find your IRS service center, go to www.irs.gov or call 1-800-829-0115.

Additional information

- Visit www.irs.gov/cp161.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- If you believe your small business has experienced excessive compliance or enforcement actions from any federal agency, you have the right to file a complaint with the Small Business Administration ombudsman. To learn more about your options and the Small Business Regulatory Enforcement Fairness Act, visit www.sba.gov and search for keyword: "ombudsman."
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

View by account name and number: WINNIESTOWELL HOSPITAL DISTRI 7769473 ▼

Transaction Date	Transaction Type	Transaction Number	Order Number	P.O. No.	Due Date	Past Due (Days)	Total Amount
09/22/2016	Invoice	9387810	95857916	NORRISSHERRIE	10/22/2016	0	$194.83
10/06/2016	Invoice	9790892	96322803	NORRISSHERRIE	11/05/2016	0	$72.49
10/10/2016	Invoice	9846265	96322806	NORRISSHERRIE	11/09/2016	0	$24.89
10/10/2016	Invoice	9840380	96322804	NORRISSHERRIE	11/09/2016	0	$40.90
10/12/2016	Invoice	9919094	96322805	NORRISSHERRIE	11/11/2016	0	$64.94
						Total Account Balance	**$398.05**

Quill

0:
Order Date : 10/06/2016
Ship Date : 10/07/2016
InvoiceDate : 10/12/2016
TIN : 36-2952904

P.O. Box 37600 Philadelphia, PA 19101-0600
Customer Service: 1-800-789-1331

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# : **96322805** Invoice# : **9919094** Account# : **C7769473**

Item Number	Description	Color	Qty shipped	Price/UM	Extended
901-PRMP1213	Premium file pockets ltr 3-1/2		1	$59.99/box	$59.99

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

o help apply your payment properly, remember to include your **account #** n your check and remit your payment to the address shown below.
ll shipping carrier fees are covered by Quill. A handling fee may apply to mall orders. See Quill.com/shipping.
rack shipments, pay invoices and view past orders at My Account on Quill.com.

Mdse Total:	$59.99
Tax:	$4.95
Shipping:	Free
Amount Due:	$64.94
Due Date:	11/11/2016

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

Payable to:

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

Invoice Number: **9919094**
Invoice Date: 10/12/2016
Amount Due: $64.94
Payable in U.S. Dollars

00110000000991909400077694737100000000064947

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

Quill.com

P.O. Box 37600 Philadelphia, PA 19101-0600
Customer Service: 1-800-789-1331

0:
Order Date : 10/06/2016
Ship Date : 10/06/2016
InvoiceDate : 10/06/2016
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# : **96322803** Invoice# : **9790892** Account# : **C7769473**

Item Number	Description	Color	Qty shipped	Price/UM	Extended
901-PRMP1213	Premium file pockets ltr 3-1/2		0	$0.00/	$0.00
The item above will be shipped and billed separately					
901-920002836	Logitech wireless keyboard/mou		1	$34.99/each	$34.99
901-SMD73234UNI	Pckt file ltr str 5 25		0	$0.00/	$0.00
The item above will be shipped and billed separately					
901-2093788ICI	Laptop monitor desk stand		0	$0.00/	$0.00
The item above will be shipped and billed separately					
901-720559	Quill colored copy paper-Ltr	Blue	1	$11.99/ream	$11.99
901-SPL-230	8 digit desktop calculator		2	$9.99/each	$19.98

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

o help apply your payment properly, remember to include your **account #** n your check and remit your payment to the address shown below.
ll shipping carrier fees are covered by Quill. A handling fee may apply to mall orders. See Quill.com/shipping.
rack shipments, pay invoices and view past orders at My Account on Quill.com.

Mdse Total:	$66.96
Tax:	$5.53
Shipping:	Free
Amount Due:	$72.49
Due Date:	11/05/2016

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

Quill.com

Invoice Number: **9790892**
Invoice Date: 10/06/2016
Amount Due: $72.49
Payable in U.S. Dollars

Payable to:

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

00110000000979089200077694737100000000072499

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

0:
Order Date : 10/06/2016
Ship Date : 10/10/2016
InvoiceDate : 10/10/2016
TIN : 36-2952904

P.O. Box 37600 Philadelphia, PA 19101-0600
Customer Service: 1-800-789-1331

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# : **96322806** Invoice# : **9846265** Account# : **C7769473**

Item Number	Description	Color	Qty shipped	Price/UM	Extended
901-2093788ICI	Laptop monitor desk stand		1	$22.99/each	$22.99

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

'o help apply your payment properly, remember to include your **account #** ın your check and remit your payment to the address shown below.
ıll shipping carrier fees are covered by Quill. A handling fee may apply to mall orders. See Quill.com/shipping.
'rack shipments, pay invoices and view past orders at My Account on Quill.com.

Mdse Total:	$22.99
Tax:	$1.90
Shipping:	Free
Amount Due:	$24.89
Due Date:	11/09/2016

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

Payable to:

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

Invoice Number: **9846265**
Invoice Date: 10/10/2016
Amount Due: $24.89
Payable in U.S. Dollars

001100000009846265000776947371000000002489 6

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

0:
Order Date : 10/06/2016
Ship Date : 10/06/2016
InvoiceDate : 10/10/2016
TIN : 36-2952904

P.O. Box 37600 Philadelphia, PA 19101-0600
Customer Service: 1-800-789-1331

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# : **96322804** Invoice# : **9840380** Account# : **C7769473**

Item Number	Description	Color	Qty shipped	Price/UM	Extended
901-SMD73234UNI	Pckt file ltr str 5 25		2	$18.89/box	$37.78

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

'o help apply your payment properly, remember to include your **account #** ›n your check and remit your payment to the address shown below.
ıll shipping carrier fees are covered by Quill. A handling fee may apply to mall orders. See Quill.com/shipping.
'rack shipments, pay invoices and view past orders at My Account on Quill.com.

Mdse Total:	$37.78
Tax:	$3.12
Shipping:	Free
Amount Due:	$40.90
Due Date:	11/09/2016

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

Payable to:

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

Invoice Number: **9840380**
Invoice Date: 10/10/2016
Amount Due: $40.90
Payable in U.S. Dollars

00110000000984038000077694737100000000040906

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

0:
Order Date : 09/22/2016
Ship Date : 09/23/2016
InvoiceDate : 09/22/2016
TIN : 36-2952904

P.O. Box 37600 Philadelphia, PA 19101-0600
Customer Service: 1-800-789-1331

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# : **95857916** | Invoice# : **9387810** | Account# : **C7769473**

Item Number	Description	Color	Qty shipped	Price/UM	Extended
901-1666603	Wd my passport ultra 2Tb porta		2	$89.99/each	$179.98

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

'o help apply your payment properly, remember to include your **account #** ın your check and remit your payment to the address shown below.
ıll shipping carrier fees are covered by Quill. A handling fee may apply to mall orders. See Quill.com/shipping.
'rack shipments, pay invoices and view past orders at My Account on Quill.com.

Mdse Total:	$179.98
Tax:	$14.85
Shipping:	Free
Amount Due:	$194.83
Due Date:	10/22/2016

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: **9387810**
Invoice Date: 09/22/2016
Amount Due: $194.83
Payable in U.S. Dollars

Payable to:

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

00110000000938781000077694737100000000194836

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

Indigent Healthcare Solutions, Ltd.
2040 North Loop, 336 West, Suite 304
Conroe, TX 77304

Phone # (800) 834-0560
Fax # (936) 756-6741

Invoice # 63155

Date: 10/1/2016

WINNIE STOWELL HOSPITAL DISTRICT
P O BOX 1997
WINNIE, TX 77665

Terms: Net receipt of invoice

Professional services for the month of November 2016	1,059.00

Total **$1,059.00**

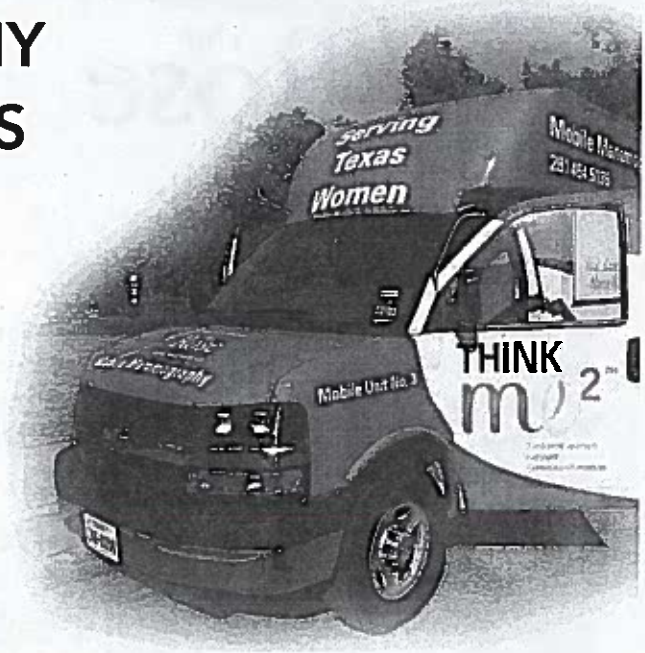
PLEASE REMIT PAYMENT TO
INDIGENT HEALTHCARE SOLUTIONS, LTD
ATTN: KELLEY ASTOLOS
3011 ARMORY DRIVE, SUITE 190
NASHVILLE, TN 37204

THANK YOU FOR YOUR BUSINESS!!!

IHS

Exhibit “D”

MOBILE MAMMOGRAPHY REGISTRATION PROCESS



Patient wants to register for Mobile Mammogram

MOBILE CRITERIA

- 35+ years of age
- NO breast problems
- NOT pregnant or breast feeding
- NO history of breast cancer within last 2 years
- NO mammogram in last 12 months

INSURED

Is insurance an accepted plan?

Complete Patient Information & Medical History Forms

Arrive at appointment with:
- Photo ID
- Insurance card
- Provider Order *(if plan requires)*

UNINSURED

CPRIT

CRITERIA
- 40+ years of age
- 200% FPL*
- First Mammogram or first in 2+ years
- Resident in one of 34 counties*

Mobile Sponsor

CRITERIA
- 200% FPL*
- Not county specific

Complete Financial Assistance Application

Arrive at appointment with:
- Photo ID
- Provider Order
- Proof of income*

SELF PAY

$150.00 or $200.00 (with implants)

Complete Patient Information & Medical History Forms

Arrive at appointment with:
- Photo ID
- Payment (cash, check, or CC)
- Provider Order *(if no regular doctor)*

The Rose

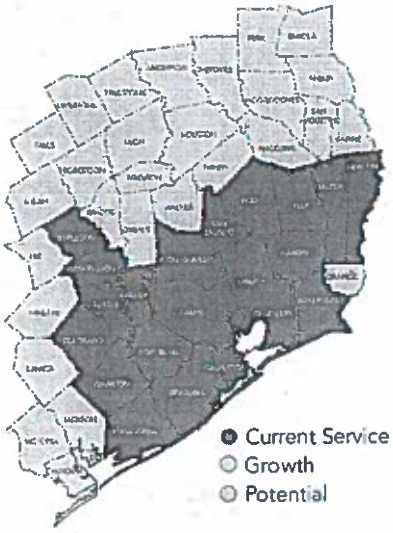
**see reverse side*

The Rose

MOBILE MAMMOGRAPHY

Counties Served by The Rose

Angelina • Austin • Brazoria • Brazos • Burleson • Chambers • Colorado • Fort Bend
Galveston • Grimes • Hardin • Harris • Jasper • Jefferson • Leon • Liberty • Madison
Matagorda • Montgomery • Nacogdoches • Newton • Orange • Polk • Robertson
Sabine • San Augustine • San Jacinto • Shelby • Trinity • Tyler • Walker • Waller
Washington • Wharton



2016 Federal Poverty Level Guidelines - 200%

Family Size	Annual	Monthly	Weekly
1	$ 23,760	$ 1,980	$ 457
2	$ 32,040	$ 2,670	$ 616
3	$ 40,320	$ 3,360	$ 775
4	$ 48,600	$ 4,050	$ 935
5	$ 56,880	$ 4,740	$ 1,094
6	$ 65,160	$ 5,430	$ 1,253
7	$ 73,464	$ 6,122	$ 1,413
8	$ 81,780	$ 6,815	$ 1,573

(Effective March 1, 2016)

The Rose Mobile Mammography Program now includes four vans and covers 35 counties. Our Mobile Teams provide quality breast health care to thousands of women annually who otherwise might delay or (worse) skip a screening because of barriers such as distance and finances.

MOBILE MAMMOGRAPHY REGISTRATION PROCESS
(see reverse side)

Acceptable Proof of Income

- Tax Returns filed in 2016
- Pay check stubs – for one month
- Bank statements – Must be for a full month and show all deposits and withdrawals.
- Letters of Support – if a patient lives with or is supported by someone other than her spouse the letter must include:
  - Date
  - Patient's Name
  - Relationship to patient
  - Address and phone number of supporter
  - Type of support provided for patient (ex., $200 a month, food and lodging)
  - Signature
- Government award letters – Social Security or Unemployment
- Self-Employment Form – We can provide this template for any patient/spouse who has their own business, is paid in cash and does not file taxes.

When in doubt we always recommend patients bring as many types of proof of income as possible! The more information and documentation we have to work with the better their chances of qualifying. Any proof of income is provided with the purpose of painting a complete and accurate picture of the patient's financial situation.

Make Health a Priority

Schedule your mammogram.

The Rose ***SOUTHEAST***
12700 N. Featherwood
Suite 260
Houston TX 77034

The Rose ***GALLERIA***
5420 West Loop South
Suite 3300
Bellaire TX 77401

Make an Appointment
281.484.4708 *Main Number*
281.464.5136 *Mobile Mammography*
TheRose.org *Online*

Serving Insured and Uninsured Women

The Rose accepts most insurance carriers, Medicare and Medicaid. **We do not accept The Gold Card.** We have sponsorship programs for patients without insurance. Our cash discount price is $150 and $200 for patients with implants. Sponsorship programs can provide services at low or no cost to uninsured patients who meet eligibility requirements.

Mobile is currently offering the following sponsorship:

CPRIT sponsorship program guidelines:

Must be 40 years of age or older, and
Never had a mammogram or not have had a mammogram in the last 731 days or 2 years + 1day, and
Must live in Harris or one of the 15 counties immediately surrounding Harris County, and
At or below 200% of Federal poverty guidelines based on net household income

On the day of the appointment the sponsored patient must bring with her:

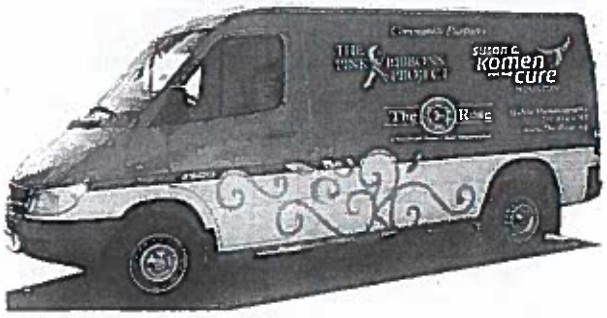
A doctor's order – Patient cannot be seen without an order.
Recent proof of income (2 most recent paystubs for example) or letter of support
Photo ID

On the day of the appointment the insured patient must bring with her:

Photo ID
Insurance card

Thank you for your interest in our Mobile Mammography Program. If you have any questions, please feel free to contact me.

Mobile Mammography Program
12700 N. Featherwood, Suite 260 | Houston, Texas 77034
Direct: (281) 464-5138 | Fax: (281) 484-7083
http://www.therose.org



The Rose
Mobile Mammography Program
Criteria for Services

To schedule a mobile site visit, a minimum of 20 with a maximum of 27 patients are required to be scheduled for each visit. All completed patient information forms and appointment schedule must be sent to The Mobile Department at least 2 weeks prior to scheduled mobile visits. The Rose can help to create posters, email announcements and flyers to effectively promote your program/event within your community.

As a valued Mobile Program Partner, your responsibilities include:

- Assigning appointment times and filling out the appointment template
- Ensuring that each patient has filled out the appropriate forms:
  - Insured patients: Patient Information, Insurance & Medical History
  - Uninsured patients: Financial Assistance Application
- Faxing all forms and the appointment schedule to Mobile Department

Please note: The Rose Mobile Department is moving towards On-Line Scheduling to eliminate the paper form process. We will be happy to provide a demo and instructions for your staff.

Patient requirements for Mobile Program Screenings:

- Must be 35 years of age or older
- **Must have a primary care physician**
- Not have any breast symptoms or problems
- Not be pregnant or breast-feeding
- Not have breast cancer in the last two years
- Did not have a mammogram in the last 12 months

Site requirements:

Adequate ramp for loading/unloading equipment
Parking for van and patients
Private screening room (9' x 9' minimum)
Wide hallways for maneuvering equipment
Elevator (if not on the first floor)
Three grounded outlets per room
Additional space for a small table and two chairs for check in

Exhibit “E”

Chambers

- Thank you all for your time and the opportunity to provide information about The Rose and to explore and discuss a possible partnership!
- Ashley Francis and CPRIT Program Manager with The Rose
  - Nonprofit
  - Mammograms and other breast diagnostic services to both insured and uninsured women
  - 2 clinics located in Harris county
  - Mobile Mammography Program with 4 mobile units that travel to a total of 34 counties
- Mission:
  - Saving lives through quality breast health services, advocacy and access to care for all
- We accomplish our mission through:
  - Mammography screening, diagnostic procedures and access to breast cancer treatment and support – for all women regardless of their ability to pay
- At The Rose, we believe every woman deserves quality breast health care

- After reviewing, the 2015 Chambers County Public Hospital District Community Needs Assessment
- I am confident my program can address some of the needs in this medically underserved community – specifically…
  - Residents that lack health insurance
  - Residents with an inability to pay for healthcare
- I manage a grant from the state of Texas provided through the Cancer Prevention Research Institute of Texas (CPRIT).… (*continue*)

  - That enables uninsured women to obtain mammograms at no cost in the 23 counties immediately surrounding Harris county as well as Harris county
- The Rose was among the first preventive grants awarded in 2010 by CPRIT
- In 6 years with our CPRIT grant funding:
  - Served about 12,000 Texas women needing access to breast health services
  - Provided 4,419 women with their first-ever mammogram
  - Detected 255 breast cancers
- Eligibility
  - Uninsured
  - Must be 40 years of age or older
  - Never had a mammogram or has not had a mammogram 2 years + 1day
  - Must live in Harris or one of the 23 counties immediately surrounding Harris County
  - At or below 200% of Federal poverty guidelines
- Additional grant benefits include:
  - Necessary additional diagnostic testing covered to diagnosis
  - Patient navigation department – timely and affordable treatment
  - Transportation assistance in the form of a gas card
  - Funding for clinical breast exams for patients that qualify for CPRIT
  - Also, patient presenting with breast issues such as discharge or pain and are in need of a diagnostic mammogram and not a screening mammogram (*continue*)

  - can come into Houston for that procedure still qualifying for CPRIT
- We have attempted to address as many barriers as possible through this grant to ensure patients receive their mammogram
- To partner with our Mobile Mammography Program, all we need is a private 10X10 room and at least 20 patients!
- Mobile mammography partnership process simple
  - Site visit and registration training
  - Reserve mobile dates (our mobile program runs 6 days a week)
  - Perform patient recruitment and complete patient pre-registration
    - Fax patient pre-registration documentation (The Rose verifies)
  - Actual mobile day, The Rose checks patients in and performs the mammogram
- In summary, the mobile site is responsible for obtaining space, patients, and completing and sending the patient pre-registration documentation
- I ask that you heavily consider partnering with The Rose and utilizing our CPRIT grant funding for this community!
  - Our CPRIT grant funding means access to care is increased and fear is minimized as women realize that they will receive care from screening through treatment, providing the women of Winnie in Chambers county a chance at life
- I am happy to answer any questions you all my have at this time and thank you.

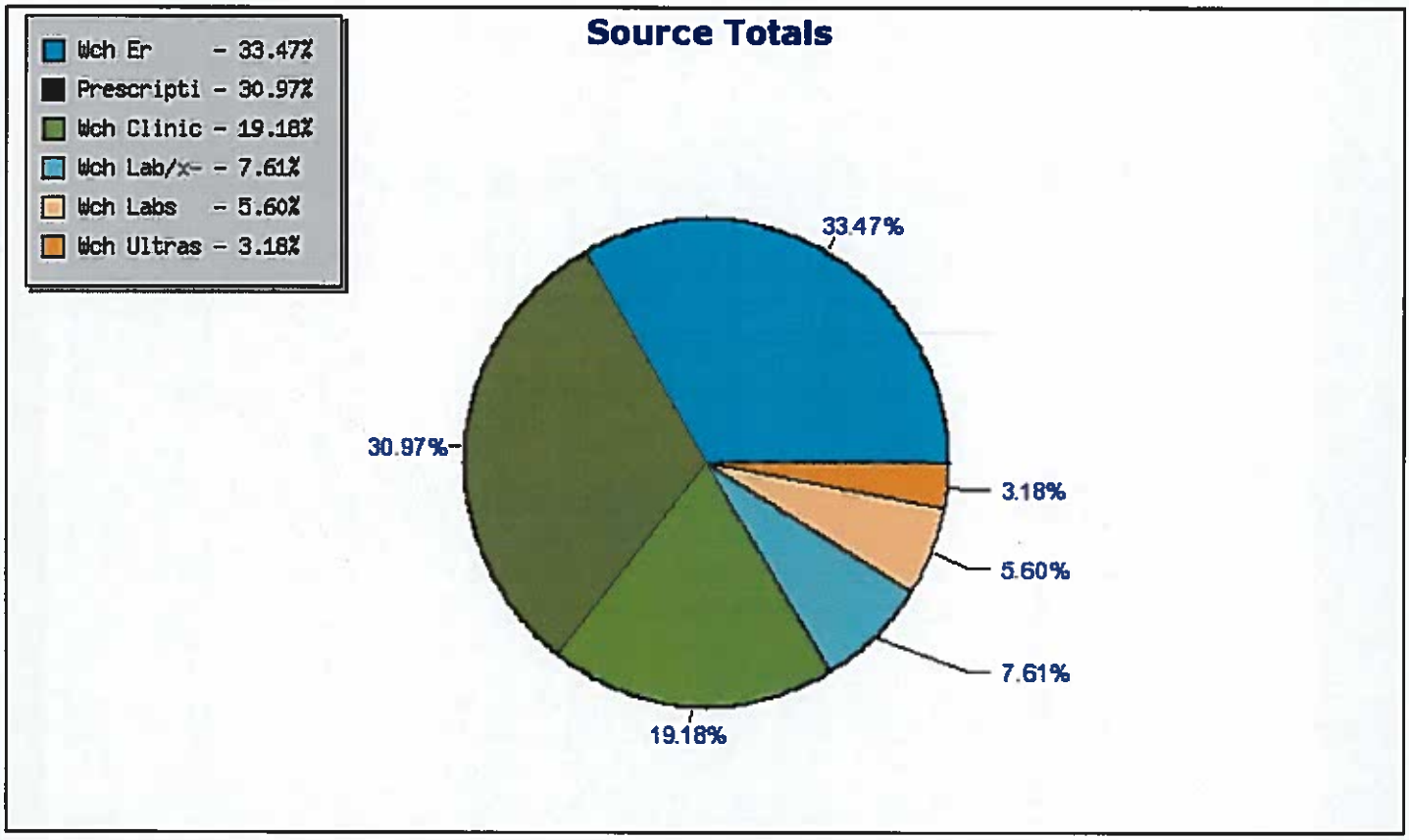
September 2016

Dashboard Report

Winnie Stowel Hospital District Indigent Healthcare Services

Source Totals for Batch Dates 10/01/2016 through 10/19/2016

Wch Er	33.47%	$5,140.58
Prescription Drugs	30.97%	$4,757.11
Wch Clinic	19.18%	$2,946.26
Wch Lab/x-ray	7.61%	$1,169.32
Wch Labs	5.60%	$859.77
Wch Ultrasound	3.18%	$487.90
Total Expenditures		**$15,360.94**



Entry Statistics for Entry Dates 10/01/2016 through 10/19/2016

Clients Entered	0
Rapid/Reg. Entered	2
Vendors Entered	0
Worksheets Entered	4
Invoices Entered	57

Dashboard Report

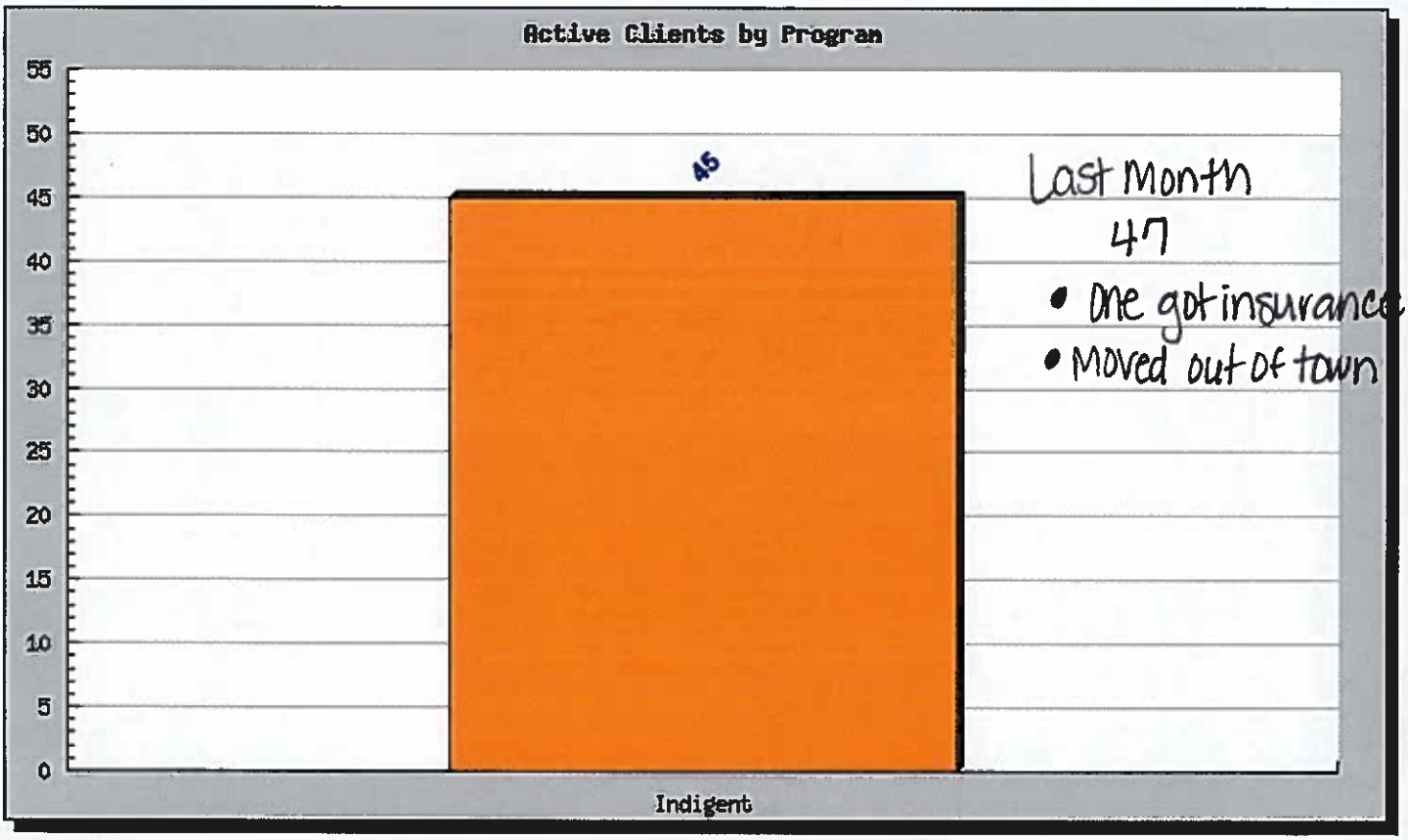
Winnie Stowel Hospital District Indigent Healthcare Services

Void Statistics for Void Dates 10/01/2016 through 10/19/2016

Clients Voided	0
Vendors Voided	0
Rapid Reg. Voided	0
Invoices Voided	0

Active Clients by Program for Eligibility Dates 10/01/2016 through 10/19/2016

Indigent	45
Total Clients By Program	**45**



Appointments Scheduled by Type for Appointment Dates 10/01/2016 through 10/19/2016

New Appointment	0
Renewal	3
Total Appointments Scheduled	**3**

September 2016

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Issued 10/17/16

Source Totals Report

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 10/19/2016 through 10/19/2016
For Vendor: WINNIE COMMUNITY HOSPITAL

Source	Description		Amount Billed	Amount Paid
21	Wch Clinic		7,186.00	2,946.26
24	Wch Er		12,538.00	5,140.58
25	Wch Lab/x-ray		2,852.00	1,169.32
27	Wch Labs		2,097.00	859.77
29	Wch Ultrasound		1,190.00	487.90
		Expenditures	25,863.00	10,603.83
		Reimb/Adjustments	0.00	0.00
		Grand Total	**25,863.00**	**10,603.83**

Source Totals Report Detail

Invoice #	Source	DOS	Amount Billed	Amount Paid
036-2383*63057*12	21	09/14/2016	265.00	108.65
036-2475*63057*18	21	09/28/2016	63.00	25.83
036-2783*63057*7	21	09/11/2016	237.00	97.17
036-3363*63057*9	21	09/28/2016	199.00	81.59
036-3426*63057*14	21	09/22/2016	171.00	70.11
036-3432*63057*6	21	09/22/2016	136.00	55.76
1002*63057*8	21	09/08/2016	203.00	83.23
1012*63057*6	21	09/06/2016	388.00	159.08
1015*63057*4	21	09/22/2016	136.00	55.76
1017*63057*3	21	09/10/2016	170.00	69.70
1018*63057*2	21	09/14/2016	203.00	83.23
1025*63057*2	21	09/19/2016	136.00	55.76
1011*63057*8	21	09/19/2016	203.00	83.23
1011*63057*8	21	09/26/2016	203.00	83.23
1013*63057*2	21	09/15/2016	242.00	99.22
1013*63057*2	21	09/26/2016	136.00	55.76
1016*63057*7	21	09/13/2016	203.00	83.23
1016*63057*7	21	09/28/2016	63.00	25.83
1024*63057*2	21	09/06/2016	242.00	99.22
1024*63057*2	21	09/26/2016	265.00	108.65
036-2749*63057*8	21	09/07/2016	149.00	61.09
036-2749*63057*8	21	09/14/2016	69.00	28.29
036-2749*63057*8	21	09/21/2016	69.00	28.29
036-2749*63057*8	21	09/28/2016	212.00	86.92
036-2778*63057*8	21	09/13/2016	378.00	154.98
036-2778*63057*8	21	09/28/2016	136.00	55.76
1030*63057*2	21	09/09/2016	238.00	97.58
1030*63057*2	21	09/23/2016	203.00	83.23
1030*63057*2	21	09/27/2016	203.00	83.23
1033*63057*1	21	09/21/2016	308.00	126.28
1023*63057*1	21	09/01/2016	203.00	83.23
1023*63057*1	21	09/12/2016	203.00	83.23
1023*63057*1	21	09/26/2016	171.00	70.11
036-2856*63057*3	21	09/29/2016	203.00	83.23
036-3217*63057*10	21	09/22/2016	238.00	97.58

1032*63057*1	21	09/15/2016	203.00	83.23
1029*63057*2	21	09/19/2016	136.00	55.76
25 invoices, 37 line items			**7,186.00**	**2,946.26**
1033*63057*1	24	09/27/2016	935.00	383.35
1032*63057*1	24	09/19/2016	6,078.00	2,491.98
1029*63057*2	24	09/07/2016	5,525.00	2,265.25
3 invoices, 3 line items			**12,538.00**	**5,140.58**
036-2778*63057*8	25	09/28/2016	848.00	347.68
1023*63057*1	25	09/02/2016	2,004.00	821.64
2 invoices, 2 line items			**2,852.00**	**1,169.32**
1030*63057*2	27	09/23/2016	908.00	372.28
1023*63057*1	27	09/26/2016	110.00	45.10
036-2856*63057*3	27	09/29/2016	370.00	151.70
036-3217*63057*10	27	09/22/2016	110.00	45.10
1032*63057*1	27	09/15/2016	418.00	171.38
1019*63057*5	27	09/29/2016	181.00	74.21
6 invoices, 6 line items			**2,097.00**	**859.77**
1023*63057*1	29	09/19/2016	1,190.00	487.90
1 invoices, 1 line items			**1,190.00**	**487.90**
Grand Totals			**25,863.00**	**10,603.83**

26 invoices listed.
49 line items listed.

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Issued 10/17/16

Source Totals Report

Winnie Stowel Hospital District Indigent Healthcare Services
Batch Dates 10/19/2016 through 10/19/2016
For Vendor: WINNIE COMMUNITY HOSPITAL

Source	Description		Amount Billed	Amount Paid
21	Wch Clinic		7,186.00	2,946.26
24	Wch Er		12,538.00	5,140.58
25	Wch Lab/x-ray		2,852.00	1,169.32
27	Wch Labs		2,097.00	859.77
29	Wch Ultrasound		1,190.00	487.90
		Expenditures	25,863.00	10,603.83
		Reimb/Adjustments	0.00	0.00
		Grand Total	**25,863.00**	**10,603.83**

Source Totals Report Detail

Invoice #	Source	DOS	Amount Billed	Amount Paid
036-2383*63057*12	21	09/14/2016	265.00	108.65
036-2475*63057*18	21	09/28/2016	63.00	25.83
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036-3363*63057*9	21	09/28/2016	199.00	81.59
036-3426*63057*14	21	09/22/2016	171.00	70.11
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1018*63057*2	21	09/14/2016	203.00	83.23
1025*63057*2	21	09/19/2016	136.00	55.76
1011*63057*8	21	09/19/2016	203.00	83.23
1011*63057*8	21	09/26/2016	203.00	83.23
1013*63057*2	21	09/15/2016	242.00	99.22
1013*63057*2	21	09/26/2016	136.00	55.76
1016*63057*7	21	09/13/2016	203.00	83.23
1016*63057*7	21	09/28/2016	63.00	25.83
1024*63057*2	21	09/06/2016	242.00	99.22
1024*63057*2	21	09/26/2016	265.00	108.65
036-2749*63057*8	21	09/07/2016	149.00	61.09
036-2749*63057*8	21	09/14/2016	69.00	28.29
036-2749*63057*8	21	09/21/2016	69.00	28.29
036-2749*63057*8	21	09/28/2016	212.00	86.92
036-2778*63057*8	21	09/13/2016	378.00	154.98
036-2778*63057*8	21	09/28/2016	136.00	55.76
1030*63057*2	21	09/09/2016	238.00	97.58
1030*63057*2	21	09/23/2016	203.00	83.23
1030*63057*2	21	09/27/2016	203.00	83.23
1033*63057*1	21	09/21/2016	308.00	126.28
1023*63057*1	21	09/01/2016	203.00	83.23
1023*63057*1	21	09/12/2016	203.00	83.23
1023*63057*1	21	09/26/2016	171.00	70.11
036-2856*63057*3	21	09/29/2016	203.00	83.23
036-3217*63057*10	21	09/22/2016	238.00	97.58

1032*63057*1	21	09/15/2016	203.00	83.23
1029*63057*2	21	09/19/2016	136.00	55.76
25 invoices, 37 line items			**7,186.00**	**2,946.26**
1033*63057*1	24	09/27/2016	935.00	383.35
1032*63057*1	24	09/19/2016	6,078.00	2,491.98
1029*63057*2	24	09/07/2016	5,525.00	2,265.25
3 invoices, 3 line items			**12,538.00**	**5,140.58**
036-2778*63057*8	25	09/28/2016	848.00	347.68
1023*63057*1	25	09/02/2016	2,004.00	821.64
2 invoices, 2 line items			**2,852.00**	**1,169.32**
1030*63057*2	27	09/23/2016	908.00	372.28
1023*63057*1	27	09/26/2016	110.00	45.10
036-2856*63057*3	27	09/29/2016	370.00	151.70
036-3217*63057*10	27	09/22/2016	110.00	45.10
1032*63057*1	27	09/15/2016	418.00	171.38
1019*63057*5	27	09/29/2016	181.00	74.21
6 invoices, 6 line items			**2,097.00**	**859.77**
1023*63057*1	29	09/19/2016	1,190.00	487.90
1 invoices, 1 line items			**1,190.00**	**487.90**
Grand Totals			**25,863.00**	**10,603.83**

26 invoices listed.
49 line items listed.

Exhibit “F”

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

Winnie Stowell Hospital District
P.O. Box 1997
Winnie, Texas 77665
Phone: 409-296-1003

Dir. Raul Espinoza
Dir. Sharron Burgess
Admin. Sherrie Norris
Indigent Dir. Yani Jimenez

October 20, 2016

Mr. Alfred G. Allen, III
LTC Capital, LLC
P. O. Box 930
455 Elm St. Suite 100
Graham, Texas. 76450

Re: HUD Deposit Account Control Agreements ("DACA")for Clairmont and the Woodlands

Dear Rusty,

We are writing to memorialize an agreement between the Winnie Stowell Hospital District ("District") and LTC Capital, LLC whereby LTC Capital, LLC agrees to remove by virtue of this agreement, any requirements in the Loan 9 (270 Day) Short Term Note; Security Agreement, or DACA Agreements that requires the District to give LTC Capital, LLC a DACA for the District's Depository Accounts for the Clairmont and Woodlands Facilities' ("Facilities") owned by the District. The amount of the Loan 9 is for $3,620,000.00 and is due on February 6, 2017.

As we have been discussing for over a year, the basis for needing this agreement is due to the fact that the owner of each facility, Clairmont Beaumont Property, LLC and The Woodlands Montgomery Property, LLC ("Borrowers") has entered into agreements with Berkadia Commercial Mortgage LLC, a Delaware limited liability company ("Berkadia") to refinance mortgages on the real property and improvements. Moreover, the loans to refinance the mortgages are insured through the Federal Housing Administration ("FHA"). In order to establish collateral over the revenues for the Facilities, the FHA, through Berkadia, is requiring the District, as the owner of the licenses of for the Facilities and operator, to establish a double lock box arrangement to obtain a security interest for the new loans. The purpose of a double lock box arrangement is to comply with Medicare/Medicaid's anti-assignment rules.

Specifically, to comply with FHA rules, the District is being required to establish two accounts with Wells Fargo to serve as a Governmental Receivables Account. The funds deposited into these accounts are revenues paid to the Facilities for treating Medicare or Medicaid patients, including a small portion of the funds paid on a monthly basis to the District for participating in the Minimum Payment Amount Program ("MPAP"). Each day, pursuant to a Depository Account Instructions and Service Agreement ("DAISA") between the District, Wells Fargo, and Berkadia, the funds deposited into these accounts will be swept into a new Depository

Account for each respective facility. This Depository Account will be subject to a Deposit Account Control Agreement ("DACA") between the same parties (i.e., District, Wells Fargo, and Berkadia) and the funds in the Depository Account would consist of Government Receivable payables, including funds paid to the District for participating in MPAP; private insurance company payments; and private payments. Thereafter, the funds in the two new Depository Accounts for each Facility will be transferred to the District's Managers' operation accounts for the Clairmont or Woodland's facility.

Like the DACAs the District has entered into with LTC Capital, LLC, in the event that either Borrower defaults on their loans with Berkadia, the DACA referenced above with Berkadia gives Wells Fargo the authority to transfer control of the District's newly opened Depository Account until that control is relinquished by Berkadia. However, the District's MPAP proceeds deposited into these account have been carved out of the Security Agreement in Section 26 for each of these loans. Specifically, the Security Agreement for each loans states, lender shall have no right or claim to receive or encumber MPA/IGT Proceeds (i.e., MPAP payments) as a security interest. Moreover, the Security Agreements state if Excluded MPA/IGT Proceeds are deposited into an account subject to this Agreement after the Lender (i.e., Berkadia) obtains control of the account pursuant to a DACA; the Lender agrees that the MPAP proceeds are to be transferred as instructed by the District, after receiving written notice from the District.

With this said, the District respectfully requests that LTC Capital, LLC give the District its consent pursuant to this Agreement to do the following:

- Close the existing depository accounts owned by the District at Wells Fargo for the Clairmont and Woodland Facilities that are subject to the DACA Agreement signed as part of the Loan 9 (270 Day Short Term Note on May 13, 2016.

- Replace the existing Depository Accounts for the each Facility with a Government Receivables account for Clairmont and Woodland Facilities that is subject to the DAISA for Governmental Healthcare Receivables between Wells Fargo, the District, and Berkadia.

- Enter into a DACA Agreement for each new Depository Account opened for Clairmont and the Woodlands between Wells Fargo, the District, and Berkadia that gives Berkadia control over the District's Depository Account in the event of a default.

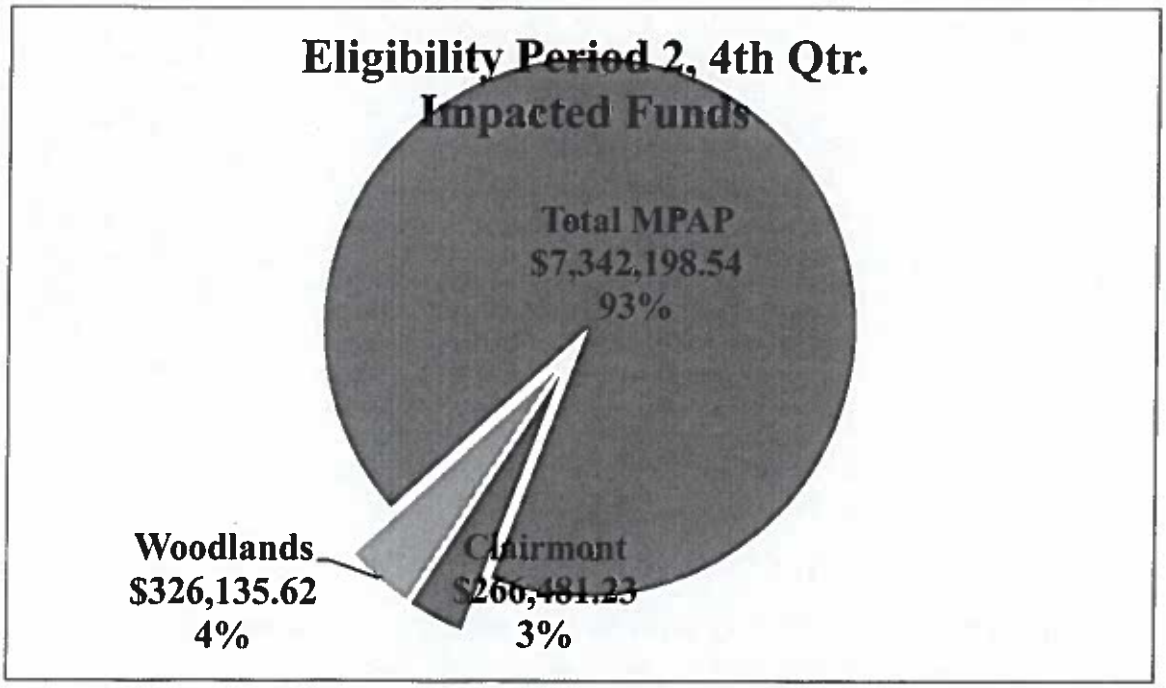
In exchange, the District agrees that if the Lender exercises a DACA on a Depository Account for either the Clairmont facility or the Woodlands facility, the District will transfer within forty-eight (48) hours, the unpaid balance of the Average Amount to be Paid through direct deposit for Eligibility Period 1, 1st and 2nd Qtrs. and Eligibility Periods 2, 1st and 2nd Qtrs. for the Facility or Facilities impacted by a DACA with Wells Fargo, Berkadia, and the District from the District's Operating account at Prosperity Bank in Winnie, Texas to its account at Interbank in Graham, Texas. The purpose of this is to ensure that LTC Capital, LLC has access

to any funds encumbered because the Lender has enforced a DACA agreement prior to when Loan 9 is due on February 6, 2017.

To date, the District has received complete funding for four (4) of the six (6) quarters in Eligibility Periods 1 and 2 and has received two (2) of the three (3) monthly payments for the 3rd Quarter of Eligibility Period 2. The District has not been paid for the last month of the 3rd Quarter of Eligibility Period 3 nor any of the 4th Quarter of Eligibility Period 2. Therefore, the Average Amount to be Paid by direct deposit per quarter for Eligibility Period 1 through Eligibility Period 2, 2nd Qtr. is $266,481.23 for the Clairmont and $326,135.62 for the Woodlands or $592,616.85 if a DACA is enforced against both facilities.

As an example of how this agreement would work, if a DACA is exercised by Berkadia against the District's Depository Account for the Clairmont facility in November 2016, the District would deposit $266,481.23 into its Interbank Account within forty-eight (48) hours in order to ensure LTC Capital, LLC's loan proceeds would not encumbered by the DACA. Likewise, if DACAs are exercised on both accounts, the District would transfer $592,616.85 into its Interbank account within forty-eight (48) hours.

To put the MPAP funds that could potentially be affected by one, or both, of these DACAs into perspective, the total MPAP funds expected to be received for Eligibility Period 2, 4th Qtr. is $7,342,198.54. Of the total MPAP funds received, the amount that is direct deposited into the Depository Accounts for the Facilities is $592,616.85 or 7% of the total. Thus, if a DACA is executed on either or both accounts, the impact would be on a very small portion of the overall MPAP funds received for the quarter.



With all this said, the District is under a timeline of November 1, 2016 to open these new accounts at Wells Fargo subject to the DAISA and DACA Agreements found in Exhibits "A" and "B" and we would appreciate your consent to this agreement. If you agree, and have the authority to agree, please sign below. Otherwise, if you have any questions, do not hesitate to contact me.

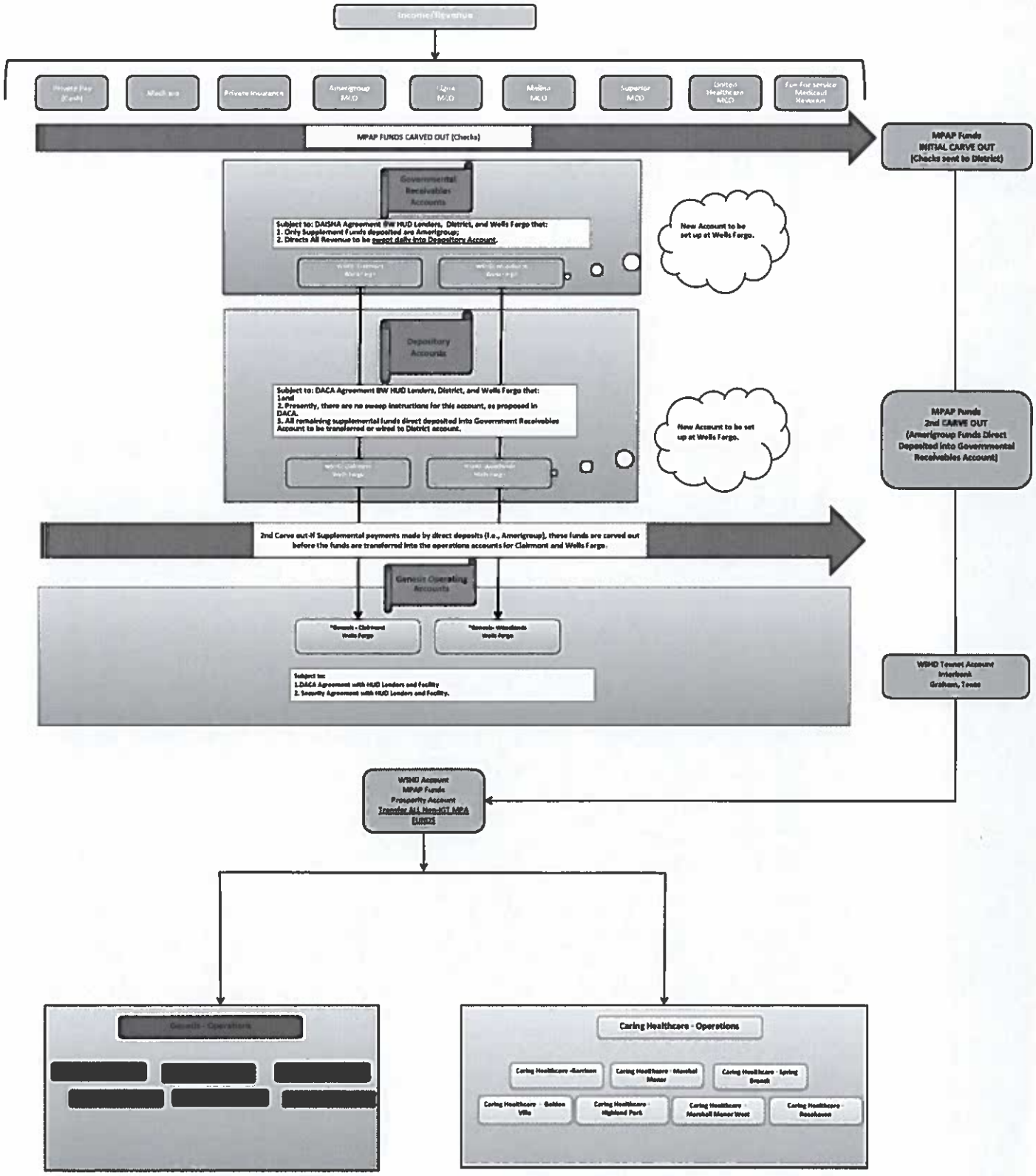
Sincerely,

_____
Mr. Elroy Henry
President,
Winnie-Stowell Hospital District

ACCEPTED AND AGREED TO this the 20th day of October, 2016 by LTC Capital, LLC, by Neches Capital, LLC, its Operations Manager.

By: _____
Alfred G. Allen, III, Manager

Exhibit “G”


Income/Revenue
Private Pay (Cash)
Medicare
Private Insurance
Amerigroup MCO
Molina MCO
Superior MCO
United Healthcare MCO
Fee-for-service Medicaid Revenue
MPAP FUNDS CARVED OUT (Checks)
MPAP Funds INITIAL CARVE OUT (Checks sent to District)
Governmental Receivables Accounts
Subject to: DASMA Agreement BW HUD Lenders, District, and Wells Fargo that:
1. Only Supplement Funds deposited are Amerigroup;
2. Directs All Revenue to be sweep daily into Depository Account.
New Account to be set up at Wells Fargo.
Depository Accounts
Subject to: DACA Agreement BW HUD Lenders, District, and Wells Fargo that:
1and
2. Presently, there are no sweep instructions for this account, as proposed in DACA.
3. All remaining supplemental funds direct deposited into Government Receivables Account to be transferred or wired to District account.
New Account to be set up at Wells Fargo.
MPAP Funds 2nd CARVE OUT (Amerigroup Funds Direct Deposited into Governmental Receivables Account)
2nd Carve out-If Supplemental payments made by direct deposits (i.e., Amerigroup), these funds are carved out before the funds are transferred into the operations accounts for Clairmont and Wells Fargo.
Genesis Operating Accounts
*Genesis - Clairmont Wells Fargo
*Genesis- Woodlands Wells Fargo
Subject to:
1.DACA Agreement with HUD Lenders and Facility
2. Security Agreement with HUD Lenders and Facility.
WSHD Tourist Account Interbank Graham, Texas
WSHD Account MPAP Funds Prosperity Account Transfer All Non-IGT MPA FUNDS
Genesis - Operations
Caring Healthcare - Operations
Caring Healthcare -Harrison
Caring Healthcare - Marshal Manor
Caring Healthcare - Spring Branch
Caring Healthcare - Golden Villa
Caring Healthcare - Highland Park
Caring Healthcare - Marshall Manor West
Caring Healthcare - Rosehaven

Nursing Home Transfer and Cash Flow Procedures
Adopted: January 28, 2016

Income/Revenue

Private Pay (Facs)
Medicare
Private Insurance
Amerigroup MCO
Cigna MCO
Molina MCO
Superior MCO
United Healthcare MCO
Fee For Certified Medicaid Revenue

Wells Fargo
WSHD Genesis Depository Accounts

Genesis-Huntsville
Genesis - Monument Hill
Genesis- Oak Manor
Genesis - Oakland

Wells Fargo
WSHD Caring Healthcare Depository
Subject to DACA and Security Agreement with Nexbus Capital

Caring Healthcare -Harrison
Caring Healthcare - Marshal
Caring Healthcare - Spring Branch
Caring Healthcare - Golden Villa
Caring Healthcare - Highland Park
Caring Healthcare - Marshall Manor West
Caring Healthcare - Rosehaven

Sweep Account: The purpose of the Sweep account is to act as a gathering account so that money can be verified and necessary sent to NF Manager's Account or Lender rather than from one of thirteen accounts to either account. For the proposed Sweep Policy, no money is distributed from the Sweep Account to NF Manager or Lender without 1) verification by District's Administrator 2) with consent of District CPA and LTC Group. 3) and either the NH Manager or Lender.

Daily Automatic Sweep Account

Daily Automatic Sweep Account

Defined Terms

1. DACA "Depository Account Control Agreement": Agreement between Bank, Lender, and District that gives lender complete control over account in order for lender to perfect Security Interest. Controlling party has control over all funds, not just the secured funds. But cannot secure government funds and cannot enter into DACA where government funds are actually received.

WSHD Sweep Account
Covered by Nexbus DACA

Manual ACH with Consent

Manual ACH with Consent

[redacted]

Genesis - Claimant
[redacted]
[redacted]
[redacted]
[redacted]
*Genesis- Woodlands

Caring Healthcare - Operations

*Caring Healthcare -Harrison
*Caring Healthcare - Marshal
*Caring Healthcare - Spring Branch
*Caring Healthcare - Golden Villa
Caring Healthcare - Highland Park
Caring Healthcare - Marshall Manor West
Caring Healthcare - Rosehaven

*HUD Loans: Prior to the acquisitions of the thirteen (13) facilities by the District, Federal Housing, Stillwell and Caring Healthcare both had loans secured for the facilities in gray with lenders whose loans were guaranteed by the Department of Housing and Urban Development. Per the security agreement, the lender has collateral on the real property and the facilities operations account.

WSHD Account
Interbank
Graham, Texas
Issuer
INCLUDES IGT FUNDS

The Lenders are very particular about the aspect of the flow chart. They want the Loan proceeds (i.e., IGT Funds) returned to the District's account in Graham, Texas immediately after funding to be held until the notes are due. This is true even though the notes may not mature for three to six months. They feel more secure with the money in their bank where they have access to view the account and the banker managing the account is their personal banker.

WSHD Operating Account
Prosperity Bank
Winnie, Texas
Deposit UPL Funds

LTC Group

[redacted]
[redacted]
[redacted]
[redacted]
[redacted]
[redacted]
[redacted]

Caring Healthcare - Operations

Caring Healthcare -Harrison
Caring Healthcare -
Caring Healthcare - Spring
Caring Healthcare - Golden Villa
Caring Healthcare - Highland Park
Caring Healthcare - Marshall Manor West
Caring Healthcare - Rosehaven

WELLS FARGO

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, partnership, and any other similar business entity formed in the United States or a foreign country.

What information do I have to provide?

This form requires you to provide the name, percentage of ownership, address, date of birth and social security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the beneficial owners and the controlling party/parties):

(i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and

(ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

Certification of beneficial owner(s)

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name of person opening Account:

Sherrie Norris

b. Name of legal Entity for Which the Account is Being Opened:

Winnie Stowell Hospital District

*c. The following information for individuals, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, **owns 25 percent or more** of the equity interests of the legal entity listed above:*

(if no individual meets this definition, please write "Not Applicable.")

Name	***% of Ownership***	***Date of Birth***	***Home Address***	***For U.S. Persons: Social Security Number***	***For Foreign Persons: Passport Number and Country of Issuance, or other similar identification number[1]***
	N/A				

d. The following information for individuals with significant responsibility for managing the legal entity listed above, such as:

- *An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer): or*
- *Any other individual who regularly performs similar functions.*

(if appropriate, an individual listed under section(c) above may also be listed in this section (d).

Name (First, Last)	***Date of Birth***	***Home Address***	***For U.S. Persons: Social Security Number***	***For Foreign Persons: Passport Number and Country of Issuance, or other similar identification number[1]***
Sherrie Norris				

I, _____(name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is completed and correct.

Signature: _____ Date: _____

[1] In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Together we'll go far

WELLS FARGO

Relationship Questionnaire

Collection Accounts

U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individual or entity) who opens an account. Wells Fargo at a minimum will ask for name, address, federal tax identification number and any other information that will allow us to identify the customer.

What this means for you: When you open an account or add any additional service, we will ask you for your Name, Address, Tax Identification Number and other information that will allow us to identify you. ***We will also ask you to provide formation documents.***

I. Account Owner – Complete all fields

A. **Enter the date here that you completed this form:** _____
Entity Name: Winnie Stowell Hospital District
Publicly Traded? ☐ YES ☒ NO
If **YES**, enter Ticker symbol, Exchange, and Country of Exchange: _____

B. **Tax ID Number:** 61-1500560
C. **State or Country of Registration:** N/A
D. **Annual Revenue:** _____ **As of FYE** (mm/dd/yyyy): _____

E. **Headquarters Address**
(Same as provided on W-9):
Street Address: P.O Box 1997
City: Winnie
State: Texas
Zip Code: 77665

Mailing Address
(If different than provided on W-9):
Street Address: _____
City: N/A
State: _____
Zip Code: _____

F. **Property Address** (If applicable)
Property Name: The Woodlands Healthcare Center
Street Address: 4650 South Panther Creek Drive
City: The Woodlands
State: Texas
Zip Code: 77381

Property Address 2 (If applicable)
Property Name: Claimont Beaumont
Street Address: 1020 South 23rd Street
City: Beaumont
State: Texas
Zip Code: 77707

G. **Daytime Contact:**
Name: Sherrie Norris
Phone: 409-296-1003
Fax: _____
Email: sherrie@wshd-tx.com

Property Mgt Contact (If applicable)
Name: _____
Phone: _____
Fax: _____
Email: _____

H. **Business Description of Account Owner:** Operator of nursing facilities

I. **Do you have an existing relationship with Wells Fargo?** ☒ YES ☐ NO
If **YES**, please provide your Relationship Manager's name: _____
If **YES**, please specify Company *CEO*® **ID** in **Section IV E. Online Access.**

J. **Does this business or any of its affiliates operate as a Money Services Business (MSB)?** ☐ YES ☒ NO
Note: *A money service business includes the following: currency dealer or exchanger, check casher, issuer of traveler's checks, money orders or stored value cards, seller or redeemer of traveler's checks, money orders, or open system stored value cards, or money transmitter.*

K. **Direct or Indirect Owners:**
Who owns the entity listed as **Account Owner/Borrower** in Section 1?

*If Account Owner/Borrower is a U.S. entity, provide complete ownership structure, including percentage ownership for each entity and/or individual with **25% or greater ownership of the Account Owner**. Please enter this information in the fields below.*

*If Account Owner/Borrower is a foreign entity formed in a country outside the U.S., provide complete ownership structure, including percentage ownership for each entity and/or individual with **10% or greater ownership of the Account Owner**. Please enter this information in the fields below.*

Include owners who have an indirect interest through another entity in the ownership structure.

All fields in the section below must be completed and must match the information in the provided ownership chart.

Owner Entity or Individual Name	Street Address, City, State, ZIP, Country	Country of Formation or Citizenship	Percent Ownership
N/A			
Account owner is a governmental entity			

Add additional lines to document additional ownership.

L. **Controlling Parties Information:**

Identify controlling parties of the entity. List all Principals and Key Individuals who have the power to direct and oversee the affairs of the entity.

These individuals may include: President, Chairman, CEO, CFO, Directors, Managing Members, General Partners, and Limited/Managing Partners or equivalent.

Please provide all of the following information for each individual.

Controlling Parties

Individual Name	Title	Street Address, City, State, ZIP, Country	Country of Citizenship
John E. Henry Sr.	Chairman of the Board	PO Box 304, Winnie, TX 77665	USA
Sharon C. Burgess	Director	PO Box 664, Winnie, TX 77665	USA
Raul M. Espinosa	Director	PO Box 307, Winnie, TX 77665	USA
Edward R. Murrell	Secretary	PO Box 1963, Winnie, TX 77665	USA
Jeffrey E. Rollo Sr.	Vice Chairperson	PO Box 589, Winnie, TX 77665	USA
Sherrie A. Norris	Administrator	PO Box 1803, Winnie TX 77665	

Add additional lines to document additional Controlling Parties.

II. Loan/Account Information

A. Lender Name: N/A

B. Loan Amount: _____

C. Nature and Purpose of the Account(s): _____

D. In which countries does the Account Owner do business? United States of America

E. Describe from where and from whom the account(s) will receive monies:
Public and private health insurance companies; for example: Medicare, Medicaid and private patients.

F. Will funds be transmitted to, or sent from, the account(s) from, or to, foreign countries? ☐ YES ■ NO

*If **YES**, please provide the following information.*

Incoming Funds (Credits)

From Country Name	Average Credit Amount	Frequency of Credits (Daily, Monthly, Quarterly, etc.)

Please use an additional form to document more countries.

Outgoing Funds (Debits)

To Country Name	Average Debit Amount	Frequency of Debits (Daily, Monthly, Quarterly, etc.)

Please use an additional form to document more countries.

III. Property Type Information

☐ Office or Retail spaces
☐ Residential Buildings (Multi-family)
☐ Hotel
☐ Self-storage Units
☐ Mobile Home Sites
☒ Other: Nursing Facility

If the property is a hotel, please provide the dba (doing business as) name or the specific hotel name, if different than the name of the entity associated with this loan and/or accounts, and the location for the hotel if not documented in Section I:

Hotel/Property Name: _____

If this property is a Hotel, please provide the ACH CO IDs from/associated with your Merchant Services Provider that will allow for both credits and debits to be made via the account(s) we are being asked to establish.

ACH CO ID: _____ ACH CO ID: _____
ACH CO ID: _____ ACH CO ID: _____
ACH CO ID: _____ ACH CO ID: _____

Where will outgoing funds be sent? (e.g., loan payment, operating account, etc. If to another bank account, please provide bank name.)

_____
_____
_____

IV. Account Set Up Specifics

A. How will the funds be collected? (Check all that apply.)

☒ Lockbox/PO Box
☐ Remote Scanner
☐ Electronically/Wire or ACH
☒ Wells Fargo Branch
☐ Cash Vault/Armored Carrier (For Hotels only.)

B. Will you require armored car depository services or change order services to help process property receipts for this account(s) (i.e. large amounts of cash and checks for deposit on a daily or weekly basis)**?** ☐ YES ☐ NO

*(**Note:** If **YES**, your relationship team will need to forward an additional questionnaire to gather the necessary information to add this service to this account.)*

C. Will you require the use of a scanner or Desktop Deposit® to make deposits directly into this account? ☐ YES ☐ NO

***Note**: If **YES**, your relationship team will need to forward an additional questionnaire to gather the necessary information to add this service to this account.*

D. Will there be a third party Property Management Company assisting with making deposits into the account? ☒ YES ☐ NO

*If **YES**, enter the following information:*

Company Name: Genesis Administrative Services, LLC

Primary Point of Contact Name: _____

Phone: _____

Email: _____

E. Online Access/*Commercial Electronic Office®* (*CEO®*) **Info:** ☒ YES ☐ NO

If you want online access to your account(s), please provide the names of individuals or the existing *CEO®* **Company ID and** *CEO®* **User IDs** to whom you want to give access in the section below. Or, if applicable, provide the following for your *Management Company* to whom you want to give online access.

***Note**: Your Management Company may be asked to provide customer due diligence information and related documents. Additionally, we are required to obtain Account Owners approval before granting a Third Party Online Access to bank accounts. If this applies, the Account Owner will be sent an authorization request to approve.*

Manager Company's Name: _____

Manager's Tax ID: _____

Existing *CEO®* **Company ID and** *CEO®* **User IDs** in the section below.

Company Name (or *CEO®* **ID):** _____

List User Names and Email Addresses for each below:

User #1 Name (or ID): _____ **Email Address:** _____

User #2 Name (or ID): _____ **Email Address:** _____

User #3 Name (or ID): _____ **Email Address:** _____

User #4 Name (or ID): _____ **Email Address:** _____

User #5 Name (or ID): _____ **Email Address:** _____

User #6 Name (or ID): _____ **Email Address:** _____

User #7 Name (or ID): _____ **Email Address:** _____

F. Reporting Requirements

Please select which of the following online reporting requirements will be needed for the accounts.

***Note**: The below pricing details are estimates only and are based on currently available Wells Fargo Treasury Management Services pricing and are subject to change at any time. Pricing can also be subject to actual volume of user viewing activity within our CEO® platform. A more detailed pricing estimate can/will be provided by your relationship team per your request.*

Depository (Lockbox) Account(s):
Note: *If Lender requires establishing a PO Box (Lockbox) for the account, additional reporting and set up specifics for the PO Box are itemized in Section V Property Specifics.*

☐ **Previous Day Report:** ($150.00/month and $.22/item loaded)*
Days to Retain Info: ☐ **7** ☐ **30 ($.01)** ☐ **60 ($.015)** ☐ **90 ($.02)**

This report provides CEO® users access to posted transactions for a previous business day. Data can be retained for 7, 30, 60 or 90 days. Information accessible includes being able to see check, ACH and wire credit or debit activity. Deposits that have posted to the account as of the previous day are also viewable.

☐ **Intraday Report:** ($150.00/month + $ .30/item assessed)*
Days to Retain Info: ☐ **7** ☐ **30 ($.01)** ☐ **60 ($.015)** ☐ **90 ($.02)**

This report provides CEO® users access to today's pending transactions ***or transaction details from prior days.*** *Data can be retained for 7, 30, 60 or 90 days. This report is useful for customers requiring notification of real time transactions (i.e. high volume wire transactions)* ***or incoming balances associated with the account, for example same day incoming credits and debits.***

☐ ***Desktop Deposit Report:*** ($70.00/month and .25/item loaded)*

For customers using a scanner to deposit property receipt checks, this report will provide ***details for deposits made with multiple checks via our*** **Desktop Deposit** ***solution****. (****Note:*** *Your relationship team will review any other costs* ***that may be*** **Desktop Deposit** ***solution as needed****.)*

Cash Management Account(s):
☐ **Previous Day Report:** ($150.00/month and $.22/item loaded)*
Days to Retain Info: ☐ **7** ☐ **30 ($.01)** ☐ **60 ($.015)** ☐ **90 ($.02)**

This report provides CEO® *users access to posted transactions for a previous business day. Data can be retained for 7, 30, 60 or 90 days. Information accessible includes being able to see check, ACH and wire credit or debit activity. Deposits that have posted to the account as of the previous day are also viewable.*

**Pricing is subject to change.*

V. Property Specifics

Please complete this section if Lender requires establishing a PO Box (Lockbox) for the depository account.

A. What is your anticipated start date for tenant deposits?_____

B. What is your estimated amount of total monthly property receipts?_____

C. What percentage of your tenants pay by:
Check%: _____ Wire%: _____ ACH%: _____

D. What is the total number of tenants at your property? _____

E. Additional property address(es): (if not documented in Section I)

_____
_____
_____

F. What is the distribution of tenant checks received during a typical month?

a. Week 1%: _____
b. Week 2%: _____
c. Week 3%: _____
d. Week 4%: _____

G. Please confirm that the lockbox site can accept checks made payable to any and all payees? ☐ YES ☐ NO

H. If you require accepting checks only from specific payees by name, please enter those names below:

_____
_____
_____
_____
_____
_____
_____
_____

I. Please confirm the lockbox site should reject foreign checks in foreign currency; and foreign checks in USD? ☐ YES ☐ NO

Note: *If you wish to accept foreign checks in foreign currency and/or foreign checks in USD your relationship team will be following up with you to discuss the options and costs associated.*

J. Reporting

Note: *Your relationship team will review and confirm the pricing and reporting options available with our Lockbox site solutions.*

☐ **Lockbox detail and availability report:** ($120.00/month and $.25/item loaded)*

Days to Retain Info: ☐ **7** ☐ **30 (.01)** ☐ **60 (.015)** ☐ **90 (.02)**

This report provides CEO® *users access to lockbox deposited item details. Data can be retained for 7, 30, 60 or 90 days. Information accessible includes being able to see check and deposits. Retention period must be the same as that of previous day reporting.*

**Pricing is subject to change.*

VI. Price Estimates

Do you want to receive an estimate of pricing associated with this account(s)? ☐ YES ☐ NO

WELLS FARGO

Treasury Management Product Enrollment

Customer Information

Customer Name _____ CEO Company ID _____

Street Address _____

City _____ State _____ Zip _____

Country Name United States Country Code (if applicable) _____

Primary Contact _____ Phone _____

Email Address _____ Fax _____

Acceptance of Services

Each person signing in the signature block at the end of this form certifies that:

the customer identified in the signature block ("Customer" or "Company") has received and agrees to be bound by the Service Documentation for the Treasury Management Services (each, a "Service") in which Customer is enrolling as of the date of this form. "Service Documentation" is defined in Wells Fargo Bank, N.A.'s ("Bank") Master Agreement for Treasury Management Services.

Customer has granted the person(s) signing the signature block the authority on Customer's behalf to (i) enter into this and other agreements with Bank for Services on or after the Effective Date of this form and (ii) amend, terminate or otherwise act on behalf of Customer with respect to this form and the Services.

Customer's use of any Service, including each Service Customer enrolls in after the Effective Date of this form, confirms Customer's receipt of and agreement to be bound by the Service Documentation relating to that Service.

"Customer" may also be referred to as "Company" in the Service Documentation.

Customer Entity

Name(s) Winnie Stowell Hospital District TIN, SSN, Int'l, or Gov ID(s) 61-1500560

Customer Approval - (Authorized Signature Required)

Each person who signs this form on Customer's behalf is authorized to do so by resolution, agreement or other legally sufficient action of the governing body of Customer, if Customer is not an individual, or is an Authorized Signer on Customer's account.

Printed Name of Authorized Signer | Phone

Signature | Date

INTERNAL BANK USE ONLY

Bank Approval

Printed Name of Relationship Manager/Authorized Approver | Phone

Relationship Manager/Authorized Approver Signature* | Date

**By signing this document you are approving and acknowledging this individual is authorized to make these changes on behalf of this company.*

Exhibit “H”

ARK Business Solutions

Quote

IT bulk hours rate

Date 10/19/2016

Business Solutions for your needs.

ARK Business Solutions
8109 Gladys Avenue, #103
Beaumont, TX 77706
Phone 888-501-1221
Fax 866-817-1857
Ronnie@ARKBSC.com

TO

Winnie-Stowell Hospital District
Sherrie Norris
P.O. Box 1997
Winnie, TX 77665
409-296-1003

Relationship Manager	Job	Shipping Method	Shipping Terms	Delivery Date	Payment Terms	Due Date
Ronnie Husbands	IT	N/A	N/A		30 Days	

QTY	Date	Description	Unit Price	Line Total
20		IT Service Agreement for bulk rate of 20 hours	$ 95.00	$ 1,900.00
				$ -
				$ -
				$ -
		Subtotal		$ 1,900.00
		Sales tax		$ 156.75
		Total		$ 2,056.75

Thank you for your business!