



Bank of America



Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

14

Page 1 of 5
Statement Period
05-14-11 through 06-15-11
B 09 0 A P P A 9
Number of checks enclosed: 0
Account Number: 5860 2122 9546

MD 06/22 0 0213 933 34 824 002928 #001 AV 0.340

NELVA E BRUNSTING
CAROLE A BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement
online and even turn off delivery of your paper statement.
Enroll at www.bankofamerica.com.

Customer Service Information www.bankofamerica.com

For additional information or service, you may call:

1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

MyAccess Checking

NELVA E BRUNSTING CAROLE A BRUNSTING

Your Account at a Glance

Account Number	5860 2122 9546
Beginning Balance on 05-14-11	\$ 891.64
Deposits and Other Additions	+ 23,713.60
Checks Posted	- 12,448.56
ATM and Debit Card Subtractions	- 2,569.04
Other Subtractions	- 1,852.24
Ending Balance on 06-15-11	\$ 7,735.40

Help avoid occasional Overdraft & NSF: Returned item fees. Set up Alerts to get messages by email or text when your balance is low. Use Overdraft Protection to transfer available funds from linked savings, credit card, or credit line to your checking account to help cover items that would overdraw your account. Call us for details.

NELVA E BRUNSTING
CAROLE A BRUNSTING

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Statement Period
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Account Number: 5860 2122 9546

MyAccess Checking Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Online Banking transfer from Chk 1143 Conf# 4055676002; Brunsting, Anita	05-16	4,000.00
Online Banking transfer from Chk 1143 Conf# 6520525884; Brunsting, Anita	05-24	2,000.00
Online Banking transfer from Chk 1143 Conf# 0629059732; Brunsting, Anita	05-24	5,000.00
Online Banking transfer from Chk 1143 Conf# 0398396532; Brunsting, Anita	06-02	8,500.00
US Treasury 310 Des:Xxsoc Sec ID:XXXXXXXXXX SSA Indn:Nelva E Brunsting Co ID:3101036216 Ppd	06-03	1,780.00
Online Banking transfer from Chk 1143 Conf# 2850454302; Brunsting, Anita	06-08	2,000.00
CheckCard 0612 Houston Veterinary Serv Houston TX 74632691165165099784901	06-15	433.60

Total Deposits and Other Additions \$23,713.60

MyAccess Checking Subtractions

Check #	Posting Date	Amount(\$)	Check #	Posting Date	Amount(\$)	Check #	Posting Date	Amount(\$)
	06-06	360.00	227	05-23	1,026.00	236	05-31	360.00
219	05-16	868.81	228	05-23	207.00	237	06-03	70.00
220	05-16	217.50	229	05-25	219.50	239*	06-03	1,215.36
221	05-23	70.00	230	05-27	25.00	241*	06-07	1,115.00
222	05-20	100.00	231	05-25	227.50	243*	06-10	1,110.00
223	05-20	1,483.53	232	05-27	1,621.50	244	06-13	720.00
226*	05-24	35.00	235*	05-31	796.86	246*	06-13	600.00

Total Checks Posted \$12,448.56

* Gap in sequential check numbers.

ATM and Debit Card Subtractions	Date Posted	Amount(\$)
CheckCard 0515 Chevron 001079 Houston TX 88633240460311352088514	05-16	29.32
CheckCard 0512 Exxonmobil 47188966 Jersey Villagtx 24164051133378001750426	05-16	24.64
CheckCard 0512 Chick-Fil-A #01037 Houston TX 24427331133710013924772	05-16	3.29
CheckCard 0514 Chick-Fil-A #01037 Houston TX 24427331135710014305714	05-16	3.29
Randalls Store 05/18 #000690115 Purchase 5586 Wesleyan Houston TX	05-18	42.56
CheckCard 0520 Chevron 001079 Houston TX 73796240460311401373710	05-20	23.73
Randalls Store 05/20 #000684144 Purchase 5586 Wesleyan Houston TX	05-20	21.87
CheckCard 0519 Houston Veterinary Serv Houston TX 24632691140140176572904	05-23	1,019.72
Randalls Store 05/21 #000097066 Purchase 5586 Wesleyan Houston TX	05-23	57.35
CheckCard 0521 Chevron 001079 Houston TX 69181240460311412269072	05-23	24.40



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NELVA E BRUNSTING
CAROLE A BRUNSTING

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Statement Period
05-14-11 through 06-15-11
B 09 0 A P P A 9
Number of checks enclosed: 0
Account Number: 5860 2122 9546

MyAccess Checking Subtractions

ATM and Debit Card Subtractions - Continued	Date Posted	Amount(\$)
CheckCard 0520 Chevron 00307791 Houston TX 24625121141411252141898	05-23	2.90
CheckCard 0524 Chevron 003077 Houston TX 82630740460311441782552	05-24	23.33
Randalls Store 05/25 #000101085 Purchase 5586 Wesleyan Houston TX	05-25	43.52
CheckCard 0524 TX Med Ctr-G2 Garage Houston TX 24692161144000126059112	05-25	6.00
CheckCard 0525 TX Med Ctr-G2 Garage Houston TX 24692161145000334926333	05-26	6.00
CheckCard 0526 TX Med Ctr-G2 Garage Houston TX 24692161146000542849102	05-27	5.00
Randalls Store 05/30 #000779005 Purchase 5586 Wesleyan Houston TX	05-31	31.71
CheckCard 0528 Chevron 001079 Houston TX 84357940460311482284256	05-31	24.48
CheckCard 0528 TX Med Ctr-G2 Garage Houston TX 24692161148000967931060	05-31	6.00
CheckCard 0528 TX Med Ctr-G2 Garage Houston TX 24692161149000171863751	05-31	2.00
CheckCard 0603 Chevron 003077 Houston TX 83336540460311541783243	06-03	24.00
Randalls Store 06/03 #000783121 Purchase 5586 Wesleyan Houston TX	06-03	23.46
CheckCard 0602 Verizon Wrls Iv'r Ve 800-9220204 CA 24498041154169117231308	06-06	225.00
CheckCard 0604 Exxonmobil 47191184 Houston TX 24164051156378001691044	06-06	43.12
Kroger 06/05 #000089454 Purchase 5150 Buffalo Spdw Houston TX	06-06	32.17
Randalls Store 06/04 #000699156 Purchase 5586 Wesleyan Houston TX	06-06	23.97
Randalls Store 06/05 #000112084 Purchase 5586 Wesleyan Houston TX	06-06	20.00
Fastop #1 06/04 #000599357 Purchase 1901 John Stockba Victoria TX	06-06	4.25
CheckCard 0606 Chevron 001079 Houston TX 72000240460311580171913	06-07	22.92
Exxonmobil 06/08 #000353240 Purchase 17906 Tomball Pkw Houston TX	06-08	22.08
Nst Sears Roeb 06/11 #000002045 Purchase 303 Memorial City Houston TX	06-13	134.93
Sou Jcpenney S 06/12 #000006757 Purchase 730 Meyerland Pla Houston TX	06-13	125.93
Randalls Store 06/11 #000706108 Purchase 5586 Wesleyan Houston TX	06-13	54.05
Target T1975 H 06/12 #000016179 Purchase 300 Meyerland Pla Houston TX	06-13	53.12
Randalls Store 06/13 #000795114 Purchase 5586 Wesleyan Houston TX	06-13	43.77
CheckCard 0610 Exxonmobil 47191184 Houston TX 24164051162378002014610	06-13	23.84
CheckCard 0611 McDonald's F6931 Katy TX 24427331162720044185602	06-13	13.46

NELVA E BRUNSTING
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MyAccess Checking Subtractions

ATM and Debit Card Subtractions - Continued		Date Posted	Amount(\$)
Kroger	06/12 #000031408 Purchase	06-13	3.05
5150 Buffalo Spdw	Houston TX		
CheckCard	0611 Houston Veterinary Serv	06-14	216.80
Houston	TX 24632691164164224519502		
CheckCard	0612 Exxonmobil 47191184	06-14	29.37
Houston	TX 24164051164378001477998		
CheckCard	0612 Mcdonald's F14136	06-14	2.17
Houston	TX 24427331164710010063444		
CheckCard	0615 Chevron 003077	06-15	26.47
Houston	TX 90041740460311661889951		

Total ATM and Debit Card Subtractions \$2,569.04

Other Subtractions	Date Posted	Amount(\$)
Cardmember Serv Des:Cr CD Pmt Check #:0225	05-26	1,852.24
Indn:4037660013896626 Co ID:Cxxxxxxxx Arc		

Total Other Subtractions \$1,852.24

Total Overdraft Fees and NSF: Returned Item Fees

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$35.00
Total NSF: Returned Item Fees	\$0.00	\$70.00

We refunded to you a total of \$105.00 in fees for Overdraft and/or NSF: Returned Items this year.

Daily Balance Summary

Date	Balance(\$)	Date	Balance(\$)	Date	Balance(\$)
Beginning	891.64	05-26	4,252.64	06-08	10,458.76
05-16	3,744.79	05-27	2,601.14	06-10	9,348.76
05-18	3,702.23	05-31	1,380.09	06-13	7,576.61
05-20	2,073.10	06-02	9,880.09	06-14	7,328.27
05-23	334.27	06-03	10,327.27	06-15	7,735.40
05-24	6,607.40	06-06	9,618.76		
05-25	6,110.88	06-07	8,480.84		



How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here \$ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) \$ _____
4. This is your NEW ACCOUNT REGISTER BALANCE \$ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here \$ _____
2. Add any deposits not shown on this statement \$ _____

SUBTOTAL \$ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance \$ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers

If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- * Tell us your name and account number.
- * Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- * Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.



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Statement Period
07-15-11 through 08-16-11
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13630 PINEROCK LN
HOUSTON TX 77079-5914

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Deposit Accounts

MyAccess Checking

NELVA E BRUNSTING CAROLE A BRUNSTING

Your Account at a Glance

Account Number	5860 2122 9546
Beginning Balance on 07-15-11	\$ 8,091.57
Deposits and Other Additions	+ 11,780.00
Checks Posted	- 13,399.25
ATM and Debit Card Subtractions	- 1,689.91
Other Subtractions	- 52.48
Ending Balance on 08-16-11	\$ 4,729.93

Help avoid occasional Overdraft & NSF: Returned Item fees. Set up Alerts to get messages by email or text when your balance is low. Use Overdraft Protection to transfer available funds from linked savings, credit card, or credit line to your checking account to help cover items that would overdraw your account. Call us for details.

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Statement Period
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MyAccess Checking Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Online Banking transfer from Chk 1143 Conf# 1313817827; Brunsting, Anita	08-01	10,000.00
US Treasury 310 Des:Xxsoc Sec ID:XXXXXXXXXX SSA Indn:Nelva E Brunsting Co ID:3101036216 Ppd	08-03	1,780.00

Total Deposits and Other Additions \$11,780.00

MyAccess Checking Subtractions

Check #	Posting Date	Amount(\$)	Check #	Posting Date	Amount(\$)	Check #	Posting Date	Amount(\$)
272	07-22	1,300.06	280	07-25	125.00	290	08-09	465.00
273	07-15	720.00	281	07-25	765.00	291	08-11	1,125.00
274	07-18	673.50	282	07-28	705.00	295*	08-16	148.38
275	07-21	1,172.66	283	08-01	1,018.00	298*	08-15	13.47
276	07-21	100.00	284	08-01	1,062.47	299	08-16	7.23
277	07-25	60.00	285	08-05	24.98	300	08-11	50.00
278	07-22	165.00	288*	08-04	907.50	301	08-15	946.00
279	07-22	465.00	289	08-08	930.00	302	08-15	450.00

Total Checks Posted \$13,399.25

* Gap in sequential check numbers.

ATM and Debit Card Subtractions	Date Posted	Amount(\$)
Wal Wal-Mart S 07/16 #000297674 Purchase 2718 Wal-Sams Houston (C) TX	07-18	260.73
Sou Jcpenney S 07/16 #000006391 Purchase 730 Meyerland Pla Houston TX	07-18	208.33
Randalls Store 07/16 #000156059 Purchase 5586 Weslayan Houston TX	07-18	35.41
CheckCard 0716 Exxonmobil 47191184 Houston TX 24164051198378001641619	07-18	25.35
Randalls Store 07/16 #000156083 Purchase 5586 Weslayan Houston TX	07-18	25.14
CheckCard 0719 Chevron 001079 Houston TX 78120540460312001378051	07-19	30.18
CheckCard 0720 Chevron 003077 Houston TX 73148840460312011973051	07-20	24.10
Randalls Store 07/21 #000749121 Purchase 5586 Weslayan Houston TX	07-21	45.34
Randalls Store 07/24 #000752079 Purchase 5586 Weslayan Houston TX	07-25	60.57
Randalls Store 07/23 #000759097 Purchase 5586 Weslayan Houston TX	07-25	43.38
CheckCard 0724 Chevron 00107985 Houston TX 24625121205411845896019	07-25	26.07
CheckCard 0724 Kolache Factory-Bellair Houston TX 24055241205206688100494	07-25	3.76
CheckCard 0724 Southwest Fertilizer Houston TX 24071051206987166521846	07-26	25.88
CheckCard 0726 Chevron 001079 Houston TX 91984840460312080191920	07-27	24.45



NELVA E BRUNSTING
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07-15-11 through 08-16-11
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MyAccess Checking Subtractions

ATM and Debit Card Subtractions - Continued	Date Posted	Amount(\$)
Randalls Store 07/28 #000168075 Purchase 5586 Wesleyan Houston TX	07-28	31.23
Randalls Store 07/28 #000764077 Purchase 5586 Wesleyan Houston TX	07-28	26.20
Petsmart Inc 1 07/29 #000010754 Purchase 5415 W Loop South Houston TX	07-29	32.89
CheckCard 0727 Chick-Fil-A #01037 Houston TX 24427331209710013592271	07-29	1.83
Randalls Store 07/30 #000766070 Purchase 5586 Wesleyan Houston TX	08-01	47.94
CheckCard 0729 Exxonmobil 47188966 Jersey Villagtx 24164051211378001976406	08-01	25.68
CheckCard 0731 Chevron 00107985 Houston TX 24625121212411913374601	08-01	21.07
Walgreens 07/30 #000902190 Purchase 5560 Wesleyan Houston TX	08-01	20.99
CheckCard 0729 Chick-Fil-A #01037 Houston TX 24427331211710015976916	08-01	3.29
CheckCard 0731 Verizon Wrls Ivrr Ve 800-9220204 CA 24498041213169196608649	08-02	245.03
Randalls Store 08/02 #000769066 Purchase 5586 Wesleyan Houston TX	08-02	29.74
CheckCard 0802 Chevron 001079 Houston TX 85104140460312141684990	08-02	20.62
CheckCard 0802 Mcdonald's F14136 Houston TX 24427331215710010827094	08-04	2.17
Randalls Store 08/05 #000177125 Purchase 5586 Wesleyan Houston TX	08-05	24.92
Randalls Store 08/06 #000747080 Purchase 12850 Memorial Dr Houston TX	08-08	57.90
Randalls Store 08/08 #000775142 Purchase 5586 Wesleyan Houston TX	08-08	30.29
CheckCard 0806 Chevron 001079 Houston TX 83574440460312181383532	08-08	25.37
CheckCard 0809 Chevron 001079 Houston TX 89943840460312211789857	08-09	26.27
CheckCard 0808 Exxonmobil 47188966 Jersey Villagtx 24164051221378001647724	08-10	25.53
Randalls Store 08/10 #000858118 Purchase 5586 Wesleyan Houston TX	08-10	21.76
Randalls Store 08/13 #000772116 Purchase 5586 Wesleyan Houston TX	08-15	58.34
Randalls Store 08/14 #000781072 Purchase 5586 Wesleyan Houston TX	08-15	46.75
CheckCard 0813 Chevron 001079 Houston TX 85348740460312251485284	08-15	25.41

Total ATM and Debit Card Subtractions \$1,689.91

NELVA E BRUNSTING
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Statement Period
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MyAccess Checking Subtractions

Other Subtractions	Date Posted	Amount(\$)
Cpenenergy Entex Des:Cpe ACH Check #:0296 Indn:000003850291 Co ID:9413994001 Arc	08-15	52.48
Total Other Subtractions		\$52.48

Total Overdraft Fees and NSF: Returned Item Fees

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$35.00
Total NSF: Returned Item Fees	\$0.00	\$70.00

We refunded to you a total of \$105.00 in fees for Overdraft and/or NSF: Returned Items this year.

Daily Balance Summary

Date	Balance(\$)	Date	Balance(\$)	Date	Balance(\$)
Beginning	8,091.57	07-26	1,731.11	08-05	9,235.11
07-15	7,371.57	07-27	1,706.66	08-08	8,191.55
07-18	6,143.11	07-28	944.23	08-09	7,700.28
07-19	6,112.93	07-29	909.51	08-10	7,652.99
07-20	6,088.83	08-01	8,710.07	08-11	6,477.99
07-21	4,770.83	08-02	8,414.68	08-15	4,885.54
07-22	2,840.77	08-03	10,194.68	08-16	4,729.93
07-25	1,756.99	08-04	9,285.01		



How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here \$ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) \$ _____
4. This is your NEW ACCOUNT REGISTER BALANCE \$ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here \$ _____
2. Add any deposits not shown on this statement \$ _____

SUBTOTAL \$ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal \$ _____
- This Balance should match your new Account Register Balance \$ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers

If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- * Tell us your name and account number.
- * Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- * Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.







Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Page 1 of 5
Statement Period
08-17-11 through 09-15-11
B 09 0 A P PA 9
Number of checks enclosed: 0
Account Number: 5860 2122 9546

MD 09/22 0 0213 309 23 099 024549 #001 AV 0.340

NELVA E BRUNSTING
CAROLE A BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement
online and even turn off delivery of your paper statement.
Enroll at www.bankofamerica.com.

Customer Service Information www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1600 Customer Service
1.800.286.4488 TDD/TTY Users Only
1.800.688.5086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

MyAccess Checking

NELVA E BRUNSTING CAROLE A BRUNSTING

Your Account at a Glance

Account Number	5860 2122 9546
Beginning Balance on 08-17-11	\$ 4,729.93
Deposits and Other Additions	+ 12,482.72
Checks Posted	- 11,609.77
ATM and Debit Card Subtractions	- 1,080.96
Other Subtractions	- 960.59
Ending Balance on 09-15-11	\$ 3,561.33

Help avoid occasional Overdraft & NSF: Returned Item fees. Set up Alerts to get messages by email or text when your balance is low. Use Overdraft Protection to transfer available funds from linked savings, credit card, or credit line to your checking account to help cover items that would overdraw your account. Call us for details.

NELVA E BRUNSTING
CAROLE A BRUNSTING

Page 2 of 5
Statement Period
08-17-11 through 09-15-11
B 09 0 A P PA 9
Number of checks enclosed: 0
Account Number: 5860 2122 9546

MyAccess Checking Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Deposit	08-18	702.72
Online Banking transfer from Chk 1143 Conf# 3848460073; Brunsting, Anita	08-29	10,000.00
US Treasury 310 Des:Xxsoc Sec ID:XXXXXXXXXX SSA Indn:Nelva E Brunsting Co ID:3101036216 Ppd	09-02	1,780.00

Total Deposits and Other Additions \$12,482.72

MyAccess Checking Subtractions

Check #	Posting Date	Amount(\$)	Check #	Posting Date	Amount(\$)	Check #	Posting Date	Amount(\$)
292	08-18	20.00	310	08-29	42.00	317	09-06	440.00
297*	08-19	10.13	311	08-29	1,004.00	318	09-08	1,193.59
303*	08-18	1,146.83	312	08-30	517.50	319	09-12	750.00
304	08-19	172.50	313	09-01	1,162.50	323*	09-13	155.40
306*	08-19	459.50	314	09-06	173.00	324	09-13	25.00
308*	08-22	735.00	315	09-06	750.00	328*	09-13	628.15
309	08-24	1,110.00	316	09-06	80.00	330*	09-15	1,034.67

Total Checks Posted \$11,609.77

* Gap in sequential check numbers.

ATM and Debit Card Subtractions	Date Posted	Amount(\$)
Heb Heb #599 08/17 #000490001 Purchase 5225 Buffalo Spee Houston TX	08-17	34.39
CheckCard 0817 Chevron 001079 Houston TX 86004940460312291585924	08-17	26.21
Heb Heb #599 08/17 #000526001 Purchase 5225 Buffalo Spee Houston TX	08-17	19.77
Randalls Store 08/20 #000192083 Purchase 5586 Weslayan Houston TX	08-22	44.99
Randalls Store 08/21 #000193096 Purchase 5586 Weslayan Houston TX	08-22	39.52
CheckCard 0820 Chevron 001079 Houston TX 80953240460312321380898	08-22	25.52
CheckCard 0821 Chevron 00107985 Houston TX 24625121234412125578819	08-23	22.25
Randalls Store 08/23 #000783146 Purchase 5586 Weslayan Houston TX	08-24	44.36
Randalls Store 08/24 #000784127 Purchase 5586 Weslayan Houston TX	08-24	28.74
CheckCard 0824 Verizon Wrls Ivrr Ve 800-9220204 CA 24498041236169111944312	08-25	242.00
Randalls Store 08/25 #000874082 Purchase 5586 Weslayan Houston TX	08-25	18.33
CheckCard 0825 Chevron 001079 Houston TX 88856540460312372388773	08-25	15.14
Randalls Store 08/27 #000876119 Purchase 5586 Weslayan Houston TX	08-29	36.15
CheckCard 0827 Chevron 001079 Houston TX 79427840460312392279321	08-29	20.14

**Bank of America**NELVA E BRUNSTING
CAROLE A BRUNSTINGPage 3 of 5
Statement Period
08-17-11 through 09-15-11
B 09 0 A P P A 9
Number of checks enclosed: 0
Account Number: 5860 2122 9546**MyAccess Checking Subtractions**

ATM and Debit Card Subtractions - Continued	Date Posted	Amount(\$)
CheckCard 0831 Chevron 001079 Houston TX 72257040460312440172175	08-31	20.16
Randalls Store 09/02 #000206098 Purchase 5586 Wesleyan Houston TX	09-02	21.71
Randalls Store 09/05 #000210019 Purchase 5586 Wesleyan Houston TX	09-06	68.27
Randalls Store 09/03 #000794066 Purchase 5586 Wesleyan Houston TX	09-06	33.12
CheckCard 0903 Chevron 001079 Houston TX 67732440460312461367683	09-06	21.50
CheckCard 0904 Chevron 00107985 Houston TX 24625121248412258017027	09-06	16.07
CheckCard 0905 Chevron 001079 Houston TX 70288840460312482170200	09-06	14.34
CheckCard 0901 Chick-Fil-A #01037 Houston TX 24427331245710014365939	09-06	3.29
Randalls Store 09/07 #000807113 Purchase 5586 Wesleyan Houston TX	09-07	50.29
CheckCard 0907 Chevron 001079 Houston TX 76564640460312501276507	09-07	21.15
Randalls Store 09/08 #000801113 Purchase 5586 Wesleyan Houston TX	09-08	14.60
CheckCard 0907 Chick-Fil-A #01037 Houston TX 24427331251710012524728	09-09	3.29
Randalls Store 09/11 #000217007 Purchase 5586 Wesleyan Houston TX	09-12	92.24
Randalls Store 09/12 #000805114 Purchase 5586 Wesleyan Houston TX	09-12	20.00
CheckCard 0911 Exxonmobil 47191184 Houston TX 24164051255378001349890	09-13	23.96
CheckCard 0911 Southwest Fertilizer Houston TX 24071051255987156561018	09-13	18.89
CheckCard 0915 Chevron 001079 Houston TX 93288940460312581293218	09-15	20.57

Total ATM and Debit Card Subtractions \$1,080.96

Other Subtractions	Date Posted	Amount(\$)
Houston Chron Des:Checkpaymt Check #:0294 Indn:0658779 Co ID:1760556295 Arc	08-17	138.00
Online Banking transfer to Chk 2839 Confirmation# 6122123239	08-24	75.00
Online Banking transfer to Chk 2839 Confirmation# 4930202147	08-25	15.00
Online Banking transfer to Chk 2839 Confirmation# 0230298752	08-25	15.00
Online Banking transfer to Chk 2839 Confirmation# 3842814874	09-07	125.00
Online Banking transfer to Chk 2839 Confirmation# 3852055638	09-08	550.00
Cpenenergy Entex Des:Cpe ACH Check #:0325 Indn:000003850291 Co ID:9413994001 Arc	09-14	42.59

NELVA E BRUNSTING
CAROLE A BRUNSTING

Page 4 of 5
Statement Period
08-17-11 through 09-15-11
B 09 0 A P PA 9
Number of checks enclosed: 0
Account Number: 5860 2122 9546

MyAccess Checking Subtractions

Other Subtractions - Continued

Date Posted

Amount(\$)

Total Other Subtractions \$960.59

Total Overdraft Fees and NSF: Returned Item Fees

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$35.00
Total NSF: Returned Item Fees	\$0.00	\$70.00

We refunded to you a total of \$105.00 in fees for Overdraft and/or NSF: Returned Items this year.

Daily Balance Summary

Date	Balance(\$)	Date	Balance(\$)	Date	Balance(\$)
Beginning	4,729.93	08-25	974.47	09-07	8,134.28
08-17	4,511.56	08-29	9,872.18	09-08	6,376.09
08-18	4,047.45	08-30	9,354.68	09-09	6,372.80
08-19	3,405.32	08-31	9,334.52	09-12	5,510.56
08-22	2,560.29	09-01	8,172.02	09-13	4,659.16
08-23	2,538.04	09-02	9,930.31	09-14	4,616.57
08-24	1,279.94	09-06	8,330.72	09-15	3,561.33



How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here \$ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) \$ _____
4. This is your NEW ACCOUNT REGISTER BALANCE \$ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here \$ _____
 2. Add any deposits not shown on this statement \$ _____
 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals
- SUBTOTAL** \$ _____

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ _____
 5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal \$ _____
- This Balance should match your new Account Register Balance \$ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers

If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- * Tell us your name and account number.
- * Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- * Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.





Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

HI

Page 1 of 5
Statement Period
09-16-11 through 10-14-11
B 09 0 A P P A 9
Number of checks enclosed: 0
Account Number: 5860 2122 9546

MD 10/21 0 0213 503 3 215 002406 #001 AV 0.340

NELVA E BRUNSTING
CAROLE A BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement
online and even turn off delivery of your paper statement.
Enroll at www.bankofamerica.com.

Customer Service Information www.bankofamerica.com

For additional information or service, you may call:



1-800-432-1000 Customer Service
1-800-235-4404 TDD/TTY Users Only
1-800-688-6088 En Español

Or you may write to:



Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

MyAccess Checking

NELVA E BRUNSTING CAROLE A BRUNSTING

Your Account at a Glance

Account Number	5860 2122 9546
Beginning Balance on 09-16-11	\$ 3,561.33
Deposits and Other Additions	+ 22,797.76
Checks Posted	- 9,659.86
ATM and Debit Card Subtractions	- 2,096.67
Other Subtractions	- 500.00
Ending Balance on 10-14-11	\$ 14,102.56

Help avoid occasional Overdraft & NSF: Returned Item fees. Set up Alerts to get messages by email or text when your balance is low. Use Overdraft Protection to transfer available funds from linked savings, credit card, or credit line to your checking account to help cover items that would overdraw your account. Call us for details.

NELVA E BRUNSTING
CAROLE A BRUNSTING

Page 2 of 5
Statement Period
09-16-11 through 10-14-11
B 09 0 A P PA 9
Number of checks enclosed: 0
Account Number: 5860 2122 9546

MyAccess Checking Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Deposit	09-19	507.76
Online Banking transfer from Chk 1143 Conf# 2800717946; Brunsting, Anita	09-26	5,000.00
Deposit	09-29	15,510.00
US Treasury 310 Des:Xxsoc Sec ID:XXXXXXXXXXd SSA Indn:Nelva E Brunsting Co ID:3101036216 Ppd	10-03	1,780.00

Total Deposits and Other Additions \$22,797.76

MyAccess Checking Subtractions

Check #	Posting Date	Amount(\$)	Check #	Posting Date	Amount(\$)	Check #	Posting Date	Amount(\$)
320	09-28	28.04	336	09-26	50.00	344*	10-06	1,030.00
321	09-16	6.87	337	09-23	225.00	345	10-06	50.00
322	09-21	15.00	338	09-26	784.86	346	10-07	165.00
327*	09-22	59.77	339	09-27	630.00	348*	10-11	570.00
332*	09-19	715.00	340	09-29	810.29	349	10-11	581.66
334*	09-20	576.00	341	10-03	976.34	350	10-11	240.00
335	09-22	1,054.46	342	10-04	576.57	351	10-14	515.00

Total Checks Posted \$9,659.86

* Gap in sequential check numbers.

ATM and Debit Card Subtractions	Date Posted	Amount(\$)
CheckCard 0916 Equine Sports Medicine 281-2552280 TX 24158131260260362945204	09-19	812.50
Randalls Store 09/17 #000899084 Purchase 5586 Wesleyan Houston TX	09-19	42.84
CheckCard 0919 Chevron 001079 Houston TX 73836740460312622373739	09-19	20.23
CheckCard 0922 Chevron 003077 Houston TX 78118240460312652178005	09-22	23.31
CheckCard 0921 Verizon Wrls Myacct Ve 800-9220204 CA 24498041265169100779780	09-23	137.66
CheckCard 0922 Walgreens #0553 Houston TX 24445001266600248727502	09-23	11.99
Wal Wal-Mart S 09/24 #000235240 Purchase 2718 Wal-Sams Houston (C) TX	09-26	133.75
Randalls Store 09/25 #000908009 Purchase 5586 Wesleyan Houston TX	09-26	23.57
CheckCard 0925 Chevron 00107985 Houston TX 24625121268412454983209	09-27	25.07
Randalls Store 09/27 #000820155 Purchase 5586 Wesleyan Houston TX	09-28	18.90
Randalls Store 09/28 #000911109 Purchase 5586 Wesleyan Houston TX	09-28	14.06
Randalls Store 09/30 #000914112 Purchase 5586 Wesleyan Houston TX	09-30	28.77
CheckCard 0929 Chevron 001079 Houston TX 77032840460312730176940	09-30	23.30
Randalls Store 09/29 #000822154 Purchase 5586 Wesleyan Houston TX	09-30	19.06



NELVA E BRUNSTING
CAROLE A BRUNSTING

Page 3 of 5
Statement Period
09-16-11 through 10-14-11
B 09 0 A P PA 9
Number of checks enclosed: 0
Account Number: 5860 2122 9546

MyAccess Checking Subtractions

ATM and Debit Card Subtractions - Continued	Date Posted	Amount(\$)
CheckCard 1001 Greenway Animal Cl Houston TX 24224431275101040276512	10-03	360.82
Wal Wal-Mart S 10/02 #000023362 Purchase 2718 Wal-Sams Houston (C) TX	10-03	55.92
Randalls Store 10/01 #000915086 Purchase 5586 Wesleyan Houston TX	10-03	32.16
CheckCard 1001 Chevron 001079 Houston TX 95928640460312742295807	10-03	25.22
Heb Heb #599 10/02 #000884001 Purchase 5225 Buffalo Spee Houston TX	10-03	20.75
Randalls Store 10/02 #000797053 Purchase 4800 W Bellfort Houston TX	10-03	8.95
Randalls Store 10/04 #000827130 Purchase 5586 Wesleyan Houston TX	10-04	38.92
CheckCard 1003 Exxonmobil 47188966 Jersey Villagtx 24164051277378001544031	10-05	20.11
CheckCard 1006 Chevron 001079 Houston TX 94652440460312791294595	10-06	20.52
Randalls Store 10/07 #000838039 Purchase 5586 Wesleyan Houston TX	10-07	39.04
Randalls Store 10/10 #000833153 Purchase 5586 Wesleyan Houston TX	10-11	26.50
CheckCard 1009 Chevron 00107985 Houston TX 24625121283412591788421	10-11	21.07
Randalls Store 10/11 #000834122 Purchase 5586 Wesleyan Houston TX	10-11	14.06
CheckCard 1006 Chick-Fil-A #01037 Houston TX 24427331280710013488118	10-11	3.29
Randalls Store 10/12 #000835145 Purchase 5586 Wesleyan Houston TX	10-12	25.47
CheckCard 1012 Chevron 001082 Houston TX 32613040460312852332508	10-12	22.02
CheckCard 1010 Exxonmobil 47191184 Houston TX 24164051284837001607438	10-12	2.14
CheckCard 1014 Chevron 001079 Houston TX 95681340460312871395601	10-14	24.70

Total ATM and Debit Card Subtractions \$2,096.67

Other Subtractions	Date Posted	Amount(\$)
Online Banking transfer to Chk 2839 Confirmation# 4084582122	10-05	500.00

Total Other Subtractions \$500.00

Total Overdraft Fees and NSF: Returned Item Fees

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$35.00
Total NSF: Returned Item Fees	\$0.00	\$70.00

We refunded to you a total of \$105.00 in fees for Overdraft and/or NSF: Returned Items this year.

NELVA E BRUNSTING
CAROLE A BRUNSTING

Page 4 of 5
Statement Period
09-16-11 through 10-14-11
B 09 0 A P PA 9
Number of checks enclosed: 0
Account Number: 5860 2122 9546

Daily Balance Summary

Date	Balance(\$)	Date	Balance(\$)	Date	Balance(\$)
Beginning	3,561.33	09-26	4,376.28	10-05	17,453.03
09-16	3,554.46	09-27	3,721.21	10-06	16,352.51
09-19	2,471.65	09-28	3,660.21	10-07	16,148.47
09-20	1,895.65	09-29	18,359.92	10-11	14,691.89
09-21	1,880.65	09-30	18,288.79	10-12	14,642.26
09-22	743.11	10-03	18,588.63	10-14	14,102.56
09-23	368.46	10-04	17,973.14		



How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here \$ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) \$ _____
4. This is your NEW ACCOUNT REGISTER BALANCE \$ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here \$ _____
2. Add any deposits not shown on this statement \$ _____

SUBTOTAL \$ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance \$ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers

If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- * Tell us your name and account number.
- * Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- * Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.



Bank of America



**Customer
Receipt**

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law. Payments are accepted when credit is applied to outstanding balances and not upon issuance of this receipt. Transactions received after the Bank's posted cut-off time or Saturday, Sunday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account statement.

Thank you for banking with Bank of America.

Save time. Save energy. Fast, reliable deposits, withdrawals and account management at more than 18,000 convenient ATM locations.

09/29/2011 14:15 NTX T00049 R540740134
Acct# *****9546 CC 0008519 Tlr 00011

Less Cash	\$0.00
Total EDeposit To CHK	\$15,510.00
Credit Pending Posts on	09/29/2011

Member FDIC
95-14-2005B 05-2009

Brunsting Family Living Trust

We sent our rent payments with
checks from a joint account, and not
thinking that those amounts needed to
be split between Doyle & Justin -

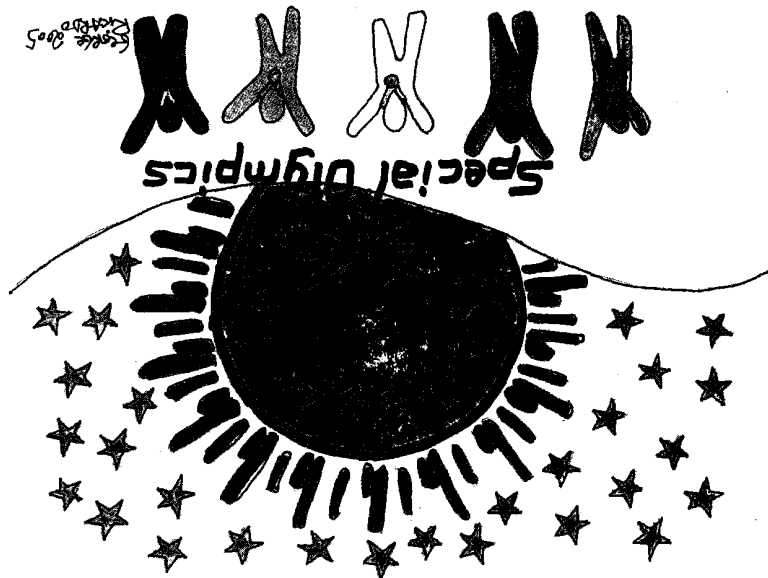
Please use the amounts for 1099's at
end of year: rent paid so far is
\$ 31,020.00

Please put \$ 23,265.00 for Doyle

\$ 7,755.00 for Justin

Sorry for the trouble -

Jan Wissink



Special Olympics

Be a fan.

Cover artwork by George Ricardo, Special Olympics athlete

Important: Your gift may be **doubled** if your employer has a matching gift program. Please see your Human Resources Department today.

You have been selected to receive these materials because we believe you have expressed an interest in helping our programs and services. If you would prefer not to receive our communications, please let us know by emailing us at donorservices@specialolympics.org. Your generous contribution supports your local chapter as well as Special Olympics' worldwide programs and initiatives. By participating in a cooperative direct mail effort with Special Olympics International and other state chapters, Special Olympics makes your dollars go further for athletes here and around the world.



Special Olympics

Greetings Ms. Brunsting,

I'm writing you this note on behalf of 743,469 very inspiring individuals with intellectual disabilities in Texas, including some in Houston and many more around the world.

Each one has remarkable gifts and abilities. And each one deserves a chance to show the world what he or she can do.

That's why we're conducting our 2011 Annual Fund. We need your help today to give people with intellectual disabilities throughout Texas and the world the opportunity to experience the joy of year-round sports training and competition.

Please ... help us reach out to a person who wants to participate in Special Olympics. Your gift of \$16.29 will help us make a difference. (Attending a competition helps too, because it builds our athletes' self-esteem.)

Your gift will help make a lifetime of difference — and will make you a winner, too!

Thank you so much.

Margaret Larsen
President and CEO
Special Olympics Texas

P.S. Attend a Special Olympics Texas competition and help build self-esteem. Call (713) 290-0049 for details.

Special Olympics Texas
East Region • 10700 Northwest Freeway, Suite 101 • Houston, TX 77092
www.specialolympicstexas.org
Accredited by Special Olympics International • www.specialolympics.org

TX143C 09-8751-000146906

2011 ANNUAL FUND

Ms. Brunsting, your help is needed today so people with intellectual disabilities in Texas and around the world have the chance to experience the joy of sports training and competition. Please ... send the most generous gift you can today. Thank you!

() \$8.15 () \$10.86 () \$16.29 () Other \$ _____

Please respond by August 31st!

Ms Nelva E Brunsting
13630 Pinerock Ln
Houston, TX 77079-5914



Special Olympics



Special Olympics Texas
East Region
P. O. Box 143806
Austin, TX 78714-3806

Please correct your name and address if necessary. Please make your check payable to **Special Olympics** and return this reply slip with your tax-deductible gift in the envelope provided. Many thanks!

F164857277 AS0DQ1107011755

Brunsting004352



From the ground up
Center for Congregational Excellence
5215 Main , Houston, Texas 77002
713.533.3724

Please make check payable to:
FROM THE GROUND UP, Dept 0119
PO Box 120119 Dallas TX 75312-0119

AMOUNT ENCLOSED

	Pledged	Paid	Due
FROM THE GROUND UP	100.00	0.00	100.00

NELVA BRUNSTING
13630 PINEROCK LN
HOUSTON, TX 77079-5914

Total Due 100.00

ACCT 785

20770187

2011
2nd call
REMINDER

PLEASE RETURN THIS STATEMENT WITH YOUR REMITTANCE

SENT BY: NELVA E BRUNSTING

SENT TO: NELVA E BRUNSTING

THANK YOU FOR SHOPPING EDDIE BAUER

PERIOD 04
ID. CHUTE 3. 179
SCHTM 1115A
INVTP E ASSEMP
STCKR 11-34-16646

ORDER SUMMARY:

DESCRIPTION	ITEM NUMBER	COLOR NUMBER & NAME	SIZE	LOT	QTY	TOTAL PRICE	SHIP BY	OFFICE USE
W NECKLACE P	0162714907	172 SILVER			1	59.50		410013911154
W NECKLACE P	0162714907	172 SILVER			1	59.50		410013911154
WT LS WR EC	0082717520	500 WHITE	M		1	54.50		410014243070

EST. 1926

Sint lock

LAST PAGE-----

PAYMENT METHOD	ITEM TOTAL	DELIVERY	HANDLING	TAX	ORDER TOTAL
VISA 6626	173.50	14.95	3.00	15.83	207.28
ORDER NUMBER	SEQ	PG	DATE	AMOUNT CHARGED. \$ 207.28	
685 171 93	01	01	12/11/09	PLEASE DO NOT SEND A PAYMENT.	

We're Listening! Your feedback is important. Tell us about your shopping experience. Take our survey online at www.eddiebauersurvey.com or call 1-888-736-0040

**ADDRESS CHANGE FORM**

(please print clearly)

NAME _____

STREET _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

TELEPHONE# (____) _____

MY LEGAL RESIDENT STATE IS: _____

(SIGNATURE) _____ (DATE) _____

7076 10001 XXXXX8905 201 101

GROSS AMOUNT	30.40
DEDUCTIONS/CREDITS	AMOUNT
FEDERAL W/H	0.00

TOTAL DEDUCTIONS	0.00
NET AMOUNT	30.40

TAX REPORTING	AMOUNT
TAXABLE AMT	30.40

DIRECT DEPOSIT ENROLLMENT FORM

(please print clearly)

NAME _____

BANK NAME _____

BANK MAILING ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

please make an X for one type of account

☐ CHECKING or ☐ SAVINGS ACCOUNT # _____
(please enclose a VOIDED check)ABA # ☐☐☐☐☐☐☐☐☐

(SIGNATURE) _____ (JOINT SIGNATURE IF APPLICABLE) _____

I hereby authorize John Hancock Life Insurance Company (U.S.A.) to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.

DUE DATE: 01/31/2011 CHECK NUMBER GB7-001561999

ID NO. 7076 10001 XXXXX8905 201 101

FOR QUESTIONS PLEASE CALL: 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO. (U.S.A.)

PO BOX 9512
PORTSMOUTH, NH 03802-9512

Date: June 28, 2011

Settlement Contracts Department
1-800-272-4772

Control Number: 0071512

NELVA E BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079

We have sent your July annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

Date: September 27, 2011

Settlement Contracts Department
1-800-272-4772

Control Number: 0071512

NELVA E BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079

We have sent your October annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE



Take advantage of one or both great offers.

ELECTRONIC SERVICE REQUESTED

44143



Nelva E. Brunsting
13630 Pinerock Ln.
Houston, TX 77079-5914

Bank of America 



Save money by transferring a balance today.^o Call 1.800.701.6874 or visit www.bankofamerica.com/onlinebanking to complete a balance transfer.^{ss}

September 6, 2011

RE: Your credit card account number ending in 4254

Bank of America wants to say thank you for being a valued customer by offering you this limited-time rate on Balance Transfers that can help you pay down your higher rate balances faster. Here's how to make the most of your BankAmericard Cash RewardsTM Visa Signature[®] credit card account:

Choose an offer that works best for you.

► **0% Promotional APR until September 2012.*** Complete a balance transfer using Offer ID **CMD2-76G82** by **October 22, 2011** to qualify for this offer.

► **1.99% Promotional APR until December 2012.*** Complete a balance transfer using Offer ID **CMD2-76G83** by **October 22, 2011** to qualify for this offer.

Call, go into a banking center or go online to complete a balance transfer: When these promotional offers expire, existing balances for Balance Transfers will go to a **8.24%** variable APR. The standard transaction fee applied is 4% of each transaction, with a minimum of \$10.

If you don't have any balances to transfer, you also have the option to use the enclosed checks for any purpose. Use the attached red checks by **October 22, 2011** to qualify for a **0% Promotional APR until September 2012*** or use the blue check by **October 22, 2011** to qualify for a **1.99% Promotional APR until December 2012.***

When the promotional offers for these checks expire, any existing balances for Direct Deposit or Check Cash Advances will go to a **15.99%** variable APR. The standard transaction fee applied is 4% of each transaction, with a minimum of \$10.

Call **1.800.701.6874** or visit www.bankofamerica.com/onlinebanking to take advantage of these great offers.



**This is a great way to
start saving by
consolidating balances
or even completing
home improvements**

**Complete a Balance
Transfer
today by calling
1.800.701.6874**

**Your total credit line is
\$11,800**
Make sure you have enough
credit available for
transaction(s), interest
and any related fees.

Please see left panel for information on how we allocate payments and other important terms and conditions. Use of an attached check or draft will constitute a charge against your credit account.

^{ss}Over, please.

Nelva E. Brunsting
13630 Pinerock Ln.
Houston, TX 77079-5914

Check not valid after 10/22/2011

1084

DATE _____ 62-16

311

Offer ID CMD2-76G82

PAY TO THE
ORDER OF _____

\$

DOLLARS

Bank of America 

FIA Card Services, N.A.
Wilmington, Delaware

 Security features included.
Details on back.

FOR _____

⑆031100160⑆14160050056224⑈1084

Nelva E. Brunsting
13630 Pinerock Ln.
Houston, TX 77079-5914

Check not valid after 10/22/2011

1085

DATE _____ 62-16

311

Offer ID CMD2-76G82

PAY TO THE
ORDER OF _____

\$

DOLLARS

Bank of America 

FIA Card Services, N.A.
Wilmington, Delaware

 Security features included.
Details on back.

FOR _____

⑆031100160⑆14160050056224⑈1085

Interest and Fee Information

APR for Check Cash Advances	Promotional ID CMD2-76G82 red checks 1084 and 1085 0% Promotional APR through your statement Closing Date in September 2012. Promotional ID CMD2-76G83 blue check 1086 1.99% Promotional APR through your statement Closing Date in December 2012. After your statement Closing Dates above, promotional Check Cash Advance balances will be charged the APR for Check Cash Advances, 15.99%, a variable rate based on the U.S. Prime Rate.
Non-Promotional APR for Check Cash Advances	15.99%. This APR will vary with the market based on the U.S. Prime Rate.
Use by Date	You must use these checks by October 22, 2011 for the promotional APR to apply. Any of these checks used after that date will be declined.
Fee	4% of the amount of each transaction (min. \$10).
Paying Interest	We will begin charging interest on these checks on the transaction date.

Nelva E. Brunsting
13630 Pinerock Ln.
Houston, TX 77079-5914

Check not valid after 10/22/2011

1086

DATE _____ 62-16

311

Offer ID CMD2-76G83

PAY TO THE
ORDER OF _____

\$

DOLLARS

Bank of America 

FIA Card Services, N.A.
Wilmington, Delaware

 Security features included.
Details on back.

FOR _____

⑆031100160⑆14160050056224⑈1086

X _____

X _____

X _____

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
▼ RESERVED FOR FINANCIAL INSTITUTION USE ▼

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
▼ RESERVED FOR FINANCIAL INSTITUTION USE ▼

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
▼ RESERVED FOR FINANCIAL INSTITUTION USE ▼

*FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

*FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

*FEDERAL RESERVE BOARD OF GOVERNORS REG. CC



Security features on this check include a
Micro-Print Signature Line and Security Screen.
Absence of these features may indicate alteration.



Security features on this check include a
Micro-Print Signature Line and Security Screen.
Absence of these features may indicate alteration.



Security features on this check include a
Micro-Print Signature Line and Security Screen.
Absence of these features may indicate alteration.

§ A promotional Annual Percentage Rate (APR) offer may be assigned a billing cycle. If you are selected for a promotional offer, the selection will

Promotional Offers: From time to time we may make Promotional Offer Purchases. Promotional Offers may include limited time introductory or for those features and may be subject to other conditions. Promotional C be lower than the standard fees provided in your Agreement.

† If Check Cash Advances or Direct Deposit Cash Advances are identified and qualify for the promotional offer, then the resulting promotional balance will get the non-promotional APR for Balance Transfer when the promotional addition, these transactions will get the Balance Transfer transaction fee Agreement for a complete listing of transaction fees.

Balance Transfers, Check Cash Advances and Direct Deposits are subject

There is no grace period for Balance Transfers or Cash Advances. Interest for each Check Cash Advance or Balance Transfer made by check is the first deposits or cashes the check. The Average Balance Method (including Transfers, Cash Advances, and Promotional Offer balances consisting of

◇ You may not use a Balance Transfer, Check Cash Advance or any other credit account issued by FIA Card Services, N.A. Use of these checks as described in your Agreement.

This program is issued and administered by FIA Card Services, N.A.

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Visa and Visa Signature are registered trademarks of Visa International license from Visa U.S.A., Inc.

Platinum Plus, WorldPoints, Investment Rewards, Quantum, GoldOptions Services, N.A. All other company and product name and logos are the property

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VTRD 31-0501

Your account was selected for the following promotional offer(s) based on your account status as of August 22, 2011.

***Promotional Offer ID CMD2-76G82:** The Promotional Annual Percentage Rate (Promotional APR) is 0% (0% Daily Periodic Rate ("DPR")). This promotional offer applies to Balance Transfers, Direct Deposit and Check Cash Advances bearing this Offer ID (each an "eligible transaction"). This offer applies to eligible transactions posting to your account beginning on August 27, 2011 through October 22, 2011. This Promotional APR ends on your statement Closing Date in September 2012. The transaction fee for Check Cash Advances, Balance Transfers and Direct Deposits is 4% of the U.S. dollar amount of each transaction, (min. \$10). When this Promotional APR ends, the APR for these Check Cash Advance and Direct Deposit promotional balances will increase to a variable rate based on the U.S. Prime Rate; as of July 31, 2011 this APR is 15.99%. The APR for these Balance Transfer promotional balances will increase to a variable rate based on the U.S. Prime Rate; as of July 31, 2011 this APR is 8.24%.

Promotional Offer ID CMD2-76G83: The Promotional Annual Percentage Rate (Promotional APR) is 1.99% (.005452% Daily Periodic Rate ("DPR")). This promotional offer applies to Balance Transfers, Direct Deposit and Check Cash Advances bearing this Offer ID (each an "eligible transaction"). This offer applies to eligible transactions posting to your account beginning on August 27, 2011 through October 22, 2011. This Promotional APR ends on your statement Closing Date in December 2012. The transaction fee for Check Cash Advances, Balance Transfers and Direct Deposits is 4% of the U.S. dollar amount of each transaction, (min. \$10). When this Promotional APR ends, the APR for these Check Cash Advance and Direct Deposit promotional balances will increase to a variable rate based on the U.S. Prime Rate; as of July 31, 2011, this APR is 15.99%. The APR for these Balance Transfer promotional balances will increase to a variable rate based on the U.S. Prime Rate; as of July 31, 2011, this APR is 8.24%.

If your account has balances with different APRs, we will allocate the amount of your payment equal to the Total Minimum Payment Due to the lowest APR balances first. Payment amounts in excess of your Total Minimum Payment Due will be applied to balances with higher APRs before balances with lower APRs. The transaction date for each Check Cash Advance or Balance Transfer made by check is the date you or the person to whom the check is made payable first deposits or cashes the check. Cash Advance transactions and Balance Transfers are subject to authorization and may be limited to the value of your available revolving line.

Minimum Interest Charge \$1.50.

*Some accounts and services, and the fees that apply to them, vary from state to state. Please review the information for your state in the Personal Schedule of Fees (at www.bankofamerica.com/feesataglance or at your local Banking Center) and in the Online Banking Service Agreement at www.bankofamerica.com/serviceagreement.

Bank of America Rewards and BankAmericard Cash Rewards are trademarks and Bank of America Accolades, BankAmericard, BankAmericard Rewards, Power Rewards, Bank of Opportunity, Bank of America and the Bank of America logo are registered trademarks of Bank of America Corporation.



J87448-V005-APR87448-APR.TXT-012199034-A-8AZP-00118000{EN-N-0000000062-AW-000
0000000-0000000000-CMD276G82-N-Y-1-4-4-000000000-20110827-20111022-00000000-201
11022-20120801-039-00000-0000001084-0000001085-CMD276G83-N-Y-1-4-4-000000588-20
110827-20111022-00000000-20111022-20121201-039-00000-0000001086-0000001086-VC-
20051013-12-L-P-0811R-243-11245

§ A promotional Annual Percentage Rate (APR) offer may be assigned and applied to your account at various times within a given billing cycle. If you are selected for a promotional offer, the selection will be based on your account status as of that date.

Promotional Offers: From time to time we may make Promotional Offers on certain Balance Transfers, Cash Advances, and Purchases. Promotional Offers may include limited time introductory or promotional APRs that are lower than the Standard APRs for those features and may be subject to other conditions. Promotional Offers may include limited time transaction fees which may be lower than the standard fees provided in your Agreement.

† If Check Cash Advances or Direct Deposit Cash Advances are identified in a promotional offer as "posting as a Balance Transfer" and qualify for the promotional offer, then the resulting promotional balances will be included in the Balance Transfer balance and will get the non-promotional APR for Balance Transfer when the promotional offer ends, instead of the Cash Advance APR. In addition, these transactions will get the Balance Transfer transaction fee if they qualify for the promotional offer. See your Agreement for a complete listing of transaction fees.

Balance Transfers, Check Cash Advances and Direct Deposits are subject to account status, delinquency, and credit availability.

There is no grace period for Balance Transfers or Cash Advances. Interest accrues from the transaction date. The transaction date for each Check Cash Advance or Balance Transfer made by check is the date you or the person to whom the check is made payable first deposits or cashes the check. The Average Balance Method (including new Balance Transfers and new Cash Advances) as described in your Agreement (and on your periodic statement) is used to compute your balance subject to interest rate for Balance Transfers, Cash Advances, and Promotional Offer balances consisting of Balance Transfers and Cash Advances.

◇ You may not use a Balance Transfer, Check Cash Advance or any other Cash Advance to make a payment on this or any other credit account issued by FIA Card Services, N.A. Use of these checks as repayment will result in a Returned Payment Fee as described in your Agreement.

This program is issued and administered by FIA Card Services, N.A.

American Express is a federally registered service mark of American Express, and is used by the issuer pursuant to a license.

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Visa and Visa Signature are registered trademarks of Visa International Service Association, and are used by the issuer pursuant to license from Visa U.S.A., Inc.

Platinum Plus, WorldPoints, Investment Rewards, Quantum, GoldOption and Gold Reserve are registered trademarks of FIA Card Services, N.A. All other company and product name and logos are the property of others and are used pursuant to license.

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VTRD 31-0501

Page 2

Revised 08-2011



Now your future is more secure

Thanks to Credit Protection Plus™

**0853

Nelva E Brunsting
13630 Pinerock Ln
Houston, TX 77079-5914

Dear Nelva E Brunsting,

You have made a wise decision by enrolling in Credit Protection Plus™. Credit Protection Plus provides you with a safety net when you need it the most.

Your enrollment in Credit Protection Plus provides the following:

Can cancel up to 2 times the minimum monthly payment (or outstanding balance, if less) for up to 18 months for each of the following events: ■ Involuntary Unemployment ■ Hospitalization ■ Disability ■ Leave of Absence	Can cancel the minimum monthly payment for up to 3 months for each of the following events: ■ New Residence ■ Marriage or Divorce ■ Childbirth or Adoption ■ Graduation or Entering College ■ Retirement¹	Can cancel up to \$25,000 of outstanding balance in the event of death

¹ Retirement benefits can only be granted one time.

If you have any questions regarding the Plan, or to activate a benefit, please call us at 1.888.668.6938 between the hours of 7 a.m. – 10 p.m. Central, Monday – Friday and 8 a.m. – 4:30 p.m. Central, Saturday. We value your business and look forward to serving you.

Sincerely,

Christina Fagan

Christina Fagan
Senior Vice President

I'm enrolled – what's next?

1. Preview your Plan benefits. (See the "At-a-Glance" chart and the Terms and Conditions for details.)
2. Complete and return the Written Acknowledgement Form in the envelope provided.



Involuntary Unemployment



Hospitalization & Disability



Leave of Absence



Loss of Life



Marriage



Divorce



Child Birth or Adoption



New Residence



College



Retirement



Credit Bureau



Identity Theft

Bank of America

Credit Protection Plus Certificate of Enrollment

Last 4 Digits of the Protected Account:
4254

Protected Cardholder:
Nelva E Brunsting

Monthly Fee per \$100 of Plan Balance:
\$0.85

Waiting Period:
60 days after effective date (or 60 days after authorized user is added to account).

Protection Effective Date:
June 27, 2011

Maximum Benefit Amount:
\$25,000

Maximum Benefit Period:
18 Months

You or an authorized user on your account can qualify for benefits (must be listed on the enrolled account at the time of the qualifying event).



At-a-Glance: Credit Protection Plus™

	Maximum Benefit Period	Benefit Eligibility Requirements	Benefit Exclusions (Not Protected)
Involuntary Unemployment	Can cancel 2 times the minimum monthly payment (or outstanding balance, if less) for up to 18 months.	- Employed for at least 30 consecutive days prior to unemployment. - Qualify and register for state unemployment benefits. - Involuntary Unemployment must last at least 30 consecutive days. - Must be enrolled at least 60 days prior to the protected event date. - If you are Self-Employed, a Full-Time Student, or work for a non-profit employer please review the Terms and Conditions for benefit eligibility and exclusions.	- Independent Contractors. - Criminal Misconduct or Willful Misconduct.
Hospitalization	Can cancel 2 times the minimum monthly payment (or outstanding balance, if less) for up to 18 months.	- Hospitalized for at least a one-night stay in a hospital. - Must be enrolled at least 60 days prior to the protected event date.	- Attempted suicide or intentionally self-inflicted injury. - Criminal Misconduct.
Life Events - Marriage - Divorce - Birth - Adoption - New Residence - Retirement - Entering College - Graduation	Can cancel the minimum monthly payment for up to 3 months per event for up to 2 life events per calendar year. Note: Only one retirement event can qualify per Enrolled Account.	Event must occur, and documentation must be issued, on or after the Effective Date. - Marriage: marriage certificate. - Divorce: finalized divorce decree originally issued by a court of competent jurisdiction. - Birth or Adoption: birth certificate or adoption documentation. - Purchase or Lease of a New Residence: lease or settlement documentation signed by You. - Retirement: documentation from employer indicating date of Your retirement. - Becoming a Full-Time Student: transcript reflecting Your enrollment in college or university. - Graduation: diploma reflecting Your graduation from college or university.	Renewal of existing leases.
Disability	Can cancel 2 times the minimum monthly payment (or outstanding balance, if less) for up to 18 months.	- Employed prior to disability. Disabled as a result of injury or sickness and cannot perform job/occupation You performed immediately prior to disability. - Under continuous care of a physician. Physician must certify that disability began no earlier than 30 days prior to last day worked and no later than 30 days following last day worked. - Disability must last at least 30 consecutive days. - Must be enrolled at least 60 days prior to the protected event date.	- Attempted suicide or intentionally self-inflicted injury. - While receiving wages or profit from employer. - Criminal Misconduct.
Leave of Absence	Can cancel 2 times the minimum monthly payment (or outstanding balance, if less) for up to 18 months.	- Leave must be unpaid. - Employer-approved. - Employed prior to leave. - Leave must last at least 7 consecutive days. - Must be enrolled at least 60 days prior to the protected event date.	Self-Employed.
Loss of Life	Can cancel up to \$25,000 of your outstanding balance. Note: Only one Loss of Life event can qualify per Enrolled Account.	- Copy of certified death certificate mailed to the Plan Administrator. - Must be enrolled at least 60 days prior to the protected event date (except for accidental death).	- Attempted suicide or intentionally self-inflicted injury. - Criminal Misconduct.

Important note: Additional eligibility requirements, conditions and exclusions apply. Please see the Credit Protection Plus Terms and Conditions for complete details.



Credit Protection Plus™ customers also get identity theft protection — at no extra cost.

Nelva E Brunsting

Request your Credit Report with Credit Score today.

Complete the form below and mail it in. Within 7-10 business days after we process your request, you'll get your report with score in the mail — compliments for protecting your credit card.

THIS NOTICE IS REQUIRED BY LAW.

You have the right to a free credit report from AnnualCreditReport.com or 1.877.322.8228, the ONLY authorized source under federal law.

With Credit Protection Plus™, you can request your Credit Report with Credit Score twice a year at no extra cost.* This is just another way Bank of America is helping to provide you with a safety net to help protect your account, your good name.

Fill out the form below and mail it back to us in the enclosed postage-paid, security envelope to request your first Credit Report with Credit Score right away. Or, simply call 1.800.839.5022.

We believe it's important to know what's in your credit report and see who's looking at it. Plus, we want to help you access your credit score and find out how it can impact your ability to borrow. (If you request a free credit report from AnnualCreditReport.com, you can also request your credit score — but it will cost you extra there.)

Mortgage companies, credit lenders, employers, landlords and others with legitimate reasons all see your credit information. Identity thieves could be looking at it, too. That's why you should review your Credit Report with Credit Score, check and verify every change, and keep on top of it regularly.

Be the first to know...not the last.



Credit Report with Credit Score

You get two easy-to-read, full summary Credit Reports with Credit Scores each year as part of your Credit Protection Plus™ enrollment.*

Plus, get more services at no extra cost...



Identity Theft

If you ever suspect you're a victim of identity theft, you can call an Identity Theft Recovery Unit specialist at 1.800.839.5022 for support.*

*Bank of America has contracted with Intersections Inc. to provide these services at no extra cost.
See "Frequently Asked Questions" on back.
Intersections Inc. is not affiliated with Bank of America.

Credit Report with Credit Score Request Form

Your personal Credit Report with Credit Score is available for review - at no extra cost.
Complete, detach, and mail this form in the enclosed security envelope.

☒ **YES!** Process my request for my Credit Report With Credit Score immediately.

By signing this form, you are providing "written instructions" under the Fair Credit Reporting Act authorizing Intersections Inc. to obtain and monitor information concerning your personal credit file from one or more national credit reporting agencies. You must be enrolled in Credit Protection Plus™ in order to receive your credit report with credit score.

Nelva E Brunsting
13630 Pinerock Ln
Houston, TX 77079-5914

32547

Last Four Digits of Protected Credit Card _____

Social Security Number

- -

(Needed to obtain credit information)

Signature _____

Date _____ / _____ / _____

You can also call 1.800.839.5022 to request your Credit Report with Credit Score.*

Frequently Asked Questions

Q: How do I request my Credit Report with Credit Score?

A: Your enrollment in Credit Protection Plus™ entitles you and any authorized user on the account to receive two Credit Reports with Credit Scores per enrollment year at no extra cost.* To request your credit information, fill out the form on the other side and mail it in the postage-paid, security envelope provided. You should receive your personal credit report with credit score within 7-10 business days after your request is processed. Note: Authorized users can request their credit information by calling 1.800.839.5022.

Q: What are the differences between the free credit report available through AnnualCreditReport.com and what I get with Credit Protection Plus™?

A: The Credit Report with Credit Score you can get with Credit Protection Plus™ at no extra cost includes your credit score. If you request a free credit report from AnnualCreditReport.com, you can also request your credit score — but it will cost you extra there. In addition, the Credit Report with Credit Score that you can get with Credit Protection Plus™ offers tips for managing credit as well as access to Credit Education Specialists who can answer any questions about your credit report.*

Q: What should I look for once I receive my Credit Report with Credit Score?

A: Reviewing your credit information on a regular basis is a great way to not only ensure it is accurate, but also to help protect you from identity theft. Review your report to ensure your personal information — current and former addresses, employment history, credit account information, etc. — is accurate.

Q: Will requesting my Credit Report with Credit Score impact my credit score?

A: No. It's considered a "soft inquiry" and does not impact your credit score.

*Bank of America has contracted with Intersections Inc. to provide these services at no extra cost.
Intersections Inc. is not affiliated with Bank of America.

Important information regarding credit reports

THIS NOTICE IS REQUIRED BY LAW.

You have the right to a free credit report from AnnualCreditReport.com or 1.877.322.8228, the ONLY authorized source under federal law. The federal Fair Credit Reporting Act (FCRA) gives you specific rights, which are summarized below. You may have additional rights under state law. At any time, you may request and obtain your report from a consumer reporting agency. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identity theft or fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition you are entitled to one free report every twelve months from each of the nationwide credit reporting agencies and from some specialized consumer reporting agencies. You may request your report beginning on December 1, 2004, or on a later date, depending on where in the country you live. Otherwise, the consumer reporting agency may impose a reasonable charge for the disclosure. For a reasonable charge, you may request your credit score from consumer reporting agencies that create and distribute scores used in residential real property loans and in some mortgage transactions receive credit score information for free.

The state of GA permits consumers to obtain two credit reports per credit reporting agency per year, free of charge. The states of MA, VT, CO, NJ, MD and ME permit consumers to obtain one credit report per credit reporting agency per year, free of charge. NOTICE TO IL RESIDENTS: MANY GOVERNMENT RECORDS ARE AVAILABLE FREE OR AT A NOMINAL COST FROM GOVERNMENT AGENCIES. CREDIT REPORTING AGENCIES ARE REQUIRED BY LAW TO GIVE YOU A COPY OF YOUR CREDIT RECORD UPON REQUEST, AT NO CHARGE OR FOR A NOMINAL FEE.

Terms and conditions for the Credit Reports with Credit Scores and identity theft recovery services, which are provided at no cost.

Your order for a Credit Report with Credit Score, and use of the Identity Theft Recovery Unit, are governed by legal terms and conditions that are binding on you. The Credit Report with Credit Score and identity theft recovery assistance services are available to the protected cardholder indicated on your welcome letter. These terms and conditions will be set forth in your Credit Identity Protection Kit if you order your Credit Report with Credit Score, and in your Fraud First Aid Kit if you call the Identity Theft Recovery Unit to report an identity theft or fraud incident. If you wish to receive the terms and conditions prior to ordering a Credit Report with Credit Score or calling the Identity Theft Recovery Unit, you may call 1.800.839.5022 to request that the terms and conditions be sent to you free of charge. At any time and with 45 days notice to you, we may modify the terms and conditions of these services or cancel the services.

Important Information about Credit Protection Plus™

Credit Protection Plus ("the Plan") is an optional product. Whether or not You purchase the Plan will not affect Your application for credit or the terms of any existing credit agreement You have with Us. You will receive additional information regarding Credit Protection Plus before you are obligated to pay for the Plan. This information will include a copy of the Terms and Conditions to the Cardholder Agreement, which is the contract containing all the terms of Credit Protection Plus.

Waiting Period: After you enroll in the Plan, there is a one-time, 60-day waiting period after the effective date before you can qualify for benefits for Involuntary Unemployment, Hospitalization, Disability, Leave of Absence and Loss of Life (except loss of life due to a protected accident). There is not a waiting period for life events (e.g., marriage/divorce, etc.).

Benefits: In return for a monthly Program Fee, the Plan can provide up to 18 Monthly Benefit Amounts in the event You incur an approved Hospitalization, Disability, Involuntary Unemployment, or Leave of Absence. You can also receive up to three (3) Monthly Benefit Amounts for any approved Life Event. In the event of Your Loss of Life, the Plan can cancel a lump sum equal to the outstanding balance on the Date of Loss or \$25,000, whichever is less. The Monthly Benefit Amount is designed to cancel up to two times the Minimum Monthly Payment on your credit card account for Hospitalization, Disability, Involuntary Unemployment and Leave of Absence events and one Minimum Monthly Payment for Life Events. Please refer to the enclosed Terms and Conditions to the Cardholder Agreement for additional details.

Cost: The monthly Program Fee is 85¢ per \$100 of Your Monthly Outstanding Balance up to \$25,000. For Your convenience, the fee is automatically billed to Your credit card account. During months when there is no balance and no activity on Your credit card statement, there is no charge for the Plan that month.

Eligibility Exclusions: There are eligibility requirements, conditions and exclusions that could prevent You from receiving benefits under the Plan. Please refer to the enclosed Terms and Conditions of Credit Protection Plus to the Credit Card Agreement for a full explanation of all requirements, conditions and exclusions.

Termination: If, at any time during the first thirty (30) days after the date Your protection begins, You cancel the optional Plan, all Plan fees billed to Your account will be refunded via a credit to the protected card. You have the right to cancel the Plan at any time by making a telephonic or written request to the Plan Administrator. The Plan will automatically terminate under the following circumstances: You no longer have the Enrolled Account; Your Enrolled Account is closed due to account charge-off; You suffer a loss of life; Your Enrolled Account becomes four (4) payments past due, You enter into a repayment plan for the Enrolled Account, or You conduct or attempt to conduct fraud relating to Plan benefits. We can cancel the Plan at any time.

The Plan Administrator is CSI Processing, LLC, at Credit Protection Plus, P.O. Box 34888, Omaha, NE 68134-0888; 1.888.668.6938 between the hours of 7 a.m. - 10 p.m. Central, Monday - Friday and 8 a.m. - 4:30 p.m. Central, Saturday.

Detach here before mailing

WRITTEN ACKNOWLEDGEMENT FORM: IMMEDIATE RESPONSE REQUESTED:

Now that You have enrolled in the *optional* Credit Protection Plus™, Bank of America wants to ensure that You have received the required information for this protection. Please detach, sign and return this portion of the document to acknowledge receipt of the above stated Credit Protection Plus Terms and Conditions. You should carefully read the Terms and Conditions for a full explanation of the terms of Credit Protection Plus.

Protected Cardholder Signature

Today's Date

Protected Cardholder Name (PLEASE PRINT)

Last four digits of the Protected Account Number: 4254



20110629-563-0898

Form 54122
80188

Brunsting004367

Credit Protection Plus ("the Plan") – Terms and Conditions

These Terms and Conditions are an amendment to Your Credit Card Agreement with FIA Card Services, N.A. Please read this amendment carefully as it explains the Plan details. If there is any conflict between the Credit Card Agreement and these Terms and Conditions, these Terms and Conditions shall control.

1. Enrollment

You have elected to enroll in Credit Protection Plus, an optional product that can provide benefits to an Enrolled Account as further described in these Terms and Conditions. Your enrollment in the Plan is optional and whether or not You enroll in the Plan will not affect Your application for credit or the terms of any existing credit agreement You have with Us. **These Terms and Conditions include a complete explanation of the eligibility requirements, conditions and exclusions, which could prevent You from receiving benefits under the Plan. If You have questions about the Plan, please contact the Plan Administrator at 1.888.668.6938.**

2. General Definitions

- a) **"Authorized User"** means an Authorized User as defined in Your Credit Card Agreement.
- b) **"Benefit Activation Period"** means the total duration of time You will receive Monthly Benefit Amounts for any Protected Event, other than Loss of Life, that you incur.
- c) **"Criminal Misconduct"** means behavior committed by You that is unlawful under Federal, State or local law. If You are charged with Criminal Misconduct, eligibility for one or more Monthly Benefit Amounts or the Loss of Life Benefit will be determined upon the conclusion of the proceedings unless You are found guilty of the Criminal Misconduct.
- d) **"Effective Date"** means the date that the Enrolled Account was enrolled in Credit Protection Plus.
- e) **"Employed"** means that Your principal source of income is derived from salary, wages, or other compensation from Your employer as a result of working on a legal basis at least 20 hours per week.
- f) **"Enrolled Account"** means the credit card account noted in the Plan enrollment materials, and any other account that replaces the Enrolled Account due to fraud, a lost or stolen credit card, account conversion, or for security reasons.
- g) **"Full Time Student"** means that You attend college or university for at least 12 credit hours per semester (6 credit hours per semester for graduate students) or the equivalent thereof, in pursuit of at least a 2-year degree.
- h) **"Hospital"** means an establishment that:
 - holds a license as a hospital (if required in the state where located) or is a licensed ambulatory surgical center;
 - operates primarily for the reception, care, and treatment of sick or injured persons as in-patients in such establishment; and
 - has a staff of at least one on-site physician who is available at all times.A "Hospital" does **NOT** include an establishment that:
 - is primarily a clinic, nursing, rest, or convalescent home or a skilled nursing facility; or
 - is, other than incidentally, a place for treatment of alcoholism, drug addiction, or mental or nervous disorders.
- i) **"Independent Contractor"** means a person who exercises an independent business but who is subject to the immediate direction and control of an employer or contract.
- j) **"Monthly Benefit Amount"** means the cancellation of the following amount for each billing cycle during the Benefit Activation Period:
 - Two (2) times the Total Minimum Payment Due or the outstanding balance, whichever is less, will be cancelled as of its payment due date for Involuntary Unemployment, Disability, Hospitalization, and Leave of Absence events.
 - One (1) Total Minimum Payment Due will be cancelled as of its payment due date for Birth or Adoption of a Child, Marriage, Divorce, Retirement, Purchase or Lease of a New Residence, Entering College or Graduation events.
- k) **"Physician"** means any licensed physician other than Yourself or Your immediate family members that is certified to practice medicine in the United States of America or its territories.
- l) **"Plan Administrator"** If you have questions or to apply for benefits, **contact the Plan Administrator at 1.888.668.6938 or at Credit Protection Plus, P.O. Box 34888, Omaha, NE 68134.**
- m) **"Protected Event"** means an Involuntary Unemployment, Disability, Hospitalization, Leave of Absence, Loss of Life, Birth or Adoption of a Child, Marriage, Divorce, Retirement, Purchase or Lease of a New Residence, Entering College or Graduation event, as each is further defined and is eligible for benefits under these Terms and Conditions. A Protected Event ends when You no longer meet the eligibility requirements for the particular event or the maximum benefits have been issued for the event, whichever occurs first.
- n) **"Self-Employed"** means You are working in a business, trade or professional activity conducted with regularity and continuity by You or a legal entity that is owned and operated by You.
- o) **"Total Minimum Payment Due"** means the Total Minimum Payment Due reflected in the Enrolled Account billing statement for the applicable billing cycle.
- p) **"We," "Us" and "Our"** refer to FIA Card Services, N.A.
- q) **"Willful Misconduct"** means Your intentional disregard of an employer's interest, or repeated failure to follow established employer policies.
- r) **"You," "Yourself," "Your" and "Yours"** refer to the Protected Cardholder listed on the Plan enrollment materials and the Authorized User(s) listed on the Enrolled Account

3. Protected Events

- a. **Involuntary Unemployment** means You suffer a loss of salary or wages as a result of an involuntary loss of employment, layoff, termination, general strike, unionized labor dispute, or lockout. If You are Self Employed, the loss of employment must be caused exclusively by business (not personal) bankruptcy, failure or loss of equipment required to conduct Your business, or damage to Your business premises caused by fire, theft or natural disaster. To be eligible for the Involuntary Unemployment benefit, Your Involuntary Unemployment must meet the Eligibility requirements listed below and must not fall within one of the Exclusions listed below.

Eligibility

To be eligible for the Involuntary Unemployment benefit:

- You must have been Employed for at least 30 consecutive days immediately preceding the Involuntary Unemployment.
- The Involuntary Unemployment must begin 60 calendar days or more after the Effective Date and must last for a minimum of 30 consecutive days.
- You must register for state unemployment benefits and qualify for state unemployment benefits if Your state unemployment law applies to You or Your employer, and you must continue to qualify during the Benefit Activation Period.
 - If You qualify for state unemployment benefits but have reached the maximum allowable benefits offered by the state, You

must register with a recognized employment agency and You must submit proof of Your continued registration during the remainder of the Benefit Activation Period to continue Plan benefits.

- If You are a Full Time Student, Self-Employed, or work for a non-profit employer, You must register with a recognized employment agency and You will not be required to qualify for state unemployment benefits. You must submit proof of your continued registration with a recognized employment agency during the Benefit Activation Period to continue Plan benefits.
- If You are an Authorized User that was added to the Enrolled Account after the Effective Date, Your Involuntary Unemployment must begin at least 60 calendar days or more after the date You were added to the Enrolled Account to be considered eligible to receive Involuntary Unemployment benefits.

Exclusions

You will **NOT** be eligible for the Involuntary Unemployment benefit if any of the following apply:

- If You are a Full Time Student or You work for a non-profit employer, You will not be eligible for Involuntary Unemployment benefits if the Involuntary Unemployment is caused by voluntary loss of employment, resignation or retirement, or termination resulting from **Willful Misconduct or Criminal Misconduct**.
 - If You are Self-Employed, You will not be eligible for Involuntary Unemployment benefits if the Involuntary Unemployment is the result of business slowdown, maintenance or wear and tear of Your business equipment, or closure of business by a governmental agency.
 - If You are an Independent Contractor, You will not be eligible for Involuntary Unemployment benefits.
- b. **Hospitalization** or Hospitalized means that You are admitted to and remain in a licensed Hospital as a registered bed patient receiving care directed by a Physician. To be eligible for the Hospitalization benefit, Your Hospitalization must meet the Eligibility requirements listed below and must not fall within one of the Exclusions listed below.

Eligibility

To be eligible for the Hospitalization benefit:

- You must be Hospitalized for at least one (1) night in a Hospital and **the Hospitalization must begin 60 calendar days or more after the Effective Date**.
- If You are an Authorized User that was added to the Enrolled Account after the Effective Date, Your Hospitalization must begin at least 60 calendar days or more after the date You were added to the Enrolled Account to be considered eligible to receive Hospitalization benefits.

Exclusions

Hospitalization and Hospitalized do **NOT** include:

- confinement in a special unit of a Hospital used primarily as a nursing, rest, or convalescent home or skilled nursing facility; or
 - a Hospitalization that directly or indirectly results from any of the following:
 - attempted suicide or intentionally self-inflicted injury; or
 - Criminal Misconduct.
- c. **Disability** or Disabled means that You: (1) are Employed immediately prior to the disability (2) are disabled as the result of your injury or sickness and are unable and remain unable to perform the job or occupation You performed for Your employer immediately before you became disabled; and (3) are not receiving wages or profits for work from Your employer after You stopped working due to the disability. To be eligible for the Disability benefit, Your Disability must meet the Eligibility requirements listed below and must not fall within one of the Exclusions listed below. If you qualify for the Disability benefit, benefits will be issued starting as of the day following Your last day worked.

Eligibility

To be eligible for the Disability benefit:

- You must be certified by a Physician as totally Disabled and be under the continuous care of a Physician. **The Physician must certify that Your Disability began no earlier than 30 days prior to Your last day of work and no later than 30 days following Your last day of work.**
- **The Disability must begin 60 calendar days or more after the Effective Date and must last for a minimum of 30 consecutive days.**
- If You are an Authorized User that was added to the Enrolled Account after the Effective Date, Your Disability must begin at least 60 calendar days after the date You were added to the Enrolled Account to be considered eligible to receive Disability benefits.
- If after a Disability ends You return to work but are then unable to work for more than 30 days due to a continuation of the original Disability, We will not require that the new Disability continue for 30 additional days unless the causes of the Disability are different and unrelated. In this event, You may be eligible for additional benefits, which will be subject to the same limitations and eligibility criteria as the original Disability. If You return to work for more than 30 days following the end of a Disability, any subsequent request for a Disability benefit will be subject to all of the limitations, exclusions, and eligibility criteria stated herein.

Exclusions

You will **NOT** be eligible for the Disability benefit if the Disability results from any of the following:

- Your attempted suicide or intentionally self-inflicted injury; or
 - Your Criminal Misconduct.
- d. **Leave of Absence** means that You are Employed and You take an employer-approved unpaid leave of absence from Your employment. To be eligible for the Leave of Absence benefit, Your Leave of Absence must meet the Eligibility requirements listed below and must not fall within one of the Exclusions listed below.

Eligibility

To be eligible for the Leave of Absence benefit:

- You must have been Employed immediately preceding the Leave of Absence and must be granted an unpaid leave of absence by Your employer.
- **The Leave of Absence must last for a minimum of 7 consecutive calendar days and must begin 60 calendar days or more after the Effective Date.**
- If You are an Authorized User that was added to the Enrolled Account after the Effective Date, Your Leave of Absence must begin at least 60 calendar days after the date You were added to the Enrolled Account to be considered eligible to receive Leave of Absence benefits.

Exclusions

You will **NOT** be eligible for the Leave of Absence benefit if You are Self-Employed.

- e. **Loss of Life** means that You die as a result of a cause not otherwise excluded in these Terms and Conditions. To be eligible for the Loss of Life Benefit, Your Loss of Life must meet the Eligibility requirements listed below and must not fall within one of the Exclusions listed below. **No more than one Loss of Life Benefit will be credited to the Enrolled Account.**

Eligibility

To be eligible for the Loss of Life Benefit:

- **The Loss of Life must occur 60 calendar days or more after the Effective Date** and the Plan Administrator must receive a certified copy of the death certificate with the cause of death listed.
- If You are an Authorized User that was added to the Enrolled Account after the Effective Date, Your Loss of Life must occur at least 60 calendar days after the date You were added to the Enrolled Account to be considered eligible for Loss of Life Benefits.
- **If the loss was caused by, or directly related to, an accidental injury, the request for benefit may be considered immediately.**

Exclusions

You will **NOT** be eligible for the Loss of Life Benefit if the Loss of Life results from any of the following:

- Your attempted suicide or intentionally self-inflicted injury; or
- Your Criminal Misconduct.

- f. **Life Events** means Your Marriage, Birth or Adoption of a Child, Purchase or Lease of a New Residence, Your Retirement, Divorce, if You become a Full Time Student Entering College or in the event of Your Graduation from college or university (undergraduate or graduate). **You are eligible for up to two (2) Life Event benefits each calendar year (from January 1 to December 31), except Retirement. The Enrolled Account is only eligible for one (1) Retirement benefit activation.**

Eligibility

You will be required to provide the following documentation as satisfactory evidence for the specific Life Event:

- **Divorce:** provide a finalized divorce decree originally issued by a court of competent jurisdiction on or after the Effective Date.
- **Marriage:** provide a marriage certificate originally issued on or after the Effective Date.
- **Birth or Adoption of a Child:** submit birth certificate or adoption documentation originally issued on or after the Effective Date, which lists Your name as a parent or adoptive parent.
- **Purchase or Lease of a New Residence:** provide lease or settlement documentation signed by You on or after the Effective Date.
- **Graduation:** provide copy of Your diploma reflecting Your graduation from college or university (undergraduate or graduate) on or after Effective Date.
- **Entering College:** provide copy of Your transcript reflecting Your enrollment in college or university (undergraduate or graduate) on or after Effective Date.
- **Retirement:** documentation from employer indicating date of Your retirement on or after Effective Date.

Other documentation may be required by the Plan Administrator. The Plan Administrator may waive any of these requirements.

Exclusions

Renewals of existing leases are **NOT** considered new and are not eligible for the Purchase or Lease of a New Residence benefit.

4. **Plan Fee**

We determine the Plan Fee assessed each billing cycle by multiplying the **monthly rate of \$0.85 per \$100 of the Plan balance** on the Enrolled Account for that billing cycle. **The Plan balance on the Enrolled Account is the greater of:** (1) the New Balance Total shown on the Enrolled Account's monthly billing statement for the billing cycle, less the Plan Fee billed and interest charge in that billing cycle; or, (2) the total of the Balances Subject to Interest Rate shown on the Enrolled Account's monthly billing statement for the billing cycle. No Plan Fee is assessed on the portion of the Enrolled Account Plan balance over \$25,000. The Plan Fee will be shown on the Enrolled Account's monthly billing statement and added to the balance each month. No Plan Fee will be charged in any billing cycle in which there is no balance and no activity on the Enrolled Account.

If You incur a Protected Event, for each billing cycle in the Benefit Activation Period, We will cancel the Plan Fee amount which is attributable to the Enrolled Account balance as of the payment due date for the billing cycle in which You incurred the Protected Event, regardless of whether a Monthly Benefit Amount is also issued in that billing cycle.

5. **Benefit Amounts and Limitations**

You are only eligible to receive one (1) Monthly Benefit Amount for one Protected Event during any Enrolled Account billing cycle. If you are eligible for benefits for more than one Protected Event concurrently, the benefits will apply to only one (1) Protected Event. Benefits will not accrue on the other Protected Events. For example, if you are eligible for Benefits for Disability and Hospitalization during the same three (3) billing cycles, only three (3) Monthly Benefit Amounts will be issued.

- **Monthly Benefit Amounts cancel the Total Minimum Payment Due as of the payment due date for each billing cycle during the Benefit Activation Period, and are based on the type of Protected Event:**
 - **Two (2) times the Total Minimum Payment Due or the outstanding balance, whichever is less, will be cancelled as of its payment due date for Involuntary Unemployment, Disability, Hospitalization, and Leave of Absence events.**
 - **One (1) Total Minimum Payment Due will be cancelled as of its payment due date for Life Events.**
- **Total Monthly Benefit Amounts for any one Protected Event cannot exceed the lesser of \$25,000 or Your New Balance Total as of the payment due date for the billing cycle in which You first incurred the Protected Event.**
- **If You incur an approved Involuntary Unemployment, Hospitalization, Disability or Family Leave of Absence, You will be eligible to receive Monthly Benefit Amounts for as long as the Protected Event continues, up to 18 months from the date that You first incurred the Protected Event.**
- **If You incur an approved Life Event, You are eligible to receive up to three (3) Monthly Benefit Amounts.**
- Any payments You make during an approved Benefit Activation Period will be considered additional payments applied to the Enrolled Account balance.
- If You pay a Total Minimum Payment Due on the Enrolled Account which is later canceled by the Plan, that amount will be credited to the Enrolled Account in the next applicable billing period.
- If applicable, We may also cancel certain late fees, overlimit fees and other interest charges that were applied to the Enrolled Account after You incurred a Protected Event.

- **The Loss of Life Benefit is the cancellation of Your entire Enrolled Account balance as of date of the death, up to a maximum of \$25,000.** If You have experienced any other Protected Event prior to the Loss of Life, You will **NOT** receive Monthly Benefit Amounts for those other Protected Events in addition to the Loss of Life Benefit unless You have already submitted Your request for benefits for those Protected Events and We have already issued the Monthly Benefit Amounts.
- You are not eligible for benefits if the Protected Event occurred before the Effective Date.
- You are not eligible for benefits for any Protected Event that may or is scheduled to happen in the future but which has not yet occurred.
- Any balance or amount due on the Enrolled Account that is not canceled under this Plan is Your responsibility to pay under the terms of Your Credit Card Agreement.

6. Submitting a Request for Benefits

To receive Plan benefits, Your Enrolled Account must be less than four (4) payments past due on the date of Your Protected Event and You must meet the eligibility requirements outlined in these Terms and Conditions. You will not be eligible to receive benefits if You do not notify the Plan Administrator within 300 days of the start of the Protected Event.

Before Your request for Plan benefits is approved, You must continue to make at least the Total Minimum Payment Due for Your Enrolled Account each month. Failure to do so may result in the Enrolled Account becoming past due and/or in Your loss of any promotional rate on the Enrolled Account.

To request benefit activation, please contact the Plan Administrator at 1.888.668.6938 or at Credit Protection Plus, P.O. Box 34888, Omaha, NE 68134. Upon receipt of Your request, You will be required to submit sufficient documentation, as determined by the Plan Administrator, verifying your Protected Event. If You are deceased or legally incapacitated, Your estate or legal representative will be required to notify the Plan Administrator and submit the required documentation in accordance with these Terms and Conditions. If required, You will authorize Us and the Plan Administrator to contact and obtain information from third parties to verify Your Protected Event.

If You do not provide sufficient documentation to the Plan Administrator within 75 days of any such request, Your request will be closed, but may be reopened and your request for benefits considered upon submission of appropriate documentation.

If We verify that information you provided in connection with your request for benefits is inaccurate, the Enrolled Account may be charged for any cancelled payments, interest charges and fees.

7. Continuation of Benefits

In order to continue to receive benefits for any Protected Event after initial approval, other than for Life Events, You will need to submit the appropriate documentation or proof requested by the Plan Administrator. Failure to do so can result in an interruption or termination of the benefit.

8. Account Availability During Benefit Activation Period

You will be able to use Your Enrolled Account, subject to the Credit Card Agreement, while You are in a Benefit Activation Period. During the Benefit Activation Period, interest charges continue to accrue.

9. Plan Cancellation

You may cancel enrollment of the Enrolled Account in the Plan at any time by providing verbal or written notice to the Plan Administrator. If You cancel enrollment of the Enrolled Account within 30 days of the Effective Date, any Plan Fees billed will be credited back to the Enrolled Account. If You re-enroll in the Plan, You will receive a new Effective Date and will be subject to all of the requirements, exclusions and limitations associated with the new Effective Date.

Your enrollment in the Plan will automatically be cancelled if:

- the Enrolled Account is closed with a zero balance;
- the Enrolled Account is charged off as a loss by Us;
- You suffer a Loss of Life;
- You enter into a repayment plan for the Enrolled Account; or
- You conduct or attempt to conduct fraud relating to Plan benefits.

Upon cancellation, no further Plan Fee will be charged to the Enrolled Account, and Protected Events that occur after Plan cancellation will not be eligible for benefits.

Your enrollment in the Plan will automatically be suspended when the Enrolled Account is four (4) payments past due. You will not be assessed a Plan Fee while the Plan is suspended and You will not be eligible for benefits for any Protected Event that You incur while the Plan is suspended. The Plan will automatically be reinstated on the first day of the billing cycle immediately following a payment that brings the Enrolled Account less than four (4) payments past due.

If We change the Enrolled Account due to fraud on the Enrolled Account, for security reasons, a lost or stolen card, or for account conversion, Your Plan protection will automatically be transferred to Your new credit card account. If You close the Enrolled Account and later reopen that account, the reopened account will **NOT** automatically be enrolled in the Plan.

We may cancel the Plan at any time for any reason other than what is listed above; on at least 45 days advance written notice to You.

10. Change to Plan Terms

We may make changes to the Plan at any time. We will provide You with at least 45 days advance written notice of any such change. If any such change does not increase the Plan Fee and is otherwise favorable to You, we may elect not to provide You with notice.

11. Potential Tax Impact

Any Monthly Benefit Amount or cancellation of outstanding balance on the Enrolled Account may be considered taxable income to You or Your estate. If You have any questions about the tax implications of Your enrollment in the Plan or of any benefits You receive, please consult a tax advisor.

12. Arbitration

If claims under Your Credit Card Agreement are subject to an arbitration clause, that clause applies to any claims or disputes regarding the Plan.

13. Waiver

A waiver of one or more Plan requirements by Us or the Plan Administrator does not require Us to waive that same requirement in any other situation, in the same situation in the future, or for any other cardholder or Authorized User, nor does it constitute a waiver of any other Plan requirement.

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424



3301669524

Page 1 of 1

Return Service Requested



009953 RKDK6ATA
NELVA E BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079



FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR



PAY ON: 08/31/2011

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
NELVA E BRUNSTING
83 028835100
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$703.78	\$5,630.24
VOLUNTARY SUPP	\$73.03	\$584.24
INTEREST ADJUST		
GROSS BENEFIT	\$776.81	\$6,214.48
MEDICAL	\$176.10	\$1,408.80
NET PAYMENT AMOUNT	\$600.71	\$4,805.68

Advice Number: 3301669524
Pay Date: 08/31/2011



Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	\$600.71

NON-NEGOTIABLE**DEPOSIT ADVICE**

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424



Return Service Requested



010607 RKDK5ATA
NELVA E BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079



FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR

PAY ON: 01/31/2011

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
NELVA E BRUNSTING
83 028835100
4685J 01

DESCRIPTION
PENSION
VOLUNTARY SUPP
INTEREST ADJUST
GROSS BENEFIT
MEDICAL
NET PAYMENT AMOUNT

THIS PAY
\$703.78
\$73.03

\$776.81
\$176.10
\$600.71

YEAR TO DATE
\$703.78
\$73.03

\$776.81
\$176.10
\$600.71

FEDERAL AND STATE TAX
TABLES HAVE BEEN UPDATED
FOR TAX YEAR 2011.
WITHHOLDINGS MAY DIFFER
FROM PAST PAYMENTS.

Advice Number: 3301477963
Pay Date: 01/31/2011



Deposited to the Account of:
NELVA E BRUNSTING

Bank R/T Number
11100002

Amount
\$600.71

NON-NEGOTIABLE**DEPOSIT ADVICE**

**IF YOU ARE SATISFIED WITH YOUR PRESENT FEDERAL WITHHOLDING,
NO FURTHER ACTION IS REQUIRED**

For Initiating, Changing or Revoking Withholding Election

You have the right to **change** or **revoke** any election made by you to have or not to have Federal Income Tax withheld from your pension. To change or revoke your election, please call the toll free number reflected on your check or advice.

If you elect not to have withholding apply to your pension payment, or if you do not have enough Federal Income Tax withheld, you may be responsible for the payment of estimated tax. Penalties may apply under the estimated tax rules if your withholding does not meet certain guidelines.

Please contact your tax advisor for any specific tax related questions.

2010 Tax Form Mail Dates

1099-R, 1099-MISC and W-2 tax forms - by January 31, 2011

1042-S tax forms - by March 15, 2011

480.7C forms (Puerto Rico) - by February 28, 2011

For TY2011

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424



3301696854

Page 1 of 1

Return Service Requested



007393 RKDK6ATA
NELVA E BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079



FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR

PAY ON: 09/30/2011

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
NELVA E BRUNSTING
83 028835100
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$703.78	\$6,334.02
VOLUNTARY SUPP	\$73.03	\$657.27
INTEREST ADJUST		
GROSS BENEFIT	\$776.81	\$6,991.29
MEDICAL	\$176.10	\$1,584.90
NET PAYMENT AMOUNT	\$600.71	\$5,406.39

Advice Number: 3301696854
Pay Date: 09/30/2011



Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	\$600.71

NON-NEGOTIABLE**DEPOSIT ADVICE**

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424



Return Service Requested



009915 RKDK6ATA

NELVA E BRUNSTING

13630 PINE ROCK

HOUSTON TX 77079



FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR

PAY ON: 10/31/2011

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
NELVA E BRUNSTING
83 028835100
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$703.78	\$7,037.80
VOLUNTARY SUPP	\$73.03	\$730.30
INTEREST ADJUST		
GROSS BENEFIT	\$776.81	\$7,768.10
MEDICAL	\$176.10	\$1,761.00
NET PAYMENT AMOUNT	\$600.71	\$6,007.10

Advice Number: 3301724228

Pay Date: 10/31/2011



Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	\$600.71

NON-NEGOTIABLE**DEPOSIT ADVICE**



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DALLAS: (214) 389-1500
TACLA013422E
MPL 10565
TECL 17976
TPCL 12430 PT

PO BOX 79589, HOUSTON, TX 77279-9589

SERVICE REPORT

Page of

TICKET NO. 211365

DATE 10-23-09	NAME Nelva Brunsting	
PURCHASE ORDER NO.		
HVAC	PLUMBING ☒	STREET 13630 Pinetock
JOB NO.	CITY	ZIP KM# 489 A ATTN

INVENTORY NO. ☒ RESIDENTIAL ☐ COMMERCIAL ☐ PARTS ON ORDER ☒ COMPLETE ☐ INCOMPLETE ☐ RESCHEDULE ☐ INSTALL

CD	ID	DESCRIPTION	QTY.	PRICE	DESCRIPTION OF WORK PERFORMED
					PROBLEM REPORTED:
					SERVICE PERFORMED:
					Water leak about 4 ft past The meter 450.00 To start upto 11 ft of digging
					dug up water line Meter NOT Turning - Turned off water
					Water coming up from further under ground appears To be city leak
					Left hole open for inspection
					RECOMMENDATIONS: Marked hole

HRS	RATE	TOTAL	TOTAL MATERIAL	TOTAL LABOR	FLAT RATE PRICE 125.00	SP HP SH CA	FA SD RD TD BA	CUSTOMER SIGNATURE X Nelva Brunsting	ID MAKE CAP. MODEL
HRS	RATE	TOTAL							
NAME OF HELPERS			TOTAL LABOR		RENTAL: EQUIP.	SP HP SH CA CV	FA SD RD TD BA BS	SERIAL NUMBER	
START 3:00	COMPLETE				TAX			LOCATION	
START	COMPLETE				FREIGHT, OTHER			VOLT. CUSTOMER ID	
SERVICE TECHNICIAN - NAME & TRUCK # Robert W 119									
☐ CHECK 6405									
☐ CASH									
☐									
☐ VISA ☐ M.C. ☐ DISCOVER ☐ AMEX			TOTAL AMOUNT						

WHITE: FILE

YELLOW: CUSTOMER

Texas State Board of Plumbing Examiners 929 East 41st St. Austin, TX 78751 (512) 458-2145

Thank You

Brunsting004378

Mr. Pham Chan
13410 Beechglan Lane
Houston, Texas 77083
Cell: 832-283-1755

Invoice:
Date: 9/14/11

NAME:

ADDRESS: 13630 Pineroe2

CITY, STATE:

PHONE:

DESCRIPTION		AMOUNT
Liquid & Dry Lawn Service		
Full Service	3 -24-11	25
Partial Service		
Landscaping	4 -1-11	25
Clean-up		
Mulching	4 -8-11	25
Tree Trimming		
Tree Cutting	4 -14-11	25
Fertilizer		
Planting Bushes		
Planting Flowers		
Labor		
Thank You 9/14/11		SUB-TOTAL
		SALES TAX
		TOTAL 100.00

Mr. Pham Chan
13410 Beechglenn Lane
Houston, Texas 77083
Cell: 832-283-1755

Invoice:

Date: 5/13/11

NAME:

ADDRESS: 12630 pinewood

CITY, STATE:

PHONE:

DESCRIPTION	AMOUNT
Liquid & Dry Lawn Service	
Full Service 4 21 - 11	25
Partial Service	
Landscaping 4 28 - 11	25
Clean-up	
Mulching 5 5 - 11	25
Tree Trimming	
Tree Cutting 5 13 - 11	25
Fertilizer	
Planting Bushes	
Planting Flowers	
Labor	
Thank You	SUB-TOTAL
	SALES TAX
	TOTAL 100 9

pd. 5/11
check # 222

Mr. Pham Chan
13410 Beechglenn Lane
Houston, Texas 77083
Cell: 832-283-1755

Invoice:

Date: 8/26/11

NAME:

ADDRESS: 13630 pinerock

CITY, STATE:

PHONE:

DESCRIPTION		AMOUNT	
Liquid & Dry Lawn Service			
Full Service	7 - 29 - 11	25	
Partial Service			
Landscaping	8 - 5 - 11	25	
Clean-up			
Mulching	8 - 12 - 11	25	
Tree Trimming			
Tree Cutting	8 - 19 - 11	25	
Fertilizer			
Planting Bushes	8 - 26 - 11	25	
Planting Flowers			
Labor			
<i>Thank You</i>		SUB-TOTAL	
		SALES TAX	
		TOTAL	125 00



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QUESTIONS OR COMMENTS?

CenterPoint Energy
PO BOX 2628
HOUSTON TX 77252-2628
Billing & Service:
In Houston Area 713-659-2111
Toll Free 1-800-752-8036
Monday-Friday Call 7 a.m. - 6 p.m.
CenterPointEnergy.com

YOUR ACCOUNT IS PAST DUE

YOUR LAST DAY TO
PAY THE PAST DUE
AMOUNT OF \$265.10
IS ON 04/17/2011 TO
AVOID YOUR
SERVICE BEING
DISCONNECTED.

THIS IS THE
ONLY CUT-
OFF NOTICE
YOU WILL
RECEIVE.

2200

Keep this part of your bill.

Customer name ELMER H BRUNSTING
Account number 3850291-0
Date mailed 04/07/2011
Date due 04/22/2011
Total amount due \$ 323.62

ACCT SUMMARY

	Gas charges
Previous balance	\$265.10
Payment	0.00
Balance forward	\$ 265.10
Current billing	58.52
Total amount due	\$323.62

SERVICE ADDRESS

13630 Pinerock Ln
Houston TX 77079-5914

YOUR GAS USAGE

30 Day billing period	03/01/2011 to 03/31/2011	Meter # 3798500640542
Current reading	03/31/2011	933
Previous reading	03/01/2011	873
Metered usage	1 CCF = 100 cubic feet of gas	60

YOUR BILL IN DETAIL

Customer charge		R-2080
Base amount	60 CCF @ \$0.03080/CCF	\$13.54
Gas cost adjustment	60 CCF @ \$0.63550/CCF	1.85
Rate case surcharge		38.13
Hurricane cost surcharge		0.24
Reimbursement of local franchise fee		0.12
Reimbursement of State GRT		2.90
City sales tax	1.00%	1.16
		0.58

Total current charges \$58.52

IMPORTANT NOTICE - TEXAS CUSTOMERS

The bill for your natural gas service is seriously past due. Please note that your regular bill also serves as a "Disconnect Notice" and should receive your immediate attention.

If your payment is not received in our office by the specified date for the past due balance, a collection charge may be made or your service may be disconnected without further notice.

If service is disconnected, you must pay your bill in full in addition to a reconnect charge. Your deposit requirement will be re-evaluated and may be increased if necessary to cover payment for future service.



Always There.®

QUESTIONS OR COMMENTS?

EL PAGO DE TU CUENTA ESTÁ VENCIDO

EL ÚLTIMO DÍA PARA PAGAR TU MONTO VENCIDO DE \$265.10 ES EL 04/17/2011 PARA EVITAR QUE TU SERVICIO SEA DESCONECTADO.

ÉSTE ES EL ÚNICO AVISO DE CORTE QUE RECIBIRÁS.

2200



Always There.®

Keep this part of your bill.

Customer name	ELMER H BRUNSTING
Account number	3850291-0
Date mailed	04/07/2011
Date due	04/22/2011
Total amount due	\$ 323.62

If you or any permanent occupant of your premises is seriously ill, or may be made seriously ill by discontinuance of service, a limited extension of time may be obtained if requested before the disconnect date shown on the bill and supported by a hand written statement by a licensed physician.

The address, telephone number, and office hours of your local CenterPoint Energy office are shown in the upper left hand corner of your bill.

When service has been disconnected for non-payment, the reconnection of service will be worked on or after the following business day after payment has been received.

If you have already paid the amount noted as past due, please disregard this notice.

AVISO DE DESCONEXIÓN

AVISO IMPORTANTE - CLIENTES DE TEXAS

La cuenta de tu servicio de gas natural está seriamente vencida. Por favor ten en cuenta que tu cuenta regular también sirve como un "Aviso de Desconexión" y es importante que lo atiendas de inmediato.

Si tu pago no es recibido en nuestra oficina en la fecha indicada para el saldo vencido, se podrá hacer un cargo por cobranza o tu servicio podrá ser desconectado sin nuevo aviso.

Si el servicio es desconectado será necesario que pagues el total de la cuenta, además de un cargo por reconexión. Tus requisitos de depósito serán re-evaluados y éste podrá ser aumentado si es necesario para cubrir el pago por servicio futuro.

Si tú o cualquier ocupante permanente del inmueble está gravemente enfermo o puede ponerse gravemente enfermo por la suspensión del servicio, se podrá obtener una prórroga limitada si ésta es solicitada antes de la fecha de desconexión que aparece en la cuenta, y es respaldada por un informe escrito a mano proveniente de un médico autorizado.

La dirección, el número de teléfono y horas de oficina de tu oficina local de CenterPoint Energy aparecen en el ángulo superior izquierdo de tu cuenta.

Cuando el servicio ha sido desconectado por la falta de pago, es necesario que pagues todos los saldos pendientes. El servicio será reconectado el siguiente día de trabajo después de que CenterPoint Energy haya recibido el pago.

Page 2 of 3

Brunsting004383



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QUESTIONS OR COMMENTS?

CenterPoint Energy
PO BOX 2628
HOUSTON TX 77252-2628
Billing & Service:
In Houston Area 713-659-2111
Toll Free 1-800-752-8036
Monday-Friday Call 7 a.m. - 6 p.m.
CenterPointEnergy.com

Keep this part of your bill.

Customer name	ELMER H BRUNSTING
Account number	3850291-0
Date mailed	04/07/2011
Date due	04/22/2011
Total amount due	\$ 323.62

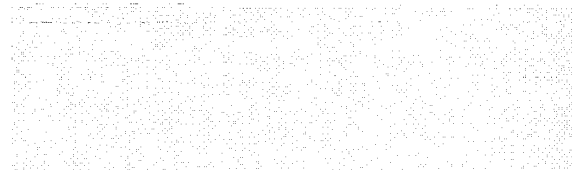
Si ya pagaste la cantidad indicada como vencida, por favor haz caso omiso de este aviso.

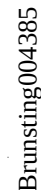
2200

Page 3 of 3



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www.mrrooter.com/woodlands
License #20433

CONTRACT/RETAIL INSTALLMENT

168523

DATE: 01/08/11

JOB ADDRESS				BILLING ADDRESS IF DIFFERENT				SERVICE ORDER			
CUSTOMER NAME: <u>Nelva Brunsting</u>				CUSTOMER NAME:				TYPE ☒			
ADDRESS: <u>13630 Pine Rock</u>				ADDRESS:							
CITY: <u>Houston</u>		ST:	ZIP: <u>77079</u>	CITY:		ST:	ZIP:	OTHER PHONE:		SERVICE ☐	
EMAIL:		JOB PHONE:		TECHNICIAN (S): <u>Victor M</u>		CONTACT:				PREV MAINT ☐	
☒ PAYMENT				☒ EQUIPMENT				ADVANTAGE PLAN™ MEMBER ☐			
☐ CASH ☐ CHECK ☐ BILLED ☐ AE ☐ MC ☐ VI ☐ DI CREDIT CARD #				EXP DATE AUTH CODE				ESTIMATE ☐			
SERVICE AUTHORIZATION I AGREE THAT INITIAL PRICE QUOTED PRIOR TO START OF WORK DOES NOT INCLUDE ANY ADDITIONAL OR UNFORESEEN TASKS, NOR MATERIALS WHICH MAY BE FOUND TO BE NECESSARY TO COMPLETE REPAIRS OR REPLACEMENTS. I ALSO AGREE TO HOLD MR. ROOTER OR ITS ASSIGNS HARMLESS FOR PARTS DEEMED CORRODED, UNUSABLE OR UNRELIABLE FOR COMPLETION OF STATED WORK TO BE DONE. I HEREBY AUTHORIZE MR. ROOTER TO PERFORM PROPOSED WORK AND AGREE TO ALL AGREEMENT CONDITIONS AS DISPLAYED ON THE FACE AND REVERSE SIDES OF THIS DOCUMENT AND FURTHER ACKNOWLEDGE THAT THIS INVOICE IS DUE UPON RECEIPT.								OPPORTUNITY CALL ☒			
An Independently Owned and Operated Franchise				AUTHORIZED SIGNATURE <u>X</u>				OWNER ☐			
DIAGNOSIS								TENANT ☐			
<u>Main line is stop previous tech cable line thru toilet drain (146846)</u>								RESIDENTIAL ☐			
								COMMERCIAL ☐			
TASK #	WARRANTY	DESCRIPTION OF PRODUCTS AND SERVICES				APPROVAL INITIAL	STANDARD RATE	MEMBER RATE	YOU SAVE		
SVC001	N/A	DIAGNOSTIC ANALYSIS (waived when service performed)					\$49.95	complimentary			
00510T	N/A	clear Removing water closet					3/5/49	268.17			
		we pull toilet in Hall Bathroom									
		run cable 50-60 ft. pull baby wipes									
		we recommend the use of baby wipe									
TASK (s) TOTAL						\$	\$	\$			
RECOMMENDATIONS						Advantage Plan™ Members save money!					
						ADVANTAGE PLAN™ ☐		\$			
						APPROVED ☐ DECLINED ☐		SUB TOTAL \$			
						APPROVED ☐ DECLINED ☐		TAX \$			
						APPROVED ☐ DECLINED ☐		TOTAL \$			
ACCEPTANCE OF WORK PERFORMED: I FIND THE SERVICE AND MATERIALS PERFORMED AND INSTALLED HAVE BEEN COMPLETED IN ACCORDANCE WITH THIS AGREEMENT. I AGREE TO PAY REASONABLE ATTORNEY FEES, COLLECTION FEES AND COURT COSTS IN THE EVENT OF LEGAL ACTION PURSUANT TO COLLECTION OF AMOUNT DUE.						CUSTOMER SIGNATURE		(X) <u>Ronald Cant</u>			
I DO HEREBY STATE THAT THE ABOVE WORK HAS BEEN DONE IN A WORKMANLIKE MANNER AND TO APPLICABLE CODES.						TECHNICIAN SIGNATURE		X <u>[Signature]</u>			

MR 331
Rev. 11/06
Type 2-without notice of cancellation

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State Farm®

PO Box 2329
Bloomington IL 61702-2329

AT1 1012-3220-25 3502-F109 53

013342
BRUNSTING, ELMER H & NELVA
13630 PINEROCK LN
HOUSTON TX 77079-5914



**** POLICIES ON ACCOUNT ****

2000 BUICK
073 1538-C07-53D 66.29

PERSONAL UMBRELLA
53-85-8985-5 20.50

HOMEOWNERS
53-08-8074-0 202.25

CURRENT INSTALLMENT **\$289.04**

**** CURRENT CHANGES ****

HOMEOWNERS
53-08-8074-0
Renewal premium changed.

NOTICE OF PAYMENT DUE

ACCOUNT NUMBER 1012-3220-25
Monthly Account

DATE DUE PLEASE PAY THIS AMOUNT
SEP 1, 2011 SEE NOTE

**** BILLING SUMMARY ****

Last Amount Billed	\$300.62
Last Amount Paid AUG 1, 2011	-300.62
Difference	0.00
Current Installment	289.04
Service Charge	1.00
Total Amount Due By SEP 1, 2011	\$290.04

Changes completed after 8-01-11 will appear on the next notice.

NOTE: Recurring payment of \$290.04 will be entered SEP 1, 2011 through your financial institution.

Future notices will only be mailed if your amount due changes. Please continue to account for this amount in your financial records each month.

Elect paperless billing for your SFPP account. Login at statefarm.com and click the "Turn off SFPP Paper Bills" link under your listed insurance policies. You will receive an e-mail when your bill is available for viewing at statefarm.com

Thanks for letting us serve you...

Agent Darrell Williams
Telephone 281-496-3360

87 4566 0834

Prepared Date AUG 1 2011

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT.

NAME	BRUNSTING, ELMER H & NELVA		
ACCOUNT NUMBER	1012-3220-25	Monthly Account	

PLEASE RETURN THIS PART WITH YOUR
CHECK MADE PAYABLE TO STATE FARM.

DATE DUE	PLEASE PAY THIS AMOUNT
SEP 1, 2011	SEE NOTE

Please contact your State Farm agent to make any policy changes.

2500109201
Insurance Support Center
P.O. Box 680001
Dallas, TX 75368-0001



107702.18 08-31-2010 (01a0801k)

(01v080pa)
01v0803a

For office use only
Prepared AUG 1 2011 15014 3502-F109 53

SFPP BILL

SEE NOTE

0920

100126300029004 200101232202511325>

Brunsting004387

**State Farm Fire and Casualty Company**8900 Amberglen Boulevard
Austin, TX 78729-1110

AT1

P-25- 3502-F109

L

F

001663

BRUNSTING, ELMER H & NELVA E
13630 PINEROCK LN
HOUSTON TX 77079-5914**RENEWAL CERTIFICATE****POLICY NUMBER** 53-85-8985-5Personal Liability Umbrella Policy
MAR 06 2011 to MAR 06 2012

BILLED THROUGH SFPP

COVERAGES AND LIMITSL Personal Liability \$2,000,000
Self-Insured Retention 1,000**UNDERLYING EXPOSURES**

Our records show the following underlying information. This information was used in determining the rate of the policy.

AUTOMOBILE EXPOSURESAutomobile(s) 1
Automobile Operator(s) 1**OTHER LIABILITY EXPOSURES**

Personal Residential

Annual Premium \$246.00

SFPP No:1012322025

Forms and EndorsementsPersonal Liability Umbrella
Amendatory Endorsement
Fuel Oil ExclusionFP-7950.2
FE-7643.5
FE-5837***Notify your agent immediately if the above listed Coverages and/or Underlying Exposures are incorrect.**
Your Coverages and/or bill can be affected if this information is not correct.**The Class 50 Discount has reduced the premium on your policy by \$62.00****Required Underlying Insurance on reverse side***Thanks for letting us serve you...*6163 901 I
N C**Agent DARRELL WILLIAMS**
Telephone (281) 496-3360Moving? See your State Farm agent.
See reverse for important information.
Prepared JAN 20 2011

REP

Brunsting004388

138-3076 f.8 10-11-2010 (01/30895b)

CONTINUED FROM FRONT

Required Underlying Insurance

(Terms in Bold in this section are defined in the policy)

Minimum Underlying Limits

<u>Type of Policy</u>	<u>Combined Limits</u> <u>(Bodily Injury and Property Damage)</u>	or	<u>Split Limits</u>
Automobile Liability	\$ 325 , 000	Bodily Injury-	\$ 100 , 000 Per Person \$ 300 , 000 Per Accident
		Property Damage-	\$ 25 , 000 Per Accident
Recreational Motor Vehicle Liability Including Passenger Bodily Injury	\$ 325 , 000	Bodily Injury-	\$ 100 , 000 Per Person \$ 300 , 000 Per Accident
		Property Damage-	\$ 25 , 000 Per Accident
Personal Residential Liability	\$ 100 , 000		
Watercraft Liability	\$ 100 , 000		

NOTICE TO POLICYHOLDER:

Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Effective Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Effective Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.

Please keep this with your policy.



IMPORTANT NOTICE

To obtain information or make a complaint:

You may call State Farm®'s toll-free telephone number for information or to make a complaint at:

1-800-252-7645

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

To obtain price and policy form comparisons and other information relating to residential property insurance and personal automobile insurance, you may visit the Texas Department of Insurance/Office of Public Insurance Counsel website:

www.helpinsure.com

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact the agent first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

3/08 (C)

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de State Farm® para informacion o para someter una queja al:

1-800-252-7645

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

Para obtener formas de comparacion de precios y póliza y otra informacion acerca del seguro de propiedad residencial y del seguro de automóvil, visite el sitio web del Departamento de Seguros de Texas y la Oficina del Asesor Publico de Seguros:

www.helpinsure.com

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el agente primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA:

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

153-5433 TX.1



Medicare Summary Notice

June 22, 2011

CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-8905D

If you have questions, call

1-800-MEDICARE

(1-800-633-4227) (#04402)

TX

Ask for Doctor Services

TTY for hearing impaired: 1-877-486-2048

NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079-5914

BE INFORMED: You may see some claims that have been adjusted. For an explanation see the General Information section.

This is a summary of claims processed from 04/11/2011 through 06/22/2011.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 28-11152-237-060						
Acs Primary Care Physicians, P O Box 636018,						
Cincinnati, OH 45263-6018						
Dr. Wade, Shawna						
05/16/11	1.0 Emergency dept visit (99285)	\$860.00	\$171.85	\$137.48	\$34.37	
05/16/11	1.0 Electrocardiogram report (93010)	78.00	8.93	7.14	1.79	
	Claim Total	\$938.00	\$180.78	\$144.62	\$36.16	
Claim number 22-11159-357-060						
Amrit N Achari MD PA, 8915 Gaylord St,						
Houston, TX 77024-2903						
Referred by: Szema, Robert Scott						
Dr. Achari, M.						
06/06/11	1.0 Initial hospital care (99223)	\$450.00	\$196.45	\$157.16	\$39.29	
Dr. Achari, M.						
06/07/11	1.0 Subsequent hospital care (99233)	250.00	100.68	80.54	20.14	
	Claim Total	\$700.00	\$297.13	\$237.70	\$59.43	

THIS IS NOT A BILL - Keep this notice for your records.

547769265

IMPORTANT INFORMATION
You Should Know About Your Medicare Part B Benefits

For more information about services covered by Medicare, please see your Medicare Handbook.

MEDICARE PART B MEDICAL INSURANCE:

Medicare Part B helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment and other health care services. **Medicare Part A Hospital Insurance** helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

MEDICARE ASSIGNMENT: Medicare Part B claims may be **assigned or unassigned**. Providers who **accept assignment** agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the telephone number in the Customer Service Information box on the front of this notice for a list of **participating providers** who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit **unassigned** claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80 percent of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115 percent of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

YOUR RESPONSIBILITY: The amount in the **You May Be Billed** column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
- **coinsurance:** 20 percent of the Medicare approved amount after the deductible has been met for the year,
- the amount billed, up to the **limiting charge**, for unassigned claims and
- charges for services/supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental

benefits from another insurance company, make a copy for your records.

WHEN OTHER INSURANCE PAYS FIRST: All

Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

YOUR RIGHT TO APPEAL: If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice five days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want **help with your appeal**, a friend or someone else can help you. Also, groups, such as legal aid services, may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

HELP STOP MEDICARE FRAUD: Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
- telephone or door to door offers of free medical services or items and
- claims for Medicare services or items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

INSURANCE COUNSELING AND ASSISTANCE:

Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

Centers for Medicare & Medicaid Services

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 22-11160-428-590 Amrit N Achari MD PA, 8915 Gaylord St, Houston, TX 77024-2903 Referred by: Szema, Robert Scott Dr. Achari, M.						
06/07/11	1.0 Eeg awake and drowsy (95816-26) professional charge	\$300.00	\$55.23	\$44.18	\$11.05	
06/07/11	1.0 EEG digital analysis (95957-26) professional charge	300.00	101.25	81.00	20.25	
Dr. Achari, M.						
06/08/11	1.0 Subsequent hospital care (99233)	250.00	100.68	80.54	20.14	
	Claim Total	\$850.00	\$257.16	\$205.72	\$51.44	
Claim number 58-10093-521-670 Digestive And Liver Speciali, Suite 850, 915 Gessner , Houston, TX 77024-0000 Dr. Mauk, Paul M.						
04/06/10	1.0 Office/outpatient visit est (99214)	\$129.00	\$99.26	\$79.41	\$19.85	
Claim number 58-10138-215-450 Digestive And Liver Speciali, Suite 850, 915 Gessner , Houston, TX 77024-0000 Dr. Mauk, Paul M.						
05/17/10	1.0 Office/outpatient visit est (99213)	\$83.00	\$66.31	\$53.05	\$13.26	
Claim number 58-10097-180-480 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Marconi, Andrea Dr. Govea, C. M.D.						
04/04/10	1.0 Chest x-ray (71010-26) professional charge	\$38.00	\$9.24	\$7.39	\$1.85	


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PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 58-10129-426-160 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Mauk, Paul Martin Dr. Huynh, Khanh D. M.D.						
04/26/10	1.0 Ct thorax w/o & w/dye (71270-26) professional charge	\$284.00	\$70.94	\$56.75	\$14.19	
Claim number 58-10129-426-170 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Mauk, Paul Martin Dr. Huynh, Khanh D. M.D.						
04/26/10	1.0 Ct pelvis w/o & w/dye (72194-26) professional charge	\$284.00	\$62.93	\$50.34	\$12.59	
Claim number 58-10129-426-180 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Mauk, Paul Martin Dr. Huynh, Khanh D. M.D.						
04/26/10	1.0 Ct abdomen w/o & w/dye (74170-26) professional charge	\$319.00	\$72.52	\$58.02	\$14.50	
Claim number 29-11116-428-020 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Cheng, Thanh Chi Dr. Lee, Stephen						
01/16/11	1.0 Chest x-ray (71010-26) professional charge	\$38.00	\$8.93	\$7.14	\$1.79	

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 28-11145-526-480 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Wade, Shawna Dr. Lee, Stephen						
05/16/11	1.0 Chest x-ray (71010-26) professional charge	\$38.00	\$8.93	\$7.14	\$1.79	
Claim number 22-11154-281-280 Medical Chest Associates PA, Ste 188, 902 Frostwood Dr , Houston, TX 77024-2402 Dr. Jain, Ajay						
05/16/11	1.0 Initial observation care (99218-AI)	\$115.00	\$64.95	\$51.96	\$12.99	a
05/17/11	1.0 Observation care discharge (99217)	150.00	70.00	56.00	14.00	
	Claim Total	\$265.00	\$134.95	\$107.96	\$26.99	
Claim number 58-10234-144-170 Memorial Heramnn Hosp, PO Box 201367, Houston, TX 77216-0000 Referred by: Mauk, Paul Martin						
04/26/10	150.0 LOCM 300-399mg/ml iodine,1ml (Q9967)	\$520.00	\$26.55	\$21.02	\$5.53	b
04/26/10	1.0 Ct abdomen w/o & w/dye (74170-TC) technical charge	3,328.25	331.50	265.20	66.30	c
04/26/10	1.0 Ct thorax w/o & w/dye (71270-TC51) technical charge	2,996.00	225.50	180.40	45.10	c
04/26/10	1.0 Ct pelvis w/o & w/dye (72194-TC51) technical charge	2,540.25	226.30	181.04	45.26	c
	Claim Total	\$9,384.50	\$809.85	\$647.66	\$162.19	
Claim number 22-11089-662-250 Oncology Consultants, P. A., PO Box 4418, Houston, TX 77210-4418 Referred by: Dr. Mauk, Paul M. Dr. Miro Quesada, Miguel V. M.D.						
03/28/11	1.0 Office/outpatient visit est (99213)	\$135.00	\$69.41	\$55.53	\$13.88	


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PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
03/28/11	1.0 Complete cbc w/auto diff wbc (85025)	38.00	10.94	10.94	0.00	d
03/28/11	1.0 Routine venipuncture (36415)	15.00	3.00	3.00	0.00	d
	Claim Total	\$188.00	\$83.35	\$69.47	\$13.88	
Claim number 58-10185-046-160 Rosewood Family Physicians, Suite B, 2405 South Gessner , Houston, TX 77063-2005 Dr. White, Robert E. M.D.						
01/22/10	1.0 Office/outpatient visit est (99213-25)	\$115.00	\$66.31	\$0.00	\$66.31	e
01/22/10	1.0 Routine venipuncture (36415)	10.00	3.00	3.00	0.00	d
	Claim Total	\$125.00	\$69.31	\$3.00	\$66.31	
Claim number 58-10192-239-080 Rosewood Family Physicians, Suite B, 2405 South Gessner , Houston, TX 77063-2005 Dr. White, Robert E. M.D.						
03/19/10	1.0 Office/outpatient visit est (99213)	\$115.00	\$66.31	\$0.00	\$66.31	e

Notes Section:

- a The name or Medicare number was incorrect or missing. Ask your provider to use the name or number shown on this notice for future claims.
- b \$ 0.28 of this approved amount has been applied toward your deductible.
- c The approved amount is based on a special payment method.
- d This service is paid at 100 percent of the Medicare approved amount.
- e This approved amount has been applied toward your deductible.

Deductible Information:

You have now met \$155.00 of your \$155.00 Part B deductible for 2010.

You have met the Part B deductible for 2011.

General Information:

You have the right to request an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

Appeals Information - Part B

If you disagree with any claims decision on this notice, your appeal must be received by October 25, 2011. Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address: Medicare Part B, P.O. Box 660156, Dallas, TX 75266-0156. (You may also send any additional information you may have about your appeal.)
- 3) Sign here _____ Phone number (____) _____
- 4) Medicare Number _____



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NELVA E. BRUNSTING
13630 PINEROCK
HOUSTON TX 77079-5914

CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-8905D

If you have questions, call 1-800-Medicare
(1-800-633-4227)(#04001)

Ask for Hospital Services

TTY for Hearing Impaired: 1-877-486-2048

BE INFORMED: You may see claims that have been adjusted. For an explanation see the General Information section.

This is a summary of claims processed from 06/21/2011 through 08/17/2011.

PART A HOSPITAL INSURANCE - INPATIENT CLAIMS

Dates of Service	Benefit Days Used	Non- Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Control number 21117100910204TXA					
Memorial Hermann Hospital Syste					
921 Gessner Rd					
Memorial Hermann Memorial City					
Houston, TX 77024-2501					
Referred by: Robert S. Szema					
06/06/11-06/11/11	5 days	\$0.00	\$1,132.00	\$1,132.00	a, c
Control number 21120200543404TXA					
Memorial Hermann Hospital Syste					
921 Gessner Rd					
Memorial Hermann Memorial City					
Houston, TX 77024-2501					
Referred by: Monta K. Pattison					
07/11/11-07/15/11	4 days	\$0.00	\$0.00	\$0.00	b
Control number 21118701337404TXA					
Memorial Hermann Rehabilitation					
21720 Kingsland Blvd #102					
Memorial Hermann Rehabilitation					
Katy, TX 77450-2550					
Referred by: Mubarak A. Khawaja					
06/11/11-06/25/11	14 days	\$0.00	\$0.00	\$0.00	b

IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT YOUR MEDICARE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

PART A HOSPITAL INSURANCE (INPATIENT)

helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. Inpatient services are measured in benefit periods. A benefit period begins the first time you receive Medicare covered inpatient hospital care and ends when you have been out of the hospital or skilled nursing facility for 60 consecutive days. There is no limit to the number of benefit periods you may have.

THE AMOUNT YOU MAY BE BILLED for Part A services includes:

- an **inpatient hospital deductible** once during each benefit period,
- a **coinsurance amount for the 61st through the 90th days** of a hospital stay during each benefit period,
- a **coinsurance amount for each Lifetime Reserve Day**, which can be used if you have to stay in the hospital more than 90 days in one benefit period. Lifetime Reserve Days may be used only once.
- a **blood deductible** for the first three pints of unreplaced blood furnished to you in a calendar year in some states,
- an **inpatient coinsurance for the 21st through the 100th days** of a Medicare covered stay in a **skilled nursing facility**,
- charges for services or supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

PART B MEDICAL INSURANCE (OUTPATIENT FACILITIES) helps pay for care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers.

THE AMOUNT YOU MAY BE BILLED for Part B services includes:

- an **annual deductible**, taken from the first Medicare Part B charges each year;
- after the deductible has been met for the year, depending on services received, a **coinsurance** amount (20 percent of the amount charged), or a fixed copayment for each service; and
- charges for services or supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a note on the front will tell you.

If you have supplemental insurance, it may help to pay the amounts you may be billed. If you use this notice to claim supplemental benefits from another insurance company,

make a copy for your records.

WHEN OTHER INSURANCE PAYS FIRST: All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and worker's compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

YOUR RIGHT TO APPEAL: If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of this notice. If you want **help with your appeal**, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice

HELP STOP MEDICARE FRAUD: Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number
- telephone or door to door offers of free medical services or items, and
- claims for Medicare services/items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

INSURANCE COUNSELING AND ASSISTANCE: Insurance Counseling and Assistance programs are located in every state. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap, and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

CENTERS for MEDICARE & MEDICAID SERVICES

PART A HOSPITAL INSURANCE - INPATIENT CLAIMS (continued)

Dates of Service	Benefit Days Used	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Control number 21122701115204TXA Memorial Hermann Rehabilitation 21720 Kingsland Blvd #102 Memorial Hermann Rehabilitation Katy, TX 77450-2550 Referred by: Mubarak A. Khawaja 06/11/11-06/25/11					
	14 days	\$0.00	\$0.00	\$0.00	f,g b
Control number 21122402271501TXA The Concierge 2310 S Eldridge Pkwy Houston, TX 77077 Referred by: Jasmin Baleva 07/08/11-07/11/11					
	3 days	\$0.00	\$0.00	\$0.00	h,i

PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Control number 21122101254004TXA Memorial Hermann Hospital Syste 921 Gessner Rd Memorial Hermann Memorial City Houston, TX 77024-2501 Referred by: Miguel V. Miro Quesada						
08/01/11	Ct thorax w/dye (71260)	\$2,263.75	\$0.00	\$124.99	\$124.99	j k
	Ct abd&pelv 1+ section/regns (74178)	5,435.50	0.00	0.00	0.00	1
	LOCM 300-399mg/ml iodine, 1ml (Q9967)	424.00	0.00	0.00	0.00	1
	Claim Total	\$8,123.25	\$0.00	\$124.99	\$124.99	

Notes Section:

- a The amount Medicare paid the provider for this claim is \$5,673.14.
- b Days are being subtracted from your total inpatient hospital benefits for this benefit period.
- c \$1,132.00 was applied to your inpatient deductible.

(continued)

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Notes Section: (continued)

- d The amount Medicare paid the provider for this claim is \$4,264.36.
- e The amount Medicare paid the provider for this claim is \$17,361.40.
- f The amount Medicare paid the provider for this claim is \$18,380.25.
- g This is an adjustment to a previously processed claim and/or deductible record.
- h You have 97 day(s) remaining of your total 100 days of skilled nursing facility benefits for this benefit period.
- i The amount Medicare paid the provider for this claim is \$649.86.
- j The amount Medicare paid the provider for this claim is \$499.92.
- k The following policies L26732
were used when we made this decision.
- l Payment is included in another service received on the same day.

Deductible Information:

You have met the Part A deductible for this benefit period.

You have met the Part B deductible for 2011.

General Information:

If the coinsurance amount you paid is more than the amount shown on your notice, you are entitled to a refund, please contact your provider.

Glaucoma may cause blindness. Medicare helps pay for a yearly dilated eye exam for people at high risk for Glaucoma. African-Americans over 50 and people with diabetes or a family history of glaucoma are at higher risk. Talk to your doctor to learn if this exam is right for you.

Medicare covers benefits to help control diabetes. Benefits include your diabetes self-testing equipment and supplies, diabetes self-management training and medical nutrition therapy.

General Information (continued):

If you have not received your flu vaccine it is not too late. Please contact your health care provider about getting the flu vaccine.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

Please send written appeal requests to: Medicare Part A
P.O. Box 660155 Dallas, TX 75266-0155.
Send routine written inquiries to: General Medicare-BIC, P.O. Box 100297,
Columbia, SC 29202-3297.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Electronic prescribing can save you time at the pharmacy, Reduce the chance of getting the wrong medication or dose, and save money. When you go to the doctor, ask "Do you e-prescribe?"

Caring for someone with Medicare? We know it's not easy. Visit "Ask Medicare" at medicare.gov/caregivers for up-to-the-minute information, resources, and tips on making the most of Medicare.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

During this flu season, get your flu shot. Contact your health care provider for the flu shot. Get the flu shot, not the flu. You pay nothing if your health care provider accepts Medicare assignment.



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General Information (continued):

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

Prostate cancer is the second leading cause of cancer deaths in men. Medicare covers prostate screening tests once every 12 months for men with Medicare who are over age 50.

Appeals Information - Part A (Inpatient) and Part B (Outpatient)

If you disagree with any claims decision on either PART A or PART B of this notice, your appeal must be received by January 26, 2012.
Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address:

**TRAILBLAZER HEALTH ENTERPRISES, LLC
PO BOX 660155
DALLAS, TX 75266-0155**

(You may also send any additional information you may have about your appeal.)

- 3) Sign here _____ Phone number (____) _____
- 4) Medicare Number: _____



Medicare Summary Notice

September 29, 2011

CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-8905D

If you have questions, call:

Call: 1-800-MEDICARE
(1-800-633-4227) (18003)
Ask for Medical Supplies

TTY (tele-typewriter) and TDD users only
should call: 1-877-486-2048

BE INFORMED: Beware of telemarketers or advertisements offering free or discounted Medicare items and services.

This is a summary of claims processed from 07/01/2011 through 09/29/2011.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 11202715906000 DUKE MEDICAL EQUIPMENT, L, 4305 HUGH ECHOLS BLVD, BAYTOWN, TX 77521-3366 Referred by: RICHARD J POHIL						
07/20/11	1.0 Nebulizer with compression (E0570-RRKJKX) Rental	\$25.00	\$12.67	\$10.14	\$2.53	a
Claim number 11234767175000 DUKE MEDICAL EQUIPMENT, L, 4305 HUGH ECHOLS BLVD, BAYTOWN, TX 77521-3366 Referred by: RICHARD J POHIL						
08/20/11	1.0 Nebulizer with compression (E0570-RRKJ) Rental	\$25.00	\$12.67	\$10.14	\$2.53	
Claim number 11178818584000 MED - CONNECT, 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710 Referred by: ROBERT E WHITE						
06/22/11	1.0 Oxygen concentrator (E1390-RR) Rental	\$276.20	\$173.31	\$138.65	\$34.66	b
06/22/11	1.0 Portable gaseous O2 (E0431-RR) Rental	43.43	28.74	22.99	5.75	b
Claim Total		\$319.63	\$202.05	\$161.64	\$40.41	

THIS IS NOT A BILL - Keep this notice for your records.

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PART B MEDICAL INSURANCE - ASSIGNED CLAIMS**(continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 11206816762000 MED - CONNECT, 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710 Referred by: ROBERT E WHITE						
07/22/11	1.0 Portable gaseous O2 (E0431-RR) Rental	\$43.43	\$28.74	\$22.99	\$5.75	b
07/22/11	1.0 Oxygen concentrator (E1390-RR) Rental	276.20	173.31	138.65	34.66	b
Claim Total		\$319.63	\$202.05	\$161.64	\$40.41	
Claim number 11234820178000 MED-CONNECT, INC., 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710 Referred by: ROBERT E WHITE						
08/22/11	1.0 Oxygen concentrator (E1390-RR) Rental	\$276.20	\$173.31	\$138.65	\$34.66	b
08/22/11	1.0 Portable gaseous O2 (E0431-RR) Rental	43.43	28.74	22.99	5.75	b
Claim Total		\$319.63	\$202.05	\$161.64	\$40.41	
Claim number 11269824481000 MED-CONNECT, INC., 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710 Referred by: ROBERT E WHITE						
09/22/11	1.0 Portable gaseous O2 (E0431-RR) Rental	\$43.43	\$0.00	\$0.00	\$0.00	c,d
09/22/11	1.0 Oxygen concentrator (E1390-RR) Rental	276.20	0.00	0.00	0.00	c,d
Claim Total		\$319.63	\$0.00	\$0.00	\$0.00	
Claim number 11241841359000 ONCOLOGY CONSULTANTS, P.A, PO BOX 4827, HOUSTON, TX 77210-4827 Referred by: ALEX P NGUYEN						
08/25/11	1.0 Sup fee antiem,antica,immuno (Q0511)	\$24.00	\$24.00	\$19.20	\$4.80	
08/25/11	120.0 Medical service (WW093)	6,654.95	2,924.64	2,339.71	584.93	e
Claim Total		\$6,678.95	\$2,948.64	\$2,358.91	\$589.73	
Claim number 11251714283000 SUN OPTIMUM SUPPLIES, 12834 MURPHY RD, STAFFORD, TX 77477-3902 Referred by: AJAY JAIN						
08/21/11	1.0 Hosp bed semi-electr w/ matt (E0260-RRKIKX) Rental	\$150.00	\$126.99	\$101.59	\$25.40	f

Your Medicare Number: XXX-XX-8905D

Page 3 of 4
September 29, 2011**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS**

(continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 11251714451000 SUN OPTIMUM SUPPLIES, 12834 MURPHY RD, STAFFORD, TX 77477-3902 Referred by: AJAY JAIN						
07/21/11	1.0 Hosp bed semi-electr w/ matt (E0260-RRKHKX) Rental	\$150.00	\$126.99	\$101.59	\$25.40	f

Notes Section:

- a Payment is reduced by 25 percent beginning the 4th month of rental.
- b Medicare will pay for you to rent this equipment for up to 36 months (or until you no longer need the equipment). After the 36 month rental period, Medicare will continue to pay for delivery of liquid and gaseous contents, as long as it is still medically necessary.
- c This item cannot be paid without a new, revised or renewed certificate of medical necessity.
- d You should not be billed for this service. You are only responsible for any deductible and coinsurance amounts listed in the "You may be billed" column.
- e The approved amount is based on a special payment method.
- f Monthly rental payments can be made for up to 13 months from the first paid rental month or until the equipment is no longer needed; whichever comes first. After the 13 month of rental is paid, your supplier must transfer title of this equipment to you.

Deductible Information:

You have met the Part B deductible for 2011.

General Information:

You have the right to make a request in writing for an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

(continued)



General Information: (continued)

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

During this flu season, get your flu shot. Contact your health care provider for the flu shot. Get the flu shot, not the flu. You pay nothing if your health care provider accepts Medicare assignment.

Appeals Information - Part B

If you disagree with any claims decisions on this notice, your appeal must be received by February 1, 2012.
Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address: CGS - DME MAC Jurisdiction C,
Attn: Redetermination Dept, P. O. Box 20009, Nashville, TN 37202.

(You may also send any additional information you may have about your appeal.)

- 3) Sign here _____ Phone number (____) _____
- 4) Medicare Number _____

IMPORTANT INFORMATION ABOUT YOUR MEDICARE PART B MEDICAL INSURANCE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

MEDICARE PART B MEDICAL INSURANCE: Medicare Part B helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment, and other health care services. Medicare Part A Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

MEDICARE ASSIGNMENT: Medicare Part B claims may be assigned or unassigned. Providers who accept assignment agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the address or telephone number in the Customer Service Information box on the front of this notice for a list of participating providers who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit unassigned claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80% of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115% of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

YOUR RESPONSIBILITY: The amount in the **You May Be Billed** column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
- **coinsurance:** 20% of the Medicare approved amount, after the deductible has been met for the year,
- the amount billed, up to the limiting charge, for unassigned claims, and
- charges for services/supplies that are not covered by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental benefits

from another insurance company, make a copy for your records.

WHEN OTHER INSURANCE PAYS FIRST: All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers' compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

YOUR RIGHT TO APPEAL: If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want help with your appeal, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

HELP STOP MEDICARE FRAUD: Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
- telephone or door-to-door offers of free medical services or items, and
- claims for Medicare services or items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

INSURANCE COUNSELING AND ASSISTANCE: Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

Centers for Medicare & Medicaid Services

Spring Branch Medical Supply
8700 Longpoint Rd. Suite #106
Houston, Tx, 77055
713-465-2200

I N V O I C E

Ship To: MR. ROBERT LEE CANTU
HOUSTON, TX 77064-

Bill To: MR. ROBERT LEE CANTU
HOUSTON, TX 77064-

Ph:(281) 382-9451

ATTN: R. CANTU

ATTN: R. CANTU

INVOICE NO. 114895 MCA #134226 10:18 am 07/02/11 Page # 1

SKU	DESCRIPTION	QTY	Per/Unit PRICE	TOTAL
ALE501312	BED WEDGE 12" 7-2-11 CUST MAYRETURN BY TUESDAY 6-5-11 AS LONG AS NOT OPENED .MCA	1.00	47.95	47.95

SPRING BRANCH MEDICAL
8700 LONG POINT RD 106
HOUSTON, TX 77055

07/02/2011 10:18:43
Merchant ID: 000000001116190
Terminal ID: 02010851
455502350990

CREDIT CARD
VISA SALE

CARD # XXXXXXXXXXXXX6258
INVOICE 0001
Batch #: 000586
Approval Code: 031811
Entry Method: Swiped
Approved: Online

SALE AMOUNT \$51.91

.T.

Master/Visa \$ 51.91

Subtotal: \$47.95
Tax: \$3.96
Amount Charged: \$0.00
TOTAL: \$51.91

Mail Your Payment To:

DENTEX

DENTEX DENTAL PLAN, INC.

9099 Katy Freeway, Suite 100
Houston, TX 77024

Account Number: 7008830

Due Date: 10/13/2011

Statement Date: 8/3/2011

Customer Service Phone: 713-467-4241

NELVA BRUNSTING
13630 PINE ROCK
HOUSTON, TX 77029

Renewal Invoice

Dentex Dental Plan

For Coverage

From: 10/13/2011 To: 10/13/2012

Your dental coverage with Dentex Dental Plan, Inc. will expire soon!

If payment is not received by renewal date a registration fee may apply to renew.

Please pay the Annual or Monthly Premium Due to continue your coverage. Send your payment, bank draft or credit card information as listed below.



Annual Premium \$155.40

Renew Online - www.dentex.net

Tell a friend about your great dental plan! DENTEX

Return the bottom part of this page with your payment to Dentex Dental Plan, Inc.

NELVA BRUNSTING
13630 PINE ROCK
HOUSTON, TX 77029

I WANT TO PAY MY MONTHLY MEMBERSHIP BY:

☐ Bank Draft

☐ Credit Card

(Attached voided check)

I authorize Dentex to deduct my monthly membership fee on the third business day of each month in the amount of \$12.95

Dentex will continue drafting until notified of cancellation in writing.

Signature

Account #	Credit Card Number	Expires	Signature	Amount Paid
7008830		/		

AN APPOINTMENT HAS BEEN RESERVED FOR

M

Deeva Brunsting

☒ MON ☐ TUES ☐ WED ☐ THURS ☐ FRI ☐ SAT

DATE

2/28/2011

AT

2:45

AM
P.M.

IF UNABLE TO KEEP APPOINTMENT, PLEASE CALL TO CANCEL

MEDICAL CHEST ASSOCIATES, P.A.

AJAY JAIN, M.D

902 FROSTWOOD, SUITE 188
HOUSTON, TEXAS 77024
PHONE (713) 467-8888

701 FRY ROAD, SUITE 116
KATY, TEXAS 77450
FAX (713) 467-5569

SALE RECEIPT
Store #37552 tko 03/31/11 12:46:55
Trans# 92 Clerk 22 Dwr 1 TRDT 033111
Receipt # 0000215471 Reg-ID REG-MAIN
Sales Tx 0.64 Tax B 0.00
Tax C 0.00 Tax D 0.00
Tax E 0.00 Tax F 0.00
**TOTAL 8.43
AMT TEND 8.43 CHANGE DUE 0.00
CHANGE DUE\$ 0.00

Approval No: 211388
Reference No: 211388
Account No: *****6626
Card Issuer: VISA
Amount: \$8.43

Take our 1-minute Survey at
www.tellsbway.com and receive a free
cookie. Keep your receipt and write
your unique coupon code
here_____.

Host Order ID: 0717.tseE

Patient Statement

MAKE CHECKS PAYABLE TO:

CARDIOLOGY ASSOCIATES OF HOUSTON PA

925 GESSNER
SUITE 400
HOUSTON, TX 77024-2545



RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES, PLEASE CALL: 713-467-0605

Nelva Brunsting 2 6

 13630 PINEROCK LN

 HOUSTON, TX 77079-5914

IF PAYING BY CREDIT CARD, FILL OUT BELOW

☐ VISA	☐ AMERICAN EXPRESS	☐ MasterCard	☐ DISCOVER
CARD NUMBER		EXP. DATE	
SIGNATURE		PRINT NAME	
STATEMENT DATE 04/07/2011	PAY THIS AMOUNT \$28.60	ACCT. # 11426	
SHOW AMOUNT PAID HERE		\$	

CARDIOLOGY ASSOCIATES OF HOUSTON PA
 925 GESSNER
 STE 400
 HOUSTON TX 77024-2545



Detach at perforation and return above portion with payment.
 Make address and insurance changes on reverse side and return entire statement.

Date	CPT	Description	Total Fee	Insurance	Patient
PatientNelva BrunAccount #:11426 Doctor: Mark A Yeoman MD Code:MC034429 Location:Memorial Hermann Memorial City Hospital					
12/04/2010	99232	Subsequent hospital care, per day, moderate complexity	\$95.00	\$95.00	\$.00
12/30/2010		Insurance Adjustment from Medicare	\$.00	\$ -23.46	\$.00
12/30/2010		Insurance payment Payment from Medicare	\$.00	\$ -57.23	\$.00
01/19/2011		Insurance payment Payment from United Healthcare PPO Options	\$.00	\$ -11.45	\$.00
01/19/2011		Transfer from Insurance	\$.00	\$ -2.86	\$ 2.86
This balance was due to your co-insurance not met for this visit.					
02/03/2011		Conveyance Payment from Brunsting, Nelva	\$.00	\$.00	\$ -2.47
BALANCE:				\$.00	\$.39
PatientNelva BrunAccount #:11426 Doctor: Harold A Condara Jr Code:OFC13360 Location:Cardiology Associates of Houston P A					
12/20/2010	99214	Established Patient Detailed	\$145.00	\$145.00	\$.00
01/10/2011		Insurance Adjustment from Medicare	\$.00	\$ -43.55	\$.00
01/10/2011		Insurance payment Payment from Medicare	\$.00	\$ -81.16	\$.00
01/31/2011		Insurance payment Payment from United Healthcare Choice/Select	\$.00	\$ -16.23	\$.00
01/31/2011		Transfer from Insurance	\$.00	\$ -4.06	\$ 4.06
This balance was due to your co-insurance not met for this visit.					
BALANCE:				\$.00	\$ 4.06
PatientNelva BrunAccount #:11426 Doctor: Charles H Caplan MD Code:MC035192 Location:Memorial Hermann Memorial City					
01/16/2011	99220	Initial observation care, high complexity	\$245.00	\$245.00	\$.00
02/11/2011		Insurance Adjustment from Medicare	\$.00	\$ -93.05	\$.00
02/11/2011		Insurance payment Payment from Medicare	\$.00	\$ -121.56	\$.00
03/09/2011		Insurance payment Payment from United Healthcare PPO Options	\$.00	\$ -21.50	\$.00
03/09/2011		Transfer from Insurance	\$.00	\$ -8.89	\$ 8.89
This balance was due to your co-insurance not met for this visit.					
BALANCE:				\$.00	\$ 8.89
PatientNelva BrunAccount #:11426 Doctor: Harold A Condara Jr Code:MC035204 Location:Memorial Hermann Memorial City					

CONTINUED on next page

Page 1

Deposit	0-30	31-60	61-90	91-120	Total Balance	Ins. Balance	Patient Balance

Patient Statement

MAKE CHECKS PAYABLE TO:

CARDIOLOGY ASSOCIATES OF HOUSTON PA

925 GESSNER
SUITE 400
HOUSTON, TX 77024-2545



RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES, PLEASE CALL: 713-467-0605

Nelva Brunsting

 13630 PINEROCK LN

 HOUSTON, TX 77079-5914

IF PAYING BY CREDIT CARD, FILL OUT BELOW

☐ VISA	☐ AMERICAN EXPRESS	☐ MasterCard	☐ DISCOVER
CARD NUMBER		EXP. DATE	
SIGNATURE		PRINT NAME	
STATEMENT DATE 04/07/2011	PAY THIS AMOUNT \$28.60	ACCT. # 11426	
SHOW AMOUNT PAID HERE		\$	

CARDIOLOGY ASSOCIATES OF HOUSTON PA
 925 GESSNER
 STE 400
 HOUSTON TX 77024-2545



Detach at perforation and return above portion with payment.
 Make address and insurance changes on reverse side and return entire statement.

Date	CPT	Description	Total Fee	Insurance	Patient
01/17/2011	99226	Subsequent observation care, per day, for the evaluation and manage	\$110.00	\$110.00	\$.00
02/11/2011		Insurance Adjustment from Medicare	\$.00	\$ -35.50	\$.00
02/11/2011		Insurance payment Payment from Medicare	\$.00	\$ -59.60	\$.00
03/08/2011		Insurance payment Payment from United Healthcare PPO Options	\$.00	\$.00	\$.00
03/08/2011		Transfer from Insurance	\$.00	\$ -14.90	\$14.90
This charge was applied to your yearly deductible. Please forward your payment.					
			BALANCE:	\$.00	\$14.90
Patient: Nelva Brun Account #: 11426 Doctor: Jon E Heine MD Code: MC035289 Location: Memorial Hermann Memorial City					
01/17/2011	93010	Ekg Interpretation & Reporting Hospital IP or OP	\$15.00	\$15.00	\$.00
02/18/2011		Insurance Adjustment from Medicare	\$.00	\$ -6.07	\$.00
02/18/2011		Insurance payment Payment from Medicare	\$.00	\$ -7.14	\$.00
03/09/2011		Insurance payment Payment from United Healthcare PPO Options	\$.00	\$ -1.43	\$.00
03/09/2011		Transfer from Insurance	\$.00	\$ -.36	\$.36
This balance was due to your co-insurance not met for this visit.					
			BALANCE:	\$.00	\$.36

Page 2

PLEASE PAY BALANCE DUE IN PATIENT COLUMN. THANK YOU

Deposit	0-30	31-60	61-90	91-120	Total Balance	Ins. Balance	Patient Balance
	\$9.25	\$14.90	\$1.43	\$.00	\$28.60	\$.00	\$28.60

Date	ICPT & Reason	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Amount
Patient: Nelva Brunsting			152.50 15.50 57.00		-106.14 -76.83 0.00 -15.50 -21.22	5.31
Voucher: 2690140						
10/20/10	99214	Office/outpatient Visit				
10/20/10	94760	Measure Blood Oxygen Le				
10/20/10	71020	Chest X-Ray				
11/05/10	888546636	Medicare Payment				
11/05/10	888546636	Medicare Adjustment				
11/05/10	888546636	Medicare Payment				
11/05/10	888546636	Medicare Adjustment				
11/05/10	888546636	Medicare Transfer				
12/07/10	1041187587	Commercial Insurance Pa				
12/07/10	1041187587	Commercial Insurance Tr				
		---- Visit Total				
Voucher: 2789760			102.00		-54.22 -34.23 -10.84	2.71
11/11/10	99213	Office/outpatient Visit				
11/30/10	888727019	Medicare Payment				
11/30/10	888727019	Medicare Adjustment				
11/30/10	888727019	Medicare Transfer				
12/21/10	1QG90026431	Commercial Insurance Pa				
12/21/10	1QG90026431	Commercial Insurance Tr				
		---- Visit Total				

pd. 1/13/11

MEMORIAL CLINICAL ASSOCIATES
1201 DAIRY ASHFORD STE 200
HOUSTON, TX 77079-3023

Account Number: 969650
Office Phone Number: (713) 407-3000

Patient Balance: 8.02

01836 7800893 001837 001837 00001/00001 920966912

92096S11028

DATE	INVOICE	QUANTITY	U/M	DESCRIPTION	PRICE	CASH	BUDGET BILLING	DEFERRED	PREPAID	CHARGE
12/06	15095B	150.00	GAL	LP-FARM USE-T/W Tank:BARN 121874 100)ORDER#: 0001589 50.00% of Total Ticket Split with: 00010900 BEYER, RICHARD 00026200 BRUNSTING, E.H.	1.5900					238.50
*** Ticket total: -										238.50
Category Summary		Quantity		Amount						
-----		-----		-----						
PROPANE:		150.0000		238.50						
-----		-----		-----						
Total:		150.0000		238.50						
This summary may not be all-inclusive. Amount due is listed below.										

AGING	CURRENT	30 - 60	60 - 90	OVER 90
BUDGET	.00	.00	.00	.00
DEFERRED	.00	.00	.00	.00
PREPAID	.00	.00	.00	.00
CHARGE	238.50	.00	.00	.00

	BUDGET BILLING	DEFERRED	PREPAID	CHARGE
ACCOUNT BALANCE	.00	.00	.00	238.50
AMOUNT DUE	.00	.00	.00	238.50

PLEASE PAY THIS AMOUNT BY 01/10/11	238.50

THANK YOU FOR KEEPING YOUR ACCOUNT CURRENT
REMEMBER TO CHECK THE CONDITION OF YOUR STORED GRAIN.

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS
Hull Cooperative Association * PO Box 811 * Hull, IA 51239

AMRIT N ACHARI MD PA
MADHUREETA ACHARI M D
8915 GAYLORD ST
HOUSTON TX 77024

NELVA E BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079

PD

8-02- G office
check # 285

Statement

Account Number Date

07/15/2011

Card Number	
Signature	
Amount	Exp. Date

Amount Due	Amount Paid
24.98	

For assistance please call (713) 780-8144

☐ Please (x) box if above address information is incorrect, and indicate changes on reverse side

Please return this portion of statement with payment

☐ Please ✓ box if above address information is incorrect & indicate changes on reverse side.

Date	Description of Service	Name	Insurance	Patient
06/06/11	99223 HOSP CARE/INITIAL/NEW OR ESTABLISH	BRUNSTING NELVA E	450.00	0.00
06/07/11	99233 HOSP/SUBSEQUENT	BRUNSTING NELVA E	250.00	0.00
06/22/11	MEDICARE PAYMENT	BRUNSTING NELVA E	-237.70	0.00
06/22/11	ADJUSTMENT	BRUNSTING NELVA E	-402.87	0.00
06/22/11	CO-INSURANCE TO SECONDARY	BRUNSTING NELVA E		
07/14/11	UNITED HEALTHCARE PAYMENT	BRUNSTING NELVA E	-47.54	0.00
07/14/11	CO-INSURANCE TO PATIENT: \$11.89	BRUNSTING NELVA E	-11.89	11.89
06/07/11	95816 EEG AWAKE AND DROWSY	BRUNSTING NELVA E	300.00	0.00
06/07/11	95957 EEG SPIKE ANALYSIS/ DETECTION	BRUNSTING NELVA E	300.00	0.00
06/08/11	99233 HOSP/SUBSEQUENT	BRUNSTING NELVA E	250.00	0.00
06/23/11	MEDICARE PAYMENT	BRUNSTING NELVA E	-205.72	0.00
06/23/11	ADJUSTMENT	BRUNSTING NELVA E	-592.84	0.00
06/23/11	CO-INSURANCE TO SECONDARY	BRUNSTING NELVA E		
07/14/11	UNITED HEALTHCARE PAYMENT	BRUNSTING NELVA E	-41.15	0.00
07/14/11	CO-INSURANCE TO PATIENT: \$10.29	BRUNSTING NELVA E	-10.29	10.29
06/09/11	99232 HOSP/SUBSEQUENT	BRUNSTING NELVA E	200.00	0.00
06/28/11	MEDICARE PAYMENT	BRUNSTING NELVA E	-56.06	0.00
06/28/11	ADJUSTMENT	BRUNSTING NELVA E	-129.92	0.00
06/28/11	CO-INSURANCE TO SECONDARY	BRUNSTING NELVA E		
07/14/11	UNITED HEALTHCARE PAYMENT	BRUNSTING NELVA E	-11.22	0.00

Statement

**AMRIT N ACHARI MD PA
MADHUREETA ACHARI M D
8915 GAYLORD ST
HOUSTON TX 77024**

**NELVA E BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079**

Account Number

Date

07/15/2011

Card Number

Signature

Amount

Exp. Date

Amount Due

Amount Paid

24.98

For assistance please call (713) 780-8144

☐ Please (x) box if above address information is incorrect, and indicate changes on reverse side

Please return this portion of statement with payment

☐ Please ☒ box if above address information is incorrect & indicate changes on reverse side.

Date	Description of Service	Name	Insurance	Patient
07/14/11	CO-INSURANCE TO PATIENT: \$2.80	BRUNSTING NELVA E	-2.80	2.80
07/11/11	99223 HOSP CARE/INITIAL/NEW OR ESTABLISH	BRUNSTING NELVA E	450.00	0.00
07/12/11	99233 HOSP/SUBSEQUENT	BRUNSTING NELVA E	250.00	0.00
07/12/11	95816 EEG AWAKE AND DROWSY	BRUNSTING NELVA E	300.00	0.00
07/12/11	95957 EEG SPIKE ANALYSIS/ DETECTION	BRUNSTING NELVA E	300.00	0.00

Total

1,300.00

24.98

Please Pay
This Amount

24.98

PLEASE REMIT PAYMENT! THANKS!! (if paying by credit card, we accept MC and Visa)

Tax ID

742127802

Thank you for choosing Memorial Hermann for your healthcare needs. Your insurance company has informed us that the balance listed below is your responsibility. If you have any questions about how your claim was processed, call your insurance company. Please send payment in full within 15 days. Thank you.

CT SCAN	7,635.50
PHARMACY	424.00
SUPPLIES	97.25

PD CC 324

PATIENT NAME		ACCOUNT NUMBER	ADMIT/SERVICE DATE	DISCHARGE DATE	SERVICE
BRUNSTING, NELVA E		0343169228500	08/01/11	08/01/11	OUTPATIENT
TOTAL CHARGES	TOTAL INSURANCE PAYMENTS	TOTAL PATIENT PAYMENTS		TOTAL ADJUSTMENTS	BALANCE DUE
\$8,156.75	\$-599.91	\$0.00		\$-7,531.84	\$25.00

Our Customer Service Department is available:
Monday-Friday 8:00a.m. to 8:00p.m. cst
Saturday 8:00a.m. - 12:00 Noon

Memorial Hermann Hospital System
P.O. BOX 4370
Houston, TX 77210-4370

patient.billing@memorialhermann.org

Pay your bill on-line at: www.memorialhermann.org
Para la ayuda en español, llame (713)448-5502.

Local Phone:
(713)448-5502

Toll Free:
(800)526-2121

BALANCE LAST STATEMENT	\$25.00
PAYMENTS SINCE LAST STATEMENT	\$0.00
STATEMENT DATE	08/31/11
DUE DATE	09/17/11

PAYMENTS POSTED TO YOUR ACCOUNT AFTER THIS STATEMENT DATE WOULD NOT BE REFLECTED IN THE CURRENT BALANCE DUE

MEMORIAL
HERMANN

DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
05/16/11	101335671	EMERGENCY DEPT VISIT	WADE DO,SHAWNA N	\$860.00	
05/16/11	101335671	ELECTROCARDIOGRAM REPORT	WADE DO,SHAWNA N	\$78.00	
06/18/11	101335671	EDI AUTOMATIC MEDICARE/RR PAYMENT			\$144.62
06/18/11	101335671	CONTRACTUAL ADJUSTMENT			\$757.22
07/14/11	101335671	EDI AUTOMATIC MANAGED CARE PAYMENT			\$28.93
07/11/11	102750529	EMERGENCY DEPT VISIT	PATTISON MD,MONTA K	\$860.00	
08/10/11	102750529	EDI AUTOMATIC MEDICARE/RR PAYMENT			\$137.48
08/10/11	102750529	CONTRACTUAL ADJUSTMENT			\$688.15
08/24/11	102750529	EDI AUTOMATIC MANAGED CARE PAYMENT			\$27.50
08/16/11		SELF PAY LOCKBOX NO DOC PT PAY			\$7.23

OK 321

ACCOUNT NUMBER:	32622571-106-2667	STATEMENT DATE:	08/28/11	TOTAL NOW DUE:	\$6.87

You may now provide insurance information and make credit card payments at www.teamhealth.com

PAYMENT COUPON - RETURN WHEN PAYING BY CHECK OR MONEY ORDER

PATIENT NAME: NELVA E BRUNSTING ACCT#: 32622571-106-2667 CHECK#: AMT PAID:

PHYSICIAN SERVICES RENDERED AT: MEMORIAL HERMANN MEMORIAL CITY

**DO NOT STAPLE OR TAPE YOUR CHECK
OR MONEY ORDER TO THIS COUPON**

☐ CHECK HERE FOR CHANGE OF ADDRESS**MAKE CHECKS PAYABLE TO:**

32622571-106-2667
Nelva E Brunsting
13630 Pinerock Ln
Houston TX 77079-5914

ACS PRIMARY CARE PHYS SW PA
PO BOX 740021
CINCINNATI OH 45274-0021

018000326225711018106333380266700000068746

Brunsting004420

STATEMENT

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

PATIENT NAME		
Nelva E Brunsting		
BILL DATE	ACCOUNT NO.	AMOUNT PAID
09/06/2011	17324	

Nelva E Brunsting
13630 Pinerock Ln.
Houston TX 77079

*pd 320
ck*

THIS IS A STATEMENT OF SERVICES RENDERED BY PHYSICIAN(S) WHO ARE MEMBERS OF:

Dr Mubarak Khawaja PA
707 S Fry Rd Suite 375
Katy, TX 774502259
281-599-8070

DATE OF SERVICE	DESCRIPTION OF SERVICE	AMOUNT
06/13/2011	Claim:34700, Provider: Mubarak, Khawaja, MD	
06/13/2011	99232 HOSP SUB CARE-MOD CPLX (06/13/2011 - 06/18/2011)	726.00
07/25/2011	Medicare Payment	336.38
07/25/2011	Medicare Adjustment	305.52
08/16/2011	United Health Care Medco Payment	67.28
09/06/2011	Coinurance Amount	
09/06/2011	Your Payment is now due. Thank you for your prompt response. Your Balance Due On These Services ...	16.82
06/20/2011	Claim:34712, Provider: Mubarak, Khawaja, MD	
06/20/2011	99232 HOSP SUB CARE-MOD CPLX (06/21/2011)	121.00
06/20/2011	99232 HOSP SUB CARE-MOD CPLX (06/21/2011)	121.00
06/20/2011	99232 HOSP SUB CARE-MOD CPLX (06/23/2011)	121.00

DATE	PATIENT NAME	ACCOUNT NO.	PAY THIS AMOUNT
09/06/2011	Nelva E Brunsting	17324	28.04

MAKE CHECK PAYABLE TO: Dr Mubarak Khawaja PA

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

STATEMENT

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

PATIENT NAME		
Nelva E Brunsting		
BILL DATE	ACCOUNT NO.	AMOUNT PAID
09/06/2011	17324	

Nelva E Brunsting
13630 Pinerock Ln.
Houston TX 77079

THIS IS A STATEMENT OF SERVICES RENDERED BY
PHYSICIAN(S) WHO ARE MEMBERS OF:

Dr Mubarak Khawaja PA
707 S Fry Rd Suite 375
Katy, TX 774502259
281-599-8070

DATE OF SERVICE	DESCRIPTION OF SERVICE	AMOUNT
06/20/2011	99232 HOSP SUB CARE-MOD CPLX (06/24/2011) 121.00	
07/25/2011	Medicare Payment 224.24	
07/25/2011	Medicare Adjustment 203.68	
08/16/2011	United Health Care Medco Payment 44.86	
09/06/2011	Coinsurance Amount	
09/06/2011	Your Payment is now due. Thank you for your prompt response. Your Balance Due On These Services ...	11.22

DATE	PATIENT NAME	ACCOUNT NO.	PAY THIS AMOUNT
09/06/2011	Nelva E Brunsting	17324	28.04

MAKE CHECK PAYABLE TO: Dr Mubarak Khawaja PA

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

Any Lab Test Now

Any Lab Test Now
9742 Katy Freeway
Suite 200
Houston, TX 77055

713-461-2121

Sales Receipt

DATE	SALE #
04/19/2011	13979

SOLD TO
Brunsting, Carle

Service	Activity	Quantity	PMT METHOD	Heard about us?
			Visa	friend
Culture	April 2011 • UA ANY LAB TEST NOW 9742 KATY FREEWAY STE D 200 HOUSTON, TX 77055 7134612121 41399800988021 Merchant ID: 399800988021 Ref #: 001 Sale XXXXXXXXXXXX6626 VISA Entry Method: Swiped Total: \$ 59.00 04/19/11 16:17:57 Inv #: 000013 Appr Code: 619178 Apprvd: Online Batch#: 000342 Customer Copy THANK YOU	1	59.00	59.00
Thank you for using Any Lab Test Now! Please bring this receipt in for \$10.00 off your next test.			TOTAL	\$59.00
			AMOUNT RECEIVED	\$59.00
			BALANCE DUE	\$0.00

AKRON BILLING CENTER
2620 RIDGEWOOD RD STE 300
AKRON OH 44313-3527

**DETACH AND RETURN THIS COUPON WITH
THE REVERSE SIDE COMPLETED TO PAY BY
CREDIT CARD, TO PROVIDE INSURANCE
INFORMATION OR FOR CHANGE OF ADDRESS.**

Patient
Name: NELVA E BRUNSTING AMT DUE: \$7.23

Credit card charges will appear as "Team Health"

PHYSICIAN SERVICES RENDERED AT: MEMORIAL HERMANN MEMORIAL CITY

106

ACS PRIMARY CARE PHYS SW PA
DEPT: A ☐ B ☐ C ☐ (check one - see reverse)
2620 RIDGEWOOD RD STE 300
AKRON OH 44313-3527

32622571-106-2667
NELVA E BRUNSTING T152 P1 PS/041172
13630 PINEROCK LN
HOUSTON TX 77079-5914

018000326225711018106333380266700000072379

↑ Detach Here ↑

DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
11/30/10	97046610	EMERGENCY DEPT VISIT	MARCONI DO,ANDREA	\$748.00	
11/30/10	97046610	ELECTROCARDIOGRAM REPORT	MARCONI DO,ANDREA	\$68.00	
01/12/11	97046610	EDI AUTOMATIC MEDICARE/RR PAYMENT			\$151.27
01/12/11	97046610	CONTRACTUAL ADJUSTMENT			\$626.91
02/07/11	97046610	EDI AUTOMATIC MANAGED CARE PAYMENT			\$30.26
01/16/11	98211454	EMERGENCY DEPT VISIT	CHENG MD,THANH CHI	\$860.00	
01/16/11	98211454	ELECTROCARDIOGRAM REPORT	CHENG MD,THANH CHI	\$78.00	
03/08/11	98211454	EDI AUTOMATIC MEDICARE/RR PAYMENT			\$144.62
03/08/11	98211454	CONTRACTUAL ADJUSTMENT			\$757.22
04/04/11	98211454	EDI AUTOMATIC MANAGED CARE PAYMENT			\$28.93
03/14/11		EDI AUTOMATIC SELF PAY PAYMENT			\$7.56

THIS IS YOUR PHYSICIAN SERVICES BILL AND IS SEPARATE FROM THE HOSPITAL BILL

ACCOUNT NUMBER: 32622571-106-2667 STATEMENT DATE: 04/10/11 TOTAL NOW DUE: \$7.23

For Billing Inquiries, call 1-888-952-6772 on Monday through Friday, from 8am to 8pm and Saturday from 10am to 3pm Eastern Time.

Brunsting004424

Date	CPT	Description	Total Fee	Insurance	Patient
PatientNelva BrunAccount #:11426 Doctor: Mark A Yeoman MD Code:MC034429 Location:Memorial Hermann Memorial City Hospital					
12/04/2010	99232	Subsequent hospital care, per day, moderate complexity	\$95.00	\$95.00	\$0.00
12/30/2010		Insurance Adjustment from Medicare	\$0.00	\$-23.46	\$0.00
12/30/2010		Insurance payment Payment from Medicare	\$0.00	\$-57.23	\$0.00
01/19/2011		Insurance payment Payment from United Healthcare PPO Options	\$0.00	\$-11.45	\$0.00
01/19/2011		Transfer from Insurance	\$0.00	\$-2.86	\$2.86
This balance was due to your co-insurance not met for this visit.					
02/03/2011		Conveyance Payment from Brunsting, Nelva	\$0.00	\$0.00	\$-2.47
BALANCE:				\$0.00	\$0.39
PatientNelva BrunAccount #:11426 Doctor: Harold A Condara Jr Code:OFC13360 Location:Cardiology Associates of Houston P A					
12/20/2010	99214	Established Patient Detailed	\$145.00	\$145.00	\$0.00
01/10/2011		Insurance Adjustment from Medicare	\$0.00	\$-43.55	\$0.00
01/10/2011		Insurance payment Payment from Medicare	\$0.00	\$-81.16	\$0.00
01/31/2011		Insurance payment Payment from United Healthcare Choice/Select	\$0.00	\$-16.23	\$0.00
01/31/2011		Transfer from Insurance	\$0.00	\$-4.06	\$4.06
This balance was due to your co-insurance not met for this visit.					
BALANCE:				\$0.00	\$4.06
PatientNelva BrunAccount #:11426 Doctor: Charles H Caplan MD Code:MC035192 Location:Memorial Hermann Memorial City					
01/16/2011	99220	Initial observation care, high complexity	\$245.00	\$245.00	\$0.00
02/11/2011		Insurance Adjustment from Medicare	\$0.00	\$-93.05	\$0.00
02/11/2011		Insurance payment Payment from Medicare	\$0.00	\$-121.56	\$0.00
03/09/2011		Insurance payment Payment from United Healthcare PPO Options	\$0.00	\$-21.50	\$0.00
03/09/2011		Transfer from Insurance	\$0.00	\$-8.89	\$8.89
This balance was due to your co-insurance not met for this visit.					
BALANCE:				\$0.00	\$8.89
PatientNelva BrunAccount #:11426 Doctor: Harold A Condara Jr Code:MC035204 Location:Memorial Hermann Memorial City					

CONTINUED on next page

Page 1

Deposit	0-30	31-60	61-90	91-120	Total Balance	Ins. Balance	Patient Balance

Patient Statement

MAKE CHECKS PAYABLE TO:

CARDIOLOGY ASSOCIATES OF HOUSTON PA
925 GESSNER
SUITE 400
HOUSTON, TX 77024-2545



RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES, PLEASE CALL: 713-467-0605



Nelva Brunsting
13630 PINEROCK LN
HOUSTON, TX 77079-5914

1 14/12

IF PAYING BY CREDIT CARD, FILL OUT BELOW

☐ VISA	☐ AMERICAN EXPRESS	☐ Master	☐ DISCOVER
CARD NUMBER		EXP. DATE	
SIGNATURE		PRINT NAME	
STATEMENT DATE 03/31/2011	PAY THIS AMOUNT \$28.60	ACCT. # 11426	
SHOW AMOUNT PAID HERE		\$	

CARDIOLOGY ASSOCIATES OF HOUSTON PA
925 GESSNER
STE 400
HOUSTON TX 77024-2545



Detach at perforation and return above portion with payment.
Make address and insurance changes on reverse side and return entire statement.

Date	CPT	Description	Total Fee	Insurance	Patient
01/17/2011	99226	Subsequent observation care, per day, for the evaluation and manage	\$110.00	\$110.00	\$.00
02/11/2011		Insurance Adjustment from Medicare	\$.00	\$-35.50	\$.00
02/11/2011		Insurance payment Payment from Medicare	\$.00	\$-59.60	\$.00
03/08/2011		Insurance payment Payment from United Healthcare PPO Options	\$.00	\$.00	\$.00
03/08/2011		Transfer from Insurance	\$.00	\$-14.90	\$14.90
This charge was applied to your yearly deductible. Please forward your payment.					
			BALANCE:	\$.00	\$14.90
Patient: Nelva Brunsting Account #: 11426 Doctor: Jon E Heine MD Code: MC035289 Location: Memorial Hermann Memorial City					
01/17/2011	93010	Ekg Interpretation & Reporting Hospital IP or OP	\$15.00	\$15.00	\$.00
02/18/2011		Insurance Adjustment from Medicare	\$.00	\$-6.07	\$.00
02/18/2011		Insurance payment Payment from Medicare	\$.00	\$-7.14	\$.00
03/09/2011		Insurance payment Payment from United Healthcare PPO Options	\$.00	\$-1.43	\$.00
03/09/2011		Transfer from Insurance	\$.00	\$-.36	\$.36
This balance was due to your co-insurance not met for this visit.					
			BALANCE:	\$.00	\$.36

Page 2

PLEASE PAY BALANCE DUE IN PATIENT COLUMN. THANK YOU

Deposit	0-30	31-60	61-90	91-120	Total Balance	Ins. Balance	Patient Balance
	\$24.15	\$4.07	\$.39	\$.00	\$28.60	\$.00	\$28.60

Duke Medical Equipment

DOB: ____/____/____

Toll Free: 888-329-1338

281-420-2311

HT: ____ WT: ____

Call Type: ☐ **Delivery** ☐ **Service** ☐ **Pickup**

Name: _____ SS#: _____

Address: _____ Apt#: _____

City/State/Zip: _____ Phone: _____

Emergency Name: _____ Phone: _____

ID#: _____ GP#: _____ Payor: _____

2nd Ins. ID#: _____ GP#: _____ Payor: _____

Phone#: _____ Address: _____

Equipment Information

Trans (R/P)*	HCPCS- Item Code	D S P	Description	Manufacturer's Brand	Serial/Asset #	Qty

* Trans type: R=Rental P=Purchase

By signing below, I acknowledge that:**I understand the supplier will bill my insurance claim Assigned, unless I otherwise indicate by checking this box:** ☐**Non-Assigned.**

1. I have received the equipment/supplies listed above, in good working condition.
2. I have read, understand, and agree to be bound by the terms and conditions of this agreement, including those on the reverse side of this document, **OR:**
3. I acknowledge that the above equipment, listed as picked-up, was picked up per my request or the request of my physician. Reason for pickup: _____
4. I have received written and verbal instruction on the safe use, storage, and handling related to oxygen therapy, if applicable. I understand that smoking or open flames are not allowed within 8 feet of the oxygen equipment of my person while oxygen therapy is used because oxygen supports combustion. Any use of either is at my own risk and considered a safety hazard.

Beneficiary/Third Party Signor _____ Date _____ Employee/Lessor _____

If Beneficiary is unable to sign, complete the following section: (may be completed by employee)

BY: _____

Beneficiary Name _____ Name of Signor _____ Date _____ Relationship to Beneficiary _____

Address of Signor (If not signed by Beneficiary) _____ Telephone Number of Signor _____

Why Beneficiary Cannot Sign _____

White = Billing Pink = Patient Yellow = File**Rev. 01/2008**

Brunsting004427

Duke Medical Equipment Patient Agreement and Consent (281-420-2311)

REQUEST FOR PROVISION OF SERVICES

The undersigned, being the above-named patient (the "Patient") or the guardian or representative payee of the Patient, understands that signing this *Patient Agreement and Consent* indicates his/her desire to purchase health care products or services or both from Duke Medical Equipment or its affiliates.

ACKNOWLEDGMENT OF MEDICAL RESPONSIBILITY

The undersigned, as or on behalf of the Patient, understands that (A) Patient is under the supervision and control of his/her attending physician; (B) Patient's physician has prescribed the therapy noted as part of Patient's treatment; (C) Duke Medical Equipment services do not include diagnostic, prescriptive or other functions typically performed by licensed physicians and (D) Patient's physician is solely responsible for diagnosing and prescribing drugs and therapy for Patient's condition and otherwise supervising and controlling Patient's medical condition.

AGREEMENT TO PAY

In consideration of Duke Medical Equipment undertaking to supply Patient with any products and/or services ordered by or on behalf of the Patient, the undersigned agrees that he/she is responsible for payment to Duke Medical Equipment for all such products and/or services provided to Patient. In addition, the undersigned understands that the monthly balance due will be the portion of applicable charges that is unpaid by Patient's insurance, including copayment and deductible amounts. The undersigned agrees to pay the balance due in full upon receipt of and invoice therefor from Duke Medical Equipment. If payment is not made, the undersigned understands that Duke Medical Equipment will pursue its normal collection policy with respect thereto.

RELEASE OF INFORMATION

Patient's Insurer(s) and any other third party payor(s) which provided Patient with coverage are hereby authorized by or on behalf of Patient to disclose to Duke Medical Equipment any information regarding such coverage, including but not limited to (A) payment made by such insured or third party payor(s) to Patient or the undersigned for products and/or services rendered to Patient by Duke Medical Equipment (B) the scope and extent of coverage from time to time. All medical personnel are hereby authorized by or on behalf of Patient to disclose information to Duke Medical Equipment concerning Patient's medical history as it may relate to the therapy rendered to Patient by Duke Medical Equipment.

In signing the *Patient Agreement and Consent*, the undersigned, as or on behalf of Patient, authorizes any holder of medical or other information about Patient to release to the Social Security Administration, its intermediaries or carriers, or to any third party payor(s), including without limitation Medicare, Medicaid, OCHAMPUS or private payors and their agents any information need to determine applicable benefits and process claims for these or related services.

CREDIT CHECK AUTHORIZATION

Duke Medical Equipment is hereby authorized to verify any information disclosed by Patient or the undersigned and to perform a credit investigation for the purposes of extending credit for the purchase or rental of medical equipment. In addition, Duke Medical Equipment, is authorized to answer any questions from other creditors about Patient's credit and account experience with Duke Medical Equipment.

ASSIGNMENT OF BENEFITS

The undersigned, as or on behalf of Patient, hereby authorizes, Duke Medical Equipment to request on Patient's behalf, and to collect directly, all of public and private insurance coverage benefits due for products and/or services supplied to Patient by Duke Medical Equipment. In the event payments for insurance benefits are made directly to Patient or the undersigned, the payee will endorse to Duke Medical Equipment all checks for such payments. **Responsibilities for overpayments accepted per statement.**

EXTENDED ASSIGNMENT OF MEDICARE AND OTHER BENEFITS

The undersigned certifies that the information provided to Duke Medical Equipment by or on behalf of Patient for payment under Medicare (title XVIII of the Social Security Act) and/or any other medical insurance is correct.

1. Patient, if physically and mentally competent, must sign on his/her own behalf. If Patient cannot sign for himself/herself, a representative payee as designated by Social Security Administration or a legally appointed guardian may sign on behalf of the Patient. The source of the signatory's authority **must** be stated.
2. This *Patient Agreement and Consent* is used in lieu of the Patient's or his/her representative's signature on the "Request for Payment" HCFA-1500 (I-84) and is therefore an extension of that form. Anyone who misrepresents or falsifies essential information in making a Medicare claim may, upon conviction, be subjected to a fine and imprisonment under Federal Law. Penalties may also result from falsification or misrepresentation of other medical insurance claims. The undersigned, as or on behalf of Patient agrees that a copy of this *Patient Agreement and Consent* may be used in place of the original.
3. On assigned Medicare claims, Duke Medical Equipment agrees to accept the applicable Medicare carrier's allowable amount as payment in full for services. The undersigned is responsible for the payment of deductibles, copayments and co-insurance and for non-covered services. The agreements contained in this paragraph may be canceled by mutual agreement of Duke Medical Equipment and the undersigned, as or on behalf of Patient, and any time by written notice to the applicable Medicare carrier.

A copy of this *Patient Agreement and Consent* shall be considered the same as original.

The undersigned certifies that he/she has read the foregoing and received a copy of this *Patient Agreement and Consent*, including a copy of the *Patient Responsibilities*, as well as a copy of the *Patient Bill of Rights*. The undersigned further certifies that he/she is the Patient or is duly authorized to execute this *Patient Agreement and Consent* and accepts its terms on behalf of the Patient.

STATEMENT OF SERVICES RENDERED

Schleicher-Read Dental, PLLC
9099 Katy Freeway Ste.180
Houston, TX 77024

(713)932-0441

CHART NO.	PAGE NO.
BR0017	1

BILLING DATE
08/26/2010

GUARANTOR NAME AND MAILING ADDRESS

Elmer H Brunsting
13630 Pinerock
Houston, TX 77029

PATIENT	TOOTH	SURF	DESCRIPTION	CHARGE	CREDIT
Nelva			Periodontal maintenance	75.00	
Nelva			Inf.Control/Routine Office Vis	10.00	
Nelva			Check Payment - Thank You Ch # 6632		-85.00

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE	DENTAL INS. EST.	PLEASE PAY
0.00	- 85.00	+ 85.00	= 0.00	- 0.00	= 0.00

PATIENT	DATE	TIME	REASON
Nelva	Wednesday - February 2, 2011	11:00 am	PerioM ex

YOUR INSURANCE DID NOT PAY FULL AMOUNT OF CLAIM

Chevron HRSC
PO Box 436
Little Falls, NJ 07424-0436

Medco Medicare Prescription Plan®(PDP)



August 21, 2011

Your member numbers are:

Member ID: 358657422574

Group Number: #CMD3896

031696104181//6056//3896//
Cyc4572//0003875//0269



Nelva E Brunsting
13630 Pinerock Ln
Houston, TX 77079-5914

MD07026900387501040000

Your Monthly Prescription Drug Summary

For July, 2011

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is not a bill.)

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which "drug payment stage" are you in?
- SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
- SECTION 4. Updates to the plan's Drug List that will affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what should you do?
- SECTION 6. Important things to know about your drug coverage and your rights

Need large print or another format?

To get this material in other formats, or ask for language translation services, call Medco Medicare Prescription Plan for Chevron (PDP) Member Services (the number is on this page).

For languages other than English:

Español 1-800-935-6215 (Spanish)

Medco Medicare Prescription Plan for Chevron (PDP) is operated by Medco Medicare Prescription Plan

Member Services

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

1-800-935-6215

TTY users call: 1-800-716-3231

On the Web at: www.medco.com

SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- **Please look over this information about your prescriptions to be sure it is correct.** If you have any questions or think there is a mistake, Section 5 tells what you should do.

CHART 1. Your prescriptions for covered Part D drugs July 2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
AVELOX 400 MG TABLET 7/15/2011, WALGREENS #3328 Rx# 000001564926, 5 day supply	\$0.00	\$21.00	\$42.78 (paid by "Medicare Coverage Gap Discount Program") \$22.77 (paid by "Commercial Wrap")
MEGESTROL ACET 40 MG/ML SUSP 7/15/2011, WALGREENS #3328 Rx# 000001564925, 30 day supply	\$60.05	\$5.00	\$0.00
Totals for the month of July 2011 Your "out-of-pocket costs" amount is \$68.78. (This is the amount you paid this month (\$26.00) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$42.78). See definitions in Section 3.) Your "total drug costs" amount is \$151.60. (This is the total for this month of all payments made for your drugs by the plan (\$60.05) and you (\$26.00) plus "other payments" (\$65.55).)	\$60.05 (total for the month)	\$26.00 (total for the month) (Of this amount, \$26.00 counts toward your out-of-pocket costs.)	\$65.55 (total for the month) (Of this amount, \$42.78 counts toward your "out-of-pocket costs". See definitions in Section 3.)



Year-to-date totals 1/1/2011 through 7/31/2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
Your year-to-date amount for "out-of-pocket costs" is \$817.48. Your year-to-date amount for "total drug costs" is \$3,551.05. For more about "out-of-pocket costs" and "total drug costs", see Section 3.	\$2,585.99 (year-to-date total)	\$624.88 (year-to-date total) (Of this amount, \$624.88 counts toward your "out-of-pocket costs".)	\$340.18 (year-to-date total) (Of this amount, \$192.60 counts toward your "out-of-pocket costs." See definitions in Section 3.)

SECTION 2. Which "drug payment stage" are you in?

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

STAGE 1 Yearly Deductible

- During this payment stage, you (or others on your behalf) pay the full cost of your brand-name drugs.
- You generally pay the full cost of your brand-name drugs until you (or others on your behalf) have paid \$310.00 for your brand-name drugs (\$310.00 is the amount of your brand name deductible).

STAGE 2 Initial Coverage

- During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.
- You generally stay in this stage **until the amount of your year-to-date "total drug costs" reaches \$2,840.00.** Then you move to payment stage 3, Coverage Gap.

You are in this stage:

STAGE 3 Coverage Gap

- Once you reach this Stage, manufacturer discounts apply when you purchase brand drugs so that when coupled with the amount the Plan pays, the amount you pay is similar to what you pay prior to entry into the Coverage Gap stage.
- You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches \$4,550.00. As of 07/31/2011 your year-to-date "out-of-pocket costs" was \$817.48 (see Section 3).

What happens next?

- Once you (or others on your behalf) have paid **an additional \$3,732.52 in "out-of-pocket costs"**, you move to the next payment stage (stage 4, Catastrophic Coverage).

STAGE 4 Catastrophic Coverage

- During this payment stage, the plan pays **most** of the cost for your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, 2011).



SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

We're including this Section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

Your "out-of-pocket costs"

\$68.78 month of July 2011

\$817.48 year-to-date (since January 2011)

DEFINITION:

"Out-of-pocket costs" includes:

- What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)
- Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

It does not include:

- Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs covered by our plan's Supplemental Drug Coverage, e) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.
- Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.

Your "total drug costs"

\$151.60 month of July 2011

\$3,551.05 year-to-date (since January 2011)

DEFINITION:

"Total drug costs" is the total of all payments made for your covered Part D drugs. It includes:

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.

NOTE: Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do not count toward your out-of-pocket costs or total drug costs.

Learn More: Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs". The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs", see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).

SECTION 4. Updates to the plan's Drug List that will affect drugs you take

At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of **drugs you take**. (By "drugs you take", we mean any plan-covered drugs for which you filled prescriptions in 2011 as a member of our plan.)

SECTION 5. If you see mistakes on this summary or have questions, what should you do?

If you have questions, call us

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: www.medco.com.

What about possible fraud?

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

- Call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

SECTION 6. Important things to know about your drug coverage and your rights

Your "Evidence of Coverage" has the details about your drug coverage and costs

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

What if you have problems related to coverage or payments for your drugs?

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.
- Chapter 7. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).

Here are things to keep in mind:

- When we decide whether a drug is covered and how much you pay, it's called a "coverage decision". If you disagree with our coverage decision, you can appeal our decision (see Chapter 7 of the *Evidence of Coverage*).
- Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be done if your doctor tells us that your



health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at Medco Medicare Prescription Plan for Chevron Member Services (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

Did you know there are programs to help people pay for their drugs?

- **"Extra Help" from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program

is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 3 of your *Medicare & You 2011* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

Chevron HRSC
PO Box 436
Little Falls, NJ 07424-0436

Medco Medicare Prescription Plan® (PDP)



September 15, 2011

Your member numbers are:

Member ID: 358657422574

Group Number: #CMD3896

031798801805//6056//3896//
Cyc4574//0003998//0066



Nelva E Brunsting
13630 Pinerock Ln
Houston, TX 77079-5914

MD08006600399801040000

Your Monthly Prescription Drug Summary

For August, 2011

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is not a bill.)

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which "drug payment stage" are you in?
- SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
- SECTION 4. Updates to the plan's Drug List that will affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what should you do?
- SECTION 6. Important things to know about your drug coverage and your rights

Need large print or another format?

To get this material in other formats, or ask for language translation services, call Medco Medicare Prescription Plan for Chevron (PDP) Member Services (the number is on this page).

For languages other than English:

Español 1-800-935-6215 (Spanish)

Medco Medicare Prescription Plan for Chevron (PDP) is operated by Medco Medicare Prescription Plan

Member Services

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

1-800-935-6215

TTY users call: 1-800-716-3231

On the Web at: www.medco.com



SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- **Please look over this information about your prescriptions to be sure it is correct.** If you have any questions or think there is a mistake, Section 5 tells what you should do.

CHART 1.

Your prescriptions for covered Part D drugs
August 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
BROVANA 15 MCG/2 ML SOLUTION 7/11/2011, LEGENDS PHARMACY II Rx# 000006048463, 15 day supply	\$0.00	\$42.00	\$102.79 (paid by "Medicare Coverage Gap Discount Program") \$62.79 (paid by "Commercial Wrap")
LEVOTHYROXINE 50 MCG TABLET 8/1/2011, WALGREENS #3328 Rx# 000001569523, 30 day supply	\$1.36	\$2.50	\$2.50 (paid by "Medicare Coverage Gap Discount Program")
PLAVIX 75 MG TABLET 8/5/2011, WALGREENS #3328 Rx# 000001570740, 30 day supply	\$0.00	\$21.00	\$95.63 (paid by "Medicare Coverage Gap Discount Program") \$75.62 (paid by "Commercial Wrap")
AMLODIPINE BESYLATE 5 MG TAB 8/5/2011, WALGREENS #3328 Rx# 000001570739, 30 day supply	\$10.37	\$5.00	\$0.00

**CHART 1.**

Your prescriptions for covered Part D drugs
August 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
ALENDRONATE SODIUM 70 MG TAB 8/11/2011, WALGREENS #3328 Rx# 000001550332, 28 day supply	\$20.06	\$5.00	\$0.00
SPIRIVA 18 MCG CP-HANDIHALER 8/11/2011, WALGREENS #3328 Rx# 000001540089, 30 day supply	\$0.00	\$21.00	\$115.86 (paid by "Medicare Coverage Gap Discount Program") \$95.86 (paid by "Commercial Wrap")
HYDROCODON-ACETAMINOPHEN 5-500 8/22/2011, WALGREENS #3328 Rx# 000001575622, 7 day supply	\$3.64	\$5.00	\$0.00
METOPROLOL TARTRATE 50 MG TAB 8/23/2011, WALGREENS #3328 Rx# 000001575953, 30 day supply	\$0.00	\$4.38	\$0.00
MEGESTROL ACET 40 MG/ML SUSP 8/30/2011, WALGREENS #3328 Rx# 000001578099, 30 day supply	\$60.05	\$5.00	\$0.00
AMLODIPINE BESYLATE 5 MG TAB 8/30/2011, WALGREENS #3328 Rx# 000001570739, 30 day supply	\$10.37	\$5.00	\$0.00

CHART 1.

Your prescriptions for covered Part D drugs
August 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
Totals for the month of August 2011 Your "out-of-pocket costs" amount is \$432.66. (This is the amount you paid this month (\$115.88) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$316.78). See definitions in Section 3.) Your "total drug costs" amount is \$772.78. (This is the total for this month of all payments made for your drugs by the plan (\$105.85) and you (\$115.88) plus "other payments" (\$551.05).)	\$105.85 (total for the month)	\$115.88 (total for the month) (Of this amount, \$115.88 counts toward your out-of-pocket costs.)	\$551.05 (total for the month) (Of this amount, \$316.78 counts toward your "out-of-pocket costs". See definitions in Section 3.)

Year-to-date totals 1/1/2011 through 8/31/2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
Your year-to-date amount for "out-of-pocket costs" is \$1,250.14. Your year-to-date amount for "total drug costs" is \$4,323.83. For more about "out-of-pocket costs" and "total drug costs", see Section 3.	\$2,691.84 (year-to-date total)	\$740.76 (year-to-date total) (Of this amount, \$740.76 counts toward your "out-of-pocket costs".)	\$891.23 (year-to-date total) (Of this amount, \$509.38 counts toward your "out-of-pocket costs." See definitions in Section 3.)



SECTION 2. Which "drug payment stage" are you in?

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

STAGE 1 Yearly Deductible

- During this payment stage, you (or others on your behalf) pay the full cost of your brand-name drugs.
- You generally pay the full cost of your brand-name drugs until you (or others on your behalf) have paid \$310.00 for your brand-name drugs (\$310.00 is the amount of your brand name deductible).

STAGE 2 Initial Coverage

- During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.
- You generally stay in this stage **until the amount of your year-to-date "total drug costs" reaches \$2,840.00.** Then you move to payment stage 3, Coverage Gap.

You are in this stage:

STAGE 3 Coverage Gap

- Once you reach this Stage, manufacturer discounts apply when you purchase brand drugs so that when coupled with the amount the Plan pays, the amount you pay is similar to what you pay prior to entry into the Coverage Gap stage.
- You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches \$4,550.00. As of 08/31/2011 your year-to-date "out-of-pocket costs" was \$1,250.14 (see Section 3).

STAGE 4 Catastrophic Coverage

- During this payment stage, the plan pays **most** of the cost for your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, 2011).

What happens next?

- Once you (or others on your behalf) have paid an **additional \$3,299.86 in "out-of-pocket costs"**, you move to the next payment stage (stage 4, Catastrophic Coverage).

SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

We're including this Section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

Your "out-of-pocket costs"

\$432.66 month of August 2011

\$1,250.14 year-to-date (since January 2011)

DEFINITION:

"Out-of-pocket costs" includes:

- What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)
- Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

It does not include:

- Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs covered by our plan's Supplemental Drug Coverage, e) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.
- Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.

Your "total drug costs"

\$772.78 month of August 2011

\$4,323.83 year-to-date (since January 2011)

DEFINITION:

"Total drug costs" is the total of all payments made for your covered Part D drugs. It includes:

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.

NOTE: Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do not count toward your out-of-pocket costs or total drug costs.

Learn More: Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs". The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs", see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).



SECTION 4. Updates to the plan's Drug List that will affect drugs you take

At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of **drugs you take**. (By "drugs you take", we mean any plan-covered drugs for which you filled prescriptions in 2011 as a member of our plan.)

SECTION 5. If you see mistakes on this summary or have questions, what should you do?

If you have questions, call us

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: www.medco.com.

What about possible fraud?

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

- Call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

SECTION 6. Important things to know about your drug coverage and your rights

Your "Evidence of Coverage" has the details about your drug coverage and costs

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

What if you have problems related to coverage or payments for your drugs?

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.
- Chapter 7. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).

Here are things to keep in mind:

- When we decide whether a drug is covered and how much you pay, it's called a "coverage decision". If you disagree with our coverage decision, you can appeal our decision (see Chapter 7 of the *Evidence of Coverage*).
- Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be done if your doctor tells us that your

health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at Medco Medicare Prescription Plan for Chevron Member Services (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

Did you know there are programs to help people pay for their drugs?

- **"Extra Help" from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program

is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 3 of your *Medicare & You 2011* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

Medco Health Solutions, Inc.
P.O. Box 14235
Lexington, KY 40512

Medco Medicare Prescription Plan® (PDP)

September 30, 2011

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NELVA BRUNSTING
13630 PINE ROCK
HOUSTON, TX 77079



Dear NELVA BRUNSTING:

2011 Chevron Evidence of Coverage (EOC)—Notice of Errata (Correction)

We are writing to provide you with important information about your EOC document, which explains your Chevron Medicare prescription drug plan costs.

Catastrophic copayment maximum correction

Page 74 of the 2011 **Medco Medicare Prescription Plan® (PDP)** for Chevron EOC displays the incorrect *Brand Drug* Catastrophic Coverage stage maximum copayment amounts. **Please note:** The copayments you have been paying are correct.

In 2011, you enter the Catastrophic Coverage stage when your total out-of-pocket costs reach \$4,550. **Your maximum copayments for the 2011 plan year while in the Catastrophic Coverage stage have not changed and remain consistent with prior plan years.** The intent of the maximums is to ensure that your costs do not exceed your standard copayments in the Initial Coverage stage.

The correct Catastrophic Coverage stage maximums for all drugs for the 2011 plan year are listed below:

At retail:

Generic Drugs

For a 34-day supply: 5% coinsurance with a \$5 maximum

For a 90-day supply: 5% coinsurance with a \$15 maximum

Preferred Brand Drugs

For a 34-day supply: 5% coinsurance with a \$21 maximum

For a 90-day supply: 5% coinsurance with a \$63 maximum

Non-Preferred Brand Drugs

For a 34-day supply: 5% coinsurance with a \$42 maximum

For a 90-day supply: 5% coinsurance with a \$126 maximum

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Specialty Tier Drugs

For a 34-day supply of a drug: 5% coinsurance with a \$50 maximum

For a 90-day supply of a drug: 5% coinsurance with a \$150 maximum

At mail:

For up to a 90-day supply of a **Generic Drug**: 5% coinsurance with a \$10 maximum

For up to a 90-day supply of a **Preferred Brand Drug**: 5% coinsurance with a \$42 maximum

For up to a 90-day supply of a **Non-Preferred Brand Drug**: 5% coinsurance with an \$84 maximum

For up to a 90-day supply of a **Specialty Tier Drug**: 5% coinsurance with a \$100 maximum

Please note: This error affects only the dollar amounts listed in the Catastrophic Coverage stage and the remainder of the EOC document remains in effect as is.

We apologize for any inconvenience this error may have caused.

If you have any questions or concerns, please call Customer Service toll-free at **1-800-935-6215**.

TTY/TDD users should call **1-800-716-3231**. Customer Service is available 24 hours a day, 7 days a week. Customer Service is available in English and other languages.

Sincerely,



Ellie Gilbert
Vice President/General Manager
Medicare Customer Service
Medco

A Medicare-approved Part D sponsor

Chevron HRSC
PO Box 436
Little Falls, NJ 07424-0436

Medco Medicare Prescription Plan®(PDP)



October 20, 2011

Your member numbers are:

Member ID: 358657422574

Group Number: #CMD3896

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Cyc4576//0003925//0309



Nelva E Brunsting
13630 Pinerock Ln
Houston, TX 77079-5914

Your Monthly Prescription Drug Summary

For September, 2011

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is not a bill.)

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which "drug payment stage" are you in?
- SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
- SECTION 4. Updates to the plan's Drug List that will affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what should you do?
- SECTION 6. Important things to know about your drug coverage and your rights

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Español 1-800-935-6215 (Spanish)

Medco Medicare Prescription Plan for Chevron (PDP) is operated by Medco Medicare Prescription Plan

Member Services

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

1-800-935-6215

TTY users call: 1-800-716-3231

On the Web at: www.medco.com

SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- **Please look over this information about your prescriptions to be sure it is correct.** If you have any questions or think there is a mistake, Section 5 tells what you should do.

CHART 1.

Your prescriptions for covered Part D drugs
September 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
LEVOTHYROXINE 50 MCG TABLET 9/6/2011, WALGREENS #3328 Rx# 000001569523, 30 day supply	\$1.36	\$2.50	\$2.50 (paid by "Medicare Coverage Gap Discount Program")
PLAVIX 75 MG TABLET 9/6/2011, WALGREENS #3328 Rx# 000001570740, 30 day supply	\$0.00	\$21.00	\$95.63 (paid by "Medicare Coverage Gap Discount Program") \$75.62 (paid by "Commercial Wrap")
SPIRONOLACTONE 100 MG TABLET 9/13/2011, WALGREENS #3328 Rx# 000001582039, 30 day supply	\$20.95	\$5.00	\$0.00
FUROSEMIDE 40 MG TABLET 9/14/2011, WALGREENS #3328 Rx# 000001582564, 30 day supply	\$0.00	\$2.69	\$1.69 (paid by "Medicare Coverage Gap Discount Program")
WARFARIN SODIUM 5 MG TABLET 9/19/2011, WALGREENS #13142 Rx# 000000075984, 30 day supply	\$7.46	\$5.00	\$0.00

(continue)
Page 2

**CHART 1.**

Your prescriptions for covered Part D drugs
September 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
CARTIA XT 120 MG CAPSULE 9/19/2011, WALGREENS #13142 Rx# 000000075983, 30 day supply	\$19.73	\$5.00	\$0.00
POTASSIUM CL ER 20 MEQ TABLET 9/20/2011, WALGREENS #3328 Rx# 000001584402, 30 day supply	\$10.11	\$5.00	\$0.00
SPIRIVA 18 MCG CP-HANDIHALER 9/22/2011, WALGREENS #3328 Rx# 000001584751, 30 day supply	\$0.00	\$21.00	\$115.86 (paid by "Medicare Coverage Gap Discount Program") \$95.86 (paid by "Commercial Wrap")
WARFARIN SODIUM 2 MG TABLET 9/28/2011, O C PHARMACY Rx# 000006014189, 30 day supply	\$7.27	\$5.00	\$0.00

CHART 1.

Your prescriptions for covered Part D drugs
September 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
Totals for the month of September 2011 Your "out-of-pocket costs" amount is \$287.87. (This is the amount you paid this month (\$72.19) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$215.68). See definitions in Section 3.) Your "total drug costs" amount is \$526.23. (This is the total for this month of all payments made for your drugs by the plan (\$66.88) and you (\$72.19) plus "other payments" (\$387.16).)	\$66.88 (total for the month)	\$72.19 (total for the month) (Of this amount, \$72.19 counts toward your out-of-pocket costs.)	\$387.16 (total for the month) (Of this amount, \$215.68 counts toward your "out-of-pocket costs". See definitions in Section 3.)

Year-to-date totals 1/1/2011 through 9/30/2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
Your year-to-date amount for "out-of-pocket costs" is \$1,538.01. Your year-to-date amount for "total drug costs" is \$4,850.06. For more about "out-of-pocket costs" and "total drug costs", see Section 3.	\$2,758.72 (year-to-date total)	\$812.95 (year-to-date total) (Of this amount, \$812.95 counts toward your "out-of-pocket costs".)	\$1,278.39 (year-to-date total) (Of this amount, \$725.06 counts toward your "out-of-pocket costs." See definitions in Section 3.)



SECTION 2. Which "drug payment stage" are you in?

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

STAGE 1 Yearly Deductible

- During this payment stage, you (or others on your behalf) pay the full cost of your brand-name drugs.
- You generally pay the full cost of your brand-name drugs until you (or others on your behalf) have paid \$310.00 for your brand-name drugs (\$310.00 is the amount of your brand name deductible).

STAGE 2 Initial Coverage

- During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.
- You generally stay in this stage **until the amount of your year-to-date "total drug costs" reaches \$2,840.00**. Then you move to payment stage 3, Coverage Gap.

You are in this stage:

STAGE 3 Coverage Gap

- Once you reach this Stage, manufacturer discounts apply when you purchase brand drugs so that when coupled with the amount the Plan pays, the amount you pay is similar to what you pay prior to entry into the Coverage Gap stage.
- You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches \$4,550.00. As of 09/30/2011 your year-to-date "out-of-pocket costs" was \$1,538.01 (see Section 3).

STAGE 4 Catastrophic Coverage

- During this payment stage, the plan pays **most** of the cost for your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, 2011).

What happens next?

- Once you (or others on your behalf) have paid **an additional \$3,011.99 in "out-of-pocket costs"**, you move to the next payment stage (stage 4, Catastrophic Coverage).

SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

We're including this Section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

Your "out-of-pocket costs"

\$287.87 month of September 2011

\$1,538.01 year-to-date (since January 2011)

DEFINITION:

"Out-of-pocket costs" includes:

- What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)
- Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

It does not include:

- Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs covered by our plan's Supplemental Drug Coverage, e) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.
- Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.

Your "total drug costs"

\$526.23 month of September 2011

\$4,850.06 year-to-date (since January 2011)

DEFINITION:

"Total drug costs" is the total of all payments made for your covered Part D drugs. It includes:

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.

NOTE: Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do not count toward your out-of-pocket costs or total drug costs.

Learn More: Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs". The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs", see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).



SECTION 4. Updates to the plan's Drug List that will affect drugs you take

At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of **drugs you take**. (By "drugs you take", we mean any plan-covered drugs for which you filled prescriptions in 2011 as a member of our plan.)

SECTION 5. If you see mistakes on this summary or have questions, what should you do?

If you have questions, call us

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: www.medco.com.

What about possible fraud?

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

- Call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

SECTION 6. Important things to know about your drug coverage and your rights

Your "Evidence of Coverage" has the details about your drug coverage and costs

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

What if you have problems related to coverage or payments for your drugs?

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.
- Chapter 7. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).

Here are things to keep in mind:

- When we decide whether a drug is covered and how much you pay, it's called a "coverage decision". If you disagree with our coverage decision, you can appeal our decision (see Chapter 7 of the *Evidence of Coverage*).
- Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be done if your doctor tells us that your

health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at Medco Medicare Prescription Plan for Chevron Member Services (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

Did you know there are programs to help people pay for their drugs?

- **"Extra Help" from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program

is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 3 of your *Medicare & You 2011* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

Medco Medicare Prescription Plan® (PDP)

As a Medicare Part D prescription drug plan approved by the Centers for Medicare & Medicaid Services, Medco is required to detect, correct, and prevent fraud, waste, and abuse. We take this responsibility seriously and are asking for your help in this important matter.

Examples of fraud, waste, and abuse:

- A Medicare Part D card is stolen or is used illegally.
- A Medicare plan member is asked for money or for his/her personal information (e.g., Medicare or Social Security numbers, bank account number, credit card number, etc.) by someone pretending to represent Medicare, Social Security, and/or the plan sponsor.
- A plan member is asked to use his/her Medicare prescription drug card to obtain drugs for another person.
- A plan member is asked to sell his/her Medicare prescription drug card.
- Several payers, including Medicare Part D, are billed for the entire cost of the same prescription.
- The Explanation of Benefits statement lists prescriptions for medications the member is not taking.

What you should do if you suspect fraud, waste, or abuse

If you suspect any instances of fraud, waste, or abuse, we urge you to call Medco's Medicare Fraud, Waste, and Abuse Hotline toll-free at **1-800-303-9373**. This hotline is available 24 hours a day, 7 days a week.

When you call the hotline, you may leave your name and number or choose to remain anonymous. The information you provide will be treated in the strictest confidence.

Thank you for your attention to this important matter. Your help is greatly appreciated.

Medco Medicare Prescription Plan® (PDP)

En su condición de plan de medicamentos recetados Medicare Parte D aprobado por los Centers for Medicare & Medicaid Services, se le requiere a Medco detectar, corregir e impedir el fraude, desperdicio y abuso. Nos tomamos esta responsabilidad en serio y solicitamos su ayuda en este asunto importante.

Ejemplos de fraude, desperdicio y abuso:

- Alguien roba una tarjeta de Medicare Parte D o la usa ilegalmente.
- Alguien le pide a un miembro de un plan Medicare dinero o su información personal (por ejemplo, el número de Medicare o de Social Security, el número de su cuenta bancaria, el número de su tarjeta de crédito, etc.) y tal persona finge representar a Medicare, a la agencia Social Security y/o al patrocinador del plan.
- Alguien le pide a un miembro del plan que use su tarjeta de medicamentos recetados Medicare para obtener medicamentos para otra persona.
- Alguien le pide a un miembro del plan que venda su tarjeta de medicamentos recetados Medicare.
- Varias entidades a cargo de los pagos, inclusive Medicare Parte D, reciben una factura por el costo total de la misma receta.
- El informe de Explicación de beneficios enumera los medicamentos recetados que el miembro no está tomando.

Lo que debe hacer si sospecha que hay un fraude, desperdicio o abuso

Si sospecha cualquier instancia de fraude, desperdicio o abuso, lo instamos a comunicarse con la línea telefónica gratuita de Medco sobre fraude, desperdicio y abuso en relación con Medicare al **1-800-303-9373**. Esta línea gratuita está disponible las 24 horas del día, los 7 días de la semana.

Cuando se comunique con la línea gratuita, puede declarar su nombre y número o puede optar por permanecer en el anonimato. La información que provee será considerada en forma estrictamente confidencial.

Agradecemos su atención con respecto a este asunto importante. Valoramos enormemente su ayuda.

BS41319G

Y0046_BS41319G_spn File & Use 04062011

Un programa de patrocinio de Medicare Parte D aprobado por Medicare

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION BROVANA 15MCG/2ML INH SOL 30X2ML
QUANTITY 120
DIRECTIONS INHALE 1 VIAL VIA NEBULIZER
TWICE DAILY

DOCTOR A. JAIN, MD
PATIENT ALLERGIES

DRUG DESCRIPTION
LIQUID

INGREDIENT NAME: ARFORMOTEROL (ar-for-MOE-ter-ole)

COMMON USES: This medicine is a long-acting beta-agonist bronchodilator used for long-term treatment of chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: WARNING: LONG-ACTING BETA-AGONISTS SUCH AS THIS MEDICINE HAVE BEEN RARELY ASSOCIATED WITH AN INCREASED RISK OF ASTHMA-RELATED DEATH. Long-acting beta-agonists should not be used in asthma patients without another long-term asthma-control medicine (eg, inhaled corticosteroids). This medicine has not been approved to treat asthma. Safety and effectiveness of this medicine in patients with asthma have not been confirmed. SOME MEDICINES MAY INTERACT with this medicine. DO NOT TAKE THIS MEDICINE if you are using another medicine that has a long-acting beta-agonist (eg, salmeterol) in it. TELL YOUR HEALTH CARE PROVIDER if you are taking any other medicines, especially any of the following: corticosteroids (eg, prednisone), diuretics (eg, furosemide, hydrochlorothiazide), xanthines (eg, theophylline), catechol-O-methyltransferase (COMT) inhibitors (eg, entacapone), monoamine oxidase inhibitors (MAOIs) (eg, phenelzine), tricyclic antidepressants (eg, amitriptyline), or beta-blockers (eg, propranolol). This may not be a complete list of all interactions that may occur. Ask your health care provider if this medicine may interact with other medicines you take. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including a history of other breathing problems (eg, asthma), diabetes, heart problems (eg, fast or irregular heartbeat, heart blood vessel problems), liver problems, high blood pressure, low blood potassium levels, seizures, an overactive thyroid, or you have high blood or urine ketone levels, allergies, pregnancy, or breast-feeding. Tell your doctor if you have recently been to an emergency room for breathing problems; have a history of frequent hospitalizations for breathing problems; have ever had life-threatening breathing problems; or have had an unusual reaction to a sympathomimetic medicine (eg, albuterol, pseudoephedrine), such as fast or irregular heartbeat, overexcitement, or severe trouble sleeping. Tell your doctor if you have taken a MAOI (eg, phenelzine) or a tricyclic antidepressant (eg, amitriptyline) within the last 14 days. USE OF THIS MEDICINE IS NOT RECOMMENDED if you are having severe breathing problems (eg, sudden, severe onset or worsening of COPD symptoms such as chest tightness, cough, shortness of breath, wheezing), you have asthma and you are not currently using a long-term asthma-control medicine (eg, inhaled corticosteroids), or if you have asthma that is already well controlled with the use of a long-term asthma-control medicine. THIS MEDICINE SHOULD NOT BE USED IN CHILDREN; safety and effectiveness in children have not been confirmed. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine comes with a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully each time you refill this medicine. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. THIS MEDICINE SHOULD ONLY BE INHALED USING A NEBULIZER. Do NOT inject or swallow it. A health care provider will teach you how to use the nebulizer. Be sure you know what type of nebulizer to use with this medicine, and how to use it. Follow the procedures you are taught when you use a dose. Contact your health care provider if you have any questions. STORE THIS MEDICINE in the original foil pouch in a dry place. Do not remove from the foil pouch or the vial until right before use. IF THE MEDICINE CONTAINS PARTICLES, is cloudy or discolored, or if the vial is cracked or damaged in any way, do not use it. DO NOT MIX THIS MEDICINE WITH OTHER MEDICINES in your nebulizer machine. TO USE THIS MEDICINE, twist open the top of the vial and pour the entire contents into the nebulizer reservoir. CONNECT THE NEBULIZER RESERVOIR to the mouthpiece or face mask. CONNECT THE NEBULIZER to the compressor. Sit in a comfortable, upright position. PLACE THE NEBULIZER in your mouth (or put on the face mask) and turn on the nebulizer. BREATHE AS CALMLY, deeply as possible until no more mist is formed in the nebulizer chamber (about 5 to 10 minutes). CLEAN THE NEBULIZER according to the instructions. Failure to properly clean the nebulizer could lead to bacteria entering the medicine. This may lead to an infection. To avoid bacteria entering the medicine, use the entire contents right after opening the vial for the first time. STORE THIS MEDICINE IN THE REFRIGERATOR, between 36 and 46 degrees F (2 and 8 degrees C). Do not freeze. UNOPENED POUCHES MAY BE STORED at room temperature between 68 and 77 degrees F (20 and 25 degrees C) for up to 6 weeks. Store away from heat, moisture, and light. If this medicine is stored at room temperature, throw it away after 6 weeks. DO NOT USE this medicine if it is past the expiration date on the container. KEEP THIS MEDICINE out of the reach of children and away from pets. CONTINUE TO USE THIS MEDICINE even if you feel well. Do not miss any doses. If you miss a dose of this medicine, skip the missed dose and go back to your regular dosing schedule. Do not use 2 doses at once.

CAUTIONS: DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to formoterol. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. LAB TESTS, including lung function and blood potassium levels, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. THIS MEDICINE MAY CAUSE DIZZINESS. This effect may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other sudden tasks until you know how you react to it. THIS MEDICINE WILL NOT STOP SUDDEN SYMPTOMS OF COPD ONCE THEY HAVE ALREADY STARTED. Be sure to carry a short-acting bronchodilator inhaler (eg, albuterol) with you at all times to treat any breathing problems that may occur between doses of this medicine (eg, severe or sudden onset of wheezing or shortness of breath). If you have any questions about which medicines stop sudden symptoms, check with your doctor or pharmacist. IF YOU HAVE BEEN REGULARLY USING A SHORT-ACTING BRONCHODILATOR INHALER, talk with your doctor about how to use it with this medicine. Short-acting bronchodilators are normally used with this medicine to treat breathing problems that may occur between doses. THE RISK OF SERIOUS HEART PROBLEMS (eg, irregular heartbeat) may be greater if you use this medicine in high doses. Do NOT use more than recommended dose or use more often than prescribed. TELL YOUR DOCTOR AT ONCE if you notice that your short-acting bronchodilator inhaler does not work as well, if you need to use it often, or if your breathing problems get worse. CONTACT YOUR DOCTOR OR SEEK MEDICAL CARE RIGHT AWAY if you have breathing problems that worsen quickly, or if you use your short-acting bronchodilator and do not get relief. TALK WITH YOUR DOCTOR OR PHARMACIST about all of your breathing medicines and how to use them. Do not start, stop, or change the dose of any

breathing medicine unless your doctor tells you to. THE MEDICINE MAY SOMETIMES CAUSE SEVERE BREATHING PROBLEMS RIGHT AFTER YOU USE A DOSE. If this happens, use your short-acting bronchodilator. Contact your doctor or seek other medical care at once. THIS MEDICINE MAY RAISE YOUR BLOOD SUGAR. High blood sugar may make you feel confused, drowsy, or thirsty. It can also make you flush, breathe faster, or have a fruit-like breath odor. If these symptoms occur, tell your doctor right away. PREGNANCY and BREAST-FEEDING: If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. It is not known if this medicine is found in breast milk. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include: back pain; diarrhea; dry mouth; headache; nausea; nervousness; stuffy nose; tiredness; tremor; trouble sleeping; vomiting. If they continue or are bothersome, check with your doctor. SEEK MEDICAL ATTENTION RIGHT AWAY if any of these SEVERE side effects occur: chest pain; fast or irregular heartbeat; fever, chills, or persistent sore throat; leg swelling; new or worsening breathing problems (eg, increased chest tightness, coughing, shortness of breath, wheezing); severe or persistent headache, dizziness, tremor, or nervousness; severe or persistent muscle pain or cramps; symptoms of high blood sugar (eg, increased thirst, urination, or hunger; unusual weakness or drowsiness; confusion); trouble speaking. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, tongue, or throat; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include chest pain; fast or irregular heartbeat; severe or persistent dizziness, dry mouth, fatigue, headache, muscle pain or cramps, nausea, nervousness, trouble sleeping, or tremors; severe or persistent symptoms of high blood sugar (eg, increased thirst, urination, or hunger; drowsiness; flushing of the skin; confusion; fruit-like breath odor).

ADDITIONAL INFORMATION: If your symptoms do not improve or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1540088-03328

DATE: 04/21/11

BROVANA 15MCG/2ML INH SOL 30X2ML

QTY: 120 2 REFILLS BEFORE 04/21/12

Copy NDC:63402-0911-30

\$ 527.99

A. JAIN, MD
MFG:SEPRACOR
XXX/RJW/KHT/ /PBP

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer
Receipt

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1540088-03328

DATE: 04/21/11

BROVANA 15MCG/2ML INH SOL 30X2ML

QTY: 120 2 REFILLS BEFORE 04/21/12

Copy NDC:63402-0911-30

\$ 527.99

A. JAIN, MD
MFG:SEPRACOR
XXX/RJW/KHT/ /PBP

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate
Receipt

Pharmacy use only

THU 5:16PM
Copy

BROVANA 15MCG/2ML INH SOL 30X2ML
63402-0911-30
REFRIG

QTY 120

LIQUID

XXX/RJW/KHT/ /PBP

Med Guide

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

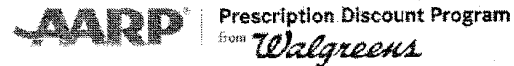
WIC# 957918

Brunsting004457

Save up to 30% on your prescriptions

Enroll today for only \$19.95!

The AARP® Prescription Discount Program from Walgreens saves you up to 30 percent on all your FDA-approved prescriptions. This includes generic, brand name and specialty medications.



How Does It Work?

Your AARP Prescription Discount Program card can be used for drugs not covered by your insurance plan or if you have no prescription insurance. Simply present your AARP Prescription Discount Program card to your Walgreens pharmacist — after any other insurance card you may also have — when you fill or refill a prescription.

Note: This program is not a prescription drug insurance plan or a Medicare Part D plan, and does not replace such coverage.

How Do I Enroll?

You must be an AARP member to enroll. We can enroll you into both programs with one easy call. Just dial 1-877-4AARP19 (1-877-422-7719). You can also enroll online by visiting us at www.aarp-pharmacy.com.

What If I Have Questions?

Visit aarp-pharmacy.com or call the Walgreens Customer Care Center toll free, 24/7 at 1-877-4AARP19 (1-877-422-7719), or TTY 1-800-925-0178.

8
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1540088 0501 3 0052799 5

NELVA BRUNSTING

13630 Pinerock

Houston, TX 77079-7517

(713) 464-4391

- PAIDMPP: Prior Authorization Required
- Prescription Savings Club could save you \$117.29! Ask if you qualify.

THU 5:16PM

\$527.99

EXPRESS PAY

04/21/11

Copy

REFRIGERATE

MED GUIDE



Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Touch Tone Refills**
Save time by using our automated system for a refill. Just dial the number on your prescription label.
- **Auto Refills**
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

Walgreens
The Pharmacy America Trusts • Since 1901™

Visit us online at Walgreens.com

Thank you for choosing Walgreens!

OPT: 2875 677 116 0935995

INFO: 0916 63402091130

57616

57616

YOUR PERSONAL PRESCRIPTION INFORMATION

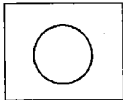
Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION METOPROLOL TARTRATE 50MG TABLETS
QUANTITY 60
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY 12 HOURS

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

PATIENT ALLERGIES



PINK
FRONT: m 32

INGREDIENT NAME: METOPROLOL (me-TOE-proe-ole)

COMMON USES: This medicine is a beta-adrenergic blocking agent (beta-blocker) used to treat high blood pressure. It may be used alone or with other medicines. It is also used for the long-term treatment of chest pain (angina) and to reduce the risk of death due to heart problems in certain patients who have had a heart attack. It may also be used for other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: WARNING: Do not suddenly stop taking this medicine; sharp chest pain, irregular heartbeat, and sometimes heart attack may occur. The risk may be greater if you have certain types of heart disease. Your doctor should slowly lower your dose over several weeks if you need to stop taking it, even if you only take it for high blood pressure. Heart disease is common and you may not know you have it. Limit physical activity while you are lowering your dose. If new or worsened chest pain or other heart problems occur, contact your doctor right away. You may need to start taking this medicine again. Tell your doctor or dentist that you take this medicine before you receive any medical or dental care, emergency care, or surgery. Tell your doctor if you have a history of diabetes or take medicine to lower your blood sugar (eg, glyburide, insulin). This medicine may hide signs of low blood sugar such as fast heartbeat. Tell your doctor right away if you notice other signs of low blood sugar such as anxiety, chills, dizziness, drowsiness, fainting, headache, tremor, unusual sweating, vision changes, or weakness. This medicine should not usually be used by patients who have a history of certain lung or breathing problems (eg, asthma) or a certain type of adrenal gland tumor (pheochromocytoma). It may worsen these conditions. Tell your doctor if you have a history of these conditions; your doctor may need to adjust your dose or prescribe additional medicine to reduce the risk of side effects. Tell your doctor if you have a history of overactive thyroid. This medicine may hide symptoms of overactive thyroid (eg, fast heartbeat). Do not suddenly stop taking this medicine; suddenly stopping this medicine could worsen your condition. Your doctor should slowly lower your dose over several weeks if you need to stop taking it. Check with your doctor for more information. Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are taking mibefradil. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking amiodarone, bupropion, certain HIV protease inhibitors (eg, ritonavir), certain selective serotonin reuptake inhibitors (SSRIs) (eg, fluoxetine, paroxetine), cimetidine, digoxin, diphenhydramine, disopyramide, flecainide, hormonal contraceptives (eg, birth control pills), hydralazine, hydroxychloroquine, ketanserin, mefloquine, phenothiazines (eg, thioridazine), propafenone, quinazoline (eg, alfuzosin), quinidine, terbinafine, propylthiouracil, verapamil, barbiturates (eg, phenobarbital), indomethacin, phenylpropanolamine, bupivacaine, lidocaine, or clonidine. **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions including lung or breathing problems (eg, asthma, bronchitis, chronic obstructive pulmonary disease [COPD]), diabetes, low blood pressure, thyroid problems, or adrenal gland tumor (pheochromocytoma), allergies, pregnancy, or breastfeeding. Tell your doctor if you have a history of heart attack, slow or irregular heartbeat, heart failure, or other heart problems; chest pain or angina; blood vessel or circulation problems; liver disease; or if you will be having surgery or receiving anesthesia. **USE OF THIS MEDICINE IS NOT RECOMMENDED** if you have a very slow heartbeat (eg, bradycardia), certain types of irregular heartbeat (eg, atrioventricular [AV] block, sick sinus syndrome), moderate to severe heart failure, very low systolic blood pressure (less than 100 mm Hg), or severe blood circulation problems. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for taking this medicine provided by your doctor. **TAKE THIS MEDICINE BY MOUTH WITH FOOD** or immediately following a meal at the same time each day. **STORE THIS MEDICINE** at room temperature, between 59 and 86 degrees F (15 and 30 degrees C). Store away from heat, moisture, and light. Do not store in the bathroom. **IF YOU MISS A DOSE OF THIS MEDICINE**, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to another beta-blocker (eg, propranolol). **IF YOU HAVE A HISTORY OF ANY SEVERE ALLERGIC REACTION**, talk with your doctor. You may be at risk for an even more severe allergic reaction if you come into contact with the substance that caused your allergy. Some medicines used to treat

severe allergies may also not work as well while you are using this medicine. **LAB TESTS**, including liver and kidney function, blood pressure, and complete blood cell counts, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. **THIS MEDICINE MAY CAUSE DROWSINESS, DIZZINESS, OR LIGHTEADEDNESS.** These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. This medicine may cause dizziness, lightheadedness, or fainting; alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. **PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE** often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal." Tell your doctor if you develop any new symptoms. **DO NOT SUDDENLY STOP TAKING THIS MEDICINE** without first consulting your doctor. If your doctor decides you should no longer use this medicine, you will need to stop this medicine gradually according to your doctor's instructions. **IF YOUR DOCTOR HAS INSTRUCTED YOU TO CHECK YOUR BLOOD PRESSURE** and heart rate regularly, be sure to do so. **TELL YOUR DOCTOR OR DENTIST** that you take this medicine before you receive any medical or dental care, emergency care, or surgery. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINES**, either prescription or over-the-counter, check with your doctor or pharmacist. Do not take any medicines used to treat colds or congestion without first talking with your doctor or pharmacist. **FOR WOMEN:** If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. This medicine is found in breast milk. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby. **DIABETES PATIENTS:** this medicine may hide signs of low blood sugar, such as rapid heartbeat. Be sure to watch for other signs or low blood sugar. Low blood sugar may make you anxious, sweaty, weak, dizzy, drowsy, or faint. It may also make your vision change; give you a headache, chills, or tremors; or make you more hungry. Check blood sugar levels closely. Ask your doctor before you change the dose of your diabetes medicine.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include constipation, diarrhea, dizziness, dry mouth/eyes, gas, headache, heartburn, lightheadedness, mild drowsiness, muscle aches, nausea, stomach pain, trouble sleeping, unusual tiredness or weakness, or vomiting. If they continue or are bothersome, check with your doctor. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience blue or unusually cold hands or feet; chest pain; fainting; hallucinations; mood or mental changes (eg, confusion, depression); pounding in the chest; severe dizziness or lightheadedness; shortness of breath; slow or irregular heartbeat; swelling of the arms, hands, and feet; vision changes; wheezing; yellowing of the skin or eyes. **AN ALLERGIC REACTION** to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include chest pain, seizures, very slow heart beat, severe dizziness, fainting, and difficult or slowed breathing.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. **KEEP THIS MEDICINE OUT** of the reach of children and pets. **IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME**, obtain refills before your supply runs out. **CHECK WITH YOUR PHARMACIST** about how to dispose of unused medicine.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1534699-03328

DATE: 04/29/11

METOPROLOL TARTRATE 50MG TABLETS

QTY: 60 1 REFILL BEFORE 04/05/12

Refill NDC:00378-0032-10

Retail Price: \$16.66 Your Insurance Saved You: \$12.28

\$ 4.38

A. JAIN, MD
MFG:MYLAN
XXX/PBP/PBP/ /PBP

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# SLQMDCCX

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer
Receipt

Pharmacy use only

SUN 11:00AM
Refill

METOPROLOL TARTRATE 50MG TABLETS
00378-0032-10
CELL 138

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1534699-03328

DATE: 04/29/11

METOPROLOL TARTRATE 50MG TABLETS

QTY: 60 1 REFILL BEFORE 04/05/12

Refill NDC:00378-0032-10

Retail Price: \$16.66 Your Insurance Saved You: \$12.28

\$ 4.38

A. JAIN, MD
MFG:MYLAN
XXX/PBP/PBP/ /PBP

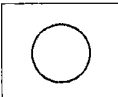
PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# SLQMDCCX

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate
Receipt

PINK
FRONT: m 32



QTY 60
20 DRAM

XXX/PBP/PBP/ /PBP

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

Brunsting004459



Cold or flu? Antibiotics aren't for you.

Antibiotics kill bacteria,
not viruses.

- Antibiotics can cure most bacterial infections, such as sore throats caused by strep and bacterial sinus infections.
- Using antibiotics for viral illness, like the common cold, will not help you feel better or prevent spreading it.

Please follow your healthcare provider's advice. And to learn more about antibiotics, visit www.cdc.gov/getsmart today.

57495



When you're sick, antibiotics aren't always the answer.

To avoid antibiotic-resistant infections and adverse drug events, avoid seeking an antibiotic prescription for colds, coughs and sniffles.

- Taking antibiotics when they are not needed causes some bacteria to become resistant to the antibiotic.
- Resistant bacteria are stronger and make future bacterial illnesses harder to treat.

To learn more, talk with your
Walgreens pharmacist today.

OPF: 2875 677 119 0963941

INFO: 0917 00378003210

57495

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PAIDMPD

1534699 0302 3 0000438 5

NELVA BRUNSTING

13630 Pinerock

Houston, TX 770797517

(713)464-4391

- Store TT 2 of 5
- Your Insurance Saved You: \$12.28

SUN 11:00AM

\$4.38

EXPRESS PAY

04/29/11

Refill



Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of this convenient service:

• **Auto Refills**

We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

Walgreens
The Pharmacy America Trusts • Since 1901™

Visit us online at Walgreens.com

Thank you for choosing Walgreens!

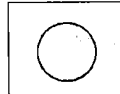
YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION ETHAMBUTOL 400MG TABLETS
QUANTITY 90
DIRECTIONS TAKE 3 TABLETS BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD

DRUG DESCRIPTION



WHITE

FRONT: L U

BACK: C32

INGREDIENT NAME: ETHAMBUTOL
(e-THAM-byoo-tole)

COMMON USES: This medicine is an antibacterial used to treat tuberculosis (TB).

BEFORE USING THIS MEDICINE: INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT STOP USING THIS MEDICINE without first checking with your doctor. THIS MEDICINE MAY CAUSE dizziness. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. HAVE REGULAR EYE EXAMINATIONS while you are taking this medicine even if you do not notice changes in your vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during

treatment, include nausea, headache, or dizziness. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience changes in vision, vomiting, skin rash, itching, fever, confusion, or numbness or tingling of extremities. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately.

ADDITIONAL INFORMATION: If your symptoms do not improve within 2 to 3 weeks, or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WICH 957918

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1534700-03328

DATE: 04/29/11

ETHAMBUTOL 400MG TABLETS

QTY: 90 1 REFILL BEFORE 04/05/12
Refill NDC: 68180-0281-01
Retail Price: \$153.59 Your Insurance Saved You: \$148.59

\$ 5.00

A. JAIN, MD
MFG: LUPIN
XXX/PBP/PBP/ /PBP

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# 7C1HH79

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer
Receipt

Pharmacy use only

SUN 11:00AM
Refill

ETHAMBUTOL 400MG TABLETS
68180-0281-01
ALPHA

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1534700-03328

DATE: 04/29/11

ETHAMBUTOL 400MG TABLETS

QTY: 90 1 REFILL BEFORE 04/05/12
Refill NDC: 68180-0281-01
Retail Price: \$153.59 Your Insurance Saved You: \$148.59

\$ 5.00

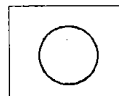
A. JAIN, MD
MFG: LUPIN
XXX/PBP/PBP/ /PBP

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# 7C1HH79

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate
Receipt



WHITE
FRONT: L U
BACK: C32

XXX/PBP/PBP/ /PBP



Take your antibiotics the right way.

- ☒ Precisely follow usage directions.
- ☒ Do not skip doses.
- ☒ Do not share them with others.
- ☒ Finish the prescription even if you feel better.
- ☒ Do not save them for future use.

Why is this checklist so important?

Using an antibiotic the wrong way can make infections stronger and harder to treat. You can prevent this problem by getting smart about antibiotics.

For more information talk to your Walgreens pharmacist. Or call 1-800-CDC-INFO or visit www.cdc.gov/getsmart.

Do you have a higher risk of getting pneumonia?

Are you:

- Age 19 through 64 and smoke or have asthma?
- Age 64 or younger and have diabetes, heart disease, lung disease, leukemia, lymphoma, Hodgkin's disease, kidney problems, HIV or other condition that lowers the body's resistance to infection?
- Age 64 or younger and are taking a drug or treatment that lowers the body's resistance to infection, such as long-term steroids, certain cancer drugs or radiation therapy?
- Age 65 or older?

If you answered, "yes" to any of these questions, the Centers for Disease Control & Prevention (CDC) recommends that you receive a pneumonia vaccination.

**Talk to your Walgreens pharmacist
to get vaccinated today!**

No out-of-pocket cost for Medicare Part B beneficiaries*!

Walgreens

There's a way to stay well.

*Medicare Part B generally covers the pneumonia vaccine once per beneficiary. Vaccine subject to availability. State, age and health condition-related restrictions may apply. See pharmacy for details.

8
BR



PAIDMPD

1534700 0302 3 0000500 1

NELVA BRUNSTING

13630 Pinerock
Houston, TX 770797517
(713)464-4391

- Store TT 1 of 5
- Your Insurance Saved You: \$148.59

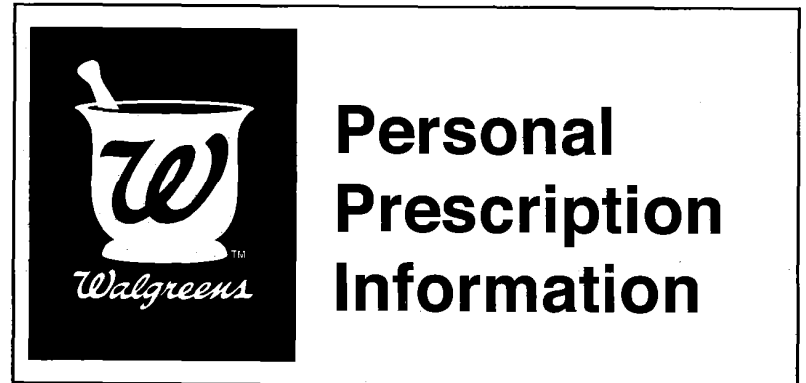
SUN 11:00AM

\$5.00

EXPRESS PAY

04/29/11

Refill



LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of this convenient service:

• Auto Refills

We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

Walgreens
The Pharmacy America Trusts • Since 1901™

Visit us online at Walgreens.com

Thank you for choosing Walgreens!

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION SERTRALINE 50MG TABLETS
QUANTITY 30
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD
PATIENT ALLERGIES
DRUG DESCRIPTION

BLUE
FRONT: G 4900
BACK: 50MG

INGREDIENT NAME: SERTRALINE (SER-tra-leen)

COMMON USES: This medicine is a selective serotonin reuptake inhibitor (SSRI) used to treat depression, panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), social anxiety disorder (social phobia), and a severe form of premenstrual syndrome called premenstrual dysphoric disorder (PMDD). It may also be used for other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: WARNING: Antidepressants may increase the risk of suicidal thoughts or actions in children, teenagers, and young adults. However, depression and certain other mental problems may also increase the risk of suicide. Talk with the patient's doctor to be sure that the benefits of using this medicine outweigh the risks. Family and caregivers must closely watch patients who take this medicine. It is important to keep in close contact with the patient's doctor. Tell the doctor right away if the patient has symptoms like worsened depression, suicidal thoughts, or changes in behavior. Discuss any questions with the patient's doctor. Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are taking a fenfluramine derivative (eg, dexfenfluramine); nefazodone; pimozone; sibutramine; or thioridazine. **DO NOT TAKE THIS MEDICINE** if you are taking or have taken a monoamine oxidase inhibitor (MAOI) (eg, phenelzine), selegiline, or St. John's wort within the last 14 days. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking anorexiant (eg, phentermine); linezolid; metoclopramide; serotonin 5-HT1 receptor agonists (eg, sumatriptan); trazodone; anticoagulants (eg, warfarin); aspirin; nonsteroidal anti-inflammatory drugs (NSAIDs) (eg, ibuprofen); diuretics (eg, furosemide, hydrochlorothiazide); tramadol; phenothiazines (eg, chlorpromazine); carbamazepine; cyproheptadine; aripiprazole; clozapine; digoxin; flecainide; lithium; phenytoin; propafenone; risperidone; tricyclic antidepressants (eg, amitriptyline); or valproate (eg, valproic acid). **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including if you have a history of seizures; heart problems; liver problems; stomach or bowel bleeding; metabolism problems; allergies; pregnancy; or breast-feeding. Tell your doctor if you or a family member has a history of bipolar disorder (manic-depression), other mental or mood problems, suicidal thoughts or attempts, or alcohol or substance abuse. Tell your doctor if you are dehydrated, have low blood sodium levels, drink alcohol, or if you will be having electroconvulsive therapy (ECT). Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for taking this medicine provided by your doctor. This medicine has a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. **TAKE THIS MEDICINE** by mouth with or without food. **STORE THIS MEDICINE** at 77 degrees F (25 degrees C) away from heat, moisture, and light. Brief storage at temperatures between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. **CONTINUE TO TAKE THIS MEDICINE** even if you feel well. Do not miss any doses. Taking this medicine at the same time each day will help you remember to take it. **DO NOT SUDDENLY STOP TAKING THIS MEDICINE** without checking with your doctor. Side effects may occur. They may include mental or mood changes, numbness or tingling of the skin, dizziness, confusion, headache, trouble sleeping, or unusual tiredness. You will be closely monitored when you start this medicine and whenever a change in dose is made. **IF YOU MISS A DOSE OF THIS MEDICINE**, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. **DO NOT** take 2 doses at once.

CAUTIONS: **DO NOT USE THIS MEDICINE** if you are allergic to any ingredient in this medicine. **THIS MEDICINE MAY CAUSE DROWSINESS OR DIZZINESS.** These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. **DO NOT DRIVE OR PERFORM OTHER POSSIBLY UNSAFE TASKS** until you know how you react to it. **DO NOT DRINK ALCOHOL** while you are taking this medicine. Check with your doctor before you use medicines that may cause drowsiness (eg, sleep aids, muscle relaxers) while you are taking this medicine; it may add to their effects. Ask your pharmacist if you have questions about which medicines may cause drowsiness. Several weeks may pass before your symptoms improve. **DO NOT TAKE MORE THAN THE RECOMMENDED DOSE**, change your dose, or use this medicine for longer than prescribed without checking with your doctor. **IF YOUR DOCTOR**

TELLS YOU TO STOP TAKING THIS MEDICINE, you will need to wait for several weeks before beginning to take certain other medicines (eg, MAOIs, nefazodone). Ask your doctor when you should start to take your new medicines after you have stopped taking this medicine. **SEROTONIN SYNDROME** and **NEUROLEPTIC MALIGNANT SYNDROME (NMS)** are possibly fatal syndromes that can be caused by this medicine. Your risk may be greater if you take this medicine with certain other medicines (eg, "triptans", MAOIs, antipsychotics). Symptoms of these syndromes may include blood pressure changes; agitation; confusion; hallucinations; other mental or mood changes; coma; fever; fast or irregular heartbeat; tremor; excessive sweating; rigid muscles; and nausea, vomiting, or diarrhea. Contact your doctor at once if you have any of these symptoms. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINES**, either prescription or over-the-counter, check with your doctor or pharmacist. Caution is advised when using this medicine in the **ELDERLY**; they may be more sensitive to its effects, especially low blood sodium levels. Caution is advised when using this medicine in **CHILDREN**; they may be more sensitive to its effects, especially increased risk of suicidal thoughts or actions. **THIS MEDICINE MAY CAUSE WEIGHT CHANGES.** **CHILDREN AND TEENAGERS** may need regular weight and growth checks while they take this medicine. **FOR MEN:** **THIS MEDICINE MAY RARELY CAUSE** a prolonged, painful erection. This could happen even when you are not having sex. If this is not treated right away, it could lead to permanent sexual problems such as impotence. Contact your doctor right away if this happens. **FOR WOMEN:** **THIS MEDICINE MAY CAUSE HARM TO THE FETUS** if it is used during the last 3 months of pregnancy. **IF YOU BECOME PREGNANT**, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. **IT IS NOT KNOWN IF THIS MEDICINE IS FOUND** in breast milk. **IF YOU ARE OR WILL BE BREAST-FEEDING** while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

POSSIBLE SIDE EFFECTS: **SIDE EFFECTS** that may occur while taking this medicine include anxiety; constipation; decreased sexual desire or ability; diarrhea; dizziness; drowsiness; dry mouth; increased sweating; loss of appetite; nausea; nervousness; stomach upset; tiredness; trouble sleeping; vomiting; or weight loss. If they continue or are bothersome, check with your doctor. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience bizarre behavior; black or bloody stools; chest pain; decreased bladder control; exaggerated reflexes; fast or irregular heartbeat; fever; hallucinations; loss of coordination; new or worsening agitation, panic attacks, aggressiveness, impulsiveness, irritability, hostility, exaggerated feeling of well-being, restlessness, or inability to sit still; persistent or severe ringing in the ears; persistent, painful erection; red, swollen, blistered, or peeling skin; seizures; severe or persistent anxiety or trouble sleeping; stomach pain; suicidal thoughts or attempts; tremor; unusual bruising or bleeding; unusual or severe mental or mood changes; vision changes; or worsening of depression. **AN ALLERGIC REACTION** to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: **IF OVERDOSE IS SUSPECTED**, contact your local poison control center or emergency room immediately. Symptoms may include coma; fainting; fast, slow, or irregular heartbeat; hair loss; hallucinations; seizures; severe or persistent dizziness, drowsiness, diarrhea, nausea, or vomiting; or tremor.

ADDITIONAL INFORMATION: **DO NOT SHARE THIS MEDICINE** with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE** out of the reach of children and pets. **IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME**, obtain refills before your supply runs out.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1515376-03328

DATE: 03/02/11

SERTRALINE 50MG TABLETS

QTY: 30 1 REFILL BEFORE 02/02/12

Refill NDC: 59762-4900-05

Retail Price: \$29.99 Your Insurance Saved You: \$24.99

\$ 5.00

A. JAIN, MD
MFG: GREENSTONE
XXX/KMN/KMN/ /KMN

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# OXHXMT3

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer
Receipt

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1515376-03328

DATE: 03/02/11

SERTRALINE 50MG TABLETS

QTY: 30 1 REFILL BEFORE 02/02/12

Refill NDC: 59762-4900-05

Retail Price: \$29.99 Your Insurance Saved You: \$24.99

\$ 5.00

A. JAIN, MD
MFG: GREENSTONE
XXX/KMN/KMN/ /KMN

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# OXHXMT3

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

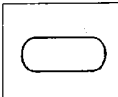
Duplicate
Receipt

Pharmacy use only

WED 1:30PM
Refill

SERTRALINE 50MG TABLETS
59762-4900-05
CELL 29

QTY 30
20 DRAM



BLUE
FRONT: G 4900
BACK: 50MG

XXX/KMN/KMN/ /KMN

Med Guide

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

Ask if grapefruit
juice affects your
medication.

From the breakfast table.



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Chat live with an expert from
our pharmacy team about:

- Your personal prescription questions
- Over-the-counter product and prescription interactions
- Treatments for common ailments



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Flu shots^{*} every day.

Register for your flu shot today
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We bill many insurance plans directly,
including Medicare.

*Prices may vary for certain forms of the flu vaccine. Vaccines subject to availability.
State, age and health condition-related restrictions may apply. See pharmacy for details.

Walgreens

8
BR



NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

- Store TT 5 of 6
- Your Insurance Saved You: \$24.99

WED 1:30PM
\$5.00
EXPRESS PAY

03/02/11
Refill
MED GUIDE



Personal Prescription Information

**LOOK INSIDE FOR IMPORTANT INFORMATION
ABOUT YOUR MEDICATION.**

Take advantage of this convenient service:

- **Auto Refills**
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it's due to run out. Sign up in the pharmacy.

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YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION AZITHROMYCIN 250MG TABLETS
QUANTITY 30
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

PATIENT ALLERGIES



PINK
FRONT: 93
BACK: 7146

INGREDIENT NAME: AZITHROMYCIN
(ay-ZITH-roe-MYE-sin)

COMMON USES: This medicine is a macrolide antibiotic used to treat bacterial infections.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking dofetilide, nilotinib, propafenone, pimozide, or tetrabenazine. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking antiarrhythmics (eg, disopyramide), anticoagulants (eg, warfarin), arsenic, astemizole, carbamazepine, cisapride, digoxin, domperidone, maprotiline, methadone, nelfinavir, cyclosporine, ergot alkaloids (eg, ergotamine), paliperidone, phenytoin, quinolones (eg, levofloxacin), rifampin, terfenadine, theophylline, triazolam, tyrosine kinase inhibitors (eg, dasatinib), or medicines that may affect your heartbeat. Ask your doctor if you are unsure if any of the medicines you are taking may affect your heartbeat. Inform your doctor of any other medical conditions including irregular heartbeat, kidney problems, liver problems, myasthenia gravis, allergies, pregnancy or breastfeeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine may be taken on an empty stomach or with food. DO NOT TAKE THIS MEDICINE within 1 hour before or 2 hours after aluminum- or magnesium-containing antacids. STORE THIS MEDICINE at room temperature, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment even if you feel better in a few days. Do not miss any doses. Taking this medicine at the same time each day will make it easier to remember. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. If you miss a dose, do not take 2 doses at once.

CAUTIONS: DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it, to other macrolide antibiotics (such as erythromycin), to ketolide antibiotics (such as telithromycin), or if you are allergic to any ingredient in this product. DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to erythromycin or any macrolide or ketolide antibiotic. A severe reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine, contact your doctor or pharmacist. IF YOU EXPERIENCE difficulty breathing; tightness of chest; swelling of eyelids, face, or lips; or if you develop a rash or hives, tell your doctor immediately. Do not take any more of this medicine unless your doctor tells you to do so. This medicine may cause drowsiness, dizziness, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS

MEDICINE MAY CAUSE increased sensitivity to the sun. Avoid exposure to the sun, sunlamps, or tanning booths until you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period. MILD DIARRHEA IS COMMON with antibiotic use. However, a more serious form of diarrhea (pseudomembranous colitis) may rarely occur. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe diarrhea, or bloody stools occur. Do not treat diarrhea without first checking with your doctor. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include mild diarrhea, headache, nausea, or stomach pain or upset. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, changes in hearing, or ringing in the ears. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain; swelling of your hands, legs, face, lips, eyes, throat, or tongue; difficulty swallowing, speaking, or breathing; eye or vision problems; fainting; hearing loss; irregular heartbeat; muscle weakness; reddened, blistered, or swollen skin; seizures; severe stomach pain, cramps, or diarrhea; bloody stools; unusual vaginal itching, odor, or discharge; or yellowing of the eyes or skin. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, trouble breathing, or unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include nausea, vomiting, stomach upset, and diarrhea.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1494789-03328

DATE: 03/02/11

AZITHROMYCIN 250MG TABLETS

QTY: 30 NO REFILLS - DR. AUTH REQUIRED

Refill NDC:00093-7146-56

Retail Price: \$195.79 Your Insurance Saved You: \$190.79

\$ 5.00

A. JAIN, MD
MFG: TEVA
XXX/ / /KMN/KMN

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# FKRWQHL

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1494789-03328

DATE: 03/02/11

AZITHROMYCIN 250MG TABLETS

QTY: 30 NO REFILLS - DR. AUTH REQUIRED

Refill NDC:00093-7146-56

Retail Price: \$195.79 Your Insurance Saved You: \$190.79

\$ 5.00

A. JAIN, MD
MFG: TEVA
XXX/ / /KMN/KMN

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# FKRWQHL

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PH: (713)722-7247

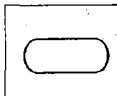
Duplicate Receipt

Pharmacy use only

WED 1:30PM
Refill

AZITHROMYCIN 250MG TABLETS
00093-7146-56
ALPHA

QTY 30
10 DRAM



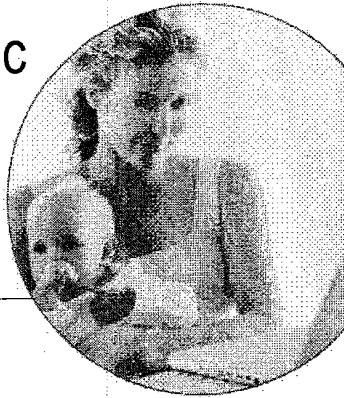
PINK
FRONT: 93
BACK: 7146

XXX/ / /KMN/KMN

Brunsting004465

Ask if an antibiotic
is causing her
diaper rash.

Without leaving her side.



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including Medicare.

*Prices may vary for certain forms of the flu vaccine. Vaccines subject to availability.
State, age and health condition-related restrictions may apply. See pharmacy for details.

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8
BR



NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

- Store TT 3 of 6
- Your Insurance Saved You: \$190.79

WED 1:30PM
\$5.00
EXPRESS PAY

03/02/11
Refill



**Personal
Prescription
Information**

**LOOK INSIDE FOR IMPORTANT INFORMATION
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it's due to run out. Sign up in the pharmacy.

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YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION BROVANA 15MCG/2ML INH SOL 30X2ML
QUANTITY 120
DIRECTIONS INHALE 1 VIAL VIA NEBULIZER
TWICE DAILY

DOCTOR A. JAIN, MD
PATIENT ALLERGIES

DRUG DESCRIPTION
LIQUID

INGREDIENT NAME: ARFORMOTEROL (ar-for-MOE-ter-ole)

COMMON USES: This medicine is a long-acting beta-agonist bronchodilator used for long-term treatment of chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: WARNING: LONG-ACTING BETA-AGONISTS SUCH AS THIS MEDICINE HAVE BEEN RARELY ASSOCIATED WITH AN INCREASED RISK OF ASTHMA-RELATED DEATH. Long-acting beta-agonists should not be used in asthma patients without another long-term asthma-control medicine (eg, inhaled corticosteroids). This medicine has not been approved to treat asthma. Safety and effectiveness of this medicine in patients with asthma have not been confirmed. SOME MEDICINES MAY INTERACT with this medicine. DO NOT TAKE THIS MEDICINE if you are using another medicine that has a long-acting beta-agonist (eg, salmeterol) in it. TELL YOUR HEALTH CARE PROVIDER if you are taking any other medicines, especially any of the following: corticosteroids (eg, prednisone), diuretics (eg, furosemide, hydrochlorothiazide), xanthines (eg, theophylline), catechol-O-methyltransferase (COMT) inhibitors (eg, entacapone), monoamine oxidase inhibitors (MAOIs) (eg, phenelzine), tricyclic antidepressants (eg, amitriptyline), or beta-blockers (eg, propranolol). This may not be a complete list of all interactions that may occur. Ask your health care provider if this medicine may interact with other medicines you take. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including a history of other breathing problems (eg, asthma), diabetes, heart problems (eg, fast or irregular heartbeat, heart blood vessel problems), liver problems, high blood pressure, low blood potassium levels, seizures, an overactive thyroid, or you have high blood or urine ketone levels, allergies, pregnancy, or breast-feeding. Tell your doctor if you have recently been to an emergency room for breathing problems; have a history of frequent hospitalizations for breathing problems; have ever had life-threatening breathing problems; or have had an unusual reaction to a sympathomimetic medicine (eg, albuterol, pseudoephedrine), such as fast or irregular heartbeat, overexcitement, or severe trouble sleeping. Tell your doctor if you have taken a MAOI (eg, phenelzine) or a tricyclic antidepressant (eg, amitriptyline) within the last 14 days. USE OF THIS MEDICINE IS NOT RECOMMENDED if you are having severe breathing problems (eg, sudden, severe onset or worsening of COPD symptoms such as chest tightness, cough, shortness of breath, wheezing), you have asthma and you are not currently using a long-term asthma-control medicine (eg, inhaled corticosteroids), or if you have asthma that is already well controlled with the use of a long-term asthma-control medicine. THIS MEDICINE SHOULD NOT BE USED IN CHILDREN; safety and effectiveness in children have not been confirmed. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine comes with a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully each time you refill this medicine. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. THIS MEDICINE SHOULD ONLY BE INHALED USING A NEBULIZER. Do NOT inject or swallow it. A health care provider will teach you how to use the nebulizer. Be sure you know what type of nebulizer to use with this medicine, and how to use it. Follow the procedures you are taught when you use a nebulizer. Contact your health care provider if you have any questions. STORE THIS MEDICINE in the original foil pouch in a dry place. Do not remove from the foil pouch or the vial until right before use. IF THE MEDICINE CONTAINS PARTICLES, is cloudy or discolored, or if the vial is cracked or damaged in any way, do not use it. DO NOT MIX THIS MEDICINE WITH OTHER MEDICINES in your nebulizer machine. TO USE THIS MEDICINE, twist open the top of the vial and pour the entire contents into the nebulizer reservoir. CONNECT THE NEBULIZER RESERVOIR to the mouthpiece or face mask. CONNECT THE NEBULIZER to the compressor. Sit in a comfortable, upright position. PLACE THE MOUTHPIECE in your mouth or put on the face mask and turn on the nebulizer. BREATHE AS CALMLY, deeply, and evenly as possible until no more mist is formed in the nebulizer chamber (about 5 to 10 minutes). CLEAN THE NEBULIZER according to the instructions. Failure to properly clean the nebulizer could lead to bacteria entering the medicine. This may lead to an infection. To avoid bacteria entering the medicine, use the entire contents right after opening the vial for the first time. STORE THIS MEDICINE IN THE REFRIGERATOR, between 36 and 46 degrees F (2 and 8 degrees C). Do not freeze. UNOPENED POUCHES MAY BE STORED at room temperature between 68 and 77 degrees F (20 and 25 degrees C) for up to 6 weeks. Store away from heat, moisture, and light. If this medicine is stored at room temperature, throw it away after 6 weeks. DO NOT USE this medicine if it is past the expiration date on the container. KEEP THIS MEDICINE out of the reach of children and away from pets. CONTINUE TO USE THIS MEDICINE even if you feel well. Do not miss any doses. If you miss a dose of this medicine, skip the missed dose and go back to your regular dosing schedule. Do not use 2 doses at once.

CAUTIONS: DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to formoterol. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. LAB TESTS, including lung function and blood potassium levels, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. THIS MEDICINE MAY CAUSE DIZZINESS. This effect may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. THIS MEDICINE WILL NOT STOP SUDDEN SYMPTOMS OF COPD ONCE THEY HAVE ALREADY STARTED. Be sure to carry a short-acting bronchodilator inhaler (eg, albuterol) with you at all times to treat any breathing problems that may occur between doses of this medicine (eg, severe or sudden onset of wheezing or shortness of breath). If you have any questions about which medicines stop sudden symptoms, check with your doctor or pharmacist. IF YOU HAVE BEEN REGULARLY USING A SHORT-ACTING BRONCHODILATOR INHALER, talk with your doctor about how to use it with this medicine. Short-acting bronchodilators are normally used with this medicine to treat breathing problems that may occur between doses. THE RISK OF SERIOUS HEART PROBLEMS (eg, irregular heartbeat) may be greater if you use this medicine in high doses. Do NOT use more than recommended dose or use more often than prescribed. TELL YOUR DOCTOR AT ONCE if you notice that your short-acting bronchodilator inhaler does not work as well, if you need to use it often, or if your breathing problems get worse. CONTACT YOUR DOCTOR OR SEEK MEDICAL CARE RIGHT AWAY if you have breathing problems that worsen quickly, or if you use your short-acting bronchodilator and do not get relief. TALK WITH YOUR DOCTOR OR PHARMACIST about all of your breathing medicines and how to use them. Do not start, stop, or change the dose of any

breathing medicine unless your doctor tells you to. THE MEDICINE MAY SOMETIMES CAUSE SEVERE BREATHING PROBLEMS RIGHT AFTER YOU USE A DOSE. If this happens, use your short-acting bronchodilator. Contact your doctor or seek other medical care at once. THIS MEDICINE MAY RAISE YOUR BLOOD SUGAR. High blood sugar may make you feel confused, drowsy, or thirsty. It can also make you flush, breathe faster, or have a fruit-like breath odor. If these symptoms occur, tell your doctor right away. PREGNANCY and BREAST-FEEDING: If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. It is not known if this medicine is found in breast milk. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include: back pain; diarrhea; dry mouth; headache; nausea; nervousness; stuffy nose; tiredness; tremor; trouble sleeping; vomiting. If they continue or are bothersome, check with your doctor. SEEK MEDICAL ATTENTION RIGHT AWAY if any of these SEVERE side effects occur: chest pain; fast or irregular heartbeat; fever, chills, or persistent sore throat; leg swelling; new or worsening breathing problems (eg, increased chest tightness, coughing, shortness of breath, wheezing); severe or persistent headache, dizziness, tremor, or nervousness; severe or persistent muscle pain or cramps; symptoms of high blood sugar (eg, increased thirst, urination, or hunger; unusual weakness or drowsiness; confusion); trouble speaking. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, tongue, or throat; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include chest pain; fast or irregular heartbeat; severe or persistent dizziness; dry mouth; fatigue; headache; muscle pain or cramps; nausea; nervousness; trouble sleeping, or tremors; severe or persistent symptoms of high blood sugar (eg, increased thirst, urination, or hunger; drowsiness; flushing of the skin; confusion; fruit-like breath odor).

ADDITIONAL INFORMATION: If your symptoms do not improve or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1496587-03328

DATE: 02/18/11

BROVANA 15MCG/2ML INH SOL 30X2ML

QTY: 120 1 REFILL BEFORE 12/05/11

Refill NDC:63402-0911-30

\$ 527.99

A. JAIN, MD
MFG:SEPRACOR
HMC/ / / /KDM

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer
Receipt

Pharmacy use only

TUE 12:00PM

Refill

BROVANA 15MCG/2ML INH SOL 30X2ML

63402-0911-30

REFRIG

QTY 120

LIQUID

HMC/ / / /KDM

Med Guide

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1496587-03328

DATE: 02/18/11

BROVANA 15MCG/2ML INH SOL 30X2ML

QTY: 120 1 REFILL BEFORE 12/05/11

Refill NDC:63402-0911-30

\$ 527.99

A. JAIN, MD
MFG:SEPRACOR
HMC/ / / /KDM

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate
Receipt

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WICH# 957918

Brunsting004467

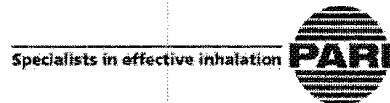
Don't take a chance with your lungs — get a PARI Nebulizer cup now.



Did you know a PARI nebulizer was used to prove safety and efficacy of your inhaled medication? PARI nebulizers are the clinical choice, make them your choice.

The Benefits of PARI Reusable Nebulizers

- Short treatment times
- Consistent, efficient delivery of medication to the lungs
- Reusable, designed to last 6 months
- Easy to clean: boilable and dishwasher safe
- Cost effective



PARI LC® Plus used in clinical trial.

Continue to effectively manage your COPD by using a PARI Nebulizer.

Chronic obstructive pulmonary disease (COPD) is with you all of the time, even when you don't have symptoms. That is why it's important to use the PARI Nebulizer system, to deliver your medication to you effectively.

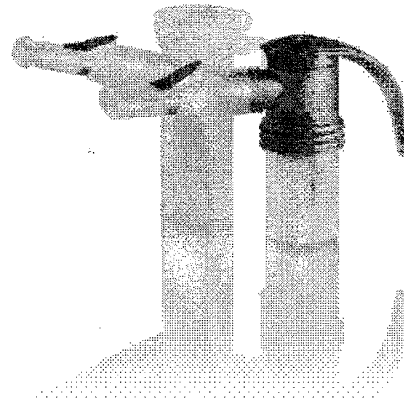
If you're not using a PARI nebulizer cup, you may not be getting the most benefit from your aerosol medication.

PARI reusable nebulizers feature breath enhanced technology resulting in increased aerosol delivery with decreased medication waste.

For more information contact PARI at 1.800.FAST.NEB (327.8632) or your Walgreens pharmacist. Visit www.PARI.com.

Talk to your doctor or pharmacist today about the PARI Reusable Nebulizer cup.

This message was developed and paid for by PARI Respiratory Equipment, Inc.



8
BR



NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

- MEDICARE: Patient Not Eligible- Use New Plan or charge Cash
- Store TT 1 of 1
- Prescription Savings Club could save you \$117.29! Ask if you qualify.

TUE 12:00PM
\$527.99
EXPRESS PAY

02/18/11
Refill

REFRIGERATE
MED GUIDE



Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Auto Refills**
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.
- **Touch Tone Refills**
Save time by using our automated system for a refill. Just dial the number on your prescription label.

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Brunsting004468

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT	NELVA BRUNSTING	DOCTOR	A. JAIN, MD	DRUG DESCRIPTION
BIRTH DATE	10/08/26			
MEDICATION	SPIRIVA CAPS 30'S & HANDIHALER			
QUANTITY	30	PATIENT ALLERGIES		
DIRECTIONS	INHALE CONTENTS OF ONE CAPSULE ONCE DAILY USING HANDIHALER			

INGREDIENT NAME: TIOTROPIUM BROMIDE (TYE-oh-TROE-pee-um BROE-mide)

COMMON USES: This medicine is an anticholinergic agent used to treat the symptoms of chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are taking another anticholinergic (eg, ipratropium). Ask your doctor if you are unsure if any of your medicines are anticholinergics. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including if you have trouble urinating; an enlarged prostate; bladder blockage; glaucoma; kidney problems; allergies (including milk proteins); pregnancy; or breast-feeding. Tell your doctor if you are having an asthma attack or increased difficulty breathing. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. An additional patient information leaflet is available with this medicine. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have before using this medicine. DO NOT SWALLOW THE CAPSULES. THE CAPSULES ARE USED WITH A SPECIAL INHALER. DO NOT remove a capsule from the packaging until you are ready to use it. To remove a capsule from the packaging, carefully peel the foil back to expose the capsule, then tip the capsule out of the blister. Do NOT cut the foil or use sharp objects to remove the capsule from the blister. If a second capsule is exposed to the air when you are removing a capsule for use, it must be discarded. Do not save the capsule for later. Place the capsule in the special inhaler device immediately. The device will puncture the capsule so that the medicine inside may be inhaled into the lungs through the mouthpiece. Exhale slowly and deeply. DO NOT breathe into the mouthpiece of the inhaler. Position the inhaler mouthpiece between your lips and try to rest your tongue flat. Keep your head upright. Do not block the air vents on the inhaler. TAKE A SLOW, DEEP BREATH. You should hear or feel the capsule vibrate inside the inhaler. Hold your breath as long as it feels comfortable, then exhale slowly through pursed lips. Breathe out completely. To be sure all of the medicine has been inhaled from the capsule, inhale from the mouthpiece a second time following the same process. ASK YOUR DOCTOR OR PHARMACIST if you are unclear on how to use this device or inhale the medicine. CLEAN THE INHALER DEVICE once a month according to the instructions in the patient leaflet. Each inhaler device may be used for up to 1 year and then should be replaced. STORE THIS MEDICINE at room temperature at 77 degrees F (25 degrees C), away from heat, moisture, and light. Brief storage between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. This medicine will work best if used regularly. Taking your dose at the same time each day will help you to remember. IF YOU MISS A DOSE OF THIS MEDICINE, use it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do NOT use 2 doses at once. Do NOT use this medicine more often than 1 time every 24 hours.

CAUTIONS: DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to atropine or related medicines (eg, ipratropium). THIS MEDICINE WILL NOT STOP AN ASTHMA ATTACK once one has started. IF YOU ARE ALSO USING A RESCUE INHALER (eg, albuterol), be sure to always carry the bronchodilator inhaler with you to use during asthma attacks. DO NOT EXCEED THE RECOMMENDED DOSE without checking with your doctor. DO NOT STOP USING THIS MEDICINE without first checking with your doctor. This medicine may cause dizziness or blurred vision. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. AVOID GETTING THIS MEDICINE IN YOUR EYES. If you get the medicine in your eyes and eye pain, blurred vision, or other vision changes occur, contact your doctor immediately. THIS MEDICINE MAY SOMETIMES CAUSE SEVERE BREATHING PROBLEMS right after you use a dose. If this happens, use your short-acting bronchodilator inhaler. Contact your doctor or seek other medical care at once. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. USE THIS MEDICINE WITH CAUTION IN THE ELDERLY; they may be more sensitive to its effects, especially constipation and urinary tract infections. FOR WOMEN: IF YOU

PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS NOT KNOWN IF THIS MEDICINE IS FOUND in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while using this medicine include dry mouth, constipation, sinus inflammation, throat irritation, stomach pain, vomiting, blurred vision, or mild nosebleed. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience irritation, pain, or white patches in your mouth or on your tongue; mouth sores; severe or persistent nosebleeds; severe or persistent constipation; difficult or painful urination; eye pain or discomfort; vision changes (eg, halos, colored images); chest pain; fast or irregular heartbeat; difficulty swallowing; new or worsened breathing problems; or wheezing. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include mental changes; severe constipation; stomach pain; or tremors.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517

(713)464-4391

RX # 1496586-03328

DATE: 01/01/11

SPIRIVA CAPS 30'S & HANDIHALER

QTY: 30 2 REFILLS BEFORE 12/05/11

Refill NDC:00597-0075-41

Retail Price: \$260.99 Your Insurance Saved You: \$44.45

\$ 216.54

A. JAIN, MD
MFG:BOEHRINGER
XXX/JIC/JIC /RJW

PLAN: PAIDMIPD
GROUP# CMD3896
CLAIM REF# MRVHDC

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer
Receipt

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517

(713)464-4391

RX # 1496586-03328

DATE: 01/01/11

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GROUP# CMD3896
CLAIM REF# MRVHDC

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate
Receipt

Pharmacy use only

SUN 12:00PM
Refill

SPIRIVA CAPS 30'S & HANDIHALER
00597-0075-41
ALPHA

QTY 30

XXX/JIC/JIC /RJW

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

Brunsting004469

Get a **FREE** one-on-one
Medicare Part D
review session!

Your pharmacist will:

- Review your medications and look for ways to help save you money
- Talk about other things you can do to stay well
- Check for potential drug interactions



Make your appointment today!

Walgreens

There's a way to stay well.

Information provided by Walgreens is not a substitute for your own research concerning your healthcare, including Medicare.

**Don't take
chances with
your health.**

*Fill all your prescriptions
at one pharmacy.*

Walgreens automatically screens for drug interactions, including any over-the-counter medicines or supplements you tell us about.



**Play it safe. Fill all your
prescriptions at Walgreens.**

8
BR



NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

- Store TT 5 of 5
- Your Insurance Saved You: \$44.45

SUN 12:00PM

\$216.54

EXPRESS PAY

01/01/11

Refill



**Personal
Prescription
Information**

LOOK INSIDE FOR IMPORTANT INFORMATION

ABOUT YOUR MEDICATION.

Take advantage of this convenient service:

• **Auto Refills**

We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

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The Pharmacy America Trusts • Since 1901™

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Thank you for choosing Walgreens!

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION BROVANA 15MCG/2ML INH SOL 30X2ML
QUANTITY 120
DIRECTIONS INHALE 1 VIAL VIA NEBULIZER
TWICE DAILY

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

LIQUID

PATIENT
ALLERGIES

INGREDIENT NAME: ARFORMOTEROL (ar-for-MOE-ter-ole)

COMMON USES: This medicine is a long-acting beta-agonist bronchodilator used for long-term treatment of chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: WARNING: LONG-ACTING BETA-AGONISTS SUCH AS THIS MEDICINE HAVE BEEN RARELY ASSOCIATED WITH AN INCREASED RISK OF ASTHMA-RELATED DEATH. Long-acting beta-agonists should not be used in asthma patients without another long-term asthma-control medicine (eg, inhaled corticosteroids). This medicine has not been approved to treat asthma. Safety and effectiveness of this medicine in patients with asthma have not been confirmed. SOME MEDICINES MAY INTERACT with this medicine. DO NOT TAKE THIS MEDICINE if you are using another medicine that has a long-acting beta-agonist (eg, salmeterol) in it. TELL YOUR HEALTH CARE PROVIDER if you are taking any other medicines, especially any of the following: corticosteroids (eg, prednisone), diuretics (eg, furosemide, hydrochlorothiazide), xanthines (eg, theophylline), catechol-O-methyltransferase (COMT) inhibitors (eg, entacapone), monoamine oxidase inhibitors (MAOIs) (eg, phenelzine), tricyclic antidepressants (eg, amitriptyline), or beta-blockers (eg, propranolol). This may not be a complete list of all interactions that may occur. Ask your health care provider if this medicine may interact with other medicines you take. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including a history of other breathing problems (eg, asthma), diabetes, heart problems (eg, fast or irregular heartbeat, heart blood vessel problems), liver problems, high blood pressure, low blood potassium levels, seizures, an overactive thyroid, or you have high blood or urine ketone levels, allergies, pregnancy, or breast-feeding. Tell your doctor if you have recently been to an emergency room for breathing problems; have a history of frequent hospitalizations for breathing problems; have ever had life-threatening breathing problems; or have had an unusual reaction to a sympathomimetic medicine (eg, albuterol, pseudoephedrine), such as fast or irregular heartbeat, overexcitement, or severe trouble sleeping. Tell your doctor if you have taken a MAOI (eg, phenelzine) or a tricyclic antidepressant (eg, amitriptyline) within the last 14 days. USE OF THIS MEDICINE IS NOT RECOMMENDED if you are having severe breathing problems (eg, sudden, severe onset or worsening of COPD symptoms such as chest tightness, cough, shortness of breath, wheezing), you have asthma and you are not currently using a long-term asthma-control medicine (eg, inhaled corticosteroids), or if you have asthma that is already well controlled with the use of a long-term asthma-control medicine. THIS MEDICINE SHOULD NOT BE USED IN CHILDREN; safety and effectiveness in children have not been confirmed. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine comes with a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully each time you refill this medicine. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. THIS MEDICINE SHOULD ONLY BE INHALED USING A NEBULIZER. Do NOT inject or swallow it. A health care provider will teach you how to use the nebulizer. Be sure you know what type of nebulizer to use with this medicine, and how to use it. Follow the procedures you are taught when you use a dose. Contact your health care provider if you have any questions. STORE THIS MEDICINE in the original foil pouch in a dry place. Do not remove from the foil pouch or the vial until right before use. IF THE MEDICINE CONTAINS PARTICLES, is discolored or discolored, or if the vial is cracked or damaged in any way, do not use it. DO NOT MIX THIS MEDICINE WITH OTHER MEDICINES in your nebulizer machine. TO USE THIS MEDICINE, twist open the top of the vial and pour the entire contents into the nebulizer reservoir. CONNECT THE NEBULIZER RESERVOIR to the mouthpiece or face mask. CONNECT THE NEBULIZER to the compressor. Sit in a comfortable, upright position. PLACE THE MOUTHPIECE in your mouth (or put on the face mask) and turn on the nebulizer. BREATHE AS CALMLY, deeply, and evenly as possible until no more mist is formed in the nebulizer chamber (about 5 to 10 minutes). CLEAN THE NEBULIZER according to the instructions. Failure to properly clean the nebulizer could lead to bacteria entering the medicine. This may lead to an infection. To avoid bacteria entering the medicine, use the entire contents right after opening the vial for the first time. STORE THIS MEDICINE in the REFRIGERATOR, between 36 and 46 degrees F (2 and 8 degrees C). Do not freeze. UNOPENED BUCHES MAY BE STORED at room temperature between 68 and 77 degrees F (20 and 25 degrees C) for up to 6 weeks. Store away from heat, moisture, and light. If this medicine is stored at room temperature, throw it away after 6 weeks. DO NOT USE this medicine if it is past the expiration date on the container. KEEP THIS MEDICINE out of the reach of children and away from pets. CONTINUE TO USE THIS MEDICINE even if you feel well. Do not miss any doses. If you miss a dose of this medicine, skip the missed dose and go back to your regular dosing schedule. Do not use 2 doses at once.

CAUTIONS: DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to formoterol. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. LAB TESTS, including lung function and blood potassium levels, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. THIS MEDICINE MAY CAUSE DIZZINESS. This effect may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. THIS MEDICINE WILL NOT STOP SUDDEN SYMPTOMS OF COPD ONCE THEY HAVE ALREADY STARTED. Be sure to carry a short-acting bronchodilator inhaler (eg, albuterol) with you at all times to treat any breathing problems that may occur between doses of this medicine (eg, severe or sudden onset of wheezing or shortness of breath). If you have any questions about which medicines stop sudden symptoms, check with your doctor or pharmacist. IF YOU HAVE BEEN REGULARLY USING A SHORT-ACTING BRONCHODILATOR INHALER, talk with your doctor about how to use it with this medicine. Short-acting bronchodilators are normally used with this medicine to treat breathing problems that may occur between doses. THE RISK OF SERIOUS HEART PROBLEMS (eg, irregular heartbeat) may be greater if you use this medicine in high doses. Do NOT use more than recommended dose or use more often than prescribed. TELL YOUR DOCTOR AT ONCE if you notice that your short-acting bronchodilator inhaler does not work as well if you need to use it often, or if your breathing problems get worse. CONTACT YOUR DOCTOR OR SEEK MEDICAL CARE RIGHT AWAY if you have breathing problems that worsen quickly, or if you use your short-acting bronchodilator and do not get relief. TALK WITH YOUR DOCTOR OR PHARMACIST about all of your breathing medicines and how to use them. Do not start, stop, or change the dose of any

breathing medicine unless your doctor tells you to. THE MEDICINE MAY SOMETIMES CAUSE SEVERE BREATHING PROBLEMS RIGHT AFTER YOU USE A DOSE. If this happens, use your short-acting bronchodilator. Contact your doctor or seek other medical care at once. THIS MEDICINE MAY RAISE YOUR BLOOD SUGAR. High blood sugar may make you feel confused, drowsy, or thirsty. It can also make you flush, breathe faster, or have a fruit-like breath odor. If these symptoms occur, tell your doctor right away. PREGNANCY and BREAST-FEEDING: If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. It is not known if this medicine is found in breast milk. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include: back pain; diarrhea; dry mouth; headache; nausea; nervousness; stuffy nose; tiredness; tremor; trouble sleeping; vomiting. If they continue or are bothersome, check with your doctor. SEEK MEDICAL ATTENTION RIGHT AWAY if any of these SEVERE side effects occur: chest pain; fast or irregular heartbeat; fever, chills, or persistent sore throat; leg swelling; new or worsening breathing problems (eg, increased chest tightness, coughing, shortness of breath, wheezing); severe or persistent headache, dizziness, tremor, or nervousness; severe or persistent muscle pain or cramps; symptoms of high blood sugar (eg, increased thirst, urination, or hunger; unusual weakness or drowsiness; confusion); trouble speaking. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, tongue, or throat; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include chest pain; fast or irregular heartbeat; severe or persistent dizziness, dry mouth, fatigue, headache, muscle pain or cramps, nausea, nervousness, trouble sleeping, or tremors; severe or persistent symptoms of high blood sugar (eg, increased thirst, urination, or hunger; drowsiness; flushing of the skin; confusion; fruit-like breath odor).

ADDITIONAL INFORMATION: If your symptoms do not improve or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1496587-03328

DATE: 01/13/11

BROVANA 15MCG/2ML INH SOL 30X2ML

QTY: 120 2 REFILLS BEFORE 12/05/11

Refill NDC: 63402-0911-30

\$ 527.99

A. JAIN, MD
MFG:SEPRACOR
JDC/SSH/SSH/ /KSC

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer
Receipt

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1496587-03328

DATE: 01/13/11

BROVANA 15MCG/2ML INH SOL 30X2ML

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MFG:SEPRACOR
JDC/SSH/SSH/ /KSC

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

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Receipt

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THU 4:15PM

Refill

BROVANA 15MCG/2ML INH SOL 30X2ML

63402-0911-30

REFRIG

QTY 120

LIQUID

JDC/SSH/SSH/ /KSC

Med Guide

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC # 959810

Brunsting004471

Don't take a
chance with
your lungs — get
a PARI Nebulizer
cup now.



Did you know a PARI nebulizer was used to prove
safety and efficacy of your inhaled medication?
PARI nebulizers are the clinical choice, make them
your choice.

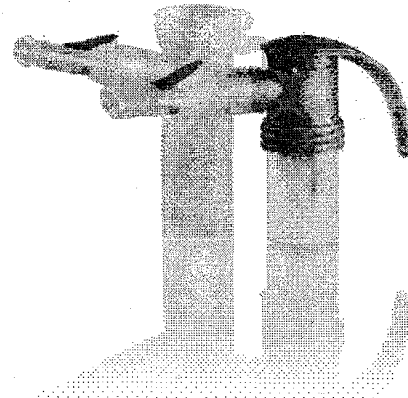
The Benefits of PARI Reusable Nebulizers

- Short treatment times
- Consistent, efficient delivery of medication to the lungs
- Reusable, designed to last 6 months
- Easy to clean: boilable and dishwasher safe
- Cost effective



PARI LC® Plus used in clinical trial.

5544

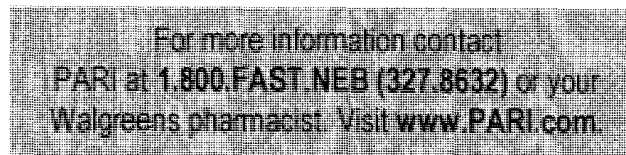


**Continue to effectively manage your
COPD by using a PARI Nebulizer.**

Chronic obstructive pulmonary disease (COPD) is with
you all of the time, even when you don't have symptoms.
That is why it's important to use the PARI Nebulizer system,
to deliver your medication to you effectively.

**If you're not using a PARI nebulizer cup, you
may not be getting the most benefit from
your aerosol medication.**

PARI reusable nebulizers feature breath enhanced
technology resulting in increased aerosol delivery
with decreased medication waste.



**Talk to your doctor or pharmacist today
about the PARI Reusable Nebulizer cup.**

This message was developed and paid for by PARI Respiratory Equipment, Inc.

OPT: 2875 677 013 0320825

INFO: 0901 63402091130

5544

8
BR



1496587 0902 3 0052799 0

NELVA BRUNSTING

13630 Pinerock
Houston, TX 770797517
(713)464-4391

- MEDICARE: Patient Not Eligible- Use New Plan or charge Cash
- Store TT 1 of 1
- Prescription Savings Club could save you \$117.29!
Ask if you qualify.

THU 4:15PM
\$527.99
EXPRESS PAY

01/13/11
Refill

REFRIGERATE



**Personal
Prescription
Information**

**LOOK INSIDE FOR IMPORTANT INFORMATION
ABOUT YOUR MEDICATION.**

Take advantage of these convenient services:

- **Touch Tone Refills**
Save time by using our automated system for a refill.
Just dial the number on your prescription label.
- **Auto Refills**
We'll automatically refill your prescription before
it's due to run out. Sign up in the pharmacy.



Visit us online at Walgreens.com

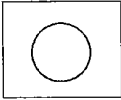
Thank you for choosing Walgreens!

To stop receiving sponsored info at this pharmacy, call 888-336-5744 or visit remove-me.net Use code:2875677 013 0320825

Brunsting004472

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT	NELVA BRUNSTING	DOCTOR	A. JAIN, MD	DRUG DESCRIPTION
BIRTH DATE	10/08/26			 WHITE FRONT: L U BACK: C32
MEDICATION	ETHAMBUTOL 400MG TABLETS	PATIENT		
QUANTITY	90	ALLERGIES		
DIRECTIONS	TAKE 3 TABLETS BY MOUTH EVERY DAY			

INGREDIENT NAME: ETHAMBUTOL
(e-THAM-byoo-tole)

COMMON USES: This medicine is an antibacterial used to treat tuberculosis (TB).

BEFORE USING THIS MEDICINE: INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT STOP USING THIS MEDICINE without first checking with your doctor. THIS MEDICINE MAY CAUSE dizziness. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. HAVE REGULAR EYE EXAMINATIONS while you are taking this medicine even if you do not notice changes in your vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during

treatment, include nausea, headache, or dizziness. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience changes in vision, vomiting, skin rash, itching, fever, confusion, or numbness or tingling of extremities. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately.

ADDITIONAL INFORMATION: If your symptoms do not improve within 2 to 3 weeks, or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918



NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1494792-03328 DATE: 01/01/11

ETHAMBUTOL 400MG TABLETS
QTY: 90 2 REFILLS BEFORE 11/29/11
Refill NDC: 68180-0281-01
Retail Price: \$153.59 Your Insurance Saved You: \$148.59

A. JAIN, MD
MFG: LUPIN
XXX/JIC/JIC/ /RJW

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# SQA93NQ

\$ 5.00



12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt



NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1494792-03328 DATE: 01/01/11

ETHAMBUTOL 400MG TABLETS
QTY: 90 2 REFILLS BEFORE 11/29/11
Refill NDC: 68180-0281-01
Retail Price: \$153.59 Your Insurance Saved You: \$148.59

A. JAIN, MD
MFG: LUPIN
XXX/JIC/JIC/ /RJW

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# SQA93NQ

\$ 5.00

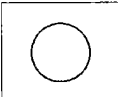


12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate Receipt

Pharmacy use only

SUN 12:00PM ETHAMBUTOL 400MG TABLETS QTY 90
Refill 68180-0281-01
ALPHA



WHITE
FRONT: L U
BACK: C32

XXX/JIC/JIC/ /RJW

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YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION AZITHROMYCIN 250MG TABLETS
QUANTITY 30
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

PATIENT ALLERGIES



PINK
FRONT: 93
BACK: 7146

INGREDIENT NAME: AZITHROMYCIN
(ay-ZITH-roe-MYE-sin)

COMMON USES: This medicine is a macrolide antibiotic used to treat bacterial infections.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking dofetilide, nilotinib, propafenone, pimozide, or tetrabenazine. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking antiarrhythmics (eg, disopyramide), anticoagulants (eg, warfarin), arsenic, astemizole, carbamazepine, cisapride, digoxin, domperidone, maprotiline, methadone, nelfinavir, cyclosporine, ergot alkaloids (eg, ergotamine), paliperidone, phenytoin, quinolones (eg, levofloxacin), rifampin, terfenadine, theophylline, triazolam, tyrosine kinase inhibitors (eg, dasatinib), or medicines that may affect your heartbeat. Ask your doctor if you are unsure if any of the medicines you are taking may affect your heartbeat. Inform your doctor of any other medical conditions including irregular heartbeat, kidney problems, liver problems, myasthenia gravis, allergies, pregnancy or breastfeeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine may be taken on an empty stomach or with food. DO NOT TAKE THIS MEDICINE within 1 hour before or 2 hours after aluminum- or magnesium-containing antacids. STORE THIS MEDICINE at room temperature, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment even if you feel better in a few days. Do not miss any doses. Taking this medicine at the same time each day will make it easier to remember. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. If you miss a dose, do not take 2 doses at once.

CAUTIONS: DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it, to other macrolide antibiotics (such as erythromycin), to ketolide antibiotics (such as telithromycin), or if you are allergic to any ingredient in this product. DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to erythromycin or any macrolide or ketolide antibiotic. A severe reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine, contact your doctor or pharmacist. IF YOU EXPERIENCE difficulty breathing; tightness of chest; swelling of eyelids, face, or lips; or if you develop a rash or hives, tell your doctor immediately. Do not take any more of this medicine unless your doctor tells you to do so. This medicine may cause drowsiness, dizziness, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS

MEDICINE MAY CAUSE increased sensitivity to the sun. Avoid exposure to the sun, sunlamps, or tanning booths until you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period. MILD DIARRHEA IS COMMON with antibiotic use. However, a more serious form of diarrhea (pseudomembranous colitis) may rarely occur. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe diarrhea, or bloody stools occur. Do not treat diarrhea without first checking with your doctor. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include mild diarrhea, headache, nausea, or stomach pain or upset. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, changes in hearing, or ringing in the ears. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain; swelling of your hands, legs, face, lips, eyes, throat, or tongue; difficulty swallowing, speaking, or breathing; eye or vision problems; fainting; hearing loss; irregular heartbeat; muscle weakness; reddened, blistered, or swollen skin; seizures; severe stomach pain, cramps, or diarrhea; bloody stools; unusual vaginal itching, odor, or discharge; or yellowing of the eyes or skin. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, trouble breathing, or unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include nausea, vomiting, stomach upset, and diarrhea.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517

(713)464-4391

RX # 1494789-03328

DATE: 01/01/11

AZITHROMYCIN 250MG TABLETS

QTY: 30 2 REFILLS BEFORE 11/29/11

Refill NDC:00093-7146-56

Retail Price: \$195.79 Your Insurance Saved You: \$190.79

\$ 5.00

A. JAIN, MD

MFG: TEVA

XXX/KHN/KHN/KHN/RJW

PLAN: PAIDMPD

GROUP# CMD3896

CLAIM REF# SQA93N1

Walgreens

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PH: (713)722-7247

Customer Receipt

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Refill

AZITHROMYCIN 250MG TABLETS
00093-7146-56
ALPHA

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517

(713)464-4391

RX # 1494789-03328

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PH: (713)722-7247

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SUN 12:00PM
Refill

AZITHROMYCIN 250MG TABLETS
00093-7146-56
ALPHA

QTY 30
10 DRAM



PINK
FRONT: 93
BACK: 7146

XXX/KHN/KHN/KHN/RJW

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

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Are you getting the most from your **Medicare Part D** plan?

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NELVA BRUNSTING

13630 Pinerock
Houston, TX 770797517
(713)464-4391

- Store TT 3 of 5
- Your Insurance Saved You: \$190.79

SUN 12:00PM

\$5.00

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Personal Prescription Information

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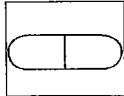
Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION RIFAMPIN 300MG CAPSULES
QUANTITY 60
DIRECTIONS TAKE 2 CAPSULES BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

PATIENT ALLERGIES



DARK REDDISH-BROWN
FRONT: LANNETT
BACK: 1315

INGREDIENT NAME: RIFAMPIN (rif-AM-pin)

COMMON USES: This medicine is a rifamycin antibiotic used to treat tuberculosis (TB), as well as to treat those who have been exposed to meningitis-causing bacteria before they become sick. This drug does not treat acute meningitis. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking HIV protease inhibitors, pyrazinamide, or birth control pills. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking anticoagulants, cyclosporine, digitoxin, isoniazid, itraconazole, macrolide antibiotics, mexiletine, nevirapine, quinidine, progestins, theophylline, tocainide, verapamil, or medicine for anxiety, sleep, or seizures. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. Take this medicine on an empty stomach at least 1 hour before or 2 hours after eating. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment. Do not miss any doses. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: IT MAY TAKE SEVERAL WEEKS for this medicine to work. Do not stop using this medicine without checking with your doctor. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE MAY CAUSE urine, feces, saliva, sweat, and tears to turn orange or red. THIS MEDICINE MAY PERMANENTLY STAIN soft contact lenses. KEEP ALL DOCTOR AND LABORATORY

APPOINTMENTS while you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. USING THIS MEDICINE while you are taking birth control pills may decrease the effectiveness of your birth control pills. To prevent pregnancy, use an additional form of birth control. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include stomach upset, heartburn, loss of appetite, nausea, gas, abdominal cramping, headache, drowsiness, dizziness, menstrual changes, joint pain, or leg cramps. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, diarrhea, fever, chills, changes in vision, or confusion. CONTACT YOUR DOCTOR IMMEDIATELY if you experience severe stomach pain, dark urine, or yellowing of eyes or skin. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, severe dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include swelling of face or around eyes, itching over the entire body, orange or red discoloration of skin or eyes, nausea, vomiting, drowsiness, and loss of consciousness.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1494790-03328

DATE: 01/01/11

RIFAMPIN 300MG CAPSULES

QTY: 60 2 REFILLS BEFORE 11/29/11

Refill NDC:00527-1315-30

Retail Price: \$113.89 Your Insurance Saved You: \$108.89

\$ 5.00

A. JAIN, MD

MFG: LANNETT

XXX/KHN/KHN/KHN/RJW

PLAN: PAIDMPD

GROUP# CMD3896

CLAIM REF# ONA1TWP

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PH: (713)722-7247

Customer Receipt

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SUN 12:00PM
Refill

RIFAMPIN 300MG CAPSULES
00527-1315-30
ALPHA

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1494790-03328

DATE: 01/01/11

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A. JAIN, MD

MFG: LANNETT

XXX/KHN/KHN/KHN/RJW

PLAN: PAIDMPD

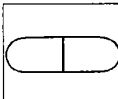
GROUP# CMD3896

CLAIM REF# ONA1TWP

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DARK REDDISH-BROWN
FRONT: LANNETT
BACK: 1315

XXX/KHN/KHN/KHN/RJW

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

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Are you getting the most from your Medicare Part D plan?

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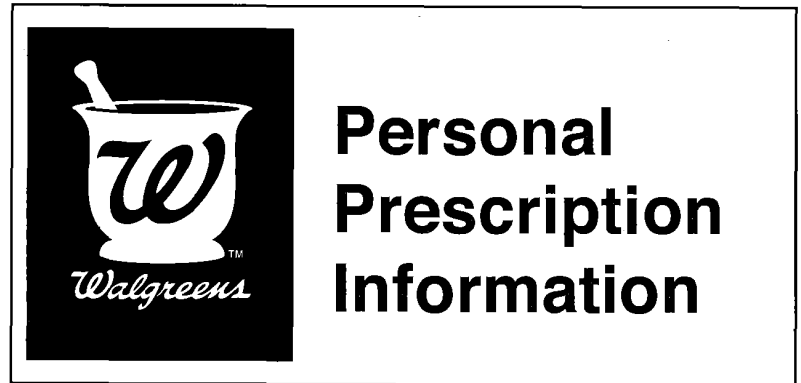
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- Store TT 4 of 5
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Take advantage of this convenient service:

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YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION METOPROLOL TARTRATE 50MG TABLETS
QUANTITY 60
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY 12
HOURS

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

PATIENT
ALLERGIES



PINK
FRONT: m 32

INGREDIENT NAME: METOPROLOL (me-TOE-proe-ole)

COMMON USES: This medicine is a beta-adrenergic blocking agent (beta-blocker) used to treat high blood pressure. It may be used alone or with other medicines. It is also used for the long-term treatment of chest pain (angina) and to reduce the risk of death due to heart problems in certain patients who have had a heart attack. It may also be used for other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: WARNING: Do not suddenly stop taking this medicine; sharp chest pain, irregular heartbeat, and sometimes heart attack may occur. The risk may be greater if you have certain types of heart disease. Your doctor should slowly lower your dose over several weeks if you need to stop taking it, even if you only take it for high blood pressure. Heart disease is common and you may not know you have it. Limit physical activity while you are lowering your dose. If new or worsened chest pain or other heart problems occur, contact your doctor right away. You may need to start taking this medicine again. Tell your doctor or dentist that you take this medicine before you receive any medical or dental care, emergency care, or surgery. Tell your doctor if you have a history of diabetes or take medicine to lower your blood sugar (eg, glyburide, insulin). This medicine may hide signs of low blood sugar such as fast heartbeat. Tell your doctor right away if you notice other signs of low blood sugar such as anxiety, chills, dizziness, drowsiness, fainting, headache, tremor, unusual sweating, vision changes, or weakness. This medicine should not usually be used by patients who have a history of certain lung or breathing problems (eg, asthma) or a certain type of adrenal gland tumor (pheochromocytoma). It may worsen these conditions. Tell your doctor if you have a history of these conditions; your doctor may need to adjust your dose or prescribe additional medicine to reduce the risk of side effects. Tell your doctor if you have a history of overactive thyroid. This medicine may hide symptoms of overactive thyroid (eg, fast heartbeat). Do not suddenly stop taking this medicine; suddenly stopping this medicine could worsen your condition. Your doctor should slowly lower your dose over several weeks if you need to stop taking it. Check with your doctor for more information. Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE IF you are taking mibefradil. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking amiodarone, bupropion, certain HIV protease inhibitors (eg, ritonavir), certain selective serotonin reuptake inhibitors (SSRIs) (eg, fluoxetine, paroxetine), cimetidine, digoxin, diphenhydramine, disopyramide, flecainide, hormonal contraceptives (eg, birth control pills), hydralazine, hydroxychloroquine, ketanserin, mefloquine, phenothiazines (eg, thioridazine), propafenone, quinazolinones (eg, alfuzosin), quinidine, terbinafine, thiamines (eg, propylthiouracil), verapamil, barbiturates (eg, phenobarbital), indomethacin, phenylpropanolamine, bupivacaine, lidocaine, or clonidine. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions including lung or breathing problems (eg, asthma, bronchitis, chronic obstructive pulmonary disease [COPD]), diabetes, low blood pressure, thyroid problems, or adrenal gland tumor (pheochromocytoma), allergies, pregnancy, or breastfeeding. Tell your doctor if you have a history of heart attack, slow or irregular heartbeat, heart failure, or other heart problems; chest pain or angina; blood vessel or circulation problems; liver disease; or if you will be having surgery or receiving anesthesia. USE OF THIS MEDICINE IS NOT RECOMMENDED if you have a very slow heartbeat (eg, bradycardia), certain types of irregular heartbeat (eg, atrioventricular [AV] block, sick sinus syndrome), moderate to severe heart failure, very low systolic blood pressure (less than 100 mm Hg), or severe blood circulation problems. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for taking this medicine provided by your doctor. TAKE THIS MEDICINE BY MOUTH WITH FOOD or immediately following a meal at the same time each day. STORE THIS MEDICINE at room temperature, between 59 and 86 degrees F (15 and 30 degrees C). Store away from heat, moisture, and light. Do not store in the bathroom. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT USE THIS MEDICINE IF you are allergic to any ingredient in this medicine or to another beta-blocker (eg, propranolol). IF YOU HAVE A HISTORY OF ANY SEVERE ALLERGIC REACTION, talk with your doctor. You may be at risk for an even more severe allergic reaction if you come into contact with the substance that caused your allergy. Some medicines used to treat

severe allergies may also not work as well while you are using this medicine. LAB TESTS, including liver and kidney function, blood pressure, and complete blood cell counts, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. THIS MEDICINE MAY CAUSE DROWSINESS, DIZZINESS, OR LIGHTEADEDNESS. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. This medicine may cause dizziness, lightheadedness, or fainting; alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal." Tell your doctor if you develop any new symptoms. DO NOT SUDDENLY STOP TAKING THIS MEDICINE without first consulting your doctor. If your doctor decides you should no longer use this medicine, you will need to stop this medicine gradually according to your doctor's instructions. IF YOUR DOCTOR HAS INSTRUCTED YOU TO CHECK YOUR BLOOD PRESSURE and heart rate regularly, be sure to do so. TELL YOUR DOCTOR OR DENTIST that you take this medicine before you receive any medical or dental care, emergency care, or surgery. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. Do not take any medicines used to treat colds or congestion without first talking with your doctor or pharmacist. FOR WOMEN: If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. This medicine is found in breast milk. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby. DIABETES PATIENTS: this medicine may hide signs of low blood sugar, such as rapid heartbeat. Be sure to watch for other signs or low blood sugar. Low blood sugar may make you anxious, sweaty, weak, dizzy, drowsy, or faint. It may also make your vision change; give you a headache, chills, or tremors; or make you more hungry. Check blood sugar levels closely. Ask your doctor before you change the dose of your diabetes medicine.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include constipation, diarrhea, dizziness, dry mouth/eyes, gas, headache, heartburn, lightheadedness, mild drowsiness, muscle aches, nausea, stomach pain, trouble sleeping, unusual tiredness or weakness, or vomiting. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience blue or unusually cold hands or feet; chest pain; fainting; hallucinations; mood or mental changes (eg, confusion, depression); pounding in the chest; severe dizziness or lightheadedness; shortness of breath; slow or irregular heartbeat; swelling of the arms, hands, and feet; vision changes; wheezing; yellowing of the skin or eyes. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include chest pain, seizures, very slow heart beat, severe dizziness, fainting, and difficult or slowed breathing.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1496588-03328

DATE: 01/01/11

METOPROLOL TARTRATE 50MG TABLETS

QTY: 60 2 REFILLS BEFORE 12/05/11
Refill NDC:00378-0032-10
Retail Price: \$14.99 Your Insurance Saved You: \$10.61

\$ 4.38

A. JAIN, MD PLAN: PAIDMPD
MFG:MYLAN GROUP# CMD3896
XXX/JIC/JIC /RJW CLAIM REF# YXEP3F1

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer
Receipt

Pharmacy use only

SUN 12:00PM
Refill

METOPROLOL TARTRATE 50MG TABLETS
00378-0032-10
CELL 138

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1496588-03328

DATE: 01/01/11

METOPROLOL TARTRATE 50MG TABLETS

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Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate
Receipt

PINK
FRONT: m 32

XXX/JIC/JIC /RJW

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

Brunsting004479

Educate Yourself About Stroke

Stroke kills more women than breast cancer, cervical cancer, uterine cancer, and ovarian cancer combined¹

Be Prepared...

ACT F.A.S.T!

Stroke risk factors

FACE	Facial droop Uneven smile	High blood pressure High cholesterol Heart disease Diabetes Smoking Heavy alcohol use Physical inactivity and obesity Atrial fibrillation (irregular heartbeat) Family history of stroke
ARM	Arm numbness Arm weakness	
SPEECH	Slurred speech Difficulty speaking or understanding	
TIME	Call 911 and get to the hospital immediately.	

Check out National Stroke Association's Virtual Health Fair, January 19, 2011 and beyond

- Register now and get comprehensive, accurate, and up-to-date education on and resources for stroke prevention and recovery
- Visit www.stroke.org/catalina, hosted by National Stroke Association

For more information on stroke,
visit www.getstrokeinfo.com

Reference: 1. Heron M, Hoyert DL, Murphy SL, Xu J, Kochanek KD, Tejada-Vera B. Deaths: final data for 2008. *Natl Vital Stat Rep.* 2009;57(14):1-134.

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You're taking action

by managing the most important part of your life, your health.



Having your prescriptions refilled on time is a positive step towards managing your condition, but it's just one part of managing it. Eating healthy foods and getting proper exercise are also important factors for total health. If you don't already have a diet and exercise regimen, then talk to your doctor about the best plan for you.

You are taking **metoprolol** to help control your high blood pressure. Below are some key points to remember about **metoprolol**.

- Follow the directions on your prescription bottle carefully.
- Take your medicine exactly as your doctor prescribed.
- Continue to take it even if you feel well. Give your body time to adjust to the medicine.
- To help you remember, take it around the same time(s) every day.
- Check your blood pressure regularly.
- If you have any questions, ask one of our pharmacists on the pharmacy team or call your doctor. It's important for you to keep all scheduled appointments for lab testing.
- Talk to your doctor about how you feel and about any symptoms you have during the starting of this medicine.

The information above is brought to you as a courtesy from your pharmacist.

8
BR



SUN 12:00PM

\$4.38

EXPRESS PAY

NELVA BRUNSTING

13630 Pinerock
Houston, TX 770797517
(713)464-4391

- Store TT 1 of 5
- Your Insurance Saved You: \$10.61

01/01/11

Refill



Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION

ABOUT YOUR MEDICATION.

Take advantage of this convenient service:

• Auto Refills

We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

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Thank you for choosing Walgreens!

To stop receiving sponsored info at this pharmacy, call 888-336-5744 or visit remove-me.net Use code:2875677 002 0240051

Brunsting004480

YOUR PERSONAL PRESCRIPTION INFORMATION

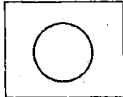
Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION METOPROLOL TARTRATE 50MG TABLETS
QUANTITY 60
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY 12 HOURS

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

PATIENT ALLERGIES



PINK

FRONT: m 32

INGREDIENT NAME: METOPROLOL (me-TOE-proe-lole)

COMMON USES: This medicine is a beta-adrenergic blocking agent (beta-blocker) used to treat high blood pressure. It may be used alone or with other medicines. It is also used for the long-term treatment of chest pain (angina) and to reduce the risk of death due to heart problems in certain patients who have had a heart attack. It may also be used for other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: WARNING: Do not suddenly stop taking this medicine; sharp chest pain, irregular heartbeat, and sometimes heart attack may occur. The risk may be greater if you have certain types of heart disease. Your doctor should slowly lower your dose over several weeks if you need to stop taking it, even if you only take it for high blood pressure. Heart disease is common and you may not know you have it. Limit physical activity while you are lowering your dose. If new or worsened chest pain or other heart problems occur, contact your doctor right away. You may need to start taking this medicine again. Tell your doctor or dentist that you take this medicine before you receive any medical or dental care, emergency care, or surgery. Tell your doctor if you have a history of diabetes or take medicine to lower your blood sugar (eg, glyburide, insulin). This medicine may hide signs of low blood sugar such as fast heartbeat. Tell your doctor right away if you notice other signs of low blood sugar such as anxiety, chills, dizziness, drowsiness, fainting, headache, tremor, unusual sweating, vision changes, or weakness. This medicine should not usually be used by patients who have a history of certain lung or breathing problems (eg, asthma) or a certain type of adrenal gland tumor (pheochromocytoma). It may worsen these conditions. Tell your doctor if you have a history of these conditions; your doctor may need to adjust your dose or prescribe additional medicine to reduce the risk of side effects. Tell your doctor if you have a history of overactive thyroid. This medicine may hide symptoms of overactive thyroid (eg, fast heartbeat). Do not suddenly stop taking this medicine; suddenly stopping this medicine could worsen your condition. Your doctor should slowly lower your dose over several weeks if you need to stop taking it. Check with your doctor for more information. Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE IF you are taking mibefradil. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking amiodarone, bupropion, certain HIV protease inhibitors (eg, ritonavir), certain selective serotonin reuptake inhibitors (SSRIs) (eg, fluoxetine, paroxetine), cimetidine, digoxin, diphenhydramine, disopyramide, flecainide, hormonal contraceptives (eg, birth control pills), hydralazine, hydroxychloroquine, ketanserin, mefloquine, phenothiazines (eg, thioridazine), propafenone, quinazolinones (eg, alfuzosin), quinidine, terbinafine, thiamines (eg, propylthiouracil), verapamil, barbiturates (eg, phenobarbital), indomethacin, phenylpropanolamine, bupivacaine, lidocaine, or clonidine. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions including lung or breathing problems (eg, asthma, bronchitis, chronic obstructive pulmonary disease [COPD]), diabetes, low blood pressure, thyroid problems, or adrenal gland tumor (pheochromocytoma), allergies, pregnancy, or breastfeeding. Tell your doctor if you have a history of heart attack, slow or irregular heartbeat, heart failure, or other heart problems; chest pain or angina; blood vessel or circulation problems; liver disease; or if you will be having surgery or receiving anesthesia. USE OF THIS MEDICINE IS NOT RECOMMENDED if you have a very slow heartbeat (eg, bradycardia), certain types of irregular heartbeat (eg, atrioventricular [AV] block, sick sinus syndrome), moderate to severe heart failure, very low systolic blood pressure (less than 100 mm Hg), or severe blood circulation problems. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for taking this medicine provided by your doctor. TAKE THIS MEDICINE BY MOUTH WITH FOOD or immediately following a meal at the same time each day. STORE THIS MEDICINE at room temperature, between 59 and 86 degrees F (15 and 30 degrees C). Store away from heat, moisture, and light. Do not store in the bathroom. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT USE THIS MEDICINE IF you are allergic to any ingredient in this medicine or to another beta-blocker (eg, propranolol). IF YOU HAVE A HISTORY OF ANY SEVERE ALLERGIC REACTION, talk with your doctor. You may be at risk for an even more severe allergic reaction if you come into contact with the substance that caused your allergy. Some medicines used to treat

severe allergies may also not work as well while you are using this medicine. LAB TESTS, including liver and kidney function, blood pressure, and complete blood cell counts, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. THIS MEDICINE MAY CAUSE DROWSINESS, DIZZINESS, OR LIGHTEADEDNESS. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. This medicine may cause dizziness, lightheadedness, or fainting; alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal." Tell your doctor if you develop any new symptoms. DO NOT SUDDENLY STOP TAKING THIS MEDICINE without first consulting your doctor. If your doctor decides you should no longer use this medicine, you will need to stop this medicine gradually according to your doctor's instructions. IF YOUR DOCTOR HAS INSTRUCTED YOU TO CHECK YOUR BLOOD PRESSURE and heart rate regularly, be sure to do so. TELL YOUR DOCTOR OR DENTIST that you take this medicine before you receive any medical or dental care, emergency care, or surgery. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. Do not take any medicines used to treat colds or congestion without first talking with your doctor or pharmacist. FOR WOMEN: If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. This medicine is found in breast milk. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby. DIABETES PATIENTS: this medicine may hide signs of low blood sugar, such as rapid heartbeat. Be sure to watch for other signs or low blood sugar. Low blood sugar may make you anxious, sweaty, weak, dizzy, drowsy, or faint. It may also make your vision change; give you a headache, chills, or tremors; or make you more hungry. Check blood sugar levels closely. Ask your doctor before you change the dose of your diabetes medicine.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include constipation, diarrhea, dizziness, dry mouth/eyes, gas, headache, heartburn, lightheadedness, mild drowsiness, muscle aches, nausea, stomach pain, trouble sleeping, unusual tiredness or weakness, or vomiting. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience blue or unusually cold hands or feet; chest pain; fainting; hallucinations; mood or mental changes (eg, confusion, depression); pounding in the chest; severe dizziness or lightheadedness; shortness of breath; slow or irregular heartbeat; swelling of the arms, hands, and feet; vision changes; wheezing; yellowing of the skin or eyes. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include chest pain, seizures, very slow heart beat, severe dizziness, fainting, and difficult or slowed breathing.

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NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1496588-03328

DATE: 12/05/10

METOPROLOL TARTRATE 50MG TABLETS

QTY: 60 3 REFILLS BEFORE 12/05/11

New NDC:00378-0032-10

Retail Price: \$14.99 Your Insurance Saved You: \$10.61

\$ 4.38

A. JAIN, MD
MFG:MYLAN
TPL/RJW/RJW/ /RJW

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# YRKMEWD

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

Pharmacy use only

SUN 1:29PM
New

METOPROLOL TARTRATE 50MG TABLETS
00378-0032-10
CELL 138

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

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Walgreens

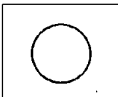
12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate Receipt

SUN 1:29PM
New

METOPROLOL TARTRATE 50MG TABLETS
00378-0032-10
CELL 138

QTY 60
20 DRAM



PINK
FRONT: m 32

TPL/RJW/RJW/ /RJW

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

Brunsting004481

Educate Yourself About Stroke

Stroke kills more women than breast cancer, cervical cancer, uterine cancer, and ovarian cancer combined¹

Be Prepared...

ACT F.A.S.T!

Stroke risk factors

FACE	Facial droop Uneven smile	High blood pressure High cholesterol Heart disease Diabetes Smoking Heavy alcohol use Physical inactivity and obesity Atrial fibrillation (irregular heartbeat) Family history of stroke
ARM	Arm numbness Arm weakness	
SPEECH	Slurred speech Difficulty speaking or understanding	
TIME	Call 911 and get to the hospital immediately.	

Check out National Stroke Association's Virtual Health Fair, January 19, 2011 and beyond

- Register now and get comprehensive, accurate, and up-to-date education on and resources for stroke prevention and recovery
- Visit www.stroke.org/catalina, hosted by National Stroke Association

For more information on stroke, visit www.getstrokeinfo.com

Reference: 1. Heron M, Hoyert DL, Murphy SL, Xu J, Kochanek KD, Tejada-Vera B. Deaths: final data for 2006. *Natl Vital Stat Rep*. 2008;57(14):1-134.

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You're taking action

by managing the most important part of your life, your health.



Having your prescriptions refilled on time is a positive step towards managing your condition, but it's just one part of managing it. Eating healthy foods and getting proper exercise are also important factors for total health. If you don't already have a diet and exercise regimen, then talk to your doctor about the best plan for you.

You are taking **metoprolol** to help control your high blood pressure. Below are some key points to remember about **metoprolol**.

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- Continue to take it even if you feel well. Give your body time to adjust to the medicine.
- To help you remember, take it around the same time(s) every day.
- Check your blood pressure regularly.
- If you have any questions, ask one of our pharmacists on the pharmacy team or call your doctor. It's important for you to keep all scheduled appointments for lab testing.
- Talk to your doctor about how you feel and about any symptoms you have during the starting of this medicine.

The information above is brought to you as a courtesy from your pharmacist.

8
BR



SUN 1:29PM

\$4.38

EXPRESS PAY

NELVA BRUNSTING

13630 Pinerock

Houston, TX 770797517

(713)464-4391

• Your Insurance Saved You: \$10.61

12/05/10

New



Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION

ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Touch Tone Refills**
Save time by using our automated system for a refill. Just dial the number on your prescription label.
- **Auto Refills**
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

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52718

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INFO: 0896 00378003210

34460

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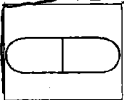
YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION RIFAMPIN 300MG CAPSULES
QUANTITY 60
DIRECTIONS TAKE 2 CAPSULES BY MOUTH EVERY DAY
Evening

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

DRUG DESCRIPTION

DARK REDDISH-BROWN
FRONT: LANNETT
BACK: 1315

INGREDIENT NAME: RIFAMPIN (rif-AM-pin)

COMMON USES: This medicine is a rifamycin antibiotic used to treat tuberculosis (TB), as well as to treat those who have been exposed to meningitis-causing bacteria before they become sick. This drug does not treat acute meningitis. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking HIV protease inhibitors, pyrazinamide, or birth control pills. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking anticoagulants, cyclosporine, digitoxin, isoniazid, itraconazole, macrolide antibiotics, mexiletine, nevirapine, quinidine, progestins, theophylline, tocainide, verapamil, or medicine for anxiety, sleep, or seizures. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. Take this medicine on an empty stomach at least 1 hour before or 2 hours after eating. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment. Do not miss any doses. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: IT MAY TAKE SEVERAL WEEKS for this medicine to work. Do not stop using this medicine without checking with your doctor. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE MAY CAUSE urine, feces, saliva, sweat, and tears to turn orange or red. THIS MEDICINE MAY PERMANENTLY STAIN soft contact lenses. KEEP ALL DOCTOR AND LABORATORY

APPOINTMENTS while you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. USING THIS MEDICINE while you are taking birth control pills may decrease the effectiveness of your birth control pills. To prevent pregnancy, use an additional form of birth control. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include stomach upset, heartburn, loss of appetite, nausea, gas, abdominal cramping, headache, drowsiness, dizziness, menstrual changes, joint pain, or leg cramps. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, diarrhea, fever, chills, changes in vision, or confusion. CONTACT YOUR DOCTOR IMMEDIATELY if you experience severe stomach pain, dark urine, or yellowing of eyes or skin. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, severe dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include swelling of face or around eyes, itching over the entire body, orange or red discoloration of skin or eyes, nausea, vomiting, drowsiness, and loss of consciousness.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1494790-03328 DATE: 11/29/10

RIFAMPIN 300MG CAPSULES
QTY: 60 3 REFILLS BEFORE 11/29/11
New NDC: 00527-1315-30
Retail Price: \$113.89 Your Insurance Saved You: \$108.89

\$ 5.00

A. JAIN, MD
MFG: LANNETT
KKP/KKP/KKP/NFH
PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# XML13FK

Walgreens
12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1494790-03328 DATE: 11/29/10

RIFAMPIN 300MG CAPSULES
QTY: 60 3 REFILLS BEFORE 11/29/11
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Retail Price: \$113.89 Your Insurance Saved You: \$108.89

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KKP/KKP/KKP/NFH
PLAN: PAIDMPD
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CLAIM REF# XML13FK

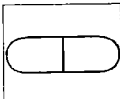
Walgreens
12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate Receipt

Pharmacy use only

MON 5:55PM
New
RIFAMPIN 300MG CAPSULES
00527-1315-30
ALPHA

QTY 60
20 DRAM



DARK REDDISH-BROWN
FRONT: LANNETT
BACK: 1315

KKP/KKP/KKP/KKP/NFH

Brunsting004483



Don't take chances with your health:

Fill ALL your prescriptions at one pharmacy.

At Walgreens we'll automatically screen for drug interactions and may be able to offer advice on money-saving alternatives.

For details, speak to our pharmacy staff.

Walgreens

There's a way to stay well.



If your prescription needs to be refilled, Walgreens can help with Auto Refills

We'll automatically refill your prescription before it runs out, then call or e-mail when it's ready. This free service can help you stay on track with your medications and reduce the chances of missed doses.

Speak to our pharmacy staff or visit Walgreens.com/pharmacy to see if your prescription is eligible for Auto Refills.

Walgreens

There's a way to stay well.

8
BR



PAIDMPD

1494790 0101 3 0000500 5

MON 5:55PM

\$5.00

EXPRESS PAY

11/29/10

New

NELVA BRUNSTING

13630 Pinerock

Houston, TX 770797517

(713)464-4391

• Your Insurance Saved You: \$108.89



Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Auto Refills**
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.
- **Touch Tone Refills**
Save time by using our automated system for a refill. Just dial the number on your prescription label.

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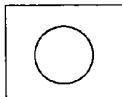
YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION ETHAMBUTOL 400MG TABLETS
QUANTITY 90
DIRECTIONS TAKE 3 TABLETS BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD

DRUG DESCRIPTION



WHITE
FRONT: L U
BACK: C32

INGREDIENT NAME: ETHAMBUTOL
(e-THAM-byoo-tole)

COMMON USES: This medicine is an antibacterial used to treat tuberculosis (TB).

BEFORE USING THIS MEDICINE: INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT STOP USING THIS MEDICINE without first checking with your doctor. THIS MEDICINE MAY CAUSE dizziness. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. HAVE REGULAR EYE EXAMINATIONS while you are taking this medicine even if you do not notice changes in your vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during

treatment, include nausea, headache, or dizziness. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience changes in vision, vomiting, skin rash, itching, fever, confusion, or numbness or tingling of extremities. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately.

ADDITIONAL INFORMATION: If your symptoms do not improve within 2 to 3 weeks, or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1494792-03328

DATE: 11/29/10

ETHAMBUTOL 400MG TABLETS

QTY: 90 3 REFILLS BEFORE 11/29/11

New NDC: 68180-0281-01

Retail Price: \$153.59 Your Insurance Saved You: \$148.59

\$ 5.00

A. JAIN, MD
MFG: LUPIN
KKP/KKP/KKP/ /NFH

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# RCFCF1F

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer
Receipt

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

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12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

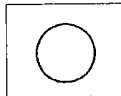
Duplicate
Receipt

Pharmacy use only

MON 5:55PM
New

ETHAMBUTOL 400MG TABLETS
68180-0281-01
ALPHA

QTY 90



WHITE
FRONT: L U
BACK: C32

KKP/KKP/KKP/ /NFH



If your prescription needs to be refilled, Walgreens can help with **Auto Refills**

We'll automatically refill your prescription before it runs out, then call or e-mail when it's ready. This free service can help you stay on track with your medications and reduce the chances of missed doses.

Speak to our pharmacy staff or visit Walgreens.com/pharmacy to see if your prescription is eligible for Auto Refills.

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There's a way to stay well.



Are you getting the most from your **Medicare Part D** plan?

We can help you find out with a **FREE one-on-one plan review session** with your pharmacist. We'll review your medications, look for ways to help save you money and more.

Make your appointment today!

Walgreens
There's a way to stay well.

Information provided by Walgreens is not a substitute for your own research concerning your healthcare, including Medicare.

8
BR



PAIDMPD

1494792 0101 3 0000500 1

MON 5:55PM

\$5.00

EXPRESS PAY

11/29/10

New

NELVA BRUNSTING

13630 Pinerock

Houston, TX 770797517

(713)464-4391

• Your Insurance Saved You: \$148.59



Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

• **Auto Refills**

We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

• **Touch Tone Refills**

Save time by using our automated system for a refill. Just dial the number on your prescription label.

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Thank you for choosing Walgreens!

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Your Walgreens Pharmacy Location
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Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION AZITHROMYCIN 250MG TABLETS
QUANTITY 30
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

PATIENT ALLERGIES



PINK
FRONT: 93
BACK: 7146

INGREDIENT NAME: AZITHROMYCIN
(ay-ZITH-roe-MYE-sin)

COMMON USES: This medicine is a macrolide antibiotic used to treat bacterial infections.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking dofetilide, nilotinib, propafenone, pimozide, or tetrabenazine. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking antiarrhythmics (eg, disopyramide), anticoagulants (eg, warfarin), arsenic, astemizole, carbamazepine, cisapride, digoxin, domperidone, maprotiline, methadone, nelfinavir, cyclosporine, ergot alkaloids (eg, ergotamine), paliperidone, phenytoin, quinolones (eg, levofloxacin), rifampin, terfenadine, theophylline, triazolam, tyrosine kinase inhibitors (eg, dasatinib), or medicines that may affect your heartbeat. Ask your doctor if you are unsure if any of the medicines you are taking may affect your heartbeat. Inform your doctor of any other medical conditions including irregular heartbeat, kidney problems, liver problems, myasthenia gravis, allergies, pregnancy or breastfeeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine may be taken on an empty stomach or with food. DO NOT TAKE THIS MEDICINE within 1 hour before or 2 hours after aluminum- or magnesium-containing antacids. STORE THIS MEDICINE at room temperature, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment even if you feel better in a few days. Do not miss any doses. Taking this medicine at the same time each day will make it easier to remember. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. If you miss a dose, do not take 2 doses at once.

CAUTIONS: DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it, to other macrolide antibiotics (such as erythromycin), to ketolide antibiotics (such as telithromycin), or if you are allergic to any ingredient in this product. DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to erythromycin or any macrolide or ketolide antibiotic. A severe reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine, contact your doctor or pharmacist. IF YOU EXPERIENCE difficulty breathing; tightness of chest; swelling of eyelids, face, or lips; or if you develop a rash or hives, tell your doctor immediately. Do not take any more of this medicine unless your doctor tells you to do so. This medicine may cause drowsiness, dizziness, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS

MEDICINE MAY CAUSE increased sensitivity to the sun. Avoid exposure to the sun, sunlamps, or tanning booths until you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period. MILD DIARRHEA IS COMMON with antibiotic use. However, a more serious form of diarrhea (pseudomembranous colitis) may rarely occur. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe diarrhea, or bloody stools occur. Do not treat diarrhea without first checking with your doctor. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include mild diarrhea, headache, nausea, or stomach pain or upset. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, changes in hearing, or ringing in the ears. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain; swelling of your hands, legs, face, lips, eyes, throat, or tongue; difficulty swallowing, speaking, or breathing; eye or vision problems; fainting; hearing loss; irregular heartbeat; muscle weakness; reddened, blistered, or swollen skin; seizures; severe stomach pain, cramps, or diarrhea; bloody stools; unusual vaginal itching, odor, or discharge; or yellowing of the eyes or skin. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, trouble breathing, or unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include nausea, vomiting, stomach upset, and diarrhea.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1494789-03328

DATE: 11/29/10

AZITHROMYCIN 250MG TABLETS

QTY: 30 3 REFILLS BEFORE 11/29/11

New NDC:00093-7146-56

Retail Price: \$195.79 Your Insurance Saved You: \$190.79

\$ 5.00

A. JAIN, MD
MFG:TEVA
KKP/KKP/KKP/KKP/NFH

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# H3AEA7R

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1494789-03328

DATE: 11/29/10

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New NDC:00093-7146-56

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A. JAIN, MD
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PLAN: PAIDMPD
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CLAIM REF# H3AEA7R

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

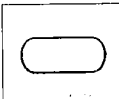
Duplicate Receipt

Pharmacy use only

MON 5:55PM
New

AZITHROMYCIN 250MG TABLETS
00093-7146-56
ALPHA

QTY 30
10 DRAM



PINK
FRONT: 93
BACK: 7146

KKP/KKP/KKP/KKP/NFH

Brunsting004487



If your prescription needs to be refilled, Walgreens can help with **Auto Refills**

We'll automatically refill your prescription before it runs out, then call or e-mail when it's ready. This free service can help you stay on track with your medications and reduce the chances of missed doses.

Speak to our pharmacy staff or visit Walgreens.com/pharmacy to see if your prescription is eligible for Auto Refills.

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There's a way to stay well.

31636

Get a **FREE** one-on-one **Medicare Part D** review session!

Your pharmacist will:

- Review your medications and look for ways to help save you money
- Talk about other things you can do to stay well
- Check for potential drug interactions



Make your appointment today!

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8
BR



PAIDMPD

1494789 0101 3 0000500 9

NELVA BRUNSTING

13630 Pinerock
Houston, TX 770797517
(713)464-4391

• Your Insurance Saved You: \$190.79

MON 5:55PM

\$5.00

EXPRESS PAY

11/29/10

New
CAP



Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Auto Refills**
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.
- **Touch Tone Refills**
Save time by using our automated system for a refill. Just dial the number on your prescription label.

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OPT: 2875 677 333 0193635

INFO: 0895 00093714656

49770

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT

BIRTH DATE

MEDICATION

QUANTITY

DIRECTIONS

NELVA BRUNSTING

10/08/26

SPIRIVA CAPS 30'S & HANDIHALER

30

INHALE CONTENTS OF ONE CAPSULE
ONCE DAILY USING HANDIHALER

DOCTOR

A. JAIN, MD

DRUG DESCRIPTION

PATIENT ALLERGIES

6 Lunch

INGREDIENT NAME: TIOTROPIUM BROMIDE (TYE-oh-TROE-pee-um BROE-mide)

COMMON USES: This medicine is an anticholinergic agent used to treat the symptoms of chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are taking another anticholinergic (eg, ipratropium). Ask your doctor if you are unsure if any of your medicines are anticholinergics. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including if you have trouble urinating; an enlarged prostate; bladder blockage; glaucoma; kidney problems; allergies (including milk proteins); pregnancy; or breast-feeding. Tell your doctor if you are having an asthma attack or increased difficulty breathing. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. An additional patient information leaflet is available with this medicine. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have before using this medicine. DO NOT SWALLOW THE CAPSULES. THE CAPSULES ARE USED WITH A SPECIAL INHALER. DO NOT remove a capsule from the packaging until you are ready to use it. To remove a capsule from the packaging, carefully peel the foil back to expose the capsule, then tip the capsule out of the blister. Do NOT cut the foil or use sharp objects to remove the capsule from the blister. If a second capsule is exposed to the air when you are removing a capsule for use, it must be discarded. Do not save the capsule for later. Place the capsule in the special inhaler device immediately. The device will puncture the capsule so that the medicine inside may be inhaled into the lungs through the mouthpiece. Exhale slowly and deeply. DO NOT breathe into the mouthpiece of the inhaler. Position the inhaler mouthpiece between your lips and try to rest your tongue flat. Keep your head upright. Do not block the air vents on the inhaler. TAKE A SLOW, DEEP BREATH. You should hear or feel the capsule vibrate inside the inhaler. Hold your breath as long as it feels comfortable, then exhale slowly through pursed lips. Breathe out completely. To be sure all of the medicine has been inhaled from the capsule, inhale from the mouthpiece a second time following the same process. ASK YOUR DOCTOR OR PHARMACIST if you are unclear on how to use this device or inhale the medicine. CLEAN THE INHALER DEVICE once a month according to the instructions in the patient leaflet. Each inhaler device may be used for up to 1 year and then should be replaced. STORE THIS MEDICINE at room temperature at 77 degrees F (25 degrees C), away from heat, moisture, and light. Brief storage between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. This medicine will work best if used regularly. Taking your dose at the same time each day will help you to remember. IF YOU MISS A DOSE OF THIS MEDICINE, use it as soon as possible, if it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do NOT use 2 doses at once. Do NOT use this medicine more often than 1 time every 24 hours.

CAUTIONS: DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to atropine or related medicines (eg, ipratropium). THIS MEDICINE WILL NOT STOP AN ASTHMA ATTACK once one has started. IF YOU ARE ALSO USING A RESCUE INHALER (eg, albuterol), be sure to always carry the bronchodilator inhaler with you to use during asthma attacks. DO NOT EXCEED THE RECOMMENDED DOSE without checking with your doctor. DO NOT STOP USING THIS MEDICINE without first checking with your doctor. This medicine may cause dizziness or blurred vision. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. AVOID GETTING THIS MEDICINE IN YOUR EYES. If you get the medicine in your eyes and eye pain, blurred vision, or other vision changes occur, contact your doctor immediately. THIS MEDICINE MAY SOMETIMES CAUSE SEVERE BREATHING PROBLEMS right after you use a dose. If this happens, use your short-acting bronchodilator inhaler. Contact your doctor or seek other medical care at once. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. USE THIS MEDICINE WITH CAUTION IN THE ELDERLY; they may be more sensitive to its effects, especially constipation and urinary tract infections. FOR WOMEN: IF YOU

PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS NOT KNOWN IF THIS MEDICINE IS FOUND in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while using this medicine include dry mouth, constipation, sinus inflammation, throat irritation, stomach pain, vomiting, blurred vision, or mild nosebleed. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience irritation, pain, or white patches in your mouth or on your tongue; mouth sores; severe or persistent nosebleeds; severe or persistent constipation; difficult or painful urination; eye pain or discomfort; vision changes (eg, halos, colored images); chest pain; fast or irregular heartbeat; difficulty swallowing; new or worsened breathing problems; or wheezing. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include mental changes; severe constipation; stomach pain; or tremors.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1496586-03328

DATE: 12/05/10

SPIRIVA CAPS 30'S & HANDIHALER

QTY: 30 3 REFILLS BEFORE 12/05/11

New NDC: 00597-0075-41

Retail Price: \$236.99 Your Insurance Saved You: \$215.99

\$ 21.00

A. JAIN, MD
MFG: BOEHRINGER
TPL/RJW/RJW/RJW/RJW

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# RDC9TAQ

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer
Receipt

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

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TPL/RJW/RJW/RJW/RJW

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# RDC9TAQ

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate
Receipt

Pharmacy use only

SUN 1:29PM
New

SPIRIVA CAPS 30'S & HANDIHALER
00597-0075-41
ALPHA

QTY 30

TPL/RJW/RJW/RJW/RJW

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

Brunsting004489

Get a **FREE** one-on-one **Medicare Part D** review session!

Your pharmacist will:

- Review your medications and look for ways to help save you money
- Talk about other things you can do to stay well
- Check for potential drug interactions



Make your appointment today!

Walgreens

There's a way to stay well.

Information provided by Walgreens is not a substitute for your own research concerning your healthcare, including Medicare.



Don't take chances with your health:

Fill **ALL** your prescriptions at one pharmacy.

At Walgreens we'll automatically screen for drug interactions and may be able to offer advice on money-saving alternatives.

For details, speak to our pharmacy staff.

Walgreens

There's a way to stay well.

8
BR



SUN 1:29PM

\$21.00

EXPRESS PAY

NELVA BRUNSTING

13630 Pinerock

Houston, TX 770797517

(713)464-4391

• Your Insurance Saved You: \$215.99

12/05/10

New



Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION

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• **Touch Tone Refills**

Save time by using our automated system for a refill. Just dial the number on your prescription label.

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TIME SHEET

Employee Name: Robert Antu Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
1.31.11	6:30 pm			
2.1.11		9 am	14.5	
2.1.11	6:30 pm			
2.2.11		9 am	14.5	
WEEKLY TOTALS:			29 hrs.	435.00

25.00
\$ 460.00

Employee Signature: Robert Antu

Date: 2/2/11

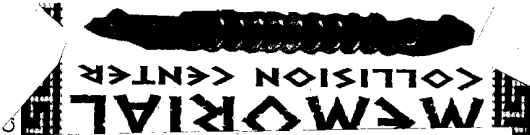
Supervisor Signature: _____

Date: _____

Walgreens 14.00

Kroger 11.00

25.00



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Arthur

KROGER PLUS CUSTOMER *****2679
PROP DRNG JC [+] 2.48 F
WHOP CANDY PC 1.00 B
SC KROGER SAVINGS 0.29
CHRMN BTH TS 7.57 T
3 @ 3/1.00
APL RED DEL 1.00 F
TAX 0.71
**** BALANCE 12.76

034 KROGER #161
14344 MEMORIAL
HOUSTON, TX
VISA FUNDING
*****6258
TOTAL: 12.76
REF#: 063120

VISA 12.76
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 6

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 0.29
TOTAL COUPONS \$ 0.29
TOTAL SAVINGS (2 pct.) \$ 0.29
***** KROGER SAVINGS *****

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There's a way™

521 10 3877 05094 028

RFN# 0509-4283-8776-1102-0120

ALEVE TABS 24S 1 5.29
EXCDRN X/S TAB 50S 1 7.49
GIL FUSION PWR RZR 1A 9.99 SALE
HALLMARK 1A 2.59
H/MARK CARD 1A 1.99
H/MARK CARD CROWN 1A 2.59
CAFE W YGRT PRTZ4Z 1A 1.00
J/L BF/JRKY 3.250Z 3.99 SALE
COKE DT 200Z A 1.59
DUCK DUCT TAPE 1A 3.79
SUBTOTAL 40.31

A=8.25% SALES TAX 1.94
TOTAL 42.25

VISA 42.25
CCT#*****6258
CHANGE .00

WAG ADVERTISED SAVINGS: 4.00

YOUR TOTAL SAVINGS: 4.00



14616 Memorial Drive Houston, TX
STORE (281)493-3043

OPEN 24 HOURS
THANK YOU

TIME SHEET

Employee Name: FAUSTINO VAQUERA Title: _____

Week: FEB 02 - FEB 04, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2/02 Wed	8:30 am	3:00 pm	6.5	
↓	5:30 pm	12 am	6.5	
2/03 Thur	12 am	10:30	10.5	
↓	11:30 am	12 am	12.5	
2/04 Frid	12 am	2:30 pm	14.5	
WEEKLY TOTALS:			50.5	

+ receipts

Grocery & Food = 74.64 84.64

~~+ 10.00~~
84.64

Employee Signature: [Signature]

Date: 2-04-2011

Supervisor Signature: _____

Date: _____

$$\begin{array}{r} 50.5(\text{hours}) \\ \times 15.00 \\ \hline 757.50 \end{array} +$$

Receipt = 84.64

842.14



STORE MGR MARC BROCHSTEIN 713-365-6700
THANK YOU FOR SHOPPING WITH US!

REFRIG/FROZEN

HORSE MIP CRM HWY 3.29 F

GEN MERCHANDISE

MUFFIN PAN 12 CUP 7.

DELI

BAKED POTATO/BACON .99 F
SW COCONUT/RD CRRY 3.99 F
F/W BAL DUE 11.27
**** TAX .63 BAL 19.59
VF VS XXXXXXXXXXXX0307 19.59

CHANGE

2/03/11 11:05 1066 53 0035 8853

Welcome Club Member! 2457

YOUR CASHIER TODAY WAS SELF

10% Back-To-School

Thank you for supporting the 10%
Back-to-School Program.
Process your donation at
www.backtoschools.escrip.com
ENTER THIS NUMBER
0000000200014424203
or bring in your receipt to your local
school. Must redeem by 2/28/2011.

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS E #1066
12850 MEMORIAL DR.
HOUSTON, TX
713-365-6700

EFT CREDIT SALE 02/03/11 11:05
CARD # XXXXXXXXXXXX0307
REF:1102031 AUTH:190957

PAYMENT AMOUNT 19.59



STORE MGR GEORGE KALLUS 281-497-0630
THANK YOU FOR SHOPPING WITH US!

GROCERY

OH CAKE MIX 1.99 F

REFRIG/FROZEN

LUCERNE LRG EGGS 2.13 F
LUC WHIP CREAM 1.99 F

GEN MERCHANDISE

203.00 WINDEX GLASS CLNR 6.00 T

Reg Price 7.58 Card Sav 1.58
**** TAX .50 BAL 12.61
VF DEBIT CARD 12.61

CHANGE .00

TOTAL SAVINGS 1.58

2/02/11 17:09 1011 05 0054 4380

Welcome Club Member! 2457

Remarkable Savings \$ 1.58
Total Savings Value 12% \$ 1.58

YOUR CASHIER TODAY WAS NILOOFAR

10% Back-To-Schools

Thank you for supporting the 10%
Back-to-School Program.
Process your donation at
www.backtoschools.escrip.com
ENTER THIS NUMBER
0000000200014424203
or bring in your receipt to your local
school. Must redeem by 2/28/2011.



Little Card.
Big Savings.

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1011
14810 MEMORIAL DR.
HOUSTON, TX
281-497-0630

EFT DEBIT SALE 02/02/11 17:09
CARD # 0307 PRIMARY
TOTAL TRANSACTION AMOUNT 12.61

REF:110202170912

Luby's
Houston #06 (85)
825 Town & Country Center
Houston, TX 77024
713-461-9404

Check # :17265

Claudia D
18:15:48 02/03/2011

1 Angus Chopped Steak Combo 8.99
1 Mashed Potato
1 Corn
1 White Roll
1 Glass of Water
Tray#1 Subtotal 8.99

ID #85 0341 7265

For 10 CHANCES TO WIN \$1,000 daily
A \$100 Lubys Gift Card weekly and
INSTANTLY WIN an iPod
Take our survey @
www.lubys-survey.com

Or 1 chance to win
cash prize and gift card
by calling 1-866-724-7146

Please retain this receipt
for use during the survey

Visit www.lubys-survey.com
complete rules and regulations

No purchase necessary
(OFFER EXPIRES Feb 10, 2011)

Subtotal 8.99
Sales Tax 0.74

Please pay this amount
Total 9.73

Dine In

Power Meals
Monday - Friday
All Day
\$5.99 / \$6.99



Luby's
Houston #06 (85)
825 Town & Country Center
Houston, TX 77024
713-461-9404

Check # :14229

Maria G
18:10:17 01/30/2011
Transaction #:38160

Card Number Auth
*****0307 1
jr/faustino vaquera

Amount 11

Total 1

Tip

Total

X
Cardmember agrees to pay total in
accordance with agreement governing
use of such card.

BLOCKBUSTER INC
MEMORIAL AND DAIRY ASHFORD
720 DAIRY ASHFORD ROAD
HOUSTON, TX 77079
(281) 589-7598

WE WELCOME YOUR QUESTIONS AND COMMENTS.
CALL YOUR LOCAL STORE MANAGER
AT THE NUMBER ABOVE.

Your satisfaction is important to us.
Customer Care - (800)406-6843
Sun-Thur 8:00am - 8:00pm (CST)
Friday & Saturday 8am to midnight

Your Opinion matters to us.

We invite you to complete our
CUSTOMER SATISFACTION SURVEY

YOU COULD WIN A \$200 BLOCKBUSTER
GIFTCARD(R)!
Visit:

<http://blockbuster.iwrsurvey.com>

No purchase necessary. A purchase
will not increase your chances
of winning.

Open to legal residents of the U.S.
and D.C. 18 years and older.
Void where prohibited. Ends 02/28/2011.
ARV of prize: \$200.00.
Odds depend on eligible
entries received.

53

Visit:
<http://blockbuster.iwrsurvey.com>
for Official Rules.

Store: 48071 Employee: 71097

Balance - \$ 0.00

SEABISCUIT-WS
Due Date: SATURDAY 02/05/11
Rental \$ 2.99
Own It 02/15/11 For Only \$9.99 More

CHARIOTS OF FIRE
Due Date: SATURDAY 02/05/11

Rental - \$ 2.99
Own It 02/15/11 For Only \$14.99 More

TRUE GRIT

Due Date: SATURDAY 02/05/11
Rental - \$ 2.99
Own It 02/15/11 For Only \$9.99 More

Subtotal \$ 8.97
Tax \$ 0.74
Total amount due \$ 9.71

Tendered VISA \$ 9.71
Card #: XXXXXXXXXXXX0307
Approval: 83334
Trace #: S

By signing the Blockbuster
PINpad or this receipt, I
have authorized you to charge
my card and agree to pay the
total amount shown on this
receipt according to the card
issuer or merchant agreement.

Change Due \$ 0.00
Balance - \$ 0.00

Cust #: 24807595259
Name : VAQUERA, FAUSTINO

All Rentals due by store close
on the due date on this receipt.

NOTICE:

Starting March 1, 2010 in select
stores, including this store, the
rental terms have changed as follows:

MOVIE AND GAME RENTALS:

All movie and game rentals are due
back at the date and time printed on
the transaction receipt (the "Initial
Rental Period"). An additional daily
rate (each, an "Additional Daily Rate")
plus tax will be charged for each day
the member chooses to keep the rental
product beyond the Initial Rental
Period. All rental product kept more
than 10 days beyond the end of the
Initial Rental Period is converted to
an automatic sale. Sale may be
reversed for a refund by returning
the rental product to this store
within 10 days of the sale or for
credit to the membership account by
returning the rental product to this
store within 30 days of the sale.
Rental product may not be returned
after 30 days of the automatic sale.
If automatic sale is reversed, member
must still pay accrued Additional
Daily Rates (if applicable).

48071-02-02/02/11 18:36



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Barbara

KROGER PLUS CUSTOMER *****9869
GLAD PL WRAP 3.19 T
SNSW PRUNES PC 2.99 F
SC KROGER SAVINGS 2.00
MBRD BREAD 2.69 F
3 @ 0.29
GLCR WATER 0.87 F
TAX 0.26
**** BALANCE 10.00
*****0307
REF#: 000000
PURCHASE: 10.00
CASHBACK: 0.00
TOTAL: 10.00

DEBIT 10.00
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 6

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 2.00
TOTAL COUPONS \$ 2.00
TOTAL SAVINGS (17 pct.) \$ 2.00
***** KROGER SAVINGS *****

02/04/11 01:04pm 161 85 59 #

Fuel Points Expiring 02/28/11 = 212
Points under 100 do not carry over.
Months' points do not combine.

ENTER TO WIN
ONE OF 30
\$100 GIFT CARDS

You are invited to complete a survey
about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

You need this receipt to respond

Save \$0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Order = 10
Fuel Points Expiring 03/31/11 = 36
Points under 100 do not carry over.
Months' points do not combine.



11441 Katy Fwy
Houston, TX 77079
Store# 20143 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 286282 2/2/2011 5:48:21 PM
Employee: 51776 Name: Daniel

P2-CHZ Ench 4.99
1 RICE
1 REFR
1 SF Tort 2
P2-CK Ench 4.99
1 RICE
1 REFR
1 SF Tort 2
3oz GUAC 0.99

SubTotal 10.97
Tax 0.91
Total 11.88
Visa 11.88
Change 0.00

Acct: xxxxxxxxxxxx0307
Authorization: 144587

ORDER# 482-----

We would like your feedback.
Participe en nuestra encuesta.

Visit www.cabanacares.com
Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00
off next food purchase excluding alcohol.
Not valid with any other discount.

Coupon # _____ (PLU117)

Join our eClub at tacocabana.com

Sea parte de nuestro eClub en tacocabana.com
I.D. 26217 14802 88202 51776

TIME SHEET

Employee Name: Robert L Conte Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Sat				
2.12.11	2 pm			
Sun				
2.13.11		5 pm		
WEEKLY TOTALS:			27.	

Employee Signature: Robert L Conte

Date: 2.13.11

Supervisor Signature: _____

Date: _____

405.00
25.00
\$ 430.00



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Jennifer

	KROGER PLUS CUSTOMER	*****2679
	ROTEL TOMATO	0.86 F
	TROP ORNG JC	2.48 F
	DAISY SR CRM	1.59 F
	MSSN TORTLLA	1.88 F
SC	KROGER SAVINGS	0.81
	KRO EGGS LRG	1.43 F
	GROUND BEEF	3.62 F
	RSTA RFRD BN	0.82 F
	KRFT CHS LF	4.99 F
	PRML WHT MLK	3.49 F
	KRO TORTILLA	1.00 F
	0.48 lb @ 0.88 /lb	
WT	ROMA TOMATO	0.42 F
SC	KROGER SAVINGS	0.06
	ARTICHOKE	2.49 F
	TAX	0.00
	**** BALANCE	25.07
	CASH	100.00
		74.93
	TOTAL NUMBER OF ITEMS SOLD	12

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 0.87
TOTAL COUPONS \$ 0.87
TOTAL SAVINGS (3 pct) \$ 0.87
***** KROGER SAVINGS *****

02/12/11 05:25pm 1 8 100

TIME SHEET					
WEEK OF:				2/11/11	
EMPLOYEE NAME:			TITLE:		
Robert Cantu					
DATE	START TIME	END TIME	START TIME	END TIME	TOTAL
2.7.11	6 pm				
2.8.11		12 pm			18
2.10.11	6 pm				
2.11.11		3 pm			21
WEEKLY TOTALS:					39
					585.00
EMPLOYEE SIGNATURE: Robert R Cantu				DATE: 2.11.11	
SUPERVISOR SIGNATURE:				DATE:	

rice 11 2
 15.57
 Jasm 20.30
 deli. 14.47
 2.07

 52.41

Feb. 21/11

\$ 637.41 / x4

Brunsting004502



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Barbara

	KRO SPINACH	PC	0.69 F
SC	KROGER SAVINGS	0.06	
	KROGER PLUS CUSTOMER	*****2679	
	KRO SPINACH	PC	0.69 F
SC	KROGER SAVINGS	0.06	
	KRO SPINACH	PC	0.69 F
SC	KROGER SAVINGS	0.06	
	TAX		0.00
	**** BALANCE		2.07

*****6258
REF#: 000000
PURCHASE: 2.07
CASHBACK: 0.00
TOTAL: 2.07

DEBIT	2.07
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	3

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 0.18
TOTAL COUPONS \$ 0.18
TOTAL SAVINGS (8 pct.) \$ 0.18
***** KROGER SAVINGS *****

02/08/11 11:31 14344 00 10



Rice Epicurean Markets # 204
12516 Memorial Drive
www.riceepicurean.com
(713) 468-4323

Your Checker today is JUSTINE JEFFERSO

PF VERY THIN	3.99 F
PIMENTO SPRE	5.83 F
FRESH MEAT	5.75 F
TAX	0.00
**** BALANCE	15.57
Cash	20.00

CHANGE	4.43

TOTAL NUMB. OF ITEMS SOLD = 3
02/11/11 10:41am 204 2 67 118

TIME SHEET

Employee Name: Robert L Cantu Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2.14.11	6 pm			
2.15.11		8:30 am		14.5
2.16.11	6 pm			
2.17.11		8:30 am		14.5
2.17.11	6 pm			
2.18.11		3:00 pm		21.0
WEEKLY TOTALS:				~~40.00~~ 50.00

Employee Signature: Robert L Cantu

Date: _____

Supervisor Signature: _____

Date: _____

PD
 2/17/11
 Popeyes
 chicken
 Jason
 Deli

~~600.00~~	750
10.00	10.00
11.23	11.23
<u>621.23</u>	<u>771.23</u>

14004 Memorial Dr.
Houston, TX 77079
(281) 531-1999

14004 Memorial Dr.
Houston, TX 77079
(281) 531-1999

586

ROBERT

Host: FOREMAN
586

02/16/2011
6:23 PM
50088

Order Type: Dine In

Grab&Go Brownie Explosion

2.00

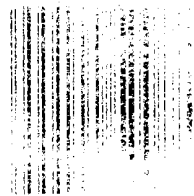
Footstall
Tax

Free Gift

Sub Total

10.65
12.3

--- Check



Host: NICK
ROBERT

02/16/2011
6:18 PM
60184

Order Type: To Go

Egg Salad Sandwich
Wheat

4.99

Onions & Pickle
No Beverage

Hot Mac & Cheese

2.89

And To Go Fountain

Sub Total

7.88

Tax

0.65

To Go Total

15.3

TOTAL

SIGNATURE

Employee Name: Faustino Vaquera

Title: _____

Week: Feb 11 -

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2-11 Fri	4:00pm	5:30 pm	1.5	
↓	6:30 pm	12:00 am	5.5	- 7
2-12 Sat	12:00 am	11:00 am	11	
↓	1:00 pm	2:00 pm	1	
2-13 Sun	6:00 pm	12:00 am	6	
2-14 Mon	12:00 am	1:00 pm	13	
↓	2:00 pm	6:00 pm	4	
2-15 Tues	8:30 am	4:30 pm	8	- 50
↓	5:30 pm	12:00 am	6.5	
2-16 Wed	12:00 am	3:30 pm	14.5	
↓	4:30 pm	6:30 pm	2.	- 73
2-17 Thurs	8:30 am	6:30 pm	10	
WEEKLY TOTALS:				83

Employee Signature: _____

Faustino Vaquera

Date: 2-18-11

Supervisor Signature: _____

Date: _____

2/2/11/11

83 x 15.00

= 1245

+

Groceries & Food

209.42

= 1454.42

Luby's
Houston #06 (85)
825 Town & Country Center
Houston, TX 77024
713-461-9404

Check # :12487

Maria G
18:38:13 02/11/2011

1 Chopped Steak Lu Ann 7.69
1 New Potatoes
1 Mac and Cheese
1 White Roll
1 No Drink

Tray#1 Subtotal 7.69

1 Chicken Fried Steak Lu Ann 7.69
1 Mac and Cheese
1 Fried Okra
1 White Roll
1 No Drink
1 Mashed Potato 1.89
1 Cole Slaw 2.19

Tray#2 Subtotal 11.77

ID #85 0421 2487

For 10 CHANCES TO WIN \$1,000 daily
A \$100 Lubys Gift Card weekly and
INSTANTLY WIN an iPod
Take our survey @
www.lubys-survey.com

Or 1 chance to win
cash prize and gift card
by calling 1-866-724-7146

Please retain this receipt
for use during the survey

Visit www.lubys-survey.com for
complete rules and regulations

No purchase necessary
(OFFER EXPIRES Feb 18, 2011)

Subtotal 19.46
Sales Tax 1.61

Please pay this amount
Total 21.07

Food To Go

Power Meals
Monday - Friday
All Day
\$5.99 / \$6.99



Total 209.42



2025 FM 1900 West
Houston, TX 77090
Store# 20177 Phone# (281) 893-8450

Reg 3 - 1N
Order 337494 2/10/2011 10:50:20 PM
Employee: 20447 Name: Mary

P2-CK Ench 1.99

1 RICE

1 REFR

1 SF Tort 2

Sm COKE

2 @ 1.49

2.98

P2-SF CKFD Taco

5.89

1 RICE

1 BORD

1 SF Tort 2

SubTotal 13.86

Tax 1.14

Total 15.00

Visa 15.00

Change 0.00

Acct: xxxxxxxxxxxx0307

Authorization: 175507

ORDER# 394

We would like your feedback.

Participe en nuestra encuesta.

Visit www.cabanacares.com

call 1-800-360-3246

Respond within 3 days, and receive \$1.00
off next food purchase excluding alcohol.
Not valid with any other discount.

Coupon # (PLU117)

Join our eClub at tacocabana.com

Sea parte de nuestro eClub en tacocabana.com

I.D. 37422 17710 39402 20447



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Arthur

SC	QLTN BATH TS	PC	8.99 T
	KROGER SAVINGS	0.50	
	KRO PPR TWLS		2.78 T
	QKER OATMEAL		3.99 F
	PONR CRNMEAL		1.19 F
	DAWN DSH DTG		2.99 T
	WIMN WIPES		3.99 T
	BLUEBERRIES	PC	2.99 F
SC	KROGER SAVINGS	1.00	
	CSCD RNS AID		3.29 T
	LYSL DIS SPR	PC	4.49 T
SC	KROGER SAVINGS	0.20	
	KROGER PLUS CUSTOMER TAX	*****9869	
	**** BALANCE		~~2.19~~ 36.89
	*****0307		
	REF#: 000000		
	PURCHASE: 36.89		
	CASHBACK: 40.00		
	TOTAL: 76.89		

DEBIT
CHANGE
TOTAL NUMBER OF ITEMS SOLD =

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 1.70
TOTAL COUPONS \$ 1.70
TOTAL SAVINGS (4 pct.) \$ 1.70
***** KROGER SAVINGS *****

02/13/11 07:31pm 161 82 221 #

Fuel Points Expiring 02/28/11 = 212
Points under 100 do not carry over.
Months' points do not

FOR ADVERTISING CALL 281-206-2510 6080

MEMORIAL

COLLISION CENTER

14450 Memorial Dr.
1/4 Mile E of Dairy Ashford
Expires 3/31/11
Weight before cooking 4oz. (113.4g)
NOT VALID WITH ANY OTHER COUPON OR DISCOUNT OFFER.

80¢ BACON

10321 A Katy Frwy
Houston, TX 77024
(713) 467-2007

JUNIOR

Host: PAIGE
JUNIOR

02/12/2011
1:00 PM
60033

Order Type: To Go

Egg Salad Sandwich	4.99
Wheat	
Lettuce & Tomato	
(N)Chips & Pickle	
No Beverage	
Bowl Broccoli Cheese	3.59
Kid's Mac & Cheese	2.89
No Beverage	

Subtotal 11.47
Tax 0.95

To Go Total 12.42

12.42

Luby's
Houston #06 (85)
825 Town & Country Center
Houston, TX 77024
713-461-9404

Check # :13964

Maria G
18:05:51 02/13/2011

1 Whole Raspberry Cheesecake 10.99
Tray#1 Subtotal 10.99

1 Roast Chicken Lu Ann 7.69
1 New Potatoes
1 Mac and Cheese
1 White Roll
1 No Drink
Tray#2 Subtotal 7.69

1 Mushroom Chicken Madeira Combo 8.69
1 Broccoli
1 Fried Okra
1 White Roll
1 No Drink
1 Cucumber Salad 2.19
Tray#3 Subtotal 10.88

ID #85 0441 3964

For 10 CHANCES TO WIN \$1,000 daily
A \$100 Luby's Gift Card weekly and
INSTANTLY WIN an iPod
Take our survey @
www.lubys-survey.com

Or 1 chance to win
cash prize and gift card
by calling 1-866-724-7146

Please retain this receipt
for use during the survey

Visit www.lubys-survey.com for
complete rules and regulations

No purchase necessary
(OFFER EXPIRES Feb 20, 2011)

Subtotal 29.56
Sales Tax 1.53

Please pay this amount
Total 31.09
- 10.88

Food To Go

Power Meals
Monday - Friday
All Day
\$5.99 / \$6.99



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Jennifer

KROGER PLUS CUSTOMER *****9869
VAPOSTREAM 10.49
SNSW PRUNES PC 2.99 F
SC KROGER SAVINGS 2.00
BKRY STRWBRY - 5.99
TAX 0.49
**** BALANCE 19.96

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
*****0307
TOTAL: 19.96
REF#: 115112

- 5.99

13.97

VISA 19.96
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 3

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 2.00
TOTAL COUPONS \$ 2.00
TOTAL SAVINGS (9 pct.) \$ 2.00
***** KROGER SAVINGS *****

02/14/11 04:52pm 161 83 151 #

Fuel Points Expiring 02/28/11 = 212
Points under 100 do not carry over.
Months' points do not combine.

Save \$0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Order = 19
Fuel Points Expiring 03/31/11 = 162
Points under 100 do not carry over.
Months' points do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com

YOU SAVED \$2.00
WITH YOUR PLUS CARD

Thank you for shopping Kroger

Panda Express
HOUSTON, TX
(713)463-977

2/15/2011 6:39:49 PM
Order: 416233 Server: RAUL M
1 PANDA BOWL 4.99
STEAMED
BEIJING BEEF
1 PANDA BOWL 4.99
STEAMED
BROCCOLI BF
1 CKN EGG RLS 1.50
SubTotal 11.48
Tax 0.95

Total 12.43

Visa 12.43
Acct:XXXXXXXX0307
AuthCode:183999

Questions or Comments?
pandaexpress.com or (800) 877-8988

* FREE ENTREE ITEM! *
* WE VALUE YOUR OPINION! *
* *
* Call 1-888-51-PANDA(72632) or *
* Visit pandaexpress.com/guest *
* *
* Complete our Guest Survey for *
* a FREE entree item with the *
* purchase of any 2-Entree Plate *
* *
* Survey Code: 1833-0215-6715-4162 *

Drive Thru
* Customer Copy *

131.99

122.64

Outdoor Lawn cushions⁷²

Walmart 
Save money. Live better

MANAGER CHRIS MAXWELL
(281) 558-5670
2700 S. KIRKWOOD DR. HOUSTON, TX 77077
ST# 3295 OP# 00004148 TEN 22 TR# 04284
CADET HAT 084655629821 5.00 X
FTL MUSCLE 088530602005 4.00 X
CHAIR CUSHN 003464825998 25.00 X
CHAIR CUSHN 003464825998 25.00 X
FTL MUSCLE 007603118820 4.00 X
SUBTOTAL 63.00
SNAPPLE 007618316357 F 1.00 N
SUBTOTAL 64.00
TAX 1 8.250 % 5.20
TOTAL 69.20
DEBIT TEND 69.20
CHANGE DUE 0.00

EFT DEBIT PAY FROM PRIMARY
ACCOUNT : 0307
69.20 TOTAL PURCHASE
REF # 104600615769
NETWORK ID. 0076 APPR CODE 342356
02/15/11 12:18:17

ITEMS SOLD 6

TC# 2119 8526 7261 8/96 6496



We gladly accept valid
manufacturer & internet coupons.
02/15/11 12:18:19

50.00



475 10 2400 03328 027

RFN# 0332-8272-4001-1102-1520

C.L.R. 280Z	1A	7.99
NEUT PAD 603	1	8.99
SUBTOTAL		16.98

A=8.25% SALES TAX	.66
TOTAL	17.64

DEBIT CARD	17.64
CASH BACK	.00



12850 Memorial Dr Houston, TX 77024
STORE (713)722-7247

Total

THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING
WALGREENS PRESCRIPTION SAVINGS CLUB
SEE PHARMACY FOR DETAILS

FEBRUARY 15, 2011 8:25 PM

HOW ARE WE DOING?

ENTER OUR MONTHLY CASH SWEEPSTAKES
THIS MONTH THE PRIZE IS
\$3,000 CASH

PLEASE VISIT
www.walgreensfeedback.com
OR CALL TOLL FREE

1-800-763-0547

WITHIN 72 HOURS TO COMPLETE A
SHORT SURVEY ABOUT YOUR RECENT
VISIT TO THIS WALGREENS.

SURVEY#
0332-8272-400

PASSWORD
1110-2152-016

FOR CONTEST RULES, SEE STORE OR
www.walgreensfeedback.com

WALGREENS #3328
SEQ # 332827230 PAYMENT FROM PRIMARY
CARD# *****0307

RETAIN THIS RECEIPT FOR YOUR RECORDS

FEBRUARY 15, 2011 8:25 PM

Au Bon Pain
929 Gessner Road, Suite 150
Houston, TX 77024
713-464-2525
Date: Feb15'11 12:48PM
Card Type: VISA
Acct #: XXXXXXXXXXXX0307
Card Entry: SWIPED
Trans Type: PURCHASE
Trans Key: CIC003840564318
Auth Code: 144580
Check: 1744
Server: 408 HEIDY R

Total ~~19.43~~

TIME SHEET

Employee Name: Faustino Vaquera

Title: _____

Week: Feb 22 — Feb 24 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Feb 22 Tues	9:00 am	1:00 pm	4	
↓	4:00 pm	12:00 am	8	- 12
Feb 23 Wed	12:00 am	7:00 am	7	
↓	8:00 am	4:00 pm	8	
↓	5:00 pm	12:00 am	7	- 22
Feb 24 Thur	12:00 am	7:00 am	7	
↓	8:00 am	3:30 pm	7.5	
↓	5:30 pm	8:00 pm	2.5	- 17
WEEKLY TOTALS:			51	

x 15.00

765.00

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

765.00
 21.72
 Groceries & Food
Total
 826.72

Unit # 7687
925 North Wilcrest Rd.
Houston, Texas 77079
(713) 461 - 7934

Date: Feb22'11 6:23PM
Card Type: Visa
Acct #: XXXXXXXXXXXX0307
Trans Key: AIA004657059970
Exp Date: XX/XX
Auth Code: 172836
Check: 2073
Table: 88/1
Check ID: K
Server: 3507 CASH CA

Subtotal: 10.58

Tip: _____

Total: _____

Signature _____

I agree to pay above total
according to my card issuer
agreement.



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Arthur

HMK CARD	1.99 T
HMK CARD	3.69 T
KROGER PLUS CUSTOMER	*****8568
TAX	0.47
**** BALANCE	6.15
*****0307	
REF#: 000000	
PURCHASE: 6.15	
CASHBACK: 40.00	
TOTAL: 46.15	

B-Dad
Cards
for Haley

DEBIT	46.15
CHANGE	40.00

TOTAL NUMBER OF ITEMS SOLD = 2
02/22/11 08:05pm 161 83 182 #

Fuel Points Expiring 02/28/11 = 232
Points under 100 do not carry over.
Months' points do not combine.

ENTER TO WIN
ONE OF 30
\$100 GIFT CARDS

You are invited to complete a survey
about your recent visit to Kroger
Answer by Internet @
www.talkkroger.com

You need this receipt to respond

Welcome to Chick-fil-A

Memorial City Mall (#00181)
(713) 467-6862

Operator: Mike Fecht

Online Catering

www.chick-fil-a.com/memorialcity

CUSTOMER COPY

2/22/2011 11:38:15 AM

EAT IN

Order Number: 871779

1	CFA Sand	2.95
1	SM Fry	1.45
1	Senior Drink	0.23

Sub. Total:	\$4.63
Tax:	\$0.38
Total:	\$5.01

Change	\$0.00
Exact Dollar	\$5.01

Register:5 Tran Seq No: 871779

Cashier:Julie

It was a pleasure serving you!
Have a wonderful day.

Welcome to Chick-fil-A

Memorial City Mall (#00181)
(713) 467-6862

Operator: Mike Fecht

Online Catering

www.chick-fil-a.com/memorialcity

CUSTOMER COPY

2/22/2011 11:37:07 AM

EAT IN

Order Number: 871774

1	CSS Meal	5.14
	+ Slaw -Fry	
1	Dt Dr Ppr MD	1.55

Sub. Total:	\$6.69
Tax:	\$0.55
Total:	\$7.24

Change	\$0.76
Cash	\$8.00

Register:5 Tran Seq No: 871774

Cashier:Julie

It was a pleasure serving you!
Have a wonderful day.



11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order # 202162 2/20/2011 6:28:27 PM
Employee: 64655 Name: Mike

P2-CHZ Ench 4.99
1 RICE
1 REFR
1 SF Tort 2

P2-CK Ench 4.99
1 RICE
1 REFR
1 SF Tort 2

3oz GUAC 0.99

SubTotal 10.97
Tax 0.91
Total 11.88
Visa 11.88
Change 0.00

Acct: xxxxxxxxxxxx0307
Authorization: 172388

ORDER# 462-----

We would like your feedback.
Participe en nuestra encuesta.

Visit www.cabanacares.com

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00
off next food purchase excluding alcohol.
Not valid with any other discount.

Coupon # (PLU117)

Join our eClub at tacocabana.com

Sea parte de nuestro eClub en tacocabana.com

I.D. 22118 14820 96202 64655

6172

Quiznos Sub Store #1043
Phone(713)647-9966
Fax (713) 647-9467

ORDER # 01048

4 CHKN RNCH SAMMIE 12.00
CHIPS
MED DRINK .59
2 CHOOSE 2 00
1 COOKIE/CHP COMBO .49

EAT-IN

TAX TOTAL \$ 13.29
TOTAL \$ 1.10
TOTAL \$ 14.39

VISA \$ 14.39
CHARGE TIP \$ 0.00
ACCOUNT#
AUTH#

2911

COUNTER FEB.21,2011
REG1-AM 12:41

Try our catering.



11441 Katy Fwy
Houston, TX 77079
Store# 20143 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 293160 2/23/2011 6:32:31 PM
Employee: 51776 Name: Daniel

P2-CHZ Ench	4.99
1 RICE	
1 REFR	
1 SF Tort 2	
3oz GUAC	0.99
SubTotal	5.98
Tax	0.49
Total	6.47
Cash	10.00
Change	3.53

ORDER# 460-----

We would like your feedback.
Participe en nuestra encuesta.

Visit www.cabanacares.com

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00
off next food purchase excluding alcohol.
Not valid with any other discount.

Coupon # (PLU117)

Join our eClub at tacocabana.com

Sea parte de nuestro eClub en tacocabana.com

I.D. 23118 14823 96002 51776

TIME SHEET

Employee Name: Faustino Vazquez

Title: _____

Week: Feb 18 —

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Feb 18 Frid	3:00pm	12:00am	9	
2-19 Sat	12:00am	11:30am	11	
↓	12:30pm	3:30pm	3	
↓	4:30pm	12:00am	7 1/2	
2-20 Sun	12:00am	11:00am	11	
↓	12:30pm	3:30pm	3	
↓	5:30pm	12am	6 1/2	
2-21 Mon	12:00am	1:00pm	13	
↓	2:00pm	5:00pm	3	
WEEKLY TOTALS:			67	

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

OK
#7/62

67 x 15.00
1005.
+ Gross Pay Fed 62.57
+
total 1067.57

SALE RECEIPT
 Store #37552 tko 02/20/11 12:44:22
 Trans# 32 Clerk 24 Dwr 1 TRDT 022011
 Receipt # 0000209707 Reg-ID REG-MAIN
 Sales Tx 0.33 Tax B 0.00
 Tax C 0.00 Tax D 0.00
 Tax E 0.00 Tax F 0.00
 **TOTAL 4.33
 AMT TEND 4.33 CHANGE DUE 0.00
 CHANGE DUE\$ 0.00

Approval No: 154876
 Reference No: 154876
 Account No: *****0307
 Card Issuer: VISA
 Amount: \$4.33

Take our 1-minute Survey at
www.tellsurvey.com and receive a free
 cookie. Keep your receipt and write
 your unique coupon code
 here _____

Host Order ID: 05Z.6FA0



Right Store. Right Price.

14344 MEMORIAL
 (281) 493-1702
 YOUR CASHIER WAS Jakela

NTRO BREAD 2.79 F
 3 @ 0.29
 GLCR WATER 0.87 F
 KRO GARB BAG 1.99 T
 KRO GARB BAG 1.99 T
 NATSG SUET 0.99
 BIRD FEEDER 6.69 T
 SNSW JUICE 3.89 F
 NATSG SUET 1.99
 CAMP CND SOUP 1.39 F
 CAMP CND SOUP 1.39 F
 KROGER PLUS CUSTOMER *****9869
 TAX 0.88
 **** BALANCE 24.86
 *****0307

REF#: 000000
 PURCHASE: 24.86
 CASHBACK: 40.00
 TOTAL: 64.86

DEBIT 64.86
 CHANGE 40.00
 TOTAL NUMBER OF ITEMS SOLD = 12
 02/20/11 07:48pm 161 9 216 177

 Fuel Points Expiring 02/28/11 = 212
 Points under 100 do not carry over.
 Months' points do not combine.

 ENTER TO WIN
 ONE OF 25



11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 291571 2/18/2011 6:17:38 PM
Employee: 13522 Name: Lucio

P2-CHZ Ench 4.99
1 RICE
1 REFR
1 SF Tort 2
3oz GUAC 0.99
Per BF Nacho 1.64
1 w/ CHEESE

SubTotal 7.62
Tax 0.63
Total 8.25
Visa 8.25
Change 0.00

Acct: xxxxxxxxxxxx0307
Authorization: 141577

ORDER# 471-----

We would like your feedback.
Participe en nuestra encuesta.

Visit www.cabanacares.com

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00
off next food purchase excluding alcohol.
Not valid with any other discount.

Coupon # (PLU117)

Join our eClub at tacocabana.com

Sea parte de nuestro eClub en tacocabana.com
I.D. 21518 14818 97102 13522

Welcome to Chick-fil-A

Memorial City Mall (#00181)
(713) 467-6862

Operator: Mike Fecht
Online Catering

www.chick-fil-a.com/memorialcity
CUSTOMER COPY

2/17/2011 11:40:18 AM
EAT IN

Order Number: 864349

1 CFA Meal 4.24
+ Upsize Fry 0.20
1 Ckn Soup MD 2.39
1 SM ColeSlaw 1.39
1 Dt Dr Ppr LG 1.79

Sub. Total: \$10.01
Tax: \$0.83
Total: \$10.84

Change \$0.00
Visa: \$10.84

Register:4 Tran Seq No: 864349
Cashier:Anabel P.

It was a pleasure serving you!
Have a wonderful day.

Visa

Card Num : xxxxxxxxxxxx0307

Terminal : KA13521575001

Approval : 144809

Sequence : 019489



Date: Feb 19, 2011 12:36:44

TableTransId: 1047258

Server: Danny

Current Term: pos1

1 Combo To Go	8.49
1 Pint Upgrade	0.99
1 Soup Pint	4.29
1 Grilled Chicken	1.25
1 Grilled Chicken	1.25

Subtotal	16.27
Sales Tax	1.34
Total	17.61
VISA(Completed)(X0307)	-17.61
Balance	0.00

Total 9.12

Store 059 Houston I
Comments or Suggestions?
Call 888-374-8360



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Hillary

1.73 lb @ 0.49 /lb	0.85 F
WT BANANAS	
0.72 lb @ 1.99 /lb	1.43 F
WT NECTARINES Y	2.89 F
BBELL SHERBT	0.00
TAX	5.17
**** BALANCE	20.25
CASH	18.08
CHANGE	3
TOTAL NUMBER OF ITEMS SOLD =	
02/18/11 07:48pm 161 6 323 157	

ENTER TO WIN
ONE OF 30
\$100 GIFT CARDS

You are invited to complete a survey
about your recent visit to Kroger
Answer by internet @
www.tellkroger.com

You need this receipt to respond.

Participe para ganar una de las
30 tarjetas de regalo de \$100

Le invitamos a llenar una encuesta
sobre su reciente visita a la tienda
Kroger Responda por Internet
en www.tellkroger.com
Usted necesitara este
recibo para responder

Survey Entry Code - 034 999

THANK YOU FOR SHOPPING KROGER

TIME SHEET

Employee Name: Robert L. Cantu

Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2.25.11	4pm			
2.26.11		4pm		24
2.26.11	5pm			
2.27.11		6:30pm		25.5
WEEKLY TOTALS:				49.5

Employee Signature: Robert L. Cantu

Date: _____

Supervisor Signature: _____

Date: _____

PR 2/27/11
 El Rey 11.74
 Papa Joe 18.40
 2.48
 3.24
 23.49
 \$801.85

Robert



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Arthur

KROGER PLUS CUSTOMER *****2679
TROP ORNG JC [+] 2.48 F
TAX 0.00
**** BALANCE 2.48

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
*****6258
TOTAL: 2.48
REF#: 012522

VISA 2.48
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 1
02/17/11 09:26pm 161 82 203 #

Fuel Points Expiring 02/28/11 = 184
Points under 100 do not carry over.
Months' points do not combine.

[+] = 1

Save \$0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Order = 2
Fuel Points Expiring 03/31/11 = 38
Points under 100 do not carry over.
Months' points do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com

Thank you for shopping Kroger

14604 Memorial Dr.
Houston, TX 77079
(281) 531-1999

624

Host: 02/17/2011
624 6:19 PM
60126

Order Type: Dine In

Short Cake Bowl 2.99
Subtotal 2.99
Tax 0.25

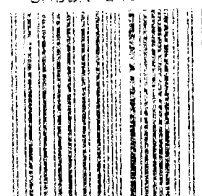
Dine In Total 3.24

CASH 5.25

Change 2.01

Take the SURVEY, PICK A PRIZE!
\$2.00 or \$2 OFF delivery
www.krogersdelifoodfeedback.com
Enter Gift Number: 026
Write redemption code:
For phone survey 800-537-5441

--- Check Closed ---



Taqueria El Rey
(832)358-8100
9742 Katy Frwy Suite 100
Houston, TX
832-358-8100

Host: AM
L11

02/25/2011
2:27 PM
20211

Mexican Rice
Charro Beans

1.50
1.99

Subtotal
Tax

3.49
0.29

To Go Total

3.78

Cash

4.00

Change

0.22

Thanks! Come Again!
Gift Cards Available Now!!
WIN A LUNCH FOR FOUR!
A \$40 VALUE
Register your email at
elreycatering@gmail.com

--- Check Closed ---

PAPA JOE'S BBQ
12310 Kingsride
Houston, TX 77024

SAT FEBRUARY 26, 2011
CHECK #504088-1

1 Chop Beef Sandwich	\$5.95
1 Link Beef Sausage	\$3.50
1 Lg. Beverage	\$1.60
1 SAUG SANDW/SIDE	\$5.95
SUB-TOTAL	\$17.00
Sales Tax	\$1.40
TOTAL	\$18.40

LUNCH

Time: 12:15 1 CUSTOMER

Visa : \$18.40
*****6258

Randalls

STORE MGR GEORGE KALLUS 281-497-0630
THANK YOU FOR SHOPPING WITH US!

GROCERY

MOTTS APPLE SCE	1.89 F
DM FRT TO GO PCH	2.99 F
FRUIT CUP	2.99 F

REFRIG/FROZEN

SIMPLY ORANGE JCE	3.00 F
ResPrice 3.29 CardSav .29	
PRM LND 2% 1/2	3.49 F

MEAT

93% LN GROUND BEEF	4.75 F
ResPrice 5.22 CardSav .47	

PRODUCE

1.07 lb @ \$.99/lb	
WT BROCCOLI CROWNS	1.06 F
ResPrice 2.13 CardSav 1.07	
1@1.99 GREEN BELL PEPPERS	1.99 F
0.89 lb @ \$1.49 /lb	
WT BEAUREGARD YAMS	1.33 F
**** TAX .00 BAL	23.49
VF VS XXXXXXXXXXXX6258	23.49

CHANGE .00

TOTAL SAVINGS 1.83

2/27/11 14:07 1011 08 0132 4109

Taqueria El Rey
(832)358-8100
9742 Katy Frwy Suite 100
Houston, TX
832-358-8100

Host: AM
L10

02/25/2011
2:26 PM
20210

Numbers	0.00
El Rey Taco (2 @2.55)	5.10
Large Coke	2.25

Subtotal	7.35
Tax	0.61

To Go Total 7.96

Cash 10.00

Change 2.04

Thanks! Come Again!
Gift Cards Available Now!!
WIN A LUNCH FOR FOUR!
A \$40 VALUE
Register your email at
elreycatering@gmail.com

--- Check Closed ---

TIME SHEET

Employee Name: Robert Cantu

Title: check #146

Week: March 03/11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.2.11	6pm			
3.3.11		8:30 am		14.5
3.3.11	8pm			
3.4.11		10:30 am		14.5
WEEKLY TOTALS:				29. hrs

Employee Signature: Robert R Cantu

Date: 3.4.11

Supervisor Signature: _____

Date: _____

Pd.
 Check #146 435.00
 Walmart printer - 68.13
 and ink 35.55 - Jason Deli
538.68

WE VALUE YOUR OPINION!

WE WANT TO KNOW ABOUT YOUR SHOPPING
EXPERIENCE TODAY AT WAL-MART.

Please complete a survey about
today's store visit at:

<http://www.survey.walmart.com>

You will need to enter the
following online:

ID #: 7CHPFXH87W2

IN RETURN FOR YOUR TIME YOU COULD
RECEIVE ONE OF FIVE \$1000
WALMART SHOPPING CARDS

Must be 18 or older and a legal
resident of the 50 US or DC to
enter. No purchase necessary to
enter or win. To enter without
purchase and for complete official
rules visit
www.entry.survey.walmart.com.
Sweepstakes period ends on the date
shown in the official rules. Survey
must be taken within TWO weeks
of today.

Esta encuesta también se encuentra
en español en la página del Internet

THANK YOU

Walmart 
Save money. Live better.

10750 WESTVIEW DRIVE
HOUSTON, TEXAS 77043
MANAGER ALBERTO MONDRAGON
(713) 984 - 2773

ST# 1409	OP# 00004287	TE# 65	TR# 08709
PRINTER	088563107611	29.00	X
INK	088496298360	13.97	X
INK	088496298361	19.97	X
	SUBTOTAL	62.94	
TAX 1	8.250 %	5.19	
	TOTAL	68.13	
	VISA TEND	68.13	

ACCOUNT # 6258
APPROVAL # 003720
TRANS ID - 0081062058305869
VALIDATION - LJGH
PAYMENT SERVICE - E
CHANGE DUE 0.00

ITEMS SOLD 3

TC# 5708 7901 9305 7697 2734



We gladly accept valid
manufacturer & internet coupons.
03/02/11 19:37:19

CUSTOMER COPY

14604 Memorial Dr.
Houston, TX 77079
(281) 531-1999

Host: ALICE
577

03/02/2011
6:07 PM
50086

Order Type: Dine In

Grab&Go Banana Parfait	2.49
Grab&Go Cajun Mix	2.99
Grab&Go Yogurt Parfait	2.49
Subtotal	7.97
Tax	0.66

Dine In Total **8.63**

VISA #XXXXXXXXXXXX6258
Auth:051919

8.63

Tip

2.71

TOTAL

TOTAL :

SIGNATURE :

TAKE OUR SURVEY, PICK A PRIZE!
COOKIE or \$2 OFF delivery
www.JasonsdeliFeedback.com
Enter Deli Number: 026
Write redemption code:
For phone survey 800-537-5441

--- Check Closed ---



14604 Memorial
Houston, TX 77079
(281) 531-1999

Robert & Melva

ROBERT

Host: ROBERT
02/25/2011
6:21 PM
70009

Order Type: To Go

MgrSpc Chicken Sal S	6.99
Wrap Bread	
(N)Chips & Pickle	
(Mgr)Cup Vegetable Soup	
No Beverage	
Plain Cheese Cake	2.99
Famous Salad Bar	6.99
Fountain Drink	1.89
Subtotal	18.86
Tax	1.56
To Go Total	20.42
VISA #XXXXXXXXXXXX6258	20.42
Auth:053319	

Tip : _____

TOTAL : _____
TOTAL :

SIGNATURE : _____

TAKE OUR SURVEY, PICK A PRIZE!
COOKIE or \$2 OFF delivery
www.JasonsdeliFeedback.com
Enter Deli Number: 026
Write redemption code:
For phone survey 800-537-5441

--- Check Closed ---



14604 Memorial
Houston, TX 77079
(281) 531-1999

Jill & Melva

ROBERT

Host: ASHLEE
ROBERT
REPRINT# 1
03/02/2011
5:59 PM
60130
Order Type: To Go

Egg Salad	4.99
Rye	
Mayo	
Mustard	
Lettuce & T	
(N)Chips & P	
Toasted	
Go Cheese	
For Deli	3.59
Hot's Mac & Cheese	2.89
and Fountain	
Subtotal	11.47
Tax	0.95
To Go Total	12.42
VISA #XXXXXXXXXXXX6258	12.42
Auth:041111	

TOTAL : _____
TOTAL :

SIGNATURE : _____

TAKE OUR SURVEY, PICK A PRIZE!
COOKIE or \$2 OFF delivery
www.JasonsdeliFeedback.com
Enter Deli Number: 026
Write redemption code:
For phone survey 800-537-5441

--- Check Closed ---



TIME SHEET

WEEK OF: Jan 28 - Feb 1,

EMPLOYEE NAME: Faustino VAQUERA TITLE:

DATE	START TIME	END TIME	START TIME	END TIME	TOTAL
1/28 Frid	12 pm	5 pm	6 pm	12 am	11 hrs
1/29 Sat	12 am	10:30 am	12:30 pm	3:30 pm	
↓	4:30	12 am			21 hrs
1/30 Sun	12 am	11 am	12 pm	3:30 pm	
↓	6 pm	12 am			20 1/2
1/31	12 am	4:00 pm	5 pm	7:00 pm	19
2/01	8:30 am	3 pm	4:30	6: pm	8 hrs
WEEKLY TOTALS:					79.5

EMPLOYEE SIGNATURE: *[Signature]*

DATE: 2-1-11

SUPERVISOR SIGNATURE:

DATE:

$$\begin{array}{r}
 79.5 \\
 \times 15.00 \\
 \hline
 1192.5 \\
 + \text{Receipts} \\
 + 15.70 \\
 11.15 \\
 9.35 \\
 16.43 \\
 4.28 \\
 \hline
 = 56.91 \\
 \hline
 \text{Total} \\
 1249.41
 \end{array}$$

Kroger Food

LEIBMAN'S WINE AND FINE FOODS
14529 MEMORIAL DR
HOUSTON, TX 77077

Phone: (281) 493-3663

Date: 01/28/2011 INVOICE 434073

Time: 12:52:19 Clerk: 123

(# Items: 1)

Description	Total

Lunch	3.95

Total:	3.95

Tax:	0.33

Grand Total:	4.28

Tender:	5.00

Change:	0.72

Cash:	5.00

> > Thank You < <



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Sam

JLLO PUDDING	2.99 F
KROGER PLUS CUSTOMER	*****9869
BLTH JUICE	PC 0.00 F
SC KROGER SAVINGS	2.99
BLTH JUICE	PC 2.99 F
BRDN HLF&HLF	1.99 F
Q&Q PASTA	0.39 F
PGPR BROILER	5.26 F

0.17 lb @ 1.99 /lb	
WT CARROT LOOSE	0.34 F
KROGER PLUS CUSTOMER	*****9869

1.74 lb @ 1.00 /lb	
WT GRAPES RED	PC 1.74 F

SC KROGER SAVINGS	3.22

TAX	0.00

**** BALANCE	15.70

*****0307

REF#: 000000

PURCHASE: 15.70

CASHBACK: 40.00

TOTAL: 55.70

DEBIT	55.70

CHANGE	40.00

TOTAL NUMBER OF ITEMS SOLD =	8

***** KROGER SAVINGS *****	
KROGER PLUS SAVINGS	\$ 6.21
TOTAL COUPONS	\$ 6.21
TOTAL SAVINGS (28 pct.)	\$ 6.21
***** KROGER SAVINGS *****	

01/30/11 07:40pm 161 6 344 650

ENTER TO WIN
ONE OF 30
\$100 GIFT CARDS

You are invited to complete a survey
about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

You need this receipt to respond

Save \$0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Receipt

SALE RECEIPT
 Store #37552 tko 01/30/11 12:59:18
 Trans# 18 Clerk 7 Dwr 1 TRDT 013011
 Receipt # 0000206975 Reg-ID REG-MAIN
 --- ITEM --- QTY PRICE MEMO PLU
 TURKEY 6r 1 T \$ 4.00 10123
 ChTeri6 6r 1 T \$ 4.00 18262
 DRK-21oz 1 TD\$ 1.112.00dea10002
 CHIPS 1 TD\$ 0.892.00dea10020
 SUBST LG 1 T \$ 0.30 10500

SUBTOTAL \$ 10.30
 Sales Tx \$ 0.85
 TAKE-OUT **TOTAL \$ 11.15
 dslCredAMT TEND \$ 11.15
 CHANGE DUE\$ 0.00

how'd we do ? get a free cookie
 take 1 min survey at www.tellsubway.com

Approval No: 130113
 Reference No: 130113
 Account No: *****0307
 Card Issuer: VISA
 Amount: \$11.15

Take our 1-minute Survey at
www.tellsubway.com and receive a free
 cookie. Keep your receipt and write
 your unique coupon code
 here _____

Host Order ID: 05W.1b6P

Taqueria El Rey
 (832)358-8100
 9742 Katy Frwy Suite 100
 Houston, TX
 832-358-8100

Host: PM 01/28/2011
 R21 6:27 PM
 10121

Numbers 0.00
 Cheese Enchilada 7.99
 Chicken Fajita Taco (2 @2.10) 4.20
 Guacamole 2.99

Subtotal 15.18
 Tax 1.25

To Go Total 16.43

Visa #XXXXXXXXXXXX0307 16.43
 Auth:182376

Thanks! Come Again!
 Gift Cards Available Now!!
 WIN A LUNCH FOR FOUR!
 A \$40 VALUE
 Register your email at
elreycatering@gmail.com

--- Check Closed ---



11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 284880 1/29/2011 12:45:57 PM
Employee: 48149 Name: Jackeline

P2-SF BF Taco	4.69
1 RICE	
1 REFR	
1 SF Tort 2	
SHELL	3.95
1 RICE	
1 BLBN	
1 LETT BLEND	
1 + CK	
1 + GUAC	
1	

SubTotal	8.64
Tax	0.71
Total	9.35
Cash	10.00
Change	0.65

ORDER# 480-----

We would like your feedback.
Participe en nuestra encuesta.

Visit www.cabanacares.com

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00
off next food purchase excluding alcohol.
Not valid with any other discount.

Coupon # _____ (PLU117)

Join our eClub at tacocabana.com

Sea parte de nuestro eClub en tacocabana.com

I.D. 24812 14829 88001 48149

TIME SHEET

Employee Name: FAUSTINO VAQUERA

Title: _____

Week: January 23, 2011 —

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Sun 1/23	6:00pm	12:00AM	6	
Mon 1/24	12:00AM	4:00pm	16	
↓	6:00pm	12:00AM	6	
Tues 1/25	12:00AM	8:00pm	20	
wed 1/26	9:00am	2:00pm	5	
w ↓	3:00pm	7:00pm	4	
WEEKLY TOTALS:			(57)	

855

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

57 hours

+ (51.55 receipts)

Total 90.55

Welcome to Chick-fil-A

Richmond Avenue FSU (#01475)
(713) 621-0077
Operator: Wade Bradford

CUSTOMER COPY
1/24/2011 5:05:45 PM
DRIVE THRU

Order Number: 1913796

1 Meal-CSS	5.00
+ Upsize Fry	0.20
1 Grn Parfait	2.25
1 ColeSlaw LG	2.05
1 Dt Dr Ppr LG	1.69

Sub. Total:	\$11.19
Tax:	\$0.92
Total:	\$12.11
Discount Total:	\$0.00

Change	\$0.00
Visa:	\$12.11

Register:2 Tran Seq No: 1913796
Cashier:Gaby

It was our pleasure serving you!
Have a wonderful day.

Visa
Card Num : XXXXXXXXXXXX0307
Terminal : KA13006014001
Approval : 170656
Sequence : 017766

Taqueria Arandas #6
713-827-1565
8408 Katy Fwy

Server: Naty 01/23/2011
Cashier:
Togo/1 6:06 PM
Guests: 1 10116

LUNCH 9	8.99
Taco, Pechuga de Pollo	1.49
Guacamole, 8oz	4.49
Flan Napolitano	2.99

Subtotal	17.96
Tax	1.48

Total	19.44

Visa #XXXXXXXXXXXX0307	19.44

+ Tip: _____

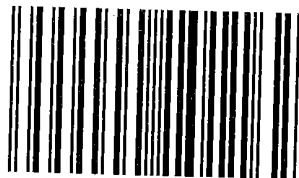
= Total: _____

X _____

Balance Due 0.00

GRACIAS POR SU VISITA!!
THANK YOU FOR COMING!!

--- Check Closed ---



Le Petit Bistro™

Great Food Is Our Passion!

F-0070

ANABEL S SvrCk: 70 12:47p 01/25/11

1 S SANTA FE SPICY SANDWICH 5.49
1 S PESTO PASTA SALAD, reg rootbeer 4.99

Sub Total: 10.48

Tax: 0.86

Sub Total: 11.34

01/25 12:49p TOTAL: 11.34

ONE
FREE REFILL
ON
LARGE SIZE
ICED TEA
&
BISTRO LEMONADE

SALE RECEIPT
Store #3295 tkg 01/24/11 13:03:54
Trans# 45 Clerk 05 Fanny Maza
Dwr1 TRDT 012411 Reg-ID 888-1111
Receipt # 0000188755
PRICE MEMO PLU
TURKEY/HAMfr 1 T \$ 6.00 10224
DRK-21oz 1 TDS 1.112.00dea10002
CHIPS 1 TDS 0.892.00dea10020

SUBTOTAL \$ 8.00
Sales Tx \$ 0.66

TAKE-OUT **TOTAL \$ 8.66
dsicred:AMT TEND \$ 8.66

CHANGE DUES 0.00

how'd we do? get a free cookie.
take 1 min.survey at:www.tellsusbway.com

Approval No: 100769
Reference No: 100769
Account No: *****0307
Card Issuer: VISA
Amount: \$8.66

Take our 1-minute Survey at
www.tellsusbway.com and receive a free
cookie. Keep your receipt and write
your unique coupon code
here

Host Order ID: 05W.g0Vk

Robert Costa

Thurs - Fri, Dec 30 - Jan 1

46 hours 690.⁰⁰

Walgreen 12.67

Gas-Carl ~~14~~.70

Roger 18.63

\$736.⁰⁰

Welcome To Timewise!
Store 76
Our Name Is In The Door!

Timewise 7601, 00108044
9303 Katy Frey.
Houston, TX

12/31/2010 02:31:03 PM 425496413

XXXXXXXXXXXX6258 VISA
INVOICE E/4412644
AUTH 052815

PUMP# 1
UNLEAD REG 5.0066
PRICE/GAL 2.939

FUEL TOTAL \$ 14.70

Subtotal = \$ 14.70
Tax = \$ 0.00

Total = \$ 14.70
\$ 14.70

CREDIT
See application
about how to EARN
REWARDS with a
Chevron and Texaco
Personal
Credit Card!

Choose Wisely...Choose Timewise!
Visit us at: www.landmarkindustries.com
or call (713)461-6541

Walgreens
There's a way™

DECEMBER 31, 2010 2:45 PM

467 10 4598 05094 027
67 10 4598 05094 027

RFN# 0509-4274-5992-1012-3120

F PENCO WLKR BALL 2S 1 9.99
COKE DT 200Z A 1.59
MRS M&M PNT 1.74OZ A .83
SUBTOTAL 12.41

A=8.25% SALES TAX .20
TOTAL 12.67

VISA 12.67
ACCT#*****6258
CHANGE



4618 Memorial Drive Houston, TX
STORE (713)493-3043

F-ELIGIBLE FLEX SPEND ACCT ITEM (FSA)

OPEN 24 HOURS
THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING
WALGREENS PRESCRIPTION SAVINGS CLUB
SEE PHARMACY FOR DETAILS

RETAIN THIS RECEIPT FOR YOUR RECORDS

DECEMBER 31, 2010 2:45 PM



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Alexis

KROGER PLUS CUSTOMER	*****2679
PRML WHT MLK	3.49 F
KRO EGGS LRG	1.69 F
1 @ 10/5.00	
YPLT YOGURT	0.50 F
1 @ 10/5.00	
YPLT YOGURT	0.50 F
1 @ 10/5.00	
YPLT YOGURT	0.50 F
1 @ 10/5.00	
YPLT YOGURT	0.50 F
1 @ 10/5.00	
YPLT YOGURT	0.50 F
CAMP CNDISOUP	1.39 F
CAMP CNDISOUP	1.39 F
PRGS SOUP	1.00 F
PC	
SC KROGER SAVINGS	0.48
NTRD BREAD	2.79 F
CAMP CNDISOUP	1.39 F
PF CRACKERS	2.99 F
TAX	0.00
**** BALANCE	18.63
CASH	5.00
CASH	5.00
CASH	1.00
CASH	1.00
CASH	1.00
CASH	1.00
CASH	1.00
CASH	1.00
CASH	1.00
CASH	1.00
CASH	1.00
CHANGE	0.37
TOTAL NUMBER OF ITEMS SOLD =	13

***** KROGER SAVINGS *****	
KROGER PLUS SAVINGS	\$ 0.48
TOTAL COUPONS	\$ 0.48
TOTAL SAVINGS (2 pct.)	\$ 0.96
***** KROGER SAVINGS *****	

TIME SHEET

Employee Name: Robert Cantu Title: Tino is a punk!!!
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
1.25.11	8pm	9 am	13 hrs	
1.26.11	6:30pm	12 am	5.5 hrs	
1.27.11	12 am	12 am	24 hrs	
1.28.11	12 am	12 am	12 hrs	
			54.5	817.50
				39.43
WEEKLY TOTALS:				\$856.93

Employee Signature: Robert Cantu Date: 1.28.11
 Supervisor Signature: _____ Date: _____

13 4
 11.87
 Walgreens 11.29
 4.99
 Kroger < 2.48
 Kroger < 2.79
 half of pie 6.00
39.43

\$ 856.93



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Barbara

NTRO BREAD	2.79 F
KROGER PLUS CUSTOMER	*****2679
TAX	0.00
**** BALANCE	2.79

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
*****6258
TOTAL: 2.79
REF#: 002909

VISA	2.79
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD = 1	
01/27/11 08:29am 161 82 21 #	

Fuel Points Expiring 01/31/11 = 102	
Points under 100 do not carry over.	
Months' points do not combine.	

Save \$0.10 off per gallon on 1 fillup
every 100 Fuel Points

Fuel Points This Order = 3
Fuel Points Expiring 02/28/11 = 167
Points under 100 do not carry over.
Months' points do not combine.

See Store for Terms & Restrictions
at [kroger.com](http://www.kroger.com)

Thank you for shopping Kroger

HOUSE OF PIES
6142 WESTHEIMER RD
HOUSTON, TX 77057
7137821290

BATCH: 042
S-A-L-E-S D-R-A-F-T
74008888
220928304000

SERVER: 40

REF: 0000
CD TYPE: VISA
TR TYPE: PURCHASE
INU:
DATE: JAN 26, 11 17:47:58

AMOUNT \$12.00

TIP -----

TOTAL -----

ACCT: *****6258 CVD: **/**
AP: 094718
NAME: ROBERT LEE CANTU

CARDMEMBER ACKNOWLEDGE RECEIPT OF GOODS
AND/OR SERVICES IN THE AMOUNT OF THE
TOTAL SHOWN HEREON AND AGREES TO PERFORM
THE OBLIGATIONS SET FORTH BY THE
CARDMEMBER'S AGREEMENT WITH THE ISSUER

NO REFUND

CUSTOMER COPY

Host: R.
R30

01/26/2011
6:21 PM
10080

Numbers 0.00
Chicken Quesadilla 5.99

Subtotal 5.99
Tax 0.4

To Go Total 6.4

VISA #XXXXXXXXXXXX6256
#092019

Thanks! Come Again!
Gift Cards Available Now!!
WIN A LUNCH FOR FOUR!
A \$40 VALUE
Register your email at
olmccatering@gmail.com

-- Check Closed --



Right. re. R. 'A' Rice.

14344 MEMO
(81) 493
YOUR CASHIER WAS A Thor

KROGER PLUS CUSTOMER *****2679
SNSW PRUNES 4.99 F
~~ZEEBIES SIPS~~ ~~10.00~~
~~KRISPE KRELS~~ ~~2.75~~
TROP ORNG JC [+] 2.48 F
MC SCANNED COUPON 0.75-F
TAX 0.00
**** BALANCE 20.46

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
*****6258
TOTAL: 20.46
REF#: 094321

VISA 20.46
TOTAL NUMBER OF ITEMS SOLD = 4

***** KROGER SAVINGS *****
KGS \$ 0.75
TG \$ 0.75
Pct.) \$ 0.75
ER SAVINGS *****

161 85 187 #

Expiring 01/31/11 = 102
under 100 do not carry over.
Months' points do not combine.

Save \$0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Order = 21
Fuel Points Expiring 02/28/11 = 164
Points under 100 do not carry over.
Months' points do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com

[+] = 1

Thank you for shopping Kroger

que. la c. nes
(832) 358-8100
2742 City Fr / Suite 100
Houston, TX
832 358-8100

Host: PM 1/26/2011
L4 6:17 PM
20154

Guacamole 2.99
Negro Beans 1.99
Numbers 0.00

Subtotal 4.98
Tax 0.41

To Go Total 5.39

Visa #XXXXXXXXXXXX6258
Auth:021719

Thanks! Come Again!
Gift Cards Available Now!!
WIN A LUNCH FOR FOUR!
A \$40 VALUE
Register your email at
elreycatering@gmail.com

--- Check Closed ---

Walgreens
There's a way™

551 10 9029 05094 028

RFN# 0509-4289-0292-1101-2720

JRGN J/H 25.50Z 1A 6.99
J&J B/PWD15Z A 4.29 SALE
N/M F/OIL100 1 0.99 BGLP
HSY ALMD BR 1.450Z A .89
MARS SNKRS 1.786Z A .69 SALE
HSY PAYDAY 1.850Z A .70
1 @ 1.89 = 2 / 1.59

SUBTOTAL 23.55

A=8.25% SALES TAX 1.12
TOTAL 24.67

VISA 24.67
ACCT#*****8258
CHANGE .00

WAG ADVERTISED SAVINGS: .20

YOUR TOTAL SAVINGS: .20



14616 Memorial Drive Houston, TX
STORE (281)493-3043

OPEN 24 HOURS
THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING
WALGREENS PRESCRIPTION SAVINGS CLUB
SEE PHARMACY FOR DETAILS

JANUARY 27, 2011 3:03 PM

HOW ARE WE DOING?

ENTER OUR MONTHLY CASH SWEEPSTAKES
THIS MONTH THE PRIZE IS
\$3,000 CASH

PLEASE VISIT
www.walgreensfeedback.com
OR CALL TOLL FREE

1-800-763-0547

WITHIN 72 HOURS TO COMPLETE A
SHORT SURVEY ABOUT YOUR RECENT
VISIT TO THIS WALGREENS.

SURVEY#

0509-4289-029

PASSWORD

2110-1272-016

FOR CONTEST RULES, SEE STORE OR
www.walgreensfeedback.com

RETAIN THIS RECEIPT FOR YOUR RECORDS

JANUARY 27, 2011 3:03 PM

TIME SHEET

Employee Name: Robert Carter

Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.20.11	8 pm			
8.21.11				
8.22.11				
8.23.11		6 pm		70 hours
				- 2 rehab.
				68
WEEKLY TOTALS:				1020

Employee Signature: Robert R Carter

Date: 8.23.11

Supervisor Signature: _____

Date: _____

12
 1020.00
 13.62 - Food
 10.21 - Food
 21.46 - Food
 3.69 - Food
 14.93 - Take out

 \$ 1083.91

PA 1-23-11



STORE NO. GEORGE KATLUS 281-497-0630
THANK YOU FOR SHOPPING WITH US!

GROCERY

1/2 CUP OF... 1.00 F
Rice 1.29 CardSav .59
BROTH 1.00
Bread 1.00
Bread 1.00
Rice 1.29 CardSav .59
BROTH 1.00
Rice 1.29 CardSav .59
BROTH 1.00
Rice 1.29 CardSav .59
BROTH 1.00

MEAT

1/2 CUP OF... 1.00 F

PRODUCE

0.73 lb @ \$0.99/lb
WHITE ONIONS 1.23 CardSav .51
GREEN POTATOES 3.98 CardSav .98
TAX .00
TOTAL 21.46

CHANGE .00

TOTAL SAVINGS 1.99

12/22/11 10:34 1011 00 0034 0 10

ROBERT CANTU 7310

Remarkable Savings \$ 3.99
Total Savings Value 16x \$ 3.99

YOUR CASHIER TODAY WAS DAVE

10% Back-To-Schools

As of today you have purchased
\$0.00 in Back-to-school items.
10% of what you spend on Back-to-
school items thru 01/25/11 can be
donated to the school of your choice.
Visit www.randalls.com for more
information.

As of today, you have accumulated
2 of 7 toward your Free
Signature Cafe Sandwich!



LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1011
14810 MEMORIAL DR.
HOUSTON, TX
281-497-0630

CFT CREDIT SALE 01/22/11 10:33
CARD # XXXXXXXXXXXX6258
REF 1101221 AUTH:073311

PAYABLE 000000 21.46

Food

Taqueria El Rey
(832)358-8100
9742 Katy Frwy Suite 100
Houston, TX
832-358-8100

Host: PM 01/21/2011
L9 5:52 PM
20159

Numbers 0.00
1/2 Rotisserie Chicken 8.95
Grilled Shrimp Taco 2.55
Iced Tea 2.25

Subtotal 13.79
Tax 1.14

To Go Total 14.93

Cash 20.00

Change 5.07

Thanks! Come Again!
Gift Cards Available Now!!
WIN A LUNCH FOR FOUR!
A \$40 VALUE
Register your email
elrey catering@gmail.com

Check Closed



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Hillary

KROGER PLUS CUSTOMER *****2679
FRITO 3.79 F
KRO TORT CHP PC 1.67 F
SC KROGER SAVINGS 0.12
KRET CHEESE PC 0.00 F
SC KROGER SAVINGS 49
KRET CHEESE 3.49 F
~~SMRG JALAPNO 0.69 F~~ (1.00)
SC KROGER SAVINGS 10
0.34 lb @ 1.69 /lb
WT TOMATOES 0.57 F
TAX 0.00
**** BALANCE 10.21

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
*****6258
TOTAL: 10.21
REF#: 012216

VISA 10.21
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 6

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS +
TOTAL COUPONS 0
TOTAL SAVINGS (26 pct.) 1
***** KROGER SAVINGS *****

01/22/11 03:22pm 161 82 113 #

Fuel Points Expiring 01/31/11 = 102
Points under 100 do not carry over.
Months' points do not combine.

Save \$0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Order = 10
Fuel Points Expiring 02/28/11 = 129
Points under 100 do not carry over.
Months' points do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com

YOU SAVED \$3.71
WITH YOUR PLUS CARD

Thank you for shopping Kroger



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Barbara

KROGER PLUS CUSTOMER *****2679
QLTN BATH TS PC 3.69 T
SC KROGER SAVINGS 0 30
MPLF WHE BRD 1.79 F
BRKFST TACO 1.99 F
TAX 0.47
**** BALANCE 7.94
CASH 5.00
CASH 1.00
CASH 1.00
CASH 1.00
CHANGE 0.06
TOTAL NUMBER OF ITEMS SOLD = 3

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 0.30
TOTAL COUPONS \$ 0.30
TOTAL SAVINGS (3 pct.) \$ 0.30
***** KROGER SAVINGS *****

01/21/11 10:08am 161 84 34 #

Fuel Points Expiring 01/31/11 = 102
Points under 100 do not carry over.
Months' points do not combine.

ENTER TO WIN
ONE OF 30
\$100 GIFT CARD

You are invited to complete a survey
about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

You need this receipt to respond

Save \$0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Order = 7
Fuel Points Expiring 02/28/11 = 119
Points under 100 do not carry over.
Months' points do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com

YOU SAVED \$0.30
WITH YOUR PLUS CARD

Thank you for shopping Kroger



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Mellissa

PRML WHT MLK	3.49 F
KROGER PLUS CUSTOMER	*****2679
EGGB EGGS LG	2.59 F
ICBINB MARGR	2.65 F
LCLK BUTTER	4.39 F
JSBI CRN BRD	0.50 F
TAX	0.00
**** BALANCE	13.62

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
*****6258
TOTAL: 13.62
REF#: 074812

VISA 13.62
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 5
01/23/11 11:48am 161 82 56 #

Fuel Points Expiring 01/31/11 = 102
Points under 100 do not carry over
Months' poi do not combine.

Save \$0.10 off per gallon on 1 fi
for every 100 Fuel Points

Fuel Points This Order = 14
Fuel Points Expiring 02/28/11 = 143
Points under 100 do not carry over.
Months' points do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com

Thank you for shopping Kroger

Transaction History**Customer:** ROBERT LEE CANTU

ACC- [REDACTED]

*required field

Current Balance ?	Present Balance ?	Available Less Overdraft ?	Available Balance ?	Calendar
-\$641.38	-\$702.01	-\$702.01	-\$702.01	

* denotes end of day balance

Date Posted	Tran Type	Description	\$	Debits (-)	\$	Credits (+) \$	Balance
01/18/2011	Debit Card	DIAMOND 1521 SHAMROCK HO		-17.50			782.38
01/18/2011	Debit Card	HEADLINERS SPORTS BAR HO		-44.50			799.88
01/18/2011	Debit Card	THE JERSEY PUB HOUSTON T		-47.85			844.38
01/18/2011	Debit Card	CAFE LATINO HOUSTON TX		-10.50			892.23
01/18/2011	Deposit	ATM CHECK DEPOSIT				810.00	902.73
01/14/2011	Debit Card	WINGSTON HOUSTON TX		-9.64			92.73 *
01/14/2011	Debit Card	HEADLINERS SPORTS BAR HO		-24.00			102.37
01/14/2011	Debit Card	JEFF'S HOUSTON TX		-30.00			126.37
01/14/2011	Debit Card	IN BLOOM 402-7215700 NE		-50.00			156.37
01/13/2011	Debit Card	HEADLINERS SPORTS BAR HO		-15.00			206.37 *
01/13/2011	Debit Card	9638 INC. HOUSTON TX		-10.50			221.37
01/13/2011	Debit Card	9638 INC. HOUSTON TX		-18.50			231.87
01/12/2011	Debit Card	HEADLINERS SPORTS BAR HO		-88.50			250.37 *
01/12/2011	Debit Card	PHO MAI TAI NOODLE HOUS		-17.02			338.87
01/12/2011	Deposit	ATM CHECK DEPOSIT				120.00	355.89
01/10/2011	ATM	ATM WITHDRAWAL 006266		-40.00			235.89 *
						Newer	Older

Transaction History**Customer:** ROBERT LEE CANTU**Account:** ~~XXXXXXXXXXXXXXXXXXXX~~

*required field

Current Balance	Present Balance	Available Less Overdraft	Available Balance	Calendar
-\$641.38	-\$702.01	-\$702.01	-\$702.01	

★ denotes end of day balance

Date Posted	Tran Type	Description	\$	Debits (-)	\$	Credits (+) \$	Balance
Pending	Memo	~~XXXXXXXXXX~~ HEADL		-52.00			
Pending	Memo	PO ~~XXXXXXXXXX~~ RICH		-8.63			
01/20/2011	Fee	INSUFFICIENT FUNDS FEE FOR A \$		-34.00			-641.38 ★
01/20/2011	Fee	INSUFFICIENT FUNDS FEE FOR A \$		-34.00			-607.38
01/20/2011	Fee	DEPOSIT ITEM RETURNED FEE: 01		-10.00			-573.38
01/20/2011	Debit Card	MURRIN'S DELI HOUSTON TX		-19.11			-563.38
01/20/2011	Debit Card	TX MEX 300-62 CARASE HO		-12.00			-544.27
01/20/2011	Misc. Debit	DEPOSITED ITEM RETURNED		-810.00			-532.27
01/19/2011	Check	CHECK # 173		-158.02			277.73 ★
01/19/2011	ACH Debit	VZ WIRELESS		-184.56			435.75
01/19/2011	ATM	ATM WITHDRAWAL 000652		-120.00			620.31
01/19/2011	Deposit	ATM DEPOSIT				120.00	740.31
01/18/2011	Fee	NON-CHASE ATM FEE-WITH TRN: 02		-2.00			620.31 ★
01/18/2011	Debit Card	MURRIN'S DELI HOUSTON TX		-4.32			622.31
01/18/2011	Debit Card	HEADLINERS SPORTS BAR HO		-93.25			626.63
01/18/2011	ATM	NON-CHASE ATM WITHDRAW		-62.50			719.88

Older

810.00
 34.00
 34.00
 10.00

\$ 888.00

TIME SHEET

Employee Name: FAUSTINO VAQUERA

Title: _____

Week: Sun 13, 2011 - Jan 20, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Thurs 1/13	7am	12am	17	
Frid 1/14	12am	12 NOON	12	
Sat 1/15	OFF	OFF	—	
Sun 1/16	6pm	8pm	2	
mon 1/17	10am 6pm	12 NOON 12am	2 6	
Tues 1/18	12am	12am	24	
wed 1/19	12am	12am	24	
Thur 1/20	12am	WEEKLY TOTALS: 8pm	20	

107 Hours

Employee Signature: _____

[Handwritten Signature]

Date: 1-20-11

Supervisor Signature: _____

Date: _____

Receipts

4.33

KROGER

10.16

Total

14.49

SALE RECEIPT
 Store #37552 tko 01/20/11 12:23:48
 Trans# 64 Clerk 7 Dwr 1 TRDT 012011
 Receipt # 0000205708 Reg-ID REG-MAIN
 Sales Tx 0.33 Tax B 0.00
 Tax C 0.00 Tax D 0.00
 Tax E 0.00 Tax F 0.00
 **TOTAL 4.33
 AMT TEND 4.33 CHANGE DUE 0.00
 CHANGE DUE\$ 0.00

Approval No: 142049
 Reference No: 142049
 Account No: *****0307
 Card Issuer: VISA
 Amount: \$4.33

Host Order ID: 0710.6JyV



Right Store. Right Price.

14344 MEMORIAL
 (281) 493-1702
 YOUR CASHIER WAS Barbara

KROGER PLUS CUSTOMER *****9869
 OCSP JUICE PC 3.99 F
 SC KROGER SAVINGS 0.30
 SNSW PLUMS 3.29 F
 FLNAT JUICE PC 2.88 F
 SC KROGER SAV. 1.11
 TAX 0.00
 **** BALANCE 10.16
 *****0307
 REF#: 000000
 PURCHASE: 10.16
 CASHBACK: 20.00
 TOTAL: 30.16

DEBIT 30.16
 CHANGE 20.00
 TOTAL NUMBER OF ITEMS SOLD = 3

***** KROGER SAVINGS *****
 KROGER PLUS SAVINGS \$ 1.41
 TOTAL COUPONS \$ 1.41
 TOTAL SAVINGS (12 pct.) \$ 1.41
 ***** KROGER SAVINGS *****

01/20/11 01:33pm 161 84 49 #

 Fuel Points Expiring 01/31/11 = 166
 Points under 100 do not carry over.
 Months' points do not combine.

 ENTER TO WIN
 ONE OF 30
 \$100 GIFT CARDS

You are invited to complete a survey
 about your recent visit to Kroger
 Answer by Internet @
 www.tellkroger.com

TIME SHEET

Employee Name:

Robert Cantu

Title:

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
1.14.11	11:00			
1.16.11	5:00			54
WEEKLY TOTALS:				810.00

Employee Signature:

R Cantu

Date:

1-16-11

Supervisor Signature:

Date:

TIME SHEET

Employee Name: Robert Canon Title: Super Sexy
Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
<u>Fri</u>				
<u>1.07.11</u>	<u>10 AM</u>			
<u>Sun.</u>		<u>9 AM</u>		<u>47 hrs.</u>
				<u>x 15.00</u>
WEEKLY TOTALS:				<u>705.00</u>

Employee Signature: Robert H Canon Date: 1.08.11

Supervisor Signature: _____ Date: _____

TIME SHEET

Employee Name: FAUSTINO VAQUERA Title: _____

Week: JAN 06, 2011 - JAN 12, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Thur 01/06	7am	12am	17 hours	
Frid 01/07	12am	9:30am	9.5 hours	
Sat 01/08	OFF	OFF		
Sun 01/09	7pm	12am	5	
Mon 01/10	12am	5:30pm	17.5	
Tues 01/11	6:30am	5:30pm	11	
Wed 01/12	6:30am	5:30pm	11	
WEEKLY TOTALS:			71 hours	

x

Employee Signature: _____

Faustino Vaquera

Date: 1-12-11

Supervisor Signature: _____

Date: _____

TIME SHEET

Employee Name: Michael Brooks Title: Caregiver
 Week: JAN 10 - 12 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
1/10	5:30pm	6:30 AM	13	
1/11	5:30pm	6:30 AM	13	
1/12	6:00pm	7:00 AM	13	
WEEKLY TOTALS:				

Employee Signature: Michael Brooks Date: 1/12/2011
 Supervisor Signature: _____ Date: _____

TIME SHEET

Employee Name: Antonio Flores Title: ADULTS CARE SERVICE
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
1-9-2011	8: A.M.	7: P.M.	10 ¹ / ₂	11 40-
				}
WEEKLY TOTALS:				10 1'

Employee Signature: *Antonio Flores* Date: 1-9-2011
 Supervisor Signature: 10 x 15. \$150.00 Date: _____
 10 x 15 165.00

TIME SHEET

Employee Name: FAUSTINO VAQUERA

Title: _____

Week: Feb 06 — Feb 10, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2-06 Sun	6:30 pm	12 am	5. 1/2	
2-07 Mon	12 am	7 pm	19.	
2-08 Tues	12 noon	4:00 pm	4	
↓	5:00 pm	12 am	7	
2-09 Wed	12 am	12 am	24	
2-10 Thur	12 am ↓	~~6:30~~ 3:30	14. 1/2	
	5:30 ↓	6:30	1	
WEEKLY TOTALS:			75 hrs.	

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

1110.00
 + receipt
 food & Groceries
 56.65
 + 1110.00
 1166.65



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Jennifer

ADMS STR EXT 2.69 F
EMRD ALMONDS PC 4.99 F
SC KROGER SAVINGS 0.50
KROGER PLUS CUSTOMER *****9869
OZRK WATER 1.19 F
OZRK WATER 1.19 F
TAX 0.00
**** BALANCE 10.06
*****0307
REF#: 000000
PURCHASE: 10.06
CASHBACK: 40.00
TOTAL: 50.06

DEBIT 50.06
CHANGE 40.00
TOTAL NUMBER OF ITEMS SOLD = 4

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 0.50
TOTAL COUPONS \$ 0.50
TOTAL SAVINGS (4 pct.) \$ 0.50
***** KROGER SAVINGS *****

02/09/11 03:10pm 161 84 86 #

Fuel Points Expiring 02/28/11 = 212
Points under 100 do not carry over.
Months' points do not combine.

reder

Save \$0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Order = 10
Fuel Points Expiring 03/31/11 = 106
Points under 100 do not carry over.
Months' points do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com

YOU SAVED \$0.50
WITH YOUR PLUS CARD

Thank you for shopping Kroger

KFC

STORE #W150100

14490 Memorial Dr
Houston
(281)497-0061

Ticket #2458

2011-02-09

W150100 2 28 2458

6:07 PM

Cashier: Titus

4P ML EC DRK 6.19
2 Leg
2 Thigh
+ Sm CSlaw
+ Sm Msh/Grvy
+ Biscuit
2 BISCUITS 0.99
Tax 0.59
DRIVE THRU \$7.77
ETenderCredit \$7.77
Change \$0.00

For a chance to win \$1000

Please call 1-888-731-9645 or

Visit www.opinionport.com/yum

See back for more details

WAY ON BACK! | \$1,000 GIVEAWAY ON BACK! | \$1,000 GIVEAWAY ON BACK! | \$1,000 GIVEAWAY ON BACK!



Right Store. Right Price.

9325 KATY FRWY
(713) 461-7754
YOUR CASHIER WAS Francis

KROGER PLUS CUSTOMER *****9869
DUNHNS TRPLE PC 2.69 F
SC KROGER SAVINGS 0.20
HNTS TOMATOS PC 0.60 F
SC KROGER SAVINGS 0.19
HNTS TOMATOS PC 0.60 F
SC KROGER SAVINGS 0.19
BEEF GRINDS 3.26 F
KRO EGGS LRG 1.45 F
HNZ KTCHP PC 1.88 F
SC KROGER SAVINGS 0.21
MCRMCK MT LF 1.25 F
RYND BKNG CP PC 2.25 F
SC KROGER SAVINGS 0.14
GHIR CHIPS PC 2.99 F
SC KROGER SAVINGS 1.00
0.48 lb @ 0.99 /lb
WT ROMA TOMATO 0.48 F
0.54 lb @ 1.79 /lb
WT ONS PEELED 0.97 F
TAX 0.19
**** BALANCE 18.59
*****0307
REF#: 000000
PURCHASE: 18.59
CASHBACK: 50.00
TOTAL: 68.59

DEBIT
CHANGE 68.59
TOTAL NUMBER OF ITEMS SOLD = 11

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 1.93
TOTAL COUPONS \$ 1.93
TOTAL SAVINGS (9 pct.) \$ 1.93
***** KROGER SAVINGS *****

02/08/11 04:55pm 600 8 135 109

Fuel Points Expiring 02/28/11 = 212
Points under 100 do not carry over.
Months' points do not combine.

Save \$0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Order = 18
Fuel Points Expiring 03/31/11 = 96
Points under 100 do not carry over.
Months' points do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com

[+] = 0

YOU SAVED \$1.93
WITH YOUR PLUS CARD

Thank you for shopping Kroger

KFC

STORE #W150100

14490 Memorial Dr
Houston
(281)497-0061

Ticket #4181

2011-02-08 5:20 PM
W150100 4 44 4181

Cashier: Devon

LG MASH/GRVY 3.19

Tax 0.26
CARRY OUT \$3.45
EXACT CASH \$5.50
Change \$2.05

For a chance to win \$1000

Please call 1-888-731-9645 or

Visit www.opinionport.com/yum

See back for more details

IN BACK! | \$1,000 GIVEAWAY ON BACK! | \$1,000 GIVEAWAY ON BACK! | \$1,000 GIVEAWAY ON BACK!



11441 Katy Fwy
Houston, TX 77079
Stor # 20148 Phone# (713) 935-9076

DRIVE THRU
Order 287289 2/6/2011 6:25:10 PM
Employee: 64149 Name: Joseph

Per CHZ Qsa	3.49
1 - PICO	
8oz RICE	1.49
8oz REFR	1.49
8oz GUAC	2.19
CKFJ Bowl	4.95
1 RICE	
1 REFR	
1 + ALL Toppings	
1	

SubTotal	13.61
Tax	1.12
Total	14.73
Visa	14.73
Change	0.00

Acct: xxxxxxxxxxxx0307
Authorization: 112358

ORDER# 489-----

We would like your feedback.
Participe en nuestra encuesta.

Visit www.cabanacares.com

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00
off next food purchase excluding alcohol.

Not valid with any other discount.

Coupon # (PLU117)

Join our eClub at tacocabana.com

Sea parte de nuestro eClub en tacocabana.com

I.D. 27218, 14806 88902 64149

TIME SHEET

Employee Name: Robert Cantu Title: _____
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2.4.11	2pm			
2.5.11		2pm		24
2.5.11	2pm			
2.6.11		6pm		28
WEEKLY TOTALS:				52

Employee Signature: Robert Cantu Date: 2.6.11
 Supervisor Signature: _____ Date: _____

780.00
 15.00
 12.00
 \$807.00

Randalls
 Taco Catana

pd. 21



STORE MGR MARC BROCHSTEIN 713-365-6700
THANK YOU FOR SHOPPING WITH US!

GEN MERCHANDISE

RING A MOP REFILL

PRODUCE

3@1.00 LRG HASS AVOCADOS 3.00 F
RegPrice 5.97 CardSav 2.97
TANGERINES 5LB BOX 5.00 F
RegPrice 8.99 CardSav 3.99
BLBRY POMERGRATAT 3.99 F
LYCHEE GREEN TEA 2.29 F
F/W BAL DUE 14.28
**** TAX 78 BAL 24.55
VF VS XXXXXXXXXXXXX6258 24.55
CHANGE .00
TOTAL SAVINGS 6.96
2/05/11 12:12 1066 94 0030 8894

ROBERT CANTU 7370

Remarkable Savings \$ 6.96
Total Savings Value 23% \$ 6.96

YOUR CASHIER TODAY WAS SELF

As of today, you have accumulated
2 of 7 toward your Free
Signature Cafe Sandwich!

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1066
12850 MEMORIAL Dr.
HOUSTON, TX
713-365-6700

EFT CREDIT SALE 02/05/11 12:12
CARD # XXXXXXXXXXXXX6258
REF:1102051 AUTH:031213

PAYMENT AMOUNT 24.55



STORE MGR MARC BROCHSTEIN 713-365-6700
THANK YOU FOR SHOPPING WITH US!

GEN MERCHANDISE

RF RING A MOP REFILL 9.49 F
**** TAX .78 BAL 10.27
VF VS XXXXXXXXXXXXX6258

CREDIT REFUND 10.27
2/05/11 15:21 1066 94 0030 8894

ROBERT CANTU 7370

YOUR CASHIER TODAY WAS AURA

As of today, you have accumulated
2 of 7 toward your Free
Signature Cafe Sandwich!



Little Card.
Big Savings.

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1066
12850 MEMORIAL Dr.
HOUSTON, TX
713-365-6700

EFT CREDIT SALE 02/05/11 15:21
CARD # XXXXXXXXXXXXX6258
REF:1102051 AUTH:044353

CREDIT REFUND 10.27



11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 3 - OUT
Order 373245 2/5/2011 6:31:50 PM
Employee: 17960 Name: Enrique

CC BF Taco	1.29
CHZ Ench	1.50
VEGGIE 400	3.95
1 BLBN	
1 LETT BLEND	
1 + PICO	
1 + CHZ	
1 + SPICY	
1 + Mild Salsa	
1 COKE	1.99
TRES COKE	1.99

Subtotal	7.2
Tax	0.88
Total	11.60
	11.60
Tip	0.00

Acct: xxxxxxxxxxxx6258
Authorization: 0.3119

ORDER# 345

We would like your feedback.
Participe en nuestra encuesta.

Visit www.tacocabana.com

Or call 1-800-360-3946

Respond within 3 days, and receive \$1.00
off next food purchase excluding alcohol.
Not valid with any other discount.

Coupon # (PLU117)

Join our eClub at tacocabana.com

Sea parte de nuestro eClub en tacocabana.com

I.D. 33218 14805 74502 17960

TIME SHEET

Employee Name: Faustino Vaquera

Title: _____

Week: Feb 28

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2-28 Mon	6:00pm	12:00am	6	
3-01 Tues	12:00am	7:00pm	19	
↓	8:30pm	12:00am	3.5	
3-02 Wed	12:00am	8:00pm	20	
3-03 Thurs	8:00am	4:00pm	8	
↓	5:00pm	8:00pm	3	
3-04 Frid	10:00am	12:00am	14	
3-05 Sat	12:00am	11:am	11	
↓	12:00pm	3:30 pm	3.5	
	4:30pm	12:00am	7.5	22
3-06 SUN	12:00am	12:00pm	12	
WEEKLY TOTALS:			107.5	

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Del. 3/5/11 1612.5
 + 91.69
 Grocery & Food 1704.19
 Total 82.70
 8.99 - Spicy Pickle.
 + Turkey & Soup
 91.69

82.70

10321 A Katy Pkwy
Houston, TX 77024
(713) 461-5404

JR

Host: RANDY
JR
03/01/2011
12:07 PM
70014

Order To: Go

Bowl Pot Pie	4.59
Puff Pastry	
Bowl Broccoli Cheese	3.59
Egg Salad Sandwich	4.99
Wheat	
Lettuce & Tomato	
Mayo	
(N)Chips & Pickle	
No Beverage	
Fountain Drink	1.89
Subtotal	15.06
Tax	1.25
To Go Total	16.31
Tip	20.00
Change	3.69

TAKE OUR SURVEY, PICK A PRIZE!
COOKIE or \$2 OFF delivery
www.JasonsdeliFeedback.com
Enter Deli Number: 022
Write redemption code:
For phone survey 800-537-5441

--- Check Closed ---



Luby's
Houston #06 (05)
825 Town & Country Center
Houston, TX 77024
713-461-5404

Kim H
18:24 11 03/03/2011
Transaction 4:44094
Check # 16.31

Card Number	Auth Code
XXXXXXXXXXXX	112315
JR/faustino	Visa
Amount	9.73
Total	9.73

Tip

Total

X
Cardholder agrees to pay total in
accordance with agreement governing
use of such card.



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Arthur

KROGER PLUS CUSTOMER *****5249
KRO STRAWS 0.99 T
SCT-BRT SPNG 3.69 T
LBMN MOP 16.49 T
TAX 1.75
**** BALANCE 22.92
*****0307
REF#: 000000
PURCHASE: 22.92
CASHBACK: 0.00
TOTAL: 22.92

DEBIT 22.92
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 3
02/27/11 08:10pm 161 83 165 #

Save \$0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Order = 21
Fuel Points Expiring 03/31/11 = 21
Points under 100 do not carry over.
Months' points do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com

Thank you for shopping Kroger



11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 415206 3/1/2011 8:52:18 PM
Employee: 64149 Name: Joseph

P2-MIX Ench 4.99
2 CHZ Ench
1 RICE
1 REFR
1 SF Tort 2
Per SprBF Nacho 3.99
1 w/ CHEESE
3oz GUAC 0.99
SubTotal 9.97
Tax 0.82
Total 10.79
Cash 20.79
Change 10.00

ORDER# 406-----

We would like your feedback.

Participe en nuestra encuesta.

Visit www.cabanacares.com

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00
off next food purchase excluding alcohol.
Not valid with any other discount.

Coupon # 1U117)

Join our eClub at tacocabana.com

Sea parte de nuestro eClub en tacocabana.com
I.D. 45220 14801 10603 64149



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Jennifer

KROGER PLUS CUSTOMER	*****9869
KRD EGGS LRG	1.43 F
OZRK WATER	1.19 F
OZRK WATER	1.19 F
CKRMN BTH TS	PC 5.99 T
SC KROGER SAVINGS	1.58
NIVI GRNBARS	3.79 F
SNSW PLUMS	3.29 F
ICBINB MARGR	2.65 F
NTRO BREAD	2.79 F
1.63 lb @ 0.49 /lb	
WT DOLE BANANAS	0.80 F
MC OP SCANNED COUPON	0.60-T
TAX	0.43
**** BALANCE	22.95
*****0307	
REF#: 000000	
PURCHASE: 22.95	
CASHBACK: 0.00	
TOTAL: 22.95	

DEBIT	22.95
CHANGE	0.00
8.25 TAX TABLE	0.44
2% PHONECARD FEE	0.01-
TOTAL TAX	0.43
TOTAL NUMBER OF ITEMS SOLD =	9

***** KROGER SAVINGS *****
MFG CPN SAVINGS \$ 0.60
KROGER PLUS SAVINGS \$ 1.58
TOTAL COUPONS \$ 2.18
TOTAL SAVINGS (8 pct.) \$ 2.18
***** KROGER SAVINGS *****

03/02/11 03:40pm 161 85 88 #

February Fuel Points remaining = 417
Redeem 100pts to save .10 per gal
on 1 fill-up.
Each month is a separate accumulation
period. Points do not combine.
These points expire 3/31/11.

March Fuel Points
Now Redeem Fuel Points at Kroger Fuel
Centers & Participating Shells!
Redeem 100pts to save .10 per gal
on 1 fill-up.
Fuel Points this order = 23
Fuel Points earned this month = 23
Each month is a separate accumulation
period. Previous and Current months
points do not combine.
This months points expire 4/30/11.
See Store for Details & Restrictions
Or Visit www.kroger.com

**YOU SAVED \$1.58
WITH YOUR PLUS CARD**

Thank you for shopping Kroger

TIME SHEET

Employee Name: Robert Cantu Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.22.11	6 pm			
3.23.11		9 am		15
3.23.11	8 pm			
3.24.11		9 am		13
WEEKLY TOTALS:				28.

Employee Signature: Robert L Cantu

Date: 3.24.11

Supervisor Signature: _____

Date: _____

pd
3/24

420.00
32.40
18.46
26.00

490.86

HARRIS COUNTY
TOLL ROAD
AUTHORITY

BRIAR FOREST

Lane No. 35

Fare Paid - \$1.00

08:07:54AM 03-23-11

Have a nice day!

WELCOME TO
VALERO STELLA LINK
8430 STELLA LINK
HOUSTON TX 77025
77025-001 STELLA LINK VALERO
8430 STELLA LINK
HOUSTON TX 77025

Descr.	Qty	Amount
Preserv CHART		15.00

Sub Total	15.00
TAX	0.00
TOTAL	15.00
CASH	15.00

THANKS - COME AGAIN
REFN 0003 0000 0000 00 00 00 00
03/23/11 10:39:47 0.00

Luby's Memorial City
Houston, TX 77029
(281) 531-1999

ROBERT

Host: 03/22/2011
ROBERT 6:20 PM
50147

Order Type: To Go

Famous Salad Bar 6.99
No Beverage
Smoky Jack Panini 6.59
NO 1 slice Jalapeno Jack Cheese 0.59
2 slice Swiss 0.99
(SC) American Potato 0.99
Fountain Drink 1.89

Subtotal 17.05
Tax 1.41

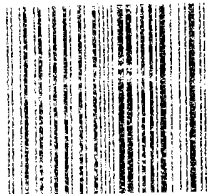
To Go Total 18.46

CASH 20.00

Change 1.54

TEXT OR CALL TO PICK A PRIZE!
For a chance to win delivery
call 1-866-724-7146
Enter Promo Code: 026
Printed on receipt
For phone survey call 1-877-5441

--- Check Closed ---



Luby's
Houston #06 (85)
825 Town & Country Center
Houston, TX 77024
713-461-9404

Check # 119025

Maria G
18:58:24 03/21/2011

1 Merino Pie 2.99
1 Pecan Pie 3.59
1 Baked Almondine Lu Ann 7.89
Tray#1 Subtotal 14.47

x Baked Almondine Combo
1 Baked White Fish Combo 9.49
1 Sliced Tomatoes 2.99
1 Tossed Salad 2.39
1 Bread Upgrade \$0.59 0.59
Tray#3 Subtotal 15.46

ID #85 0801 9075

For 10 CHANCES TO WIN \$1,000 daily
A \$100 Luby's Gift Card weekly and
INSTANTLY WIN an iPod
Take our survey @
www.lubys-survey.com

Or 1 chance to win
cash prize and gift card
by calling 1-866-724-7146

Please retain this receipt
for use during the survey

Visit www.lubys-survey.com for
complete rules and regulations

No purchase necessary
(OFFER EXPIRES Mar 28, 2011)

Subtotal 29.93
Sales Tax 2.47

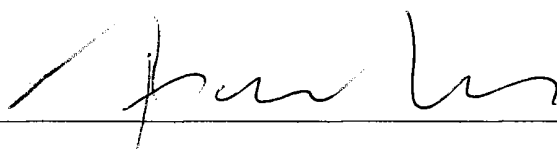
Please pay this amount
Total 32.40

Food To Go

TIME SHEET

Employee Name: Teodoro VAQUERA Title: _____
 Week: March 15 - March 19

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3-15 Tues	8:30 am	12:00 am	15.30	
3-16 Wed	12:00 am	2:00 pm	14.	
↓	4:00 pm	12:00 am	8	
3-17, Thur	12:00 am	9:30 am	9:30	
3-18 ↓	6:30 pm	12:00 am	5:30	
3-18 Frid	12:00 am	6:00 pm	18.	
WEEKLY TOTALS:			70 1/2	

Employee Signature:  Date: 3-18
 Supervisor Signature: _____ Date: _____

$$\begin{array}{r} 70.5 \\ \times 15.00 \\ \hline = 1057.50 \end{array}$$

$$\begin{array}{r} \text{Groceries \& Food} = 126.26 \\ \text{Best Buy Digital Voice Recorder} 64.94 \\ \hline 191.20 \end{array}$$

$$\text{Total} = 1248.70$$

directly or indirectly by the products listed on this receipt



WELCOME TO BEST BUY #216
HOUSTON, TX 77024
(713)647-6004

Keep your receipt!



Val #: 0422-1046-6045-3089

0216 003 2499 03/17/11 18:22 00005044

1792142 ICDPX312 59.99
ICDPX312 DIGITAL VOICE RECORD
ITEM TAX 4.95
6094193 RZ SILVER 0.00 N
REWARD ZONE PREMIER SILVER
MEMBER ID 0329918420

SUBTOTAL 59.99
SALES TAX AMOUNT 4.95
=====

TOTAL 64.94

XXXXXXXXXXXX0307 DEBIT 64.94
FAUSTINO VAQUERA JR
APPROVAL 132943
REFERENCE NUMBER: 0216003

ALEX,
THANKS FOR SHOPPING AT BEST BUY TODAY!
YOUR REWARD ZONE BALANCE AS OF 03/08/11
POSTED POINTS: 153
Go to MyRZ.com FOR MORE INFO

Congratulations! As an added benefit of
being a Reward Zone program Premier
Silver member, you may return eligible
products up to 45 days from purchase date.

Dear Valued Customer,

To help keep prices low for all of our

THE SHACK THANKS YOU.

RADIOSHACK 01-8020
Kroger Plaza Sc
14356 Memorial Dr
Houston, TX 77079-6704
(281) 496-9429

Order: 057553 03/17/2011 08:14P Term #002

Helped By: 001 (MAR)

Entered By: 001 (MAR)

4200223 3' 1/8' M-M PATCH CABLE 1 8.39

Subtotal 8.39

Tax 8.25% 0.69

Total 9.08

Credit Card 9.08

Change Due 0.00

Acct# XXXXXXXXXXXX0307 N

Card Type VI

Tran# 12887148

Auth# 161235 9.08

Host Captured Y

The card holder identified hereon may apply the total
amount shown on this receipt to the appropriate account
to be paid according to its current terms.

I agree to pay above total according to card issuer
agreement.

Your name, address and the original sales receipt are
required for all refunds. Sales and returns are
subject to the terms and conditions identified
on the back.

Shop online 24/7 at
www.radioshack.com



11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 200480 3/16/2011 6:05:20 PM
Employee: 64149 Name: Joseph

16oz REFR	2.19
16oz RICE	2.19
16oz GUAC	3.99
Lg SWT TEA	1.99

SubTotal	10.36
Tax	0.85
Total	11.21
Visa	11.21
Change	0.00

Acct: xxxxxxxxxxxx0307
Authorization: 150358

ORDER# 480-----

We would like your feedback.
Participe en nuestra encuesta.

Visit www.cabanacares.com
Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00
off next food purchase excluding alcohol.
Not valid with any other discount.

Coupon # _____ (PLU117)

Join our eClub at tacocabana.com

Sea parte de nuestro eClub en tacocabana.com

I.D. 20418 14816 08003 64149

Walgreens
There's a way™

207 10 3270 05094 028

RFN# 0509-4283-2707-1103-1720

F WALG NIT GLOVE 40S 1A	5.99
F WALG NIT GLOVE 40S 1A	5.99
A/H CRM 20Z 1A	-11.99
WLG ADLT CLTH 48S A	5.99
R/DNSK N/CHOL 120Z	3.99
WALG CERT UNDR 30S 1A	19.99
SUBTOTAL	53.94

A=8.25% SALES TAX 4.12
TOTAL -58.06

VISA 58.06
ACCT#*****0307
CHANGE .00



14616 Memorial Drive Houston, TX
STORE (281)493-3043

F=ELIGIBLE FLEX SPEND ACCT ITEM (FSA)

OPEN 24 HOURS
THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING
WALGREENS PRESCRIPTION SAVINGS CLUB
SEE PHARMACY FOR DETAILS

RETAIN THIS RECEIPT FOR YOUR RECORDS

MARCH 17, 2011

8:32 PM

THANK YOU FOR SHOPPING AT
ACE HARDWARE CITY
14455 MEMORIAL DRIVE
HOUSTON, TX 77079
(281) 496-2113

3/15/11 11:38AM EE 555 SALE

1001239 1 EA 15.99 EA
MOP TWIST N MOP 15.99

SUB-TOTAL: 15.99 TAX: 1.32
TOTAL: 17.31
BC AMT: \$17.31

BK CARD#: XXXXXXXXXXXX0307
ID: 670120559599
AUTH: 143775 AMT: 17.31
Host reference #:907299 Bat#1475
SWIPED
CARD TYPE:VISA EXPR: XXXX

Trace # 000000



==>> JRNL#J07299
CUST # *5

<<==

THANK YOU FAUSTINO VAQUERA JR
FOR YOUR PATRONAGE

Name: X

10321 A Katy Frwy
Houston, TX 77024
(713) 467-2007

JR

Host: KELLY
JR

03/15/2011
6:39 PM
50011

Order Type: To Go

Egg Salad Sandwich 4.99
White
(NY)Chips & Pickle
Med
Citain Drink 1.89

Subtotal 6.88
Tax 0.57

To Go Total 7.45

VISA #XXXXXXXXXXXX0307 7.45

10321 A Katy Frwy
Houston, TX 77024
(713) 467-2007

Quiznos Sub Store #1043
Phone (713) 647-9966
Fax (713) 647-9467

ORDER 01027

JARED

Host: SYED 03/17/2011
JARED 6:30 PM
10176

Order Type: To Go

SGT Pepper 6.59
Rye
(N)Chips Pickle
No Beverage
Chef Salad 4.99
Rye
EZ T
Mayo
Lettuce Tomato
(N)C & Pickle
No Beverage
Kid's Mac & Cheese 2.89
No Beverage
Chef Salad 6.99
OTS Ranch Dressing
No Beverage

Subtotal 21.46
Tax 1.77

To Go Total 23.23

VISA #XXXXXXXXXXXX0307 23.23
Auth:163201

2 BML BROCCOLI CHZ 5.55
2 CHKN RICH SAMMIE 6.00
1 CHOOSE 2 -0.08
1 CHOOSE 2 -0.50

TAKE-OUT

TAX TOTAL \$ 11.00
TOTAL \$ 11.91

VISA \$ 11.91
CHARGE TIP \$ 0.00
ACCOUNT# :
AUTH# :

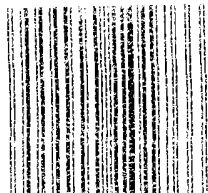
6328 COUNTER MAR. 15, 2011
REG1-4M 12:13

Try our catering.

SIGNATURE : _____

TAKE OUR SURVEY, PICK A PRIZE!
COOKIE or \$2 OFF delivery
www.JasonsdeliFeedback.com
Enter Deli Number: 022
Write redemption code:
For phone survey 800-537-5441

--- Check Closed ---



TIME SHEET

Employee Name: Michael Brooks Title: Caregiver
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3/7/11	8:00 AM	6:00 PM	10 hrs	10 hrs
3/9/11	9:00 AM	6:00 PM	9 hrs	9 hrs.
WEEKLY TOTALS:				19 hrs

Employee Signature: Michael Brooks

Date: 3/9/11

Supervisor Signature: _____

Date: _____

Pls 3/9

\$285.00
 TL

TIME SHEET

Employee Name: Robert Cantu

Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.6.11	2pm			1
3.7.11		8:30 ~~pm~~ ^{am}		16.5
3.7.11	6pm			
3.8.11		6pm		24.0
3.8.11	6pm			
3.9.11		9:Am		12.0
3.9.11	6pm			
3.10.11		9Am		12.0
WEEKLY TOTALS:				64.5

Employee Signature: Robert R Cantu

Date: _____

Supervisor Signature: _____

Date: _____

\$ 1045.67

^{1 4 3 3}
 967.50
 22.70 Luby's
 8.59 S/oteko.
 29.85 Kroger.
 6.47 Sonic
 2.38 water
 8.18 H.E.B.

 1045 67



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Tirrel Kennard

OZRK WATER	1.19 F
OZRK WATER	1.19 F
TAX	0.00
**** BALANCE	2.38
CASH	20.00
CHANGE	17.62

TOTAL NUMBER OF ITEMS SOLD = 2
03/09/11 09:59am 161 8 53 462

**ENTER TO WIN
ONE OF 30
\$100 GIFT CARDS**

You are invited to complete a survey
about your recent visit to Kroger.
Answer by internet @
www.tellkroger.com

You need this receipt to respond.

**Participe para ganar una de las
30 tarjetas de regalo de \$100**

Le invitamos a llenar una encuesta
sobre su reciente visita a la tienda
Kroger Responda por Internet
en www.tellkroger.com
Usted necesitara este
recibo para responder

Survey Entry Code - 034 999

THANK YOU FOR SHOPPING KROGER

Want to know your perfect match?
Visit sonicdrivein.com and complete your hot dog and drink Match Maker profile. Then, we'll email you a great discount so you can meet your match for less!
NO PURCHASE NECESSARY. TO PLAY FOR FREE:
Mail - a 3" x 5" card with your name/address/ daytime phone to: Sonic Game, 2554 Lincoln Blvd, PMB 1086, Venice, CA 90291-5085, must be rec'd by 8/7/11. We'll play the instant-win game/enter sweepstakes for you. Only winners will be notified. Open to legal U.S. residents 18 or older. Stickers with codes available while supplies last, at participating U.S. SONIC Drive-ins from 2/28/11 to 4/30/11. Play game at www.sonicdrivein.com ("Website") from ET on 4/30/11. Free Combo not to exceed \$7.50, including tax (where applicable). Subject to posted Official Rules and on Website. Void where prohibited. *Amazon.com is not a sponsor of this promotion. For complete gift card terms & conditions visit www.amazon.com/gc-legal

SONIC DRIVE
Comments or Concerns?
Call Us
(281) 759-7200

Drive Thru

3/9/11

12:30 PM

TRAY # 1:2
OPERATOR 3

TKT # 0141

STALL # ?? SHIFT: B

2 LG C 96	5.98
1 + MUST	0.00
1 + KETCHUP	0.00
1 + MUST	0.00
1 + KETCHUP	0.00
1 PLAIN	0.00
1 PLAIN	0.00

SURTOTAL = 5.98
TAX = 0.49
TOTAL = 6.47

**TOTAL AMOUNT = 6.47
CHANGE = 53 cents**

SONIC Carhops ROCK!! (comment 8666576642)



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Tirrel Kennard

OZRK WATER	1.19 F
OZRK WATER	1.19 F
TAX	0.00
**** BALANCE	2.38
CASH	20.00
CHANGE	17.62

TOTAL NUMBER OF ITEMS SOLD = 2
03/09/11 09:59am 161 8 53 462

**ENTER TO WIN
ONE OF 30
\$100 GIFT CARDS**

You are invited to complete a survey
about your recent visit to Kroger
Answer by internet @
www.tellkroger.com

You need this receipt to respond.

**Participe para ganar una de las
30 tarjetas de regalo de \$100**

Le invitamos a llenar una encuesta
sobre su reciente visita a la tienda
Kroger Responda por Internet
en www.tellkroger.com
Usted necesitara este
recibo para responder

Survey Entry Code - 034 999

THANK YOU FOR SHOPPING KROGER

Want to know your perfect match?
Visit sonicdrivein.com and complete your hot dog and drink Match Maker profile. Then, we'll email you a great discount so you can meet your match for less!
NO PURCHASE NECESSARY. TO PLAY FOR FREE:
Mail - a 3" x 5" card with your name/address/ daytime phone for: Sonic Drive-In, 2554 Lincoln Blvd., PMB 1086, Venice, CA 90291-5082, must be rec'd by 8/7/11. We'll play the instant-win game/enter sweepstakes for you. Only winners will be notified. Open to legal U.S. residents 18 or older. Stickers with codes available while supplies last, at participating U.S. SONIC Drive-Ins from 2/28/11 to 4/30/11. Play name at www.sonicdrivein.com ("Website") from ET on 4/30/11. Free Combo not to exceed \$7.50, including tax (where applicable). Subject to posted Official Rules and on Website. Void where prohibited. *Amazon.com is not a sponsor of this promotion. For complete gift card terms & conditions visit www.amazon.com/gp/pc-legal

SONIC DRIVE
Comments or Concerns?
Call Us
(281) 759-7200

Drive Thru

3/9/11

12:30 PM

TRAY # 1:2
OPERATOR 3

TKT # 0141

STALL # ?? SHIFT: B

2 LG C 96	5.98
1 + MUST	0.00
1 + KETCHUP	0.00
1 + MUST	0.00
1 + KETCHUP	0.00
1 PLAIN	0.00
1 PLAIN	0.00

SURPTOTAL = 5.98
TAX = 0.49
TOTAL = 6.47

**TOTAL AMOUNT = 6.47
CHANGE = 53 cents**

SONIC Carhops ROCK!! (comment 8666576642)

14510 Memorial Drive
Phone # 281-493-9778

CT #-288

Host: TERM 2 PM
CT #-288

03/07/2011
5:50 PM
20089

Pepperoni & Dbl Cheese	4.59
Bac/Tom/Mush	4.59
Garden Salad	3.69
Caesar	
Subtotal	12.87
Tax	1.06
TO GO Total	13.93
CASH	20.00
Change	6.07

--- Check Closed ---



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Arthur

KROGER PLUS CUSTOMER	*****2679
KVLU PPR TWL	1.64 T
SIMPLY JUICE	2.78 F
PRML WHT MLK	3.49 F
PFPM BREAD	3.79 F
DELM FRT CUP	PC 2.77 F
SC KROGER SAVINGS	0.22
DELM FRT CUP	PC 2.77 F
SC KROGER SAVINGS	0.22
DANN YOGURT	1.88 F
ORAL B REFIL	9.79 T
TAX	0.94
**** BALANCE	29.85
CASH	20.00
CASH	5.00
CASH	1.00
CASH	1.00
CASH	1.00
CASH	1.00
CASH	1.00
CHANGE	0.15
TOTAL NUMBER OF ITEMS SOLD =	8

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 0.44
TOTAL COUPONS \$ 0.44
TOTAL SAVINGS (1 pct.) \$ 0.44
***** KROGER SAVINGS *****

03/08/11 08:27pm 161 85 180 #

February Fuel Points remaining = 152
Redeem 100pts to save .10 per gal
on 1 fill-up.
Each month is a separate accumulation

L 281-206-2510 6306 KROGER 161 MAM





443564 03-07-11 6:10P 113/04/00471

1044 3564 0307 1118 1000 471

1 HEB FRUIT CUPS MIXED FRUIT F 1.79
2 INT TIL GREEN OLIVE TAPEN F 6.39
***** Sale Subtotal*** 8.18

Account No.:*****6258

Exp No.:030919

Exp No.:030502

8.18

*** VISA EPS 8.18

ITEMS PURCHASED

OUR BRAND SAVINGS \$0.50

YOU SAVED
\$0.50 TODAY



1044 3564 0307 1118 1000 471

Everyday low prices without a card
Big Savings Start
At H-E-B

HEB Food-Drugs #35/471
14540 Memorial Drive
Houston, TX 77079
Phone: (281) 679-0010
Fax: (281) 679-8585
Store Hours: Sun-Thr 7-11 Fri-Sat 7
Your Cashier: JENNIFER C.

Faby's
Houston #06 (85)
825 Town & Country Center
Houston, TX 77024
713-461-9404

Check # :10621

Card No. B
18:54.52 03/09/2011
Transaction #:46253

Card Number: Auth Code
*****258 085219
Visa

Amount: 22.70

Total: 22.70

Total

Total

X
Cardmember agrees to pay total in
accordance with agreement governing
use of such card.

14510 Memorial Drive
Phone # 281-493-9778

CT #-289

Host: TERM 2 PM
CT #-289

03/07/2011
5:50 PM
20090

Cup Soup	2.29
Cup Broc & Chedd Chz Soup	
Subtotal	2.29
Tax	0.19
TO GO Total	2.48
CASH	5.00
Change	2.52

-- Check Closed ---

TIME SHEET

Employee Name: Michael Brooks Title: Caregiver
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3/17/11	8:00	7:30 pm	11 1/2 hrs	11 1/2
3/18/11	6:00 pm	7:00 AM	13	13
WEEKLY TOTALS:				24 1/2

Employee Signature: Michael L. Brooks

Date: _____

Supervisor Signature: _____

Date: _____

\$ 367.50

TIME SHEET

Employee Name: Robert Cantu

Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.14.11	4:30 pm			
3.15.11		9 am	16.5	
WEEKLY TOTALS:			16.5	247.50

Employee Signature: Robert Cantu

Date: 3.18.11

Supervisor Signature: _____

Date: _____

RCh
 247.50
 25.28.
 16.40
 10.60

 \$ 289.78



SAVINGS • PICKLES • SALADS • SUBS
The Spicy Pickle
11611 Highway Ste 10
Holt, MO 64301

Host: Reg 2

03/14/2011
5:28 PM
2007R

1/2 LTO Panini
LG Forest
LG Fountain Drink

5.95
7.45
1.75

Subtotal
Tax

15.15
1.25

ToGo Total

16.40

CASH

50.00

Change

33.60

Thank You!

--- Check Closed ---

Supermercado de Walmart

OPEN 7 AM TO 10 PM
BARBARA DAVID CROFT
463 - 6922

ST# 3578 00000360 TE# 02 TR# 04931
DDP 12 02 007800008356 F 1.00 X
PEPPERJACK 0029480084 F 0.84 0
COOKED HAM 02052730077 F 0.77 0
8-PIECE CHK 020577100000 5.48 F
PAN 000000099167KF
FAT 0.33 1.98 0
SUBTOTAL 10.07
TX 1 8.250 % 0.53
TOTAL 10.60
CASH TEND 20.00
CHANGE DUE 9.40

ITEMS SOLD 10

IC# 7278 7605 9493 7910 8692



We gladly accept valid
manufacturer & internet coupon
03/06/11 14:23:03

Not paid

Los Tios

**MEXICAN
RESTAURANT**

281-493-4700
14006 Memorial
Houston, TX
281-493-4700

Server: Diego 03/06/2011
To Go Bar/1 6:34 PM
Guests: 2 30012

Water	0.00
Nacho Los Tios	9.95
Add Combo Fajita	1.50
2 Tostado Poblano	9.95

Subtotal	21.40
Tax	1.77

Total	23.17

Balance Due 23.17

Private room available.
Book your party today!
Catering also available now!
www.addinfamilyrestaurants.com
Happy Hour 4-6 pm

281-493-4700
14006 Memorial
Houston, TX
281-493-4700

Server: Diego
06:44 PM
To Go Bar/1

DOB: 03/06/2011
03/06/2011
3/30012

VISA 3145740
Card #XXXXXXXXXX6258
Magnetic card present: CANTO ROBERT LEE
Approval: 065019

Amount: \$ 25.28

+ Tip: _____

= Total: _____

Guest Copy. Thank you.

TIME SHEET

Employee Name: Robert Cantu

Title: _____

Week: _____

9pm - 9pm

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.31.11	9pm			
4.1.11		9pm		24
4.1.11	9pm			
4.2.11		10Am		13
4.2.11	2pm	9pm		7
4.2.11	9pm			
4.3.11		9pm		24
4.3.11	9pm			
4.4.11		10Am		13
WEEKLY TOTALS:				81

Employee Signature: _____

Robert Cantu

Date: _____

Supervisor Signature: _____

Date: _____

PA 1

\$ 1303.48

12¹ 15.00
 12.65
 20.00 gas
 25.00 ham
 8.00 tip
 12.02 BBQ
 10.81 Genghis grill



11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 3 - IN
Order 303323 4/3/2011 6:58:05 PM
Employee 17960 Name: Enrique

SF CKED	1.99
Subtotal	1.99
Tax	0.16
Total	2.15
Cash	3.00
Change	0.85

ORDER# 323-----

We would like your feedback.

Participe en nuestra encuesta.

Visit www.cabanacares.com

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00
off next food purchase excluding alcohol.

Not valid with any other discount.

Coupon # (PLU117)

Join our eClub at tacocabana.com

See parte de nuestro eClub en
tacocabana.com

I.D. 33818 14803 02304 17960



11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 3 - IN
Order 303323 4/3/2011 6:58:05 PM
Employee 17960 Name: Enrique

CK Ench	1.50
CC BF Taco	1.29
NO SHELL	4.95

1 - BLUENO
1 - No Add Item
1 -
1 -
1 - PICO

Lg COKE	1.99

SubTotal	9.73
Tax	0.80
Total	10.53
Visa	10.53
Change	0

Acct: xxxxxxxxxxxx6258

Authorization: 027219

ORDER# 321-----

We would like your feedback.

Participe en nuestra encuesta.

Visit www.cabanacares.com

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00
off next food purchase excluding alcohol.

Not valid with any other discount.

Coupon # (PLU117)

Join our eClub at tacocabana.com

See parte de nuestro eClub en
tacocabana.com

I.D. 33818 14803 02104 17960

TIME SHEET

Employee Name: Robert Cantu Title: 21 march 11
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.21.11	9 am			
3.22.11		9 am		24
WEEKLY TOTALS:				360 ⁰⁰

Employee Signature: Robert L Cantu Date: _____

Supervisor Signature: _____ Date: _____

[Handwritten signatures and scribbles]

TIME SHEET

Employee Name: Michael Brooks Title: Caregiver
Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3/23/11	7:30 Am	12:00 pm	4 1/2 hrs	4 1/2 hrs
WEEKLY TOTALS:				

Employee Signature: Michael Brooks Date: 3/23/11
Supervisor Signature: _____ Date: _____

PA. 3/23 \$ 67.50

Employee Name:

Title:

Week:**WEEKLY TOTALS:**

Employee Signature:

Date:

Supervisor Signature:

Date:

\$45.00

20 GAS

6500

03/26/2018 4:13:27 PM
1100 ONLY 1000000
100500 10 7000

03/26/2018 4:13:27 PM
Cashed 1 Item 10 8000 00 30
Your Cashier M100

Amount 100000

Subtotal 10.00

Tax 10.00

Subtotal 20.00

Total 20.00

Change Due 10.00

20.00

12 oz Red Bull 2 for \$4.00

TIME SHEET

Employee Name: Robert Cantu

Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.25.11	1:30pm			
3.26.11		9 am		19.5
3.27.11	9 am			
3.28.11		9. am		24.0
WEEKLY TOTALS:				43.5

Employee Signature: Robert R Cantu

Date: _____

Supervisor Signature: _____

Date: _____

21 1
 652.5 0
 6. 22
 33. 20
 9. 99

 \$701.91

time * Twice a week.

* Tues. Saturday

10-2

10-2

88.)

Seraphim

Chauls

Metal
Fabrication

insulin
Dept.

Nrip Rd

Bam Koa

622

Nrip Rd.

Be a two story
house.



STORE MGR GEORGE KALLUS 281-497-0630
THANK YOU FOR SHOPPING WITH US!

GROCERY

1 @ 2/1.00
TOMATO SAUCE .50 F
SMUCKERS DSRI TPNG 2.79 F
WORCESTERSHIRE SCE 1.89 F
2@1.50 BTL WATER 3.00 B
RegPrice 3.98 CardSav .98

REFRIG/FROZEN

REDDI WHIP 2.69 F

BAKED GOODS

VANILLA LOAF CAFE 4.69 F

MEAT

CAB GRND SIRLOIN 9.29 F

PRODUCE

0.88 lb @ \$2.69 /lb
WT BROCCOLI CROWNS 2.37 F
1@2.29 MEDIUM CELERY 2.29 F
2.29 lb @ \$0.99/lb
WT RUSSET POTATOES 2.27 F
RegPrice 2.95 CardSav .68
0.69 lb @ \$1.69 /lb
WT WHITE ONIONS 1.17 F
**** TAX .25 BAL 33.20
VF VS XXXXXXXXXXXX6258 33.20

CHANGE .00
TOTAL SAVINGS 1.66
3/27/11 16:00 1011 06 0099 3775

ROBERT CANTU 7370

Remarkable Savings \$ 1.66
Total Savings Value 5% \$ 1.66

YOUR CASHIER TODAY WAS SHAWN

New! SimpleNutrition. Helping you
find better nutrition choices. Just
look for our green tags next time
you shop.

As of today, you have accumulated
2 of 7 toward your Free
Signature Cafe Sandwich!



**Little Card.
Big Savings.**

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1011
14810 MEMORIAL DR.
HOUSTON, TX
281-497-0630

EFT CREDIT SALE 03/27/11 16:00
CARD # XXXXXXXXXXXX6258
REF:1103271 AUTH:070017

PAYMENT AMOUNT 33.20



STORE MGR GEORGE KALLUS 281-497-0630
THANK YOU FOR SHOPPING WITH US!

GEN MERCHANDISE

1@9.99/1@.00
NAT BNTY CAPSULES 9.99
RegPrice 19.98 CardSav 9.99
HLMK CARD SYMPHY 1.99 T
HLMK CARD SYMPHY 1.99 T
HLMK CARD SYMPHY 2.99 T
**** TAX .58 BAL 17.54
VF VS XXXXXXXXXXXX6258 17.54

CHANGE .00
TOTAL SAVINGS 9.99
3/27/11 15:58 1011 06 0098 3775

ROBERT CANTU 7370

Remarkable Savings \$ 9.99
Total Savings Value 37% \$ 9.99

YOUR CASHIER TODAY WAS SHAWN

New! SimpleNutrition. Helping you
find better nutrition choices. Just
look for our green tags next time
you shop.

As of today, you have accumulated
2 of 7 toward your Free
Signature Cafe Sandwich!



**Little Card.
Big Savings.**

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1011
14810 MEMORIAL DR.
HOUSTON, TX
281-497-0630

EFT CREDIT SALE 03/27/11 15:58
CARD # XXXXXXXXXXXX6258
REF:1103271 AUTH:045816

PAYMENT AMOUNT 17.54

SALE RECEIPT
Store #15400 03/27/11 12:26:36
Subway Sandwiches
1100 Forest Dr
TX 77042

31-6164
11 Clerk 06 Dwr 1 TRDT 032711
pt # 0000152394 Reg-ID REG-MAIN
--- ITEM --- QTY PRICE MEMO PLU
VEGGIE-MD 6r 1 T \$ 5.00 10827
SUBST LG 1 T \$ 0.50 10500
EX CHEESE6 1 T \$ 0.25 10083

SUBTOTAL \$ 5.75
Sales Tx \$ 0.47

TAKE-OUT **TOTAL \$ 6.22
CredCardAMT TEND \$ 6.22

CHANGE DUE\$ 0.00

THANK YOU!

Approval No: 084113
Reference No: 084113
Acquired: Swipe
Account No: *****6258
Card Issuer: VISA
Amount: \$6.22

Take our 1-minute Survey at
www.tellsubway.com and receive a free
cookie. Keep your receipt and write
your unique coupon code
here _____.

Host Order ID: 03V.sB5K

TIME SHEET

Employee Name: Faustino Vaquera

Title: _____

Week: March 26 → March 31

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3-26 Sat	9:00am	5:00pm	8	
↓	6:00pm	12:00am	6	
3-27 Sun	12:00am	9:30am	9 1/2	
3-28 Mon	9:00am	8:30pm	11 1/2	
↓	9:30pm	12:00am	2 1/2	
3-29 Tues	12:00am	4:30pm	16 1/2	
↓	5:30pm	8:00pm	2 1/2	
↓	9:00pm	12:00am	3	
3-30 wed	12:00am	1:00pm	13	
↓	2:00pm	~~8:00pm~~	6	
↓	9:00pm	12:00am	3	
3-31 Thur	12:00am	5:00pm	17	
	6:30pm	~~9:00pm~~	2 1/2	
WEEKLY TOTALS:			101	

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Feb 3/31/11

101 hours
x 15.00

1515
+ 174.40

+ Grocery and Food

1689.40

174.40

Host: 03/28/2011
JR 11:43 AM

Dr: type: to go

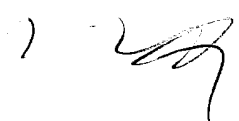
Egg Salad Sandwich (2 @4.99) 9.98
(2)Rye
(2)Mayo
(2)(R)Chips & Fritole
(2)Toasted
(2)No Beverage
Bowl Vegetable Soup 3.50
Kid's Mac & Cheese 2.89
No Beverage

Subtotal 16.46
Tax 1.36

To Go Total 17.82

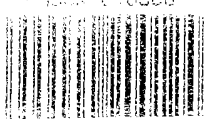
VISA #XXXXXXXXXX0307 17.82
Auth:134926

SIGNATURE



TAKE OUR SURVEY, PICK A PRIZE!
COOKIE or \$2 OFF delivery
www.JasonsdeliFeedback.com
Enter Deli Number: 022
Write redemption code:
for phone survey 800-657-5441

--- Check Closed ---



The Spicy Pickle
11611 Katy Freeway Ste B
Houston, TX 77079

Server: DOB: 03/30/2011
12:25 PM 03/30/2011
JR/1 1/10037

Visa 1048614
Card #XXXXXXXXXX0307
Magnetic card present: JR FAUSTINO VAQUERA
Approval: 152879

Amount: 7.85

X
Thank You!
The Spicy Pickle
Thank You!
Customer Copy

The Spicy Pickle
11011 Katy Freeway Ste B
Houston, TX 77079

Server: 006: 03/30/2011
12:26 PM 03/30/2011
JR/1 1710039
Visa 1040616
Card XXXXXXXXXXXX0307
Magnetic card present: JN FAUSTINO VAQUERA
Approval: 172097

Amount: \$3.69

Thank You!

The Spicy Pickle

Thank You!

Customer Copy

SALE RECEIPT
Store #37552 tko 03/25/11 12:20:57
Trans# 61 Clerk 22 Dwr 1 TRDT 032511
Receipt # 0000214600 Reg-ID REG-MAIN
Sales Tx 0.64 Tax B 0.00
Tax C 0.00 Tax D 0.00
Tax E 0.00 Tax F 0.00
**TOTAL 8.43
AMT TEND 8.43 CHANGE DUE 0.00
CHANGE DUE\$ 0.00

Approval No: 192726
Reference No: 192726
Account No: *****0307
Card Issuer: VISA
Amount: \$8.43

Take our 1-minute Survey at
www.tellsurvey.com and receive a free
cookie. Keep your receipt and write
your unique coupon code
here_____.

Host Order ID: 0115.thps



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Tina Kennard

FX TIDE DETRGNT 14.99 T
DPND UNDRWR 12.59 X
CREST VIVD 3.49 T
KRO GLOVES 8.29
SCIT BATH TS 6.49 T
KROGER PLUS CUSTOMER *****9869

TAX 3.10

**** BALANCE

*****0307

REF#: 000000

PURCHASE: 48.95

CASHBACK: 20.00

TOTAL: 68.95

DEBIT 68.95
CHANGE 20.00

TOTAL NUMBER OF ITEMS SOLD = 5
03/26/11 06:47pm 161 85 172 #

February Fuel Points remaining = 417

Redeem 100pts to save .10 per gal
on 1 fill-up.

Each month is a separate accumulation
period. Points do not combine.

These points expire 3/31/11.

Get one FREE child's admission to

Bracket Town

refreshed by Coca-Cola Zero

when you buy an adult admission and

present this receipt at the

Bracket Town box office window at the
George R. Brown Convention Center.

March 31 to April 4, 2011.

Not valid with any other offers.

March Fuel Points

Now Redeem Fuel Points at Kroger Fuel

Centers & Participating Shells!

Redeem 100pts to save .10 per gal

on 1 fill-up.

Fuel Points this order = 46

Fuel Points earned this month = 281

Each month is a separate accumulation
period. Previous and Current months

points do not combine.

This months points expire 4/30/11.

See Store for Details & Restrictions

Or Visit www.kroger.com

Thank you for shopping Kroger

FLEXIBLE SPENDING TOTAL: 13.63

10321 A Katy Frwy
Houston, TX 77024
(713) 467-2007

413

Host: SYED
JR

03/29/2011
12:15 PM
10059

Order Type: F

Chef Salad 6.99
SUB Ranch Dressing
Fountain Drink 1.89
Kid's Mac & Cheese 2.89
Kid To Go Fountain

Subtotal 11.77
Tax 0.98

To Go Total 12.75

VISA #XXXXXXXXXXXX0307 12.75
Auth:131753

SIGNATURE

TAKE OUR SURVEY, PICK A PRIZE!

COOKIN' UP 20% OFF delivery

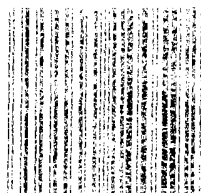
www.JasonsDelisFeedback.com

Enter Deli Number: 022

Write redemption code:

For phone survey 800-537-5441

--- Check Closed ---





1028 3038 0330 1116 5500 109

1 COTR TARRAGON CHICKEN SAL T 6.90
2 LIPTON ICED DIET GRN TEA TF -1.47
3 FRUIT BAR F 5.96
4 AJ FARMS MINT F 1.98
5 056 Tortillaria F 2.29
***** Sale Subtotal*** 18.60
Sales Tax 0.69
***** Total Sale*** 19.29
Account No.:*****5741 -1.47
Appr No.:175054
Ref No.:669277
19.29
*** VISA EPS 19.29

ITEMS PURCHASED: 5



1028 3038 0330 1116 5500 109

HEB Food-Drugs #54/109
9710 Katy Freeway
Houston, TX 77055
Phone: (713) 647-5900
Pharmacy: (713) 647-5960
Fax: (713) 722-9237
Store Hours: 6 a.m. to Midnight
Your Cashier: VICTORIA S
283038 03-30-11 4:55P 211/21/00109

CREDIT CARD ORDER

6658
Domino's Pizza LLC
(281) 497-3977

3/26/2011
Order 76047

6:52 PM
Server 7890

Carry-Out
TINO

(713) 503-4795

Visa
CREDIT CARD # XXXX0307
REFERENCE
APPROVAL CODE

Amount \$27.84
Tip
Total

X SIGNATURE

I AGREE TO PAY THE ABOVE TOTAL
AMOUNT ACCORDING TO CARD ISSUER
AGREEMENT

PIZZA FIND
732 HOLCREST
HOUSTON TX 77047

TECHNICAL # 00000500
MAR 29 11 5:03 PM

USA
*****0307
SALE REF#: 811
BATCH #: 070 AUTH #: 101404
RRN: 108826191949

AMOUNT \$23.75
TIP
TOTAL

APPROVED
CUSTOMER COPY

TIME SHEET

Employee Name: Fransisco Vaquer Title: _____
 Week: March 10 — March 13, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3-10 Thurs	9:00 am	12:00 am	15	
3-11 Frid	12:00 am	11:00 am	11	
↓	2:00 pm	12:00 am	10	
3-12 Sat	12:00 am	5:00 pm	17	
↓	6:30 pm	12:00 am	5.5	
3-13 Sun	12:00 am	3:00 ³⁰ pm	15.5	
WEEKLY TOTALS:			74	

$\times 15.00$
1110

Employee Signature: _____

Date: 3-13

Supervisor Signature: _____

Date: _____

158

Pch

$\frac{74}{\times 15.00}$
1110.00

+
RECEIPT from
Kroger, Radio Shack
3 Takeout Food
Total 143.02

Total = 1253.02

10321 A Katy Frwy
Houston, TX 77024
(713) 467-2007

JR

Host: PAIGE 03/06/2011
JR 11:27 AM
70010

Order Type: To Go

Turkey Rueben 6.59

up 1th Dip

Kid's Mac & Cheese 2.89
No Beverages

S. 9.48

Tax 0.78

Total 10.26

XXXXXXXXXXXX0307 10.26

0172279

TIP _____

TOTAL _____

TOTAL :

SIGNATURE : _____

TAKE OUR SURVEY. GET A BETTER

Total 143.02

SALE RECEIPT

Store #37552 tko 03/05/11 13:06:48
Trans# 63 Clerk 4 Dwr 1 TRDT 030511
Receipt # 0000211793 Reg-ID REG-MAIN
Sales Tx 0.85 Tax B 0.00
Tax C 0.00 Tax D 0.00
Tax E 0.00 Tax F 0.00
**TOTAL 11.14
AMT TEND 11.14 CHANGE DUE 0.00

CHANGE DUE\$ 0.00

Approval No: 121611
Reference No: 121611
Account No: *****0307
Card Issuer: VISA
Amount: \$11.14

Take our 1-minute Survey at
www.tellsusubway.com and receive a free
cookie. Keep your receipt and write
your unique coupon code
here _____

Host Order ID: 061h.bg9b



PIZZINI • PIZZETTI • SALADS • SUBS

The Spicy Pickle
11611 Katy Freeway Ste B
Houston, TX 77079

Host: Reg 2
JR

03/10/2011
1:11 PM
20035

LG Baked Potato Soup	4.25
\$Pasta Salad (2 @0.50)	1.00
Adobe	7.45
Subtotal	12.70
Tax	1.05
ToGo Total	13.75
CASH	20.00
Change	6.25

Thank You!

--- Check Closed ---

THE SHACK THANKS YOU.

RADIOSHACK 01-8020
Kroger Plaza Sc
14356 Memorial Dr
Houston, TX 77079-6704
(281) 496-9429

Order: 057128 03/10/2011 10:27A Term #002

Helped By: 001 (MAR)
Entered By: 001 (MAR)

2300849	AA 4 PK ALKALINE ENERCELL	1	4.49
4400264	UR-60 CASSETTE TAPES 2PK	1	5.49
2730312	3VDC/700MA ACDC	1	18.99
2730334	ADAPTAPlug A	1	0.00
	PLUG99		

Subtotal	28.97
Tax 8.25%	2.39
Total	31.36
Debit Card	31.36
Change Due	0.00

Debit Sale

Acct# xxxxxxxxxxxx0307
Auth# 122175
Gateway# 106911371215
Amount: \$31.36
Date/Time: 03/10 10:27

Your name, address and the original sales receipt are required for all refunds. Sales and returns are subject to the terms and conditions identified on the back.

Shop online 24/7 at
www.radioshack.com



1002 GESSNER DRIVE, HOUSTON, TX
PHARMACY: 647-0259 STORE: -

REG#04 TRN#5493 CSHR#0684008 STR#8912

ExtraCare Card #: *****3711

1 PLNT DLX MIX 8.75 6.99F

1 GE FIG BARS 16Z 3.29F

1 NA HONEY WHEA 20 O 2.69F

3 ITEMS

TOTAL 12.97

CASH 20.00

CHANGE 7.03



2508 9121 0705 4930 42
RETURNS WITH RECEIPT THRU 05/10/2011

MARCH 11, 2011 4:42 PM

Your Quarterly Extra Buck earnings start printing beginning April 1st. Look for yours at the bottom of your receipt or get them at the coupon center before you shop. Don't forget to Redeem Your Green!

TO ENSURE YOU GET ALL THE OFFERS AND INFORMATION AVAILABLE SPECIFICALLY FOR YOU, UPDATE YOUR EXTRACARE INFORMATION AT EITHER CVS.COM OR CALL 1-800-SHOP-CVS.

THANK YOU. SHOP 24 HOURS AT CVS.COM

ExtraCare Card balances as of 02/12

Winter 2011 Spending: 65.24



NEW! Allegra allergy - now available over the counter. Get EXTRA SAVINGS on Allegra allergy when the pollen count goes up. Sign up for pollen count alerts at: www.cvs.com/allegra.



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Hillary

JLLO GELATIN 2.99 F
TIC TAC PC 1.00 B
SC KROGER SAVINGS 0.09
JLLO PUDDING 2.99 F
KROGER PLUS CUSTOMER *****9869
TAX 0.08
**** BALANCE 7.06

*****0307
REF#: 000000
PURCHASE: 7.06
CASHBACK: 0.00
TOTAL: 7.06

DEBIT 7.06
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 3

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 0.09
TOTAL COUPONS \$ 0.09
TOTAL SAVINGS (1 pct.) \$ 0.09
***** KROGER SAVINGS *****

03/11/11 07:51pm 161 6 276 157

February Fuel Points remaining = 417
Redeem 100pts to save .10 per gal on 1 fill-up.
Each month is a separate accumulation period. Points do not combine.
These points expire 3/31/11.

ENTER TO WIN
ONE OF 30
\$100 GIFT CARDS

You are invited to complete a survey about your recent visit to Kroger
Answer by Internet @ www.talkkroger.com



PANINI • PIZZETTI • SALADS • SUBS

The Spicy Pickle
11611 Katy Freeway Ste B
Houston, TX 77079

Host: Reg 2
JR
03/12/2011
6:19 PM
20078

1/2 Adobe (2 @7.45) 14.90
\$Pasta Salad 0.50
LG El Rancho 7.45

Subtotal 22.85
Tax 1.89

ToGo Total 24.74

Visa #XXXXXXXXXXXX0307 24.74
Auth:132611

Thank You!

--- Check Closed ---



11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 298921 3/11/2011 5:48:24 PM
Employee: 17960 Name: Enrique

P2-CK Ench 4.99
1 RICE
1 REFR
1 SF Tort 2
3oz GUAC 0.99
Lg EWT TEA 1.99

SubTotal 7.97
Tax 0.66
Total 8.63
Cash 10.00
Change 1.37

ORDER# 421

We would like your feedback.

Participe en nuestra encuesta.

Visit www.tacocabanas.com

Or call 1-800-324-6032

Respond within 3 days, and receive \$1.00
off next food purchase excluding alcohol.

Not valid with any other discount.

Coupon # (PLU117)

Join our eClub at tacocabana.com

Sea parte de nuestro eClub en tacocabana.com

I.D. 28917 14811 92103 17960



11441 Katy Fwy
Houston, TX 77079
Store# 2014 Phone# (713) 935-9076

Reg: 3/12/2011 6:31:58 PM
Employee: 14903 Name: Joseph

CK		
1 @	1.50	4.50
QUAC		0.99
SubTotal		5.49
Tax		0.45
Total		5.94
Cash		10.00
Change		4.06

ORDER# 480-----

We would like your feedback.

Participe en nuestra encuesta.

Visit www.cabanacares.com

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00
off next food purchase excluding alcohol.

Not valid with any other discount.

Coupon # (PLU117)

Join our eClub at tacocabana.com

de nuestro eClub en tacocabana.com

14812 98003 64149



143.02

11441 Katy Fwy
Houston, TX 77079
Store# 2014 Phone# (713) 935-9076

Reg: 4 - DRIVE THRU
Order: 415662 3/12/2011 12:30:29 PM
Employee: 14903 Name: Amanda

Per CKFJ Qsa	1.59
1 w/ PICO	
Lg CHZ Qsa	5.29
1 w/ PICO	
Lg SWT TEA	1.99
Per SprBF Nacho	3.99
1 w/ CHEESE	

SubTotal	15.86
Tax	1.31
Total	17.17
Visa	17.17
Change	0.00

Acct: xxxxxxxxxxxx0307

Authorization: 123507

ORDER# 462-----

We would like your feedback.

Participe en nuestra encuesta.

Visit www.cabanacares.com

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00
off next food purchase excluding alcohol.
Not valid with any other discount.

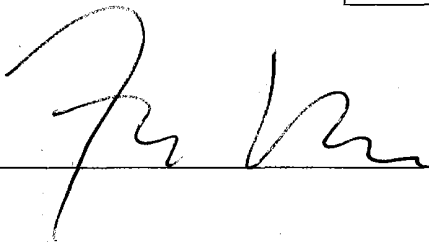
Coupon # (PLU117)

Join our eClub at tacocabana.com

TIME SHEET

Employee Name: Faustino Vazquez Title: _____
 Week: March 19 — March 25 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3-19 Sat	7:00 am	12:00 am	17	
3-20 Sun	12:00 am	4:30 pm	16 1/2	
↓	5:30 pm	8:30 pm	3	
↓	9:30 pm	12:00 am	2 1/2	
3-21 Mon	12:00 am	10:30 am	10 1/2	
3-22 Tues	8:30 am	6:30 pm	10	
3-23 Wed	8:30 am	~~8:30 pm~~ ~~6:30 pm~~	~~10~~ 12	
3-24 Thu	8:30 am	4:00 pm	7 1/2	
3-24 ↓	5:00 pm	12:00 am	7	
3-25 Frid	12:00 am	1:00 pm	13	
WEEKLY TOTALS:			99 hrs	

Employee Signature:  Date: _____
 Supervisor Signature: _____ Date: _____

99
 x 15.00
 1485.

APR 3/25

Receipts Food & Groceries

151.77 + 1485.
 Total = 1636.77

SALE RECEIPT
 Store #37552 tko 03/20/11 11:34:02
 Trans# 10 Clerk 10 Dwr 1 TRDT 032011
 Receipt # 0000213756 Reg-ID REG-MAIN
 Sales Tx 0.93 Tax B 0.00
 Tax C 0.00 Tax D 0.00
 Tax E 0.00 Tax F 0.00
 **TOTAL 12.22
 AMT TEND 12.22 CHANGE DUE 0.00
 CHANGE DUE\$ 0.00

Approval No: 154938
 Reference No: 154938
 Account No: *****0307
 Card Issuer: VISA
 Amount: \$12.22

Take our 1-minute Survey at
www.tellsunway.com and receive a free
 cookie. Keep your receipt and write
 your unique coupon code
 here_____.

Host Order ID: 0511.oPFN

11081 Westheimer
 Houston, TX 77042
 (713) 975-0357

JR

Host: JR 03/19/2011
 11:54 AM
 60006

Order Type: To Go

Egg Salad Sandwich	4.99
Rye	
Lettuce & Tomato	
M & M	
(N)Chips & Pickle	
EZ Toasted	
No Beverage	
Egg Salad Sandwich	4.99
Rye	
Lettuce & Tomato	
M & M	
(N)Chips & Pickle	
Side Salad	3.99
EZ Toasted	
No Beverage	
Kid's Mac & Cheese	2.89
Kid Fountain	
Turkey	5.79
Meat	
Lettuce & Tomato	
M & M	
(N)Chips & Pickle	
EZ Toasted	
No Beverage	
Plates Forks and Napkins	0.00
Subtotal	22.65
Tax	1.87
To Go Total	24.52
VISA XXXXXXXXXXXXX0307	24.52
Auth. 115584	



PASTA • PIZZETTI • SALADS • SUBS

The Spicy Pickle
11611 Katy Freeway Ste B
Houston, TX 77079

Host: 03/22/2011
JR 12:16 PM
10044

LG Forest 7.45
Grilled Chicken 2.00
Adobe 7.45

Subtotal 16.90
Tax 1.29

ToGo Total 18.29

Visa #XXXXXXXXXX0307 18.29
Auth:151288

Thank You!

--- Check Closed ---



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

KROGER PLUS CUSTOMER *****9869
KRO GARB BAG 1.99 T
KRO GARB BAG 1.99 T
2.25 lb @ 0.49 /lb
WT BANANAS 1.10 F
SNMD DRD FRT PC 2.99 F
SC KROGER SAVINGS 0.30
DAISY SR CRM PC 1.50 F
SC KROGER SAVINGS 0.19
DANN YOGURT [+] 1.88 F
JLLO PUDDING 2.99 F
JLLO GELATIN 2.99 F
KRO FRT CUP 1.50 F
KRO FRT CUP 1.50 F
CRSC SHORTNG 2.69 F
FLNAT JUICE PC 2.99 F
SC KROGER SAVINGS 1.00
4 @ 0.29
GLCR WATER 1.16 F
TAX 0.33
**** BALANCE 27.60
*****0307
REF#: 000000
PURCHASE: 27.60
CASHBACK: 20.00
TOTAL: 47.60

DEBIT 47.60
CHANGE 20.00
TOTAL NUMBER OF ITEMS SOLD = 16

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 1.49
TOTAL COUPONS \$ 1.49
TOTAL SAVINGS (5 pct.) \$ 1.49
***** KROGER SAVINGS *****

03/20/11 06:44pm 161 84 164 #

February Fuel Points remaining = 417
Redeen 100pts to save .10 per gal
on 1 fill-up.
Each month is a separate accumulation
period. Points do not combine.
3/31/11.



STORE MGR MARC BROCHSTEIN 713-365-6700
THANK YOU FOR SHOPPING WITH US!

REFRIG/FROZEN

FL NTRI ORNGE JUCE	2.99 F
1 CANT BEL. BTR	2.50 F
RegPrice 3.29	CardSav .79
PRM LND 2% 1/2	3.49 F
RegPrice 3.69	CardSav .20

BAKED GOODS

NAT OWN WHAT HONEY	2.69 F

DELI

BAKED POTATO/BACON	3.99 F
**** TAX .00 BAL	15.66
VF VS XXXXXXXXXXXX0307	15.66

CHANGE	.00
TOTAL SAVINGS	.99
3/23/11 09:25 1066 53 0014 8853	

Welcome Club Member!	2457

Remarkable Savings	\$.99
Total Savings Value	6% \$.99

YOUR CASHIER TODAY WAS SELF

New! SimpleNutrition. Helping you
find better nutrition choices. Just
look for our green tags next time
you shop.

As of today, you have accumulated
1 of 7 toward your Free
Signature Cafe Sandwich!

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1066
12850 MEMORIAL Dr.
HOUSTON, TX
713-365-6700

EFT CREDIT SALE 03/23/11 09:25
CARD # XXXXXXXXXXXX0307
REF:1103230 AUTH:162952

PAYMENT AMOUNT	15.66

14510 Memorial Drive
Phone # 281-493-9778

DT-539

Host: TERM 3 AM	03/23/2011
Cashier: TERM 4 AM	
DT-539	12:11 PM
REPRINT# 1	30040

Sm Original	3.99
S Sourdough	
Turkey Chef's Salad	4.99
Ranch	

Subtotal	8.98
Tax	0.74

DRIVE-PH Total	9.72

CASH	20.00

Change	10.28

--- Check Closed ---

LEIBMAN'S WINE AND FINE FOODS

14529 MEMORIAL DR

HOUSTON, TX 77077

Phone: (281) 493-3663

Date: 03/23/2011 INVOICE 442667

Time: 11:19:11 Clerk: 123

PO: CC REF: 181473

(# Items: 3)

Description	Total
Lemon Herb Chicken	8.23
Leibmans Soup & Bowl	4.95
Total	13.18
T	0.00
Grand Total:	13.18
Tender:	13.18
Change:	0.00

X: _____

Credit Card Amount: 13.18

Approval: 181473

> > Thank You < <



11441 Katy Fwy

Houston, TX 77057

Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU

Order: 202857 3/23/2011 5:51:00 PM

Employee: 13522 Name: Lucio

P2-SHRP Ench	5.99
1 RICE	
1 REFR	
1 SF Tort 2	
P2-CHZ Ench	4.99
1 RICE	
1 REFR	
1 SF Tort 2	
3oz GUAC	0.99
Per SprBF Nacho	1.99
1oz CHEESE	
Mt. SWT LFA	1.79

SubTotal	15.75
Tax	1.30
Total	17.05
Visa	17.05
Change	0.00

Acct: xxxxxxxxxxxx0307

Authorization: 175517

ORDER# 457-----

We would like your feedback.

Participe en nuestra encuesta.

Visit www.cabanacares.com

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00 off next food purchase excluding alcohol.

Not valid with any other discount.

Coupon # _____ (PLU117)

Join our eClub at tacocabana.com

Sea parte de nuestro eClub en tacocabana.com

I.D. 22817 14823 05703 13522

PAPA JOE'S BBQ
12310 Kings' ide
Houston, TX 77

THU MAY
CHECK #
ORDER #

1 Rib Dinner
Sales Tax
TOTAL

Time: 18:18

1 CUS
151.77

151.03

TIME SHEET

Employee Name: Faustino Vaquera Title: _____

Week: April 02 →

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4-02 Sat	11:00 am	2:00 pm	3	
4-04 Mon	9:00 am	12:00 am	15	
4-05 Tues	12:00 am	4:30 pm	16 1/2	
4-05 ↓	5:30 pm	12:00 am	6 1/2	
4-06 Wed	12:00 am	3:00 pm	15	
↓	4:00 pm	9:00 pm	5	
4-07 Thur	7:00 am	12:30 pm	8 1/2	
↓	4:30 pm	12:00 am	7 1/2	77
4-08 Fri	12:00 am	12:00 pm	12	
WEEKLY TOTALS:			89	

x 15.00
1335

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

(Tune value 50 \$
Cash Back
4/18/11

Grocery Food 3 Receipts

= 86.38
+ 4.00 - Notepad

90.38
+ 1335
+ 1425.38 Total



1000 E. Hwy
 Fort Worth, TX 76104
 Order# 20148 Phone# (713) 935-9076

DRIVE THRU
 Order# 203499 4/2/2011 12:05:49 PM
 Employee: 14966 Name: Amanda

Per CKFJ Osa	4.59
1 - PICO	
Per CHIPS Guac	1.99
Subtotal	6.58
Tax	0.54
Total	7.12
Cash	7.25
Change	0.13

ORDER# 499-----

We would like your feedback.

Participa en nuestra encuesta.

Visit www.tacobanacares.com

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00 off next food purchase excluding alcohol.

Not valid with any other discount.

Coupon # (PLU117)

Join our eClub at tacobanana.com

Sea parte de nuestro eClub en

tacobanana.com

I.D. 23412 14802 09904 14966



1000 E. Hwy
 Fort Worth, TX 76104
 Order# 204099 Phone# (713) 935-9076

DRIVE THRU
 Order# 204099 4/4/2011 12:53:13 PM
 Employee: 51776 Name: Daniel

Per CKFJ Osa	4.59
1 - PICO	
Per Special Nacho	3.99
1 - CHEESE	
SubTotal	8.58
Tax	0.71
Total	9.29
Cash	10.00
Change	0.71

ORDER# 499-----

We would like your feedback.

Participa en nuestra encuesta.

Visit www.tacobanacares.com

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00 off next food purchase excluding alcohol.

Not valid with any other discount.

Coupon # (PLU117)

Join our eClub at tacobanana.com

Sea parte de nuestro eClub en

tacobanana.com

I.D. 24012 14804 09904 51776

Jason's Deli #022
10321 A Katy Frwy
Houston, TX 77024
(713) 467-2007

JR

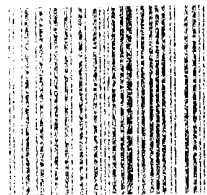
Host: SYED 04/06/2011
JR 12:51 PM
10126

Order Type: To Go

Salad Sandwich	4.99
Rye	
EZ Toasted	
Mayo	
Lettuce & Tomato	
(N)Chips & Pickle	
No Beverage	
Kid's Mac & Cheese	2.89
No Beverage	
Subtotal	7.88
Tax	0.65
To Go Total	8.53
CASH	10.00
Change	1.47

TAKE OUR SURVEY, PICK A PRIZE!
COOKIE or \$2 OFF delivery
www.JasonsdeliFeedback.com
Enter Deli Number: 022
Write redemption code:
For phone survey 800-537-5441

--- Check Closed ---



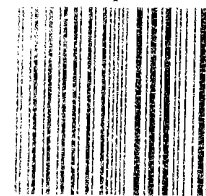
Jason's Deli #026
14604 Memorial
Houston, TX 77024
531-1999

JR

Host: PATRICK 04/07/2011
JR 11:06 AM
REPRINT# 1 60008
Order Type: To Go

Kid's Mac & Cheese	2.89
No Beverage	
Famous Salad Bar	7.29
No Beverage	
Subtotal	10.18
Tax	0.84
To Go Total	11.02
CASH	20.02
Change	9.00

TAKE OUR SURVEY, PICK A PRIZE!
COOKIE or \$2 OFF delivery
www.JasonsdeliFeedback.com
Enter Deli Number: 026
Write redemption code:
For phone survey 800-537-5441



Randalls

STORE MGR GEORGE KALLUS 281-497-0630
THANK YOU FOR SHOPPING WITH US!

GEN MERCHANDISE

GRATE TOTAL PL 3.59
ELECT GAMING MON 6.99 T
HY HYR ROXIDE 1.69

PRODUCE

CLEMENTINE 3LB 2.99 F
RegPrice 6.99 CardSav 4.00

DELI

TURKEY PEPP VP PT 4.49 F
RegPrice 4.99 CardSav .50
**** TAX .58 BAL 20.33
VF VS XXXXXXXXXXXX5741 20.33

CHANGE .00

TOTAL SAVINGS
4/07/11 11:27:1011 03 0054 7423

Welcome Club Member! 2457

Remarkable Savings \$ 4.50
Total Savings Value 19% \$ 4.50

YOUR CASHIER TODAY WAS BRANDIE

As of today, you have accumulated
1 of 7 toward your Free
Signature Cafe Sandwich!

**Little Card.
Big Savings.**

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1011
14810 MEMORIAL DR.
HOUSTON, TX
281-497-0630

EFT CREDIT SALE 04/07/11 11:27
CARD # XXXXXXXXXXXX5741
REF:1104071 AUTH:192075

PAYMENT AMOUNT 20.33



11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 400733 4/6/2011 5:26:56 PM
Employee: 64149 Name: Joseph

6oz GUAC 2.19
6oz SRCRM 2.19

SubTotal 4.38
Tax 0.36
Total 4.74
Cash 4.75
Change 0.01

ORDER# 433

We would like your feedback.
Participe en nuestra encuesta.

Visit www.cabanacares.com

Or call 1-800-350-3245

Respond within 3 days, and receive \$1.00
off next food purchase excluding alcohol.
Not valid with any other discount.

coupon # (PLU117)

Join our eClub at tacocabana.com

Sea parte de nuestro eClub en
tacocabana.com

1-800-40717 14800 03304 64149



STORE MGR MARC BROCHSTEIN 713-365-6700
THANK YOU FOR SHOPPING WITH US!

GROCERY

MONSTER ENGY DRNK
RegPrice 7.99 CardSav .70 **7.29 T**

REFRIG/FROZEN

1/2 LND 2% 1/2 3.69 F

BAKED GOODS

PEPP. FARM 3.79 F
F/W BAL DUE 7.48
**** TAX .60 BAL 15.37
CASH 20.40
CHANGE 5.03
TOTAL SAVINGS .70
4/04/11 19:55 1066 53 0159 8858 **7.29**
Welcome Club Member! **208**
2457

Remarkable Savings \$.70
Total Savings Value 5% \$.70

YOUR CASHIER TODAY WAS SELF

As of today, you have accumulated
1 of 7 toward your Free
Signature Cafe Sandwich!

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

Taqueria El Rey
(832)358-8100
9742 Katy Frwy Suite 100
Houston, TX
832-358-8100

Host: DRIVE THRU PM 04/05/2011
DT170 6:05 PM
30170

Mexican Rice (2 @1.50) 3.00
Refried Beans (2 @1.99) 3.98
Guacamole (2 @2.99) 5.98
Chile Con Queso 2.99

Subtotal 15.95
Tax 1.32

DriveThru Total 17.27

Visa #XXXXXXXXXXXX5741 17.27
Auth:180759

Thanks! Come Again!
Gift Cards Available Now!!
WIN A LUNCH FOR FOUR!
A \$40 VALUE
Register your email at
elreycatering@gmail.com

--- Check Closed ---

TIME SHEET

Employee Name:

Michael Brooks

Title:

CAREGIVER

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/13/11	8:00 AM	11:00 PM	3 hrs	
WEEKLY TOTALS:			5 hrs	5 hrs

Employee Signature:

Michael Brooks

Date:

4/13/11

Supervisor Signature:

Date:

Ad.

TIME SHEET

Employee Name: Michael Brooks Title: Caregiver
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/6-7/11	7:00pm	7:00am	12hr	12hrs
WEEKLY TOTALS:				12hrs

Employee Signature: Michael Brooks Date: 4/6/11
 Supervisor Signature: _____ Date: _____

\$180.00

4/6

TIME SHEET

Employee Name: Robert Center Title: _____
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4.8.11	11 Am			
4.9.11		9 Am		22
4.9.11	9 Am	10 Am		
	2 pm	~~9 Am~~		
4.10.11		9 Am		20
4.10.11	9 Am			
4.11.11		9 Am		24

WEEKLY TOTALS:

66 hrs.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

pd. 4/11/11

990.00

27.33

24.77

\$1042.10

Randalls

STORE MGR GEORGE KALLUS 281-497-0630
THANK YOU FOR SHOPPING WITH US!

REFRIG/FROZEN

LUCERNE AA LG EGGS 1.43 F

PRODUCE

0.64 lb @ \$1.49/lb
WT BROCCOLI CROWNS .95 F
ResPrice 1.27 CardSav .32
20.50 YELLOW CORN 1.00 F
ResPrice 1.58 CardSav .58
1.53 lb @ \$1.48/lb
WT TOMATOES ON VINE 2.26 F
ResPrice 4.57 CardSav 2.31
203.00 STRAWBERRIES 1LB 6.00 F
ResPrice 7.98 CardSav 1.98

DELI

CKN HOMESTYLE HOT 5.49 T
ResPrice 7.49 CardSav 2.00
LT SPERAD 3.69 F

MISCELLANEOUS

MR PPL W/DISABILITIES 3.00
**** TAX .45 BAL 24.27
VF VS XXXXXXXXXXXX6258 24.27

CHANGE .00
TOTAL SAVINGS 7.19
4/08/11 17:02 1011 04 0072 3418

ROBERT CANTU 7370

Remarkable Savings \$ 7.19
Total Savings Value 23% \$ 7.19

YOUR CASHIER TODAY WAS CHRIS

As of today, you have accumulated
2 of 7 toward your Free
Signature Cafe Sandwich!

**Little Card.
Big Savings.**

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1011
14810 MEMORIAL DR.
HOUSTON, TX
281-497-0630

EFT CREDIT SALE 04/08/11 17:02
CARD # XXXXXXXXXXXX6258
REF:1104081 AUTH:060218

PAYMENT AMOUNT 24.27

Randalls

STORE MGR GEORGE KALLUS 281-497-0630
THANK YOU FOR SHOPPING WITH US!

GROCERY

101.33/101.34
BTL WATER 2.67 B
ResPrice 3.98 CardSav 1.31

REFRIG/FROZEN

SARGENTO CLBY JCK 1.99 F
ResPrice 3.99 CardSav 2.00
1 @ 2/6.00
TRPCNA LOTS OF PUL 3.00 F
BLUE BELL 1.99 F

PRODUCE

ER SPRING MIX 2.99 F
EATING RT CAESAR Y 3.49 F
ResPrice 3.99 CardSav .50
PDM WONDERFUL JCE 3.99 F

DELI

SC SOUP HOT SMALL 1.99 T
TURKEY PAN RSTD PT 3.24 F
HAVARTI PRIMO TAGL 1.60 F

ResPrice 1.80 CardSav .20
**** TAX .38 BAL 27.33
VF VS XXXXXXXXXXXX6258 27.33

CHANGE .00
TOTAL SAVINGS 4.01
4/09/11 18:56 1011 07 0419 3983

ROBERT CANTU 7370

Remarkable Savings \$ 4.01
Total Savings Value 13% \$ 4.01

YOUR CASHIER TODAY WAS ABEL

As of today, you have accumulated
2 of 7 toward your Free
Signature Cafe Sandwich!

**Little Card.
Big Savings.**

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1011
14810 MEMORIAL DR.
HOUSTON, TX
281-497-0630

EFT CREDIT SALE 04/09/11 18:56
CARD # XXXX6258
REF:1 619

PAYMENT AMOUNT 27.33

TIME SHEET

Employee Name: Michael Brooks

Title: Caregiver

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/15-16/11	6:00pm	7:00am	13 hrs	
WEEKLY TOTALS:			13 hrs	

Employee Signature: Michael Brooks

\$195.00

Date: 4/15/11

Supervisor Signature: _____

Date: _____

pd.

TIME SHEET

Employee Name: Robert Cantu Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4.22.11	6 AM	8 PM		13 hours
WEEKLY TOTALS:				

Employee Signature: Robert L Cantu

Date: _____

Supervisor Signature: _____

Date: _____

195.00
Gas 20.00

\$215.00

WELCOME TO
 CASHI STELLA BARK
 6430 STELLA BLVD
 HOUSTON TX 77025
 (713) 277-0011 (FAX) 127
 CASHI STELLA BARK
 HOUSTON TX 77025

QTY	PRICE	AMOUNT
1	20.00	20.00
Sub Total		20.00
Tax		0.00
TOTAL		20.00
CASH \$		20.00

THANKS, COME AGAIN
 REG# 1003 CASH 310 DR# 01 TRNN 35306
 01/20/21 10:00:27 BY 88123

TIME SHEET

Employee Name:

Michael Brooks

Title:

CAREGIVER

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/14/11	12:00pm	5:00	5 hrs	5 hrs
WEEKLY TOTALS:			5 hrs	5 hrs

Employee Signature:

Michael Brooks

Date:

Supervisor Signature:

Date:

PA-4/11

\$ 75.00
 x 16.00
 \$ 91.00

TIME SHEET

Employee Name:

Title:

Week:[illegible]**WEEKLY TOTALS:**

Employee Signature:

Date:

Supervisor Signature:

Date:

9th. \$216.50
4/19/14

Pizza Hut
****CARRY_OUT****

Ticket # 00104

ENTR
COUP
027120 06/15/11 07:24PM

MICHAEL
(713)752-1111

01 1 Large 12.99
stf PEpprn
Cheese
Dref
Gr Spr
Bl Olive

Subtotal 12.99
SALES TAX 0.07
Balance Due 14.06

Amt Tendered
Cash 15.00
Change 0.94

Open at 07:24PM
Pick Up at 07:39PM

WANT TO WIN A \$1000
ASK ME HOW

For Special Deals Order
Online at Pizzahut.com

CHANCE to WIN! \$1000

Enter # 027120

(Go to Pizzahut.com for Details)

OVER TO WIN CASH!

FLIP ME OVER TO WIN CASH!

FLIP ME OVER TO WIN CASH!

FLIP ME OVER TO WIN CASH!

Employee Name:

Michael Brooks

Title:

CAREGIVER

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/20/11	8:00Am	1:00pm	5hrs	
WEEKLY TOTALS:			5hrs	

WEEKLY TOTALS:

5 hrs

\$75⁰⁰

Employee Signature:

Michael Brooks

Date:

Supervisor Signature:

Date:

Pd 4/20/11

Total = 44 hrs / NELVA

NELVA > \$15.00 24 hrs.
SAT - 10am - Sun. 10am.



20 hrs.
Sun - 4:30pm - 12:30pm

NELVA / Karl > \$20.00

12:30pm - 10:am
Left

Came back for
CARL 12:00 / GOLF

1:00

22.

1440

1080

660

1100

~~20.5 HRS~~
20.5 HRS

$$\begin{array}{r} 20 \\ \times 20 \\ \hline 400 \\ \hline \end{array}$$

$$\begin{array}{r} 244 \\ \times 15 \\ \hline 320 \\ 440 \\ \hline 660 \\ + 400 \\ \hline 1060 \end{array}$$

Employee Name: Michael Brooks Title: Caregiver
Week: _____

Title:

Week:**WEEKLY TOTALS:**

Employee Signature:

Date:

Supervisor Signature:

Date:

Pa. 2111

TIME SHEET

Employee Name: Faustino Vazquez

Title: _____

Week: Apr. 9, 2011 →

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4-09 Sat	11 am	2 pm	3	
4-11 Mon	9 am	12 am	15	
4-12 Tues	12 am	12 am	24	
4-13 Wed	12 am	4:30 pm	16 1/2	
4-13 ↓	5:30 pm	12:00 am	6 1/2	
4-14 Thur	12:00 am	12:00 am	24	
4-15 Frid	12:00 am	6:00 pm	18	
WEEKLY TOTALS:			107	

Employee Signature: _____

Date: 4.15

Supervisor Signature: _____

Date: _____

107
x 15.00

+ 1605
+ 99.81

Groceries & Food

1704.81

THIS IS A REPRINTED RECEIPT



Right Store. Right Price.

.....14344.MEMORIAL
.....(281).493-1702
.....YOUR.CASHIER.WAS.SELF.CHECKOUT
.....BERRY.MXD.IS.....4.07.F
.....DOLE.PINEAPL.....PC.....1.00.F
SC.....KROGER.SAVINGS.....0.11
.....DOLE.PINEAPL.....PC.....1.00.F
SC.....KROGER.SAVINGS.....0.11
.....BTYC.CAKE.MX.....2.39.F
.....SNSW.PRNE.JC.....3.49.F
.....KRO.EGGS.LRG.....1.43.F
SC.....10%.SENIOR.Disc.....0.14.F
.....KROGER.PLUS.CUSTOMER.....*****1205
.....TAX.....0.06
.....****.BALANCE.....13.24
*****5741
REF#: .000000
PURCHASE: 13.24
CASHBACK: 40.00
TOTAL: 53.24

.....DEBIT.....53.24
.....CHANGE.....40.00
TOTAL NUMBER OF ITEMS SOLD: 6

*****KROGER.SAVINGS*****
KROGER.PLUS.SAVINGS.....\$.....0.36
TOTAL.COUPONS.....\$.....0.36
TOTAL.SAVINGS.(2.pct.).....\$.....0.36
*****KROGER.SAVINGS*****

04/14/11.09:24pm..161..84..225.....#
Reprinted Receipt

April Fuel Points

Call In Order

B. Tino
(713) 503-4795
Customer Visits: 0

Promise Time: 11:56 AM

Jason's Deli #026
14604 Memorial Dr.
Houston, TX 77079
(281) 531-1999

B, Tino

Host: NICK 04/12/2011
Cashier: ALYCE
B, Tino 12:07 PM
50036

Order Type: Pick Up

Kid's Mac & Cheese (2 @2.89) 5.78
(2)No Beverage
Egg Salad Sandwich 4.99
Rye
(N)Chips & Pickle
EZ Toasted
No Beverage
Amy's TKO 5.49
(N)Chips & Pickle
No Beverage
Plates, Forks, Napkins (1 Utensils) 0.00
@ 0.00 per Utensils (13.00 WT)
No Plates Forks and Naps

Subtotal 16.26
Tax 1.34

Pick Up Total 17.60

VISA #XXXXXXXXXXXX5741 17.60
Auth:100290

72.69
+ 12.00
84.69
87.81
+ 12.00
99.81
House of Pies
1 coconut
crempie

Quiz: Store #1043

Phone: 11047-6

11047-9467

ORDER # 1053

2 CHKN RNCH	6.00
CUP CHCK NOODLE	1.79
LG BLT TURK CLUB	6.99
1 CHOOSE 2	-0.50

TAKE-OUT

	\$	14.28
TAX TOTAL	\$	1.18
TOTAL	\$	15.46

VISA	\$	15.46
CHARGE TIP	\$	0.00

ACCOUNT# :
AUTH# :

1061 COUNTER APR. 14, 2011
REG1-AM 12:29

Try our catering...

SALE RECEIPT

Store #37552 tko 04/11/11 13:34:51
Trans# 116 Clerk 22 Dwr 1 TRDT 041111
Receipt # 0000216977 Reg-ID REG-MAIN
Sales Tx 1.01 Tax B 0.00
Tax C 0.00 Tax D 0.00
Tax E 0.00 Tax F 0.00
**TOTAL 13.30
AMT TEND 13.30 CHANGE DUE 0.00

CHANGE DUE\$ 0.00

Approval No: 103361
Reference No: 103361
Account No: *****5741
Card Issuer: VISA
Amount: \$13.30

Take our 1-minute Survey at
www.tellsurvey.com and receive a free
cookie. Keep your receipt and write
your unique coupon code
here _____.

Host Order ID: 04S.11Ws

Souper Salad #57
 8536 Westheimer
 Houston, TX 77057
 281-955-0536



* Keep up with what's up! Follow us
 on Facebook (facebook.com/souper salad)
 and Twitter (twitter.com/souper salad).

Check out our Party Menu for any
 special occasion or if you just want a
 variety of options for your family dinner.

* Seniors get junior prices. Enjoy 10% or
 more discount on all purchases, every day!

Thank you for choosing Souper Salad,
 hope to see you again soon!

4/13/2011 1:35:24 PM

DINE IN
 Order Number: 1286285

1 Combo	6.59
1 Combo	6.59
Sub Total:	13.18
Tax:	1.09
Discount Total:	0.00
Total:	14.27

Visa:	-14.27
Change:	0.00
Register:2	Trans Seq No: 1286285
Store No:1057	Christian

Visa

11441 Katy Fwy
 Houston, TX 77079
 Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
 Order 207611 4/14/2011 4:55:4
 Employee: 13522 Name: Lucio

2-CHZ Ench
 2 @ 4.99
 2 BTCE
 1 R
 1 SF Tort 2
 16oz GUAC

SubTotal	
Tax	
Total	
Visa	15.
Change	0.00

Acct: xxxxx xxxxxx5741
 Authorization: 185358

ORDER# 411-

We would like to see you back.
 Participate in our contest.

Visit www.cabanacares.com

Or call 1-800-360-3246

Respond within 3 days, or \$1.00
 off next food purchase + \$1.00

Not valid with any other

Coupon # (PLU117)

Join our eClub at tacocah

Sea parte de nuestro eClub

tacocabana.com

I.D. 27616 14814 01104 13522

TIME SHEET

Employee Name:

Michael Brooks

Title:

Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/18/11	8:30AM	11:30	3hrs	3hrs
4/22-23/11	8:00AM	12:00AM	4hrs	4hrs
4/22-23/11	6:00pm	7:00AM	13hrs	13hrs

WEEKLY TOTALS:

20hrs 20hrs

Employee Signature

Michael Brooks

\$300.00

Date:

4/22/11

Supervisor Signature:

Date:

gd.

TIME SHEET

Employee Name: Shimaka

Title: _____

Week: _____

NEVA
NEVA
NEVA
CART

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/23/11	10:00am	10:00am	24	24
4/24/11	4:30pm	12:30pm	20	20
4/25/11	12:30pm	10:00am	21.5	21
4/26/11	12:00pm	1:00pm	1	1
WEEKLY TOTALS:				

\$660
\$15
\$420
\$20
\$15
\$080

Employee Signature: Shimaka

Date: 4/26/11

Supervisor Signature: _____

Date: _____

Paul

TIME SHEET

Employee Name: EUGENIO VAQUERA

Title: _____

Week: April 16 — April 23 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4-16 Sat	7:00am	12:00am	17	
4-17 Sun	12:00am	12:00am	24	
4-18 Mon	12:00am	7:00pm	19	
4-19 Tues	7:00am	12:00am	17	
4-20 Wed	12:00am	12:00am	24	
4-21 Thur	12:00am	8:00pm	20	
4-22 Frid	12:00pm	2:00pm	2	
4-23 Sat	7:00am	12:00pm	5	
WEEKLY TOTALS:			128	

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

pd.
4/23

1920.00
+ 50.00
186.83
2156.83

128
x 15.00
1920.00

Receipts & Food
(+ 50.00 cash to Michael Brooks
as per Carole)



514067 04-19-11 8:59P 223/07/00471

1051 4067 0419 1120 5900 471

1 HEB RELIANCE PRCTV UNDRW
2 Ea. @ 1/ 8.48 T 16.96 H
2 HEB RELIANCE MALE GUARD T 8.98 H
***** FSA Subtotal**** 25.94
***** Sale Subtotal*** 25.94
Sales Tax 2.14
***** Total Sale*** 28.08
28.08
*** DEBIT 28.08

=====

ITEMS PURCHASED: 3

=====

FSA/HRA eligible items are identified
with an 'H' after the item price

Be the first to know our latest deals!
Plus get online-only savings!
Sign up for our H-E-B emails at
heb.com/email



1051 4067 0419 1120 5900 471

Everyday low prices without a card
Big Savings Start
At H-E-B

HEB Food-Drugs #35/471
14540 Memorial Drive
Houston, TX 77079
Phone: (281) 679-0010
Fax: (281) 679-6565
Store Hours: Sun-Thr 7-11 Fri-Sat 7
Your Cashier: MIKEL

186.83

The Spicy Pickle
11611 Katy Freeway Ste B
Houston, TX 77079

Server: Reg 2

DOB: 04/01/2011

02:51 PM

04/01/2011

JR/1

2/20052

Visa

2097205

Card #XXXXXXXXXX5741

Magnetic card present: JR FAUSTINO VAQUERA

Approval: 135719

Amount: 37.13

Thank You!

The Spicy Pickle
Thank You!

Customer Copy

Welcome to Chick-fil-A

Meyerland Plaza FSU (#01037)
713-839-7700
Operator: Jesse Chaluh

CUSTOMER COPY
4/19/2011 11:26:47 AM
DRIVE THRU

Order Number: 2313622

2	CFA Sand	5.58
1	Ckn Sld Sand	3.79
2	Fries MD	3.18
1	ColeSlaw LG	2.05

Sub. Total:	\$14.60
Tax:	\$1.20
Total:	\$15.80

Change	\$0.00
Visa:	\$15.80

Register:2 Tran Seq No: 2313622
Cashier:LUIS

Like us on Facebook and enter
to win a Banana Pudding Milkshake Party
for you and 4 of your friends!
Check Facebook daily to see winners.
Chick-fil-A Meyerland Plaza

Visa
Card Num : XXXXXXXXXXXX5741
Terminal : KA13521805001
Approval : 182867
Sequence : 026887

WELCOME

Stn# 309004
VISA
INV # 0486517

AUTH # 185764
DATE 04/16/11 19:57
PUMP # 03
PRODUCT: REGUNL
GALLONS: 2.970
PRICE/G: \$ 3.759
FUEL SALE \$ 11.16
See application
about how to EARN
REWARDS with a
Chevron and Texaco
Personal
Credit Card

THANK YOU
HAVE A NICE DAY

SALE RECEIPT
 Store #37552 tko 04/20/11 12:07:03
 Trans# 70 Clerk 16 Dwr 1 TRDT 042011
 Receipt # 0000 124 Reg-ID REG-MAIN
 Sales Tx 4 Tax B 0.00
 Tax C 00 Tax D 0.00
 Tax E 0.00 Tax F 0.00
 **TOTAL 8.43
 AMT TEND 8.43 CHANGE DUE 0.00
 CHANGE DUE\$ 0.00

Approval No: 170882
 Reference No: 170882
 Account No: ***** 11
 Card Issuer: VISA
 Amount: \$8.43

Take our 1-minute Survey at
www.tellsubway.com and receive a free
 cookie. Keep your receipt and write
 your unique coupon code
 here _____.

Ho: rder . . 0512.9agB

SALE RECEIPT
 Store #37552 tko 04/21/11 12:14:57
 Trans# 81 Clerk 16 Dwr 1 TRDT 042111
 Receipt # 0000218526 Reg-ID REG-MAIN
 Sales Tx 0.62 Tax B 0.00
 Tax C 0.00 Tax D 0.00
 Tax E 0.00 Tax F 0.00
 **TOTAL 8.11
 AMT TEND 8.11 CHANGE DUE 0.00
 CHANGE DUE\$ 0.00

Approval No: 131163
 Reference No: 131163
 Account No: *****5741
 Card Issuer: VISA
 Amount: \$8.11

Take our 1-minute Survey at
www.tellsubway.com and receive a free
 cookie. Keep your receipt and write
 your unique coupon code
 here _____.

Order ID: 0512.abYN

TIME SHEET

Employee Name: MICHAEL BROOKS Title: CAREGIVER
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/29/11	8:00 AM	12 PM	4 HRS	
4/29/	5:00 PM	7 PM	2 HRS	
WEEKLY TOTALS:			6 HRS	6 HRS

Employee Signature: Michael Brooks Date: 4/29/11
 Supervisor Signature: _____ Date: _____

Pd,
940.00

\$ 90.00

TIME SHEET

Employee Name Michael Brooks Title: CAREGIVER
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/27/11	8:00AM	12:00pm	4hrs	
WEEKLY TOTALS:			4hrs	

Employee Signature: Michael Brooks Date: 4/27/11
 Supervisor Signature: _____ Date: _____

4hrs \$60.00

pd. 4/12/11

TIME SHEET

Employee Name: Robert Cantu Title: _____
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4.26.11	7:30 pm			
4.27.11		9 AM		13.5
4.27.11	7 pm			
4.28.11		8:30 AM		13.5
4.28.11	7 pm			
4.29.11		11 AM		16.
WEEKLY TOTALS:				43.0

Employee Signature: Robert R Cantu Date: _____
 Supervisor Signature: _____ Date: _____

\$645.00

TIME SHEET

Employee Name: FAUSTINO VAQUERA Title: _____
 Week: April 26 → May 02, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4-26 Tues	10:00 am	8:00 pm	10	
4-27 Wed	9:00 am	7:30 pm	10 1/2	
4-28 Thur	8:00 am	7:00 pm	11	
4-29 Fri	10:00 am	12:00 am	14	
4-30 Sat	12:00 am	4:00 pm	4 1/2	
↓	5:00 pm	12:00 am	7	
5-01 Sun	12:00 am	12:00 am	24	
5-02 Mon	12:00 am	7:30 pm	19 1/2	
WEEKLY TOTALS:			112	

Employee Signature: _____

Date: 5-02-11

Supervisor Signature: _____

Date: _____

Del 5/2/11

- Subway 4-27 8:00
- Silvy 15.00 -
- St Lukes Parking → 12.00 Carls uti
- ~~Any Lab Test UA 59.00~~

Groceries & Food
41.11

$$\begin{array}{r}
 112 \\
 \times 15.00 \\
 \hline
 1680. \\
 + 41.11 \\
 \hline
 \end{array}$$

(1721.11)
Total



1053 3400 0430 1118 1400 109

1 CAMBRIDGE PERSONAL NTB< 1 1 2.88
2 ARTISAN CIABATTA-SCRATCH F 2.99
***** Sale Subtotal*** 5.87
Sales Tax 0.24
***** Total Sale*** 6.11
6.11
*** CASH 10.00
Change : 3.89 \$

=====

ITEMS PURCHASED: 2

=====

THIS MOTHER'S DAY TREAT MOM LIKE A
QUEEN FOR LESS GREEN

Be the first to know our latest deals!
Plus get online-only savings!
Sign up for our H-E-B emails at
heb.com/email



1053 3400 0430 1118 1400 109

HEB Food-Drugs #54/109
9710 Katy Freeway
Houston, TX 77055
Phone: (713) 647-5900
Pharmacy: (713) 647-5960
Fax: (713) 722-9237
Store Hours: 6 a.m. to Midnight
Your Cashier:USCAN OPERATOR 93
533400 04-30-11 6:14P 093/13/00109

TIME SHEET

Employee Name: Faustino Vaguer Title: _____
 Week: May 03 → May 05, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5-03 Tues	9:Am	7:00pm	10	
5-04 Wed	8:00am	12:00am	16	
5-05 Thurs	12:00am	8:00pm	20	
5-06 Frid	1:00p	3:00pm	2	
WEEKLY TOTALS:			48	

Employee Signature: [Signature] Date: 5.05
 Supervisor Signature: _____ Date: _____

Grocery & Food
 23.09

720.00
 23.09
743.09

McDonald's Corporation
www.janusi unlimited.com 713 974 1217
store manager victor7139739003
supervisor fanny quicano 281 2167195

11036 KATY FREEWAY
HOUSTON, TX 77079

THANK YOU

WILCREST I 10 TEL# (713)973-9003
37 KS#13 **S#2** May.04'11(Wed)08:02
STORE# 14136

1 MED ORANGE JUICE CC	2.10
1 SAU EGG MCMUFFIN ML	2.95
2 SAUSAGE BURRITO	2.00

SUB TOTAL	7.05
TAKE OUT TAX	0.58

7.63

CASH TENDERED	20.00

CHANGE	12.37

SALE RECEIPT
Store #37552 tko 05/05/11 13:35:03
Trans# 91 Clerk 10 Dwr 1 TRDT 050511
Receipt # 0000220440 Reg-ID REG-MAIN
--- ITEM --- QTY PRICE MEMO PLU
TURKEY/HAMfr 1 T \$ 6.00 10224
DRK-21oz 1 TD\$ 1.112.00dea10002
CHIPS 1 TD\$ 0.892.00dea10020
SUBST LG 1 T \$ 0.30 10500

SUBTOTAL \$	8.30
Sales Tx \$	0.68

TAKE-OUT **TOTAL \$	8.98
dsICredI AMT TEND \$	8.98

CHANGE DUES	0.00

how'd we do ? get a free cookie
take 1 min survey at www.tellsubway.com

Approval No: 133608
Reference No: 133608
Account No: *****5741
Card Issuer: VISA
Amount: \$8.98

Take our 1-minute Survey at
www.tellsubway.com and receive a free
cookie. Keep your receipt and write
your unique coupon code
here _____.

Host Order ID: 03W.1X0Q



ACADEMY BUNKER HILL 713-827-6520

103464 SALE 05/03/11 17:23
8981 0010 201

TCDELUXE 18794875
1 @ 1 MDS 5.99
8.25% SALES TAX 5.99
TOTAL 6

Cash 7.00
CHANGE .52

RIGHT STUFF. LOW PRICE. EVERYDAY!

THANK YOU! SHOP 24/7 AT ACADEMY.COM



20110503173405

TIME SHEET

Employee Name:

Robert Cantu

Title:

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5.12.11	7pm			
5.13.11		12pm		17
5.13.11	12pm			
5.14.11		12pm		
5. ~~14~~ .11	12pm			
5.15.11		5:30pm		53.5
WEEKLY TOTALS:				17

$$\begin{array}{r} 802.50 \\ 3.64 \\ 24.49 \\ 19.99 \\ 2.59 \\ 15.60 \\ \hline \end{array}$$

Employee Signature:

Robert Cantin

Date:

12.13.11

Supervisor Signature:

Date: _____

Q. 255.00

~~A~~ 868.81

Luby's
Houston #06 (85)
825 Town & Country Center
Houston, TX 77024
713-461-9404

Check # :16921
Maria G
17:31:28 05/13/2011

1 Fried Fish Lu Ann 7.89
Tray#1 Subtotal 7.89
1 Shrimp Creole Combo 6.99
1 Pecan Pie 3.59
Tray#2 Subtotal 10.58

ID #85 1331 6921

For 10 CHANCES TO WIN \$1,000 daily
A \$100 Luby's Gift Card weekly
INSTANTLY WIN an iPod
Take our survey @
www.lubys-survey.com

Or 1 chance to win
cash prize and gift card
by calling 1-866-724-7146

Please retain this receipt
for use during the survey

Visit www.lubys-survey.com for
complete rules & regulations

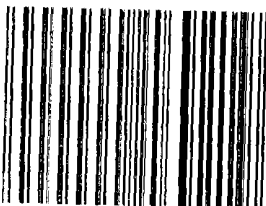
No purchase necessary
(OFFER EXPIRES May 20, 2011)

Subtotal 18.47
Sales Tax 1.52

Please pay this amount
Total 19.99

Food To Go

Power Meals
Monday - Friday
All Day
\$6.99



Whataburger

Restaurant 131
12121 Katy Freeway
Houston, TX 77079
(281)497-0606

General Manager: Mr. [Name]
1-800-6Burger

5/14/2011 11:50:18 AM
Order 121468 Cashier: Julie H

1 #1 ML-WHATABURGER 5.09
ADD MAYO 0.00
SUB WHEAT BUN 0.00
LARGE CHEESE 0.49
***** 0.00
FRIES 0.00
DRINK 0.00
----- 0.00
1 #2 ML-DOUBLE MEAT WB 6.19
SUB WHEAT BUN 0.00
ADD MAYO 0.00
LARGE CHEESE 0.49
LARGE CHEESE 0.49
SLICED JALAPENOS 0.49
BACON 3 SLICES 1.17
***** 0.00
FRIES 0.00
DRINK 0.00
----- 0.00

SubTotal 14.41
Tax 0.00
Total 14.41
Visa 15.60
Acct:XXXXXXXXXXXX50150

Approval: 055012



KROGER	PLUS CUSTOMER	
	TYSN FZ CHKN	PC
SC	KROGER SAVINGS	
	BAPULA BAPT	
	1.00 SAUCE	
	1.00 TACO	
	1.00 BURRITO	
	1.00 S	
	1.00 S	
	1.00 ZIB	
WI	TOMATO	
SC	KROGER SNGS	
	CLEVER	30
	3 @ 0.99	
	PPR E L GRN	2.07 F
	2 @ 0.78	
	CLUBBERS	1.00 F
SC	KROGER SAVINGS	
	TAX	0.00
** ** *	BALANCE	24.49

KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
*****6626
TOTAL: 24.49
REF#: 61410B

VISA	24.49
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	13

***** KROGER SAVINGS *****

1

2

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Walmart

Save money. Live better.

10750 WESTVIEW DRIVE
HOUSTON, TEXAS 77043
MANAGER JARVAS TMS
(713) 984 - 2773

ST# 1409	OP# 00004309	TE# 08	TR# 03449
ACTIVIA 8PK	003663203594	F	3.64 0
GV LF CT CHS	007874237238	F	2.18 0
COKE	004900000045	F	1.48 X
COKE	004900000045	F	1.48 X
SC CA WT GRP	007874220624	F	0.64 X
FUJI APPL 1L	007874208958	F	0.64 X
SC CA KWSTBY	007874242961	F	0.64 X
G2 32OZ FPUN	005200032198	F	0.94 X
CEREAL RTE	001600041615	F	2.25 0
WAS 2.68 YOU SAVED 0.43			
HRSY ZERO K	001070080427	F	1.00 X
JL PEP JERKY	001708200789	F	3.74 N
JL DRG JERKY	001708200787	F	3.74 N
WERTHER S	007279949016	F	1.68 X
PAYDY KING	001070080727	F	1.00 X
CHOC CHECKOU	004000000102	F	0.50 X
SUBTOTAL			25.55
TAX 1	8.250 %		0.83
TOTAL			26.38
VISA TEND			26.38

ACCOUNT # 6258
APPROVAL # 072614
TRANS ID - 0281133663974581
VALIDATION - ZV38
PAYMENT SERVICE - E
CHANGE DUE 0.00

ITEMS SOLD 15

TC# 3877 9686 9853 9158 1926



Low prices. Every day. On everything.
Backed by our Ad Match Guarantee.
05/13/11 13:26:45

CUSTOMER COPY

TIME SHEET

Employee Name: Robert Cantu Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5.6.11	12 p			
5.7.11		12 pm		24
5.7.11	12 pm			
5.8.11		12 pm		24
5.8.11	12 pm			
5.8.11		7 pm		7
WEEKLY TOTALS:				55

Employee Signature: Robert L Cantu

Date: _____

Supervisor Signature: _____

Date: _____

pd.

825.00
77.30

\$902.30



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Opal

	DANN YOGURT	[+] PC	1.88 F
	DANN YOGURT	[+] PC	1.88 F
	DANN YOGURT	[+] PC	1.88 F
	DANN YOGURT	[+] PC	1.88 F
	KROGER PLUS CUSTOMER	*****	2679
	1 @ 3/1.00		
	CHEETOS CRNC		0.34 F
	SCHK RZBLD	PC	0.00 T
SC	KROGER SAVINGS		6.39
	1 @ 3/1.00		
	CHEETOS CRNC		0.33 F
	1 @ 3/1.00		
	FRITO REG		0.33 F
	1 @ 3/1.00		
	FRITO REG		0.34 F
	SCHK RZBLD	PC	6.39 T
	KRO SHRD CHS	PC	2.25 F
SC	KROGER SAVINGS		0.24
	DELM FRT CKT		1.22 F
	DELM FRT CKT		1.22 F
	JIF PNUTBTR		1.99 F
	DELM FRT CKT		1.22 F
	DELI HOT DOG		0.99 T
	HM GRAHAMS	PC	3.49 F
SC	KROGER SAVINGS		0.40
	DELI CKN		7.99 T
	TROP ORNG JC		5.89 F
	KRO EGGS LRG		1.43 F
	DIET COKE		1.59 B
	JELLO GELATN		0.89 F
	MUCINEX		13.49
	JELLO GELATN		0.89 F
	JELLO GELATN		0.89 F
	NTRO BREAD		2.79 F
	KRO HNY BEAR	PC	2.69 F
SC	KROGER SAVINGS		0.30
	DELM FRT CUP	PC	2.69 F
SC	KROGER SAVINGS		0.30
	DELM FRT CUP	PC	2.69 F
SC	KROGER SAVINGS		0.30
	MOTTS FRTCUP		1.66 F
	CORN YLW IS		1.39 F
	CELERY		1.30 F
	TAX		1.40
	**** BALANCE		77.30

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
*****6258
TOTAL: 77.30
REF#: 091614

VISA	77.30
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	32

***** KROGER SAVINGS *****	
KROGER PLUS SAVINGS	\$ 7.93
TOTAL COUPONS	\$ 7.93
TOTAL SAVINGS (9 pct.)	\$ 7.93
***** KROGER SAVINGS *****	

TIME SHEET

Employee Name: Robert Cantu Title: _____
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5.2.11	7:30 pm			
5.3.11		9 Am		13.5
WEEKLY TOTALS:				\$202.50

Employee Signature: Robert L Cantu Date: _____
 Supervisor Signature: _____ Date: _____

pdo 5/2/11

\$ 202.50

TIME SHEET

Employee Name: Michael Brooks Title: CAREGIVER
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/6/11	7:30 Am	12:00 pm	4 1/2 hrs	4 1/2 hrs
WEEKLY TOTALS:			4 1/2 hrs	

Employee Signature: Michael Brooks # 6750 Date: 5/6/11
 Supervisor Signature: _____ Date: _____

pd. 5/6/11

TIME SHEET

Employee Name: Robert Cantu Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5.5.11	7pm			
5.6.11		12pm		15
WEEKLY TOTALS:				15

Employee Signature: Robert Cantu

Date: _____

Supervisor Signature: _____

Date: _____

Pd 5/6/11

225.00

TIME SHEET

Employee Name

Michael Brooks

Title:

CAREGIVER

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
<i>5/8-9/11</i>	<i>5:30pm</i>	<i>7:00 AM</i>	<i>13 1/2 hrs</i>	
WEEKLY TOTALS:			<i>13 1/2 hrs</i>	

\$202.50

Employee Signature

Michael Brooks

Date:

5/8-9/11

Supervisor Signature:

Date:

Pd 5-8-11

TIME SHEET

Employee Name: Michael Brooks Title: Caregiver
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/3-4/11	6:00	12 pm	18 hrs	
WEEKLY TOTALS:			18 hrs	hrs

Employee Signature: Michael Brooks # 270.00
 Date: 5/4/11
 Supervisor Signature: _____ Date: _____

Pd. 5/5/11

TIME SHEET

Employee Name: Michael Brooks Title: Caregiver
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/6/11	8:00am	12:00pm	4hrs	
5/6/11	5:00pm	7:30pm	2½ hrs	

WEEKLY TOTALS:

6½ hrs 6½ hrs

Employee Signature: Michael Brooks \$97.50 Date: 5/6/11
 Supervisor Signature: _____ Date: _____

TIME SHEET

Employee Name:

Michael Brooks

Title:

Caregiver

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/11/11	6:00AM	9:00AM	3 hrs	
WEEKLY TOTALS:			3 hrs.	

Employee Signature:

Michael Brooks

Date:

5/11/11

Supervisor Signature:

Date:

88.5/11

TIME SHEET

Employee Name: MICHAEL BROOKS Title: CAREGIVER
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/15-16/11	5:00pm	7:30AM	14 1/2	14 1/2

WEEKLY TOTALS:

14 1/2 14 1/2

\$217 50

Employee Signature: Michael Brooks

Date: 5/15/11

Supervisor Signature: _____

Date: _____

Pa 5/15/11

TIME SHEET

May 29 2011

Employee Name: Faustino Vaquera Title: _____

Week: 5-15-11 5-20

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5-15 Sun	6:00pm	9:00pm	3	
5-16 Mon	7:00am	1:00am	18	
5-17 Tues	9:00am	2:00pm	5	
↓	5:00pm	12:00am	7	
5-18 Wed	12:00am	4:00pm	16	
↓	5:00pm	12:00am	7	
5-19 Thu	12:00am	5:00pm	17	
↓	6:00pm	~~12:00am~~ 3:00pm	6	
5-20 Fri	12:00am	3:00pm	15	
WEEKLY TOTALS:			94	

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

94
x 15.00
5/20/11

1410.00
+ 73.53
1483.53



11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 218930 5/19/2011 6:35:22 PM
Employee: 13522 Name: Lucio

P2-CHZ Ench	4.99
1 RICE	
1 REFR	
1 SF Tort 2	
3oz GUAC	0.99
SubTotal	5.98
Tax	0.49
Total	6.47
Cash	10.00
Change	3.53

ORDER# 430-----

We would like your feedback.

Participa en nuestra encuesta.

Visit www.cabanacares.com

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00
off next food purchase excluding alcohol.

Not valid with any other discount.

Coupon # (PLU117)

Join our eClub at tacocabana.com

Sea parte de nuestro eClub en

tacocabana.com

L.D. 28318 14819 13005 13522

Au Bon Pain
929 Gessner Road, Suite 150
Houston, TX 77024
713-464-2525

405 Karla M

Chk 1377 May17'11 11:06AM Gst 0

1 HOT TEA	1.69
1 MARBLE POUND CAK	2.29
CASH	5.31

Food Total	2.29
N/A BevTotal	1.69
Tax Total	0.33
Payment Made	4.31
Change Due	1.00



STORE MGR MARC BROCHSTEIN 713-365-6700
THANK YOU FOR SHOPPING WITH US!

DELI

SIGNATURE CKN SALD	3.09 F
F/W BAL DUE	3.09
**** TAX .00 BAL	3.09
CASH	3.25

CHANGE .16
5/18/11 19:53 1066 93 0179 8893

YOUR CASHIER TODAY WAS SELF

Welcome Club Member! 2457

As of today, you have accumulated
1 of 7 toward your Free
Signature Cafe Sandwich!

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM



STORE MGR MARC BROCHSTEIN 713-365-6700
THANK YOU FOR SHOPPING WITH US!

DELI

SC SIDE DISH PARME	2.99 F
RegPrice	3.49
Card Savings	.50
GRILLED CHICKEN	5.98 F
F/W BAL DUE	8.97
**** TAX .00 BAL	8.97
CASH	20.00

CHANGE 11.03
5/20/11 13:17 1066 54 0055 8854

YOUR CASHIER TODAY WAS SELF

Welcome Club Member! 2457

Card Savings	.50
Total	.50
Total Savings Value	5%

As of today, you have accumulated
1 of 7 toward your Free
Signature Cafe Sandwich!

LET US HEAR FROM YOU!
1-877-723-3929 or visit RANDALLS.COM



577 10 0752 03328 027

RFN# 0332-8270-7525-1105-1820

EDGE GEL2.75	1A	2.29
LM A/FNG.42Z	1	12.49
F W ADHESV 2"X3"10S	1	3.49
BIORE STRIPS 2S	1A	2.29
SUBTOTAL		20.56

A=8.25% SALES TAX .38
TOTAL 20.94

DEBIT CARD 20.94
CASH BACK .00



12360 Memorial Dr Houston, TX
STORE (713)722-7247

F=ELIGIBLE FLEX SPEND ACCT ITEM (FSA)

THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING
WALGREENS PRESCRIPTION SAVINGS CLUB
SEE PHARMACY FOR DETAILS

MAY 18, 2011 7:49 PM

How are we doing?
Enter our monthly sweepstakes for
\$3,000 cash

Visit
WWW.TELLWAG.COM
or call toll free
1-800-763-0547
within 72 hours to take a short
survey about this Walgreens visit

Survey#
0332-8270-752

Password
5110-5182-016

For contest rules, see store or
WWW.TELLWAG.COM

WALGREENS #3328
SEQ # 332827242 PAYMENT FROM PRIMARY
CARD# *****5741

RETAIN THIS RECEIPT FOR YOUR RECORDS

MAY 18, 2011 7:49 PM

OFFICE DEPOT 61
8202 KIRBY DR # 1240
HOUSTON, TX 77054
(713) 660-8667

05/13/2011 11.1D 6:15 PM
STR 61 REG2 TRN 7517 EMP 599730

Product ID	Description	Total
577449	File,Exp,stand,7pkt	10.49 SS
725368	PENCIL,MY FRST,4PK	3.19 SS
616900	NTBK,1SBJCT,FSHN	3.99 SS

Subtotal	17.67
Sales Tax:	1.46
Total	19.13
Debit Card 5741	19.13

7.20

Shop online at www.officedepot.com

WE WANT TO HEAR FROM YOU!

Participate in our 15 minute online
customer survey and receive a coupon for
\$10 off your next qualifying purchase
of \$50 or more on office supplies,
furniture and more.

Visit www.officedepot.com/feedback

You will need the survey code below:



22VTUG3PU43YBXMCM



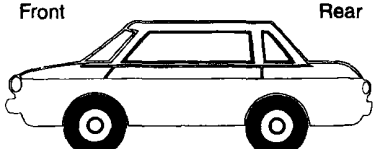
☐ PRIMECO, ☐ JERICO, ☐ DOVE
AUTO TOWING LLC

619 N. 27th • Houston, Texas 77008
Tel.: 713-785-6555 • Fax: 713-785-9888
E-mail: primeco@sbcglobal.net

027877

Call #: _____

Unit #: 1426-C

☐ C. #1453 ☐ C. #1425 ☐ C. #1426		DATE <u>5-17-01</u>	
☐ AAA ☐ C.C. ☐ Allstate ☐ Private ☒ Other			
Name <u>FAUSTINO VAQUERA</u>		Phone _____	
Location <u>S. Felipe VOSS</u>		_____	
Car Description: Year <u>00</u> Make <u>buick</u> Model <u>Lesabre</u> Color <u>Whit</u>		Lic. Plate <u>BX1 V625</u>	
Destination _____			
VIN # <u>1G4HR54K3YM229418</u>		Odometer _____	
Agent _____		Operator _____	
Member _____		Alternate Phone _____	
P.O. # _____			
Driver Name _____			
Acknowledgement of Pre-Existing Damages		DESCRIPTION	
Front  Rear		MILES	
		AMOUNT	
Comments: <u>Lock keys in car</u>		Hook Up	
<u>Truck</u>		Total Miles to Vehicle	
		Chargeable Out Bound	
		Total Two Miles	
		Chargeable Tow Miles	
		OTHER CHARGES	
		Flat Tire	
		Jump Start	
		Lock Out	
		Gas	
		Winching Out	
		Work Time	
		Total	
		Charge to Customer	
		Charge to Motor Club	

MINUTEMAN PRESS SOUTHWEST 713-777-6977

Broken windshield: ☐ YES ☐ NO

We authorize the wrecker service to tow or remove from our property the above listed vehicle. I am aware that service to my vehicle may result in damage to the vehicle and agree to indemnify and hold harmless the driver and/or the company for such damage.

Authorized by:

X

06/08

TIME SHEET VAQUERA

Employee Name: Faustino Vaquera Title: _____
 Week: May 09 → 5-12

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5-09 Mon	7:00 am	12:00 am	17	
5-10 Tues	12:00 am	12:00 am	24	
5-11 Wed	12:00 am	4:00 pm	16	
↓	5:00 pm	12:00 am	7	
5-12 Thur	12:00 am	7:00 pm	19	
WEEKLY TOTALS:			83	

Employee Signature: _____ Date: _____
 Supervisor Signature: _____ Date: _____

Food & Groceries

75.53

PA May-10

$$\begin{array}{r}
 83 \\
 \times 15.00 \\
 \hline
 1,245 \\
 + 75.53 \\
 \hline
 \end{array}$$

1320.53



11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 215715 5/9/2011 6:05:19 PM
Employee: 13522 Name: Lucio

Per CKFJ Osa		
2 @ 4.69	9.38	
2 - PICO		
Lg SprBF Nacho	2.99	
1 w/ CHEESE		
Lg DIET COKE	1.99	
SubTotal	14.36	
Tax	1.18	
Total	15.54	
Visa	15.54	
Change	0.00	

Acct: xxxxxxxxxxxx5741
Authorization 140557

ORDER# 415

We would like your feedback.
Participe en nuestra encuesta.

Visit www.cabanacares.com

Or call 1 800-360-3246

Respond within 3 days, and receive \$1.00
off next purchase excluding alcohol.
Not valid with any other discount.

Coupon # (PLU117)

Join our club at tacobabana.com

See our latest menu at tacobabana.com

tacobabana.com

1 800 25715 14809 11505 13522



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

BRHD HNY TKY	5.99 F
SARA SWS CHS	4.99 F
KROGER PLUS CUSTOMER	*****8568
KRD EGGS LRG	1.43 F
PRSL SORBET	PC 2.39 F
SC KROGER SAVINGS	0.10
TROP ORNG JC	5.89 F
PRML 20 MILK	3.49 F
TAX	0.00
**** BALANCE	24.18
*****5741	
REF#: 000000	
PURCHASE: 24.18	
CASHBACK: 20.00	
TOTAL: 44.18	

DEBIT	44.18
CHANGE	20.00
TOTAL NUMBER OF ITEMS SOLD -	6

***** KROGER SAVINGS *****	
KROGER PLUS SAVINGS	\$ 0.10
TOTAL COUPONS	\$ 0.10
TOTAL SAVINGS (0 pct.)	\$ 0.10
***** KROGER SAVINGS *****	

05/11/11 10:04pm 161 84 250 #

ENTER TO WIN
5 30



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Arthur

SC	KRO WATER	0.76 F
	10% SENIOR Disc.	0.08-F
	KRO WATER	0.76 F
SC	10% SENIOR Disc.	0.08-F
	PRSL SORBET	2.39 F
SC	KROGER SAVINGS	0.10
SC	10% SENIOR Disc.	0.24-F
	SNSW JUICE	3.89 F
	2.66 lb @ 0.49 /lb	
WT	BANANAS	1.30 F
	KROGER PLUS CUSTOMER	*****9205
	TAX	0.08
	**** BALANCE	8.70
	*****5741	
	REF#: 000000	
	PURCHASE: 8.70	
	CASHBACK: 40.00	
	TOTAL: 48.70	

DEBIT	48.70
CHANGE	40.00
TOTAL NUMBER OF ITEMS SOLD =	5

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 0.50
TOTAL COUPONS \$ 0.50
TOTAL SAVINGS (5 pct.) \$ 0.50
***** KROGER SAVINGS *****

05/09/11 08:27pm 161 82 208 #

April Fuel Points remaining - 421
Redeem 100pts to save .10 per gal
on 1 fill-up.
Each month is a separate accumulation
period do not combine.
5/31/11.



11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 214558 5/5/2011 6:17:17 PM
Employee: 13522 Name: Lucio

P2-CHZ Ench		
2 @	4.99	9.98
2 RICE		
2 REFR		
2 SF Tort 2		
6oz GUAC		2.19
Total		12.17
Tax		1.00
Total		13.17
Cash		13.17
Change		0.00

ORDER# 458

We would like your feedback.
Participe en nuestra encuesta.

SALE RECEIPT
 Store #37552 tko 05/10/11 14:03:53
 Trans# 158 Clerk 21 Dwr 1 TRDT 051011
 Receipt # 0000221106 Reg-ID REG-MAIN
 --- ITEM --- QTY PRICE MEMO PLU
 CkBacRch Br 1 T \$ 4.50 18778
 TURKEY/HAMfr 1 T \$ 6.00 10224
 DRK-21oz 1 TD\$ 1.112.00dea10002
 CHIPS 1 TD\$ 0.892.00dea10020
 SUBST LG 1 T \$ 0.30 10500

SUBTOTAL \$ 12.80
 Sales Tx \$ 1.06
 TAKE-OUT **TOTAL \$ 13.86
 dslCredIAMT TEND \$ 13.86
 CHANGE DUE\$ 0.00

how'd we do ? get a free cookie
 take 1 min survey at www.tellsubway.com

Approval No: 100417
 Reference No: 100417
 Account No: *****5741
 Card Issuer: VISA
 Amount: \$13.86

Take our 1-minute Survey at
www.tellsubway.com and receive a free
 cookie. Keep your receipt and write
 your unique coupon code
 here_____.

Host Order ID: 0819.rwu4

TIME SHEET

Employee Name: Robert L Cantu Title: _____

Week: _____

	Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Fri	5.20.11	2:00 pm			1
Sat	5.21.11		2:00 pm		24
Sat.	5.21.11	2:00 pm			
Sun.	5.22.11		2:00 pm		24
Sun.	5.22.11	2:00 pm			
	5.23.11		9:00 am		19
WEEKLY TOTALS:					67

MS

Employee Signature: Robert L Cantu

Date: _____

Supervisor Signature: _____

Date: _____

Paid 12/22/11
 \$ 1005.00
 21.00
\$ 1026.00

TIME SHEET

Employee Name: Michael Brooks Title: Caregiver
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/22-23/11	7:00pm	8:00am	13 hrs	13 hrs
WEEKLY TOTALS:			13 hrs	

Employee Signature: Michael Brooks Date: 5/23/11
 Supervisor Signature: _____ Date: _____

\$195.00
 12.00 parking
 \$207.00
 PO 5/22/11

TIME SHEET

Employee Name:

Title:

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/23-24/11	8:00 am	8:30 am	12 1/2 hrs	12 1/2 hrs
WEEKLY TOTALS:			12 1/2 hrs	

WEEKLY TOTALS:

Employee Signature _____

Supervisor Signature:

Date:

Date:

pd. 5124

\$ 219⁵⁰

SAN FELIPE ST 513 HOBI... 2019
4423 SAN FELIPE
HOUSTON, TX 77021

05/20/2019 10:53 AM

Registe

REPAI

Regular car \$15.00 09

\$15.00

\$0.00

\$15.00

Unk 20.00

Taxes \$17.00

AN

TIME SHEET

Employee Name: Michael Brooks Title: CAREGIVER
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/24-25/11	6:30pm	8:00pm	1 1/2 hr	
WEEKLY TOTALS:			13 hrs	

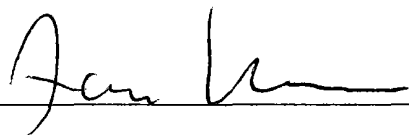
Employee Signature: Michael Brooks Date: 5/25/11
 Supervisor Signature: _____ Date: _____

20250
 GAS 13.00
 12.00
 Parking
 Rd 5-25
 \$227.50

TIME SHEET

Employee Name: Faustino Vaquera Title: _____
 Week: May 23, 2011 May 27, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5-23 Mon	10:00am	12:00am	14	
5-24 Tues	12:00am	12:00am	24	
5-25 Wed	12:00am	12:00am	24	
5-26 Thu	12:00am	12:00am	24	- 86
5-27 Frid	12:00am	11:00am	11	
WEEKLY TOTALS:			97	

Employee Signature:  Date: 5-27-11
 Supervisor Signature: _____ Date: _____

97
x 15.00
1455.

pd 5/27

Walker's Food

166.50

+ 1455.00
166.50

Total

1621.50

KFC
14490 Memorial Dr
Houston, TX 77079
(281)497-0061
2011-05-24

CREDIT SALE

CHARGE DETAIL

Card Type: Visa
Account: *****5741 S
Auth Code: 163471
Trans #: 2264
Auth Ref: 00001SH8
Sequence #: 082641

AUTH AMT: \$7.23
BALANCE: \$0.00

2011-05-24 L1 T2 7:45 PM

CUSTOMER COPY

WAY ON BACK! | \$1,000 GIVEAWAY ON BACK! | \$1,000 GIVEAWAY ON BACK!

233 10 1755 05094 037

233 10 1756 05094 037

RFN# 0509-4371-7565-1105-2520

F MEDLINE WLKR W/PDL 1 89.99
TOTAL 89.99

DEBIT CARD 89.99
CASH BACK .00



14616 Memorial Drive Houston, TX
STORE (281)493-3043

F=ELIGIBLE FLEX SPEND ACCT ITEM (FSA)

OPEN 24 HOURS
THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING
WALGREENS PRESCRIPTION SAVINGS CLUB
SEE PHARMACY FOR DETAILS

MAY 25, 2011 2:42 PM

How are we doing?
Enter our monthly sweepstakes for
\$3,000 cash

Visit
WWW.TELLWAG.COM
or call toll free

1-800-763-0547
within 72 hours to take a short
survey about this Walgreens visit

Survey#
0509-4371-756

Password
5110-5252-016

For contest rules, see store or
WWW.TELLWAG.COM

WALGREENS #5094
SEQ # 509437007 PAYMENT FROM PRIMARY
CARD# *****5741

RETAIN THIS RECEIPT FOR YOUR RECORDS

MAY 25, 2011 2:42 PM



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

3.05 lb @ 0.49 /lb
WT BANANAS 1.49 F
PRSL SORBET PC 2.39 F
SC KROGER SAVINGS 0.10
SC 10% SENIOR Disc. 0.24-F
ICBINB MARGR 2.24 F
LOLK BUTTER 4.39 F
KRO GARB BAG 1.99 T
SC 10% SENIOR Disc. 0.20-T
KRO GARB BAG 1.99 T
SC 10% SENIOR Disc. 0.20-T
GLAD PL WRAP PC 2.99 T
SC KROGER SAVINGS 0.20
KNKA BEARS PC 5.79
SC KROGER SAVINGS 1.20
CREST VIVD PC 2.49 T
SC KROGER SAVINGS 0.97
KRO FRT CUP 1.76 F
SC 10% SENIOR Disc. 0.18-F
OJ MTH RINSE 7.49
DANN YOGLRT 2.19 F
MTHR COOKIES 2.65 F
KRO GLOVES 8.29
SC 10% SENIOR Disc. 0.83-
PERM BREAD 3.89 F
KROGER PLUS CUSTOMER *****9205
TAX 0.75
**** BALANCE 51.13

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77075
VISA Purchase
*****5741
TOTAL: 51.13
REF#: 194506

VISA 51.13
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 15
***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 4.12
TOTAL COUPONS \$ 4.12
TOTAL SAVINGS (7 pct.) \$ 4.12
***** KROGER SAVINGS *****

05/25/11 09:41pm 161 84 229 999

April Fuel Points remaining = 421
Redeen 100pts to save .10 per gal
on 1 fill-up.
Each month is a separate accumulation
period. Points do not combine.
These points expire 5/31/11.

ENTER TO WIN
ONE OF 30
\$100 GIFT CARDS

You are invited to complete a survey
about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

You need this receipt to respond



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

GLAC WATER PC 1.00 B
SC KROGER SAVINGS 0.29
GLAC WATER PC 1.00 B
SC KROGER SAVINGS 0.29
GLAC WATER PC 1.00 B
SC KROGER SAVINGS 0.29
PRSL SORBET PC 2.39 F
SC KROGER SAVINGS 0.10
SC 10% SENIOR Disc. 0.24-F
BRDN CTG CHS PC 2.69 F
SC KROGER SAVINGS 0.20
KROGER PLUS CUSTOMER *****9205
TAX 0.25
**** BALANCE 8.09
*****5741
REF#: 000000
PURCHASE: 8.09
CASHBACK: 0.00
TOTAL: 8.09

DEBIT 8.09
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 5

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 1.41
TOTAL COUPONS \$ 1.41
TOTAL SAVINGS (15 pct.) \$ 1.41
***** KROGER SAVINGS *****

05/23/11 09:50pm 161 84 217 999

April Fuel Points remaining = 421
Redeen 100pts to save .10 per gal
on 1 fill-up.
Each month is a separate accumulation
period. Points do not combine.
These points expire 5/31/11.

ENTER TO WIN
ONE OF 30
\$100 GIFT CARDS

You are invited to complete a survey
about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

You need this receipt to respond

May Fuel Points
Now Redeem Fuel Points at Kroger Fuel
Centers & Participating Shells!
Redeen 100pts to save .10 per gal.
Save up to \$1 per gal at Kroger OR
.10 per gal at Shell on 1 fill-up.
Fuel Points this order = 8
Fuel Points earned this month = 272
Each month is a separate accumulation
period. Previous and Current months
points do not combine.
Highest unredeemed discount from last
OR current month will apply at pump.
This months points expire 6/30/11.
See Store for Details & Restrictions
Or Visit www.kroger.com

***** RECEIPT IS REPRINTED *****
05/26/11 12:27:10

SALE RECEIPT
Store #37552 tko 05/26/11 12:25:43
Subway Sandwiches & Salads
11177B Katy Fwy.
Houston TX 77079

Trans# 93 Clerk 09 Dwr 1 TRDT 052611
Receipt # 0000223535 Reg-ID REG-MAIN
--- ITEM --- QTY PRICE MEMO PLU
***** RECEIPT IS REPRINTED *****

TURKEY/HAMfr	1	T \$	6.00	10224
DRK-21oz	1	TD\$	1.112.00dea	10002
CHIPS	1	TD\$	0.892.00dea	10020
SUBST LG	1	T \$	0.30	10500
COOKIES-2	1	T \$	0.99	10018

SUBTOTAL \$	9.29
Sales Tx \$	0.77
TAKE-OUT **TOTAL \$	10.06
Cash AMT TEND \$	20.06
CHANGE DUE\$	10.00

how'd we do ? get a free cookie
take 1 min survey at www.tellsbway.com

***** RECEIPT IS REPRINTED *****

TIME SHEET

Employee Name: Robert Carter

Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5-27-11	11 Am			
		11 Am		24 hr
5-28-11	11 Am			
5-29-11		11 Am		24 hr
WEEKLY TOTALS:				48 hr

Employee Signature: Robert Carter

Date: _____

Supervisor Signature: _____

Date: _____

\$ 796.86
pd

1,864.
45.22 ~~HEB~~ Kroger
~~Walmart~~
23.00 HEB
\$ 761.86

Walgreens

There's a way™

451 10 6111 03328 027

RFN# 0332-8276-1110-1105-2920

PUFFS 108CT	1A	3.99
PUFFS 108CT 4S	1A	3.99
SUBTOTAL		7.98

A=8.25% SALES TAX .66
TOTAL 8.64

VISA 8.64
ACCT#*****6258
CHANGE .00



12850 Memorial Houston TX
STORE (713) 770-7700

THANK

SAVE P NO PRESCRIPTION DINING
MAL DESCRIPTION CLUB
WALGREENS FOR

MAY 29, 2001 9:26 AM

How are we doing?
Enter our monthly sweepstakes for
\$1,000 cash

Visit
WWW.TELLWAG.COM
or call toll free

1-800-763-0547
within 72 hours to take a short
survey about this Walgreens visit

Survey#
0332-8276-111

password
011-5292-016

For contest rules, see store or
WWW.TELLWAG.COM

RETAIN THIS RECEIPT RECORDS

MAY 29, 2001 9:26 AM



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Garrick

V8 SOUP		2.89 F
V8 SOUP		2.89 F
GM CEREALS		3.40 F
1 @ 4/5.00		
KRO SHERBET	PC	1.00 F
SC KROGER SAVINGS		0.25
1 @ 2/4.00		
BBFL INFORM		2.00 F
KRO BREAD		0.69 F
KROGER PLUS MEMBER	PC	1.79 B
SC KROGER SAVINGS		0.10
TROP ORNG JC		2.94 F
ADLP RICE	PC	1.99 F
SC KROGER SAVINGS		0.10
SARG CHEESE	PC	2.50 F
SC KROGER SAVINGS		1.09
SARG CHEESE	PC	2.50 F
SC KROGER SAVINGS		1.09
MSSN TORTILA		4.39 F
KRO COOKIES		1.99 F
BRKSTN CC		2.59 F
1 @ 2/3.00		
PRNGL SNACK		1.50 F
CKN SSG LINK		5.99 F
PFM COOKIES	PC	2.00 F
SC KROGER SAVINGS		1.49
2 @ 2/1.00		
BKRY BAGEL		1.00 F
2 @ 0.89		
AVOCADO HASS		1.78 F
DATSY SR CRM		1.69 F
CHL TOMATO		0.94 F
CTG CHS		2.79 F
SC KROGER SAVINGS		1.99 F
PATO		0.15
*** BALANCE		53.39

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
*****6258
TOTAL: 53.39

TIME SHEET

Employee Name: Katrina Harper Title: Private caregiver/CNA
 Week: May 29

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
May 29-11	9:00 AM	9:00 AM	24	24
~~May 30-11~~				
WEEKLY TOTALS:				24

Employee Signature: Katrina Harper Date: May 30, 2011
 Supervisor Signature: _____ Date: _____

2
 24
 15
 120
 24
 \$ 360

TIME SHEET

Employee Name: Robert L Cantu Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
6.2.11	7pm			
6.3.11		7pm		24
6.3.11	7pm			
6.4.11		7pm		24
6.4.11	7pm			
6.5.11		10 Am		<u>15</u>
WEEKLY TOTALS:				63

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

945
45 HERB
25 Kroger
\$1115.00

TIME SHEET

Employee Name: Katrina Harper

Title: Private Sitter

Week: 6-5-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
6-5-11	9:00 AM	9:00 AM	24	24
WEEKLY TOTALS:			24	

Employee Signature: Katrina Harper

Date: 6-5-11

Supervisor Signature: _____

Date: _____

24
15
120
24
360

TIME SHEET

Employee Name: Faustino Vaquera

Title: _____

Week: July 18, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
7-18 Mon	9:00am	12:00am	15	
7-19 Tue	12	12	24	
7-20 Wed	12	12	24	
7-21 Thu	12:00am	1:00pm	13	
WEEKLY TOTALS:			76	

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Receipts

Total

$$76 \times 15.00$$

$$\begin{array}{r} 1140 \\ + 32.66 \\ \hline \end{array}$$

1172.66

Newas Car

*** REPRINT *** REPRINT *** REPRINT ***

KATY FRWY EXX0, 4730-53
5401 KATY FRWY
HOUSTON, TX

07/11/2011 10:22:32 PM 3901

VISA XXXXXX5741 VISA
JR/FAUSTINO VAQUERA
INVOICE C4R4323
AUTH 192613

PRICE/GAL

REMARKS 2.8280

PRICE/GAL \$ 3.559

GALL TOTAL \$10.06

*** REPRINT *** REPRINT *** REPRINT ***

Total = \$10.06

CRIND Credit \$10.06

*** REPRINT *** REPRINT *** REPRINT ***

Credit

*** REPRINT *** REPRINT *** REPRINT ***

Protein Bar
WALGREENS
There's a way™

205 10 3695 05094 028

RFN# 0509-4283-6959-1107-1820

AZ I/TEA MNG230Z 1 .99
HSY RS PB CUP1.50Z A .69 SALE
RSRC BNPRTN CAN 8Z 1 16.99
SUBTOTAL 18.67

A=8.25% SALES TAX .06
TOTAL 18.73

VISA 18.73
ACCT#*****1437
CHANGE .00

WAG ADVERTISED SAVINGS: .30

YOUR TOTAL SAVINGS: .30



14616 Memorial Drive Houston, TX
STORE (281)493-3043

OPEN 24 HOURS
THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING
WALGREENS PRESCRIPTION SAVINGS CLUB
SEE PHARMACY FOR DETAILS

RETAIN THIS RECEIPT FOR YOUR RECORDS

JULY 18, 2011

7:30 PM

Baskin-Robbins
12740 Memorial Dr.
Houston, TX
713-973-1990

Table Q#1

Trans#: 3167 Serv: THABE
07/20/2011 02:34 PM # Cust:1

Quan	Descript	Cost
2	Single Scoop	\$5.18
Net Total:		\$5.18
TAX		\$0.43
TOTAL:		\$5.61
CASH		\$10.00
Change		\$4.39

Thank you
FIRST BR IN HOUSTON 1964

TIME SHEET

Employee Name: Katrina Harper

Title: Private Sitter

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
7-14-11	1:00	8:00	7	
7-16-11	9:00 pm	9:00 AM	12	
7-17-11	9:00 AM	9:00 AM	24	
WEEKLY TOTALS:				43 hrs

Employee Signature: Katrina Harper

Date: 7-18-11

Supervisor Signature: Nelva Brunsting

Date: 7-18-11

$$\begin{array}{r}
 43 \\
 15 \\
 \hline
 215 \\
 43 \\
 \hline
 645 \\
 21 \text{ x HEB} \\
 \hline
 666 \\
 7.50 \text{ half + hour from last week} \\
 \hline
 673.50
 \end{array}$$

Everyday low prices without a card
Big Savings Start
At H-E-B

HEB Food-Drugs #43/541
10100 Beechnut
Houston, TX 77072
Phone: (281) 564-5201
Pharmacy: (281) 564-5209
Fax: (281) 564-5247
Store Hours: 6 a.m. to 1 a.m.
Your Cashier: MARIE



739474 07-17-11 1:28P 203/09/00541

1073 9474 0717 1113 2800 541

1	KRAFT SHREDS CHED AMER VA F	2.48
2	DS ACRYLIC DW GO CUP PRPL T	4.00
3	HCF EXTRA-LARGE GRADE A E F	2.52
4	GIORGIO SLICED MUSHROOMS F	1.34
5	HOMESTYLE CHICKEN SALAD TF	4.34
6	HF ULTRA THIN HONEY TURKE	
	1 Ea. @ 2/ 3.00 F	1.50
7	GRN GIANT BROCCOLI W CHES F	1.50
8	KITCHEN BASICS CHICKEN ST F	0.79
9	CAMP HLTHY REQ.CRM CHICKN F	1.22
10	OZARKA WATER SPRING F	1.14
***** Sale Subtotal***		20.83
Sales Tax		0.33
***** Total Sale***		21.16
		16.83
*** EBT FOODSTMP		16.83
		4.33
*** CASH		5.00
Change :		0.67 \$

=====

ITEMS PURCHASED: 10

=====

TIME SHEET

Employee Name: Faustino Vaquera Title: _____
 Week: July 04, 2011 — July 07, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
7-4 Mon	10:30	12:00am	13.5	
7-5 Tues	12:00am	12:am	24	
7-6 wed	12:00am	9:00pm	21	
↓	10:00pm	12:00am	2	
7-7 Thu	12:00am	1:00pm	13	
↓	3:00	5:00pm	2	
WEEKLY TOTALS:			75.5	

Employee Signature: [Signature] Date: July 7, 2011
 Supervisor Signature: _____ Date: _____

pd WEB

1125.00
 + 41.70
 + 1166.70
 15.00 Background Check Fee from
 The Concierge

Total 1166.70

Walgreens

There's a way™

JUNE 29, 2011 9:16 PM

521 10 7547 05094 028
521 10 7548 05094 028

RFN# 0509-4287 5485-1106-2920

PLAN AHEAD PLANNER 1A 4.29
PLAN AHEAD PLANNER 1A 4.29
SUBTOTAL 8.58

A=8.25% SALES TAX .71
TOTAL 9.29

CHANGE CASH 10.00
.71



14616 Memorial Drive Houston, TX
STORE (281) 493-3043

OPEN 24 HOURS

Randalls

STORE MGR MARC BROCHSTEIN 713-365-6700
THANK YOU FOR SHOPPING WITH US!

GROCERY

PICANTE SAUCE 16OZ 1.99 F
MISSION TORTILLA 1.69 F

REFRIG/FROZEN

SS MANGO SORBET 2.50 F
RegPrice 3.49
Card Savings .99-
SFY CORN 1.29 F
SOUR CREAM 1.99 F
RegPrice 2.55
Card Savings .56-

MEAT

BREAST FILLETS 5.86 F
RegPrice 8.80
Card Savings 2.94-

PRODUCE

10.99 GREEN BELL PEPPERS .99 F
0.74 lb @ \$1.49 /lb
WT WHITE ONIONS 1.10 F
F/W BAL DUE 17.41
**** TAX .00 BAL 17.41
VF DEBIT CARD 17.41

CHANGE .00
7/04/11 17:02 1066 52 0136 8852

YOUR CASHIER TODAY WAS SELF

TIME SHEET

Employee Name: Katrina Harper

Title: Private Sitter

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
June 30	1pm	9pm	8	8
July 3	11AM	9AM	22	22
WEEKLY TOTALS:				30

Employee Signature: Katrina Harper

Date: 7-4-11

Supervisor Signature: _____

Date: _____

30
 15

 150
 30

 \$450.00

TIME SHEET

Employee Name: Robert C. L. Title: _____
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
6.30.11	9pm		Thurs	
7.1.11		9pm	Fri	24
7.1.11	9pm		Fri	
7.2.11		9pm	Sat.	24
7.2.11	9am		Sat	
7.3.11		11 Am	Sun	14
WEEKLY TOTALS:				62

Employee Signature: Robert C. L. Date: _____
 Supervisor Signature: Nelva Brunsting Date: _____

930.00

TIME SHEET

Employee Name: Kathleen Harper

Title: CNA / Sitter

Week: 6-26-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
6-26-11	9:00 am	9:00 am	24hr	24h RS
WEEKLY TOTALS:				24

Employee Signature: Kathleen Harper

Date: 6-26-11

Supervisor Signature: _____

Date: _____

TIME SHEET

Employee Name: FAUSTINO Vaguera Title: _____
 Week: June 27, 11 — June 30, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
6-27 Mon	10:00 am	12:00 am	14	
6-28 Tues	12:00 am	7:00 pm	19	
↓	8:00 pm	12:00 am	4:00	
6-29 Wed	12:00 am	12:00 am	24	
6-30 Thur	12:00 am	1:00 pm	13	
WEEKLY TOTALS:			74	

Employee Signature: _____ Date: _____
 Supervisor Signature: _____ Date: _____

$$\begin{array}{r}
 74 \\
 \times 15.00 \\
 \hline
 1110. \\
 + 11.65 \\
 \hline
 \text{Total } 1,121.65
 \end{array}$$



11441 Katy
Houston, TX 77059
Store# 20148 Phone# (713) 991-1144

Reg 4 - DRIVE THRU
Order 231240 6/27/2011 6:38:18 PM
Employee: 51776 Name: Daniel

P2-CHZ Ench	5.19
1 RICE	
1 REFR	
1 SF Tort 2	
3oz SRCRM	0.99
Per SprBF Nacho	2.59
1 w/ CHEESE	
1g DR PEPPER	1.99
SubTotal	10.76
Tax	0.89
Total	11.65
Cash	12.00
Change	0.35

ORDER#

We would like your feedback.
Participe en nuestra encuesta.

visit www.tacocabana.com

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00

off next food purchase excluding alcohol.

Not valid with any other discount.

Coupon # (PLU117)

Join our eClub at tacocabana.com

Sea parte de nuestro eClub en

tacocabana.com

I.D. 21218 14827 34006 51776

TIME SHEET

Employee Name: Faustino Vaquer Title: _____

Week: May 31, 2011 July 02, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5-30 Mon	9:00am	4:00pm	7	
↓	5:00pm	12:00am	7	
5-31 Tues	12:00am	12:00am	24	
6-01 Wed	12:00am	7:00pm	19	
↓	8:00pm	12:00am	4	
6-02 Thu	12:00am	7:30pm	19.5	
WEEKLY TOTALS:			80.5	

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

$$\begin{array}{r}
 80.5 \\
 \times 15 \\
 \hline
 1207.5 \\
 + 7.86 \\
 \hline
 1215.36
 \end{array}$$
 Total



11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 222736 5/31/2011 6:28:47 PM
Employee: 51776 Name: Daniel

P2-CHZ Ench 4.99
1 RICE
1 REFR
1 SF Tort 2
3oz GUAC 0.99

SubTotal 5.98
Tax 0.49
Total 6.47
Cash 10.00
Change 3.53

ORDER# 436

We would like your feedback.
Participe en nuestra encuesta.

Visit www.cabanacares.com
Or call 1-800-360-3245

Respond within 3 days, and receive \$1
off next food purchase excluding
Not valid with any other discount

Coupon # (LU117)

Join our eClub at tacocabana.com

Sea parte de nuestro eClub en
tacocabana.com

I.D. 22718 14831 23605 51776

Walgreens
There's a way™

590 10 1160 03328 031

RFN# 0332-8311-1600-1106-0220

G/2B PMD 20Z 1A 6.49 BGLP
G/2B PMD 20Z 1A 6.49 BGLP
SIMPLICITY PAD 60S 1A 1.39
G/2B PMD 20Z 1A 6.49-FREE
SUBTOTAL 7.88

A=8.25% SALES TAX .65
TOTAL 8.53

DEBIT CARD 28.53
CASH BACK 20.00

WAG ADVERTISED SAVINGS: ~~8.49~~

YOUR TOTAL SAVINGS: 6.49



12850 Memorial Dr Houston, TX 1.39
STORE (713)722-7247

THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING
WALGREENS PRESCRIPTION SAVINGS CLUB
SEE PHARMACY FOR DETAILS

JUNE 2, 2011 2:01 PM

How are we doing?
Enter our monthly sweepstakes for
\$3,000 cash

Visit
WWW.TELLWAG.COM
or call toll free

1-800-763-0547
within 72 hours to take a short
survey about this Walgreens visit

Survey#
0332-8311-160

Password
0110-6022-016

For contest rules, see store or
WWW.TELLWAG.COM

WALGREENS #3328
SEQ # 332831040 PAYMENT FROM PRIMARY
CARD# *****5741

RETAIL RECEIPT FOR YOUR RECORDS

JUNE 2, 2011 2:01 PM

TIME SHEET

Employee Name: Robert L Cantu Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
6/23/11	7 pm			1
6/24/11	-	7 pm		24
6/24/11	7 pm			
6/25/11		7 pm		24
6/25/11	7 pm			
6/26/11		9 am		<u>14</u>
WEEKLY TOTALS:				62

2
60

Employee Signature: Robert Cantu

Date: _____

Supervisor Signature: _____

Date: _____

926.19



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Krystal

	KRO WATER	0.78 F
	KRO WATER	0.78 F
	KRO WATER	0.78 F
FX	KRO GLOVES	5.99 Q
	CHRMN UL SFT	4.99 T
	PONR CRNMEAL	1.29 F
KROGER	PLUS CUSTOMER	*****2679
	CAMP SOUP	2.59 F
	CAMP SOUP	2.59 F
	KRO IC SNDW	PC 1.67 F
SC	KROGER SAVINGS	0.32
	TAX	0.41
	**** BALANCE	21.87

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
*****6258
TOTAL: 21.87
REF#: 015720

VISA	21.87
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	9

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 0.32
TOTAL COUPONS \$ 0.32
TOTAL SAVINGS (1 pct.) \$ 0.32
***** KROGER SAVINGS *****

06/04/11 07:57pm 161 7 197 114

May Fuel Points remaining = 125
Redeem 100pts to save .10 per gal
on 1 fill-up.

Each month is a separate accumulation
period. Points do not combine.

These points expire 6/30/11



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

KROGER PLUS CUSTOMER	*****2679
BATTERIES	3.99 T
TAX	0.33
**** BALANCE	4.32

REF#: 000000
PURCHASE
CASHBAL
TOTAL

DEBIT	19.32
CHANGE	15.00

NUMBER OF ITEMS SOLD = 1
06/04/11 08:43pm 161 84 196 999

ENTER TO WIN
ONE OF 30
\$100 GIFT CARDS

You are invited to complete a survey
about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

You need this receipt to respond

June Fuel Points
Now Redeem Fuel Points at Kroger Fuel
Centers & Participating Shells!
Redeem 100pts to save .10 per gal.
Save up to \$1 per gal at Kroger OR
.10 per gal at Shell on 1 fill-up.

FUEL POINTS THIS ORDER = 4
FUEL POINTS THIS MONTH = 76

Each month is a separate accumulation
period. Previous and Current months
points do not combine.

Highest unredeemed discount from last
OR current month will apply at pump.
This month's points expire 7/31/11.
See Store for Details & Restrictions
Or Visit www.kroger.com

Thank you for shopping Kroger

SURVEY ENTRY CODE - 034 354



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Krystal

	KRO WATER	0.78 F
	KRO WATER	0.78 F
	KRO WATER	0.78 F
FX	KRO GLOVES	5.99 Q
	CHRMN UL SFT	4.99 T
	PONR CRNMEAL	1.29 F
KROGER	PLUS CUSTOMER	*****2679
	CAMP SOUP	2.59 F
	CAMP SOUP	2.59 F
	KRO IC SNDW	PC 1.67 F
SC	KROGER SAVINGS	0.32
	TAX	0.41
	**** BALANCE	21.87

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
*****6258
TOTAL: 21.87
REF#: 015720

VISA	21.87
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	9

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 0.32
TOTAL COUPONS \$ 0.32
TOTAL SAVINGS (1 pct.) \$ 0.32
***** KROGER SAVINGS *****

06/04/11 07:57pm 161 7 197 114

May Fuel Points remaining = 125
Redeem 100pts to save .10 per gal
on 1 fill-up.

Each month is a separate accumulation
period. Points do not combine.

These points expire 6/30/11



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

KROGER PLUS CUSTOMER	*****2679
BATTERIES	3.99 T
TAX	0.33
**** BALANCE	4.32

REF#: 000000
PURCHASE
CASH BALANCE
TOTAL

DEBIT	19.32
CHANGE	15.00

NUMBER OF ITEMS SOLD = 1
06/04/11 08:43pm 161 84 196 999

ENTER TO WIN
ONE OF 30
\$100 GIFT CARDS

You are invited to complete a survey
about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

You need this receipt to respond

June Fuel Points
Now Redeem Fuel Points at Kroger Fuel
Centers & Participating Shells!
Redeem 100pts to save .10 per gal.
Save up to \$1 per gal at Kroger OR
.10 per gal at Shell on 1 fill-up.

FUEL POINTS THIS ORDER = 4
FUEL POINTS THIS MONTH = 76

Each month is a separate accumulation
period. Previous and Current months
points do not combine.

Highest unredeemed discount from last
OR current month will apply at pump.
This month's points expire 7/31/11.
See Store for Details & Restrictions
Or Visit www.kroger.com

Thank you for shopping Kroger

SURVEY ENTRY CODE = 034 354

TIME SHEET

Employee Name: Robert Conter Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
7-23-11	7 am			
7-24-11		7 am		24
7-24-11	7 am			
7-25-11		10 am		27
WEEKLY TOTALS:				51

Employee Signature: Robert D Conter Date: 7-25-11

Supervisor Signature: _____ Date: _____

765.00

TIME SHEET

Employee Name: Robert Cantu

Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
7.21.11	8 pm			
7.22.11		7 am		11
WEEKLY TOTALS:				11

Employee Signature: Robert Cantu

Date: 7.22.11

Supervisor Signature: _____

Date: _____

165.00

TIME SHEET

Employee Name: Faustino Vazquez Title: _____

Week: July 25 -

2:00pm

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
July 25 Mon	~~12:00~~	7:00 pm	~~7.9~~ → 5	
7-27	9:30 am	12:00 am	14 1/2	
7-28	12:00 am	1:30 pm	13 1/2	
WEEKLY TOTALS:			47	

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

705.

- * 210

* Next pay

~~with~~

TIME SHEET

Employee Name: Katrina Harper

Title: PRIVATE Sitter

Week: 7-22-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
7-21	1:00	8:00	7	7
7-22	7AM	7AM	24	24
WEEKLY TOTALS:				31

Employee Signature: Katrina Harper

Date: 7-22-11

Supervisor Signature: _____

Date: _____

$$\begin{array}{r}
 24 \\
 \times 7 \\
 \hline
 168 \\
 \hline
 31 \\
 \times 15 \\
 \hline
 155 \\
 \hline
 31 \\
 \hline
 \$465
 \end{array}$$

PO: 7-22-11

TIME SHEET

Employee Name: Robert Canto

Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
7.25.11	10 AM	2 pm		04
7.28.11	8 pm			
7.29.11		8 pm		24
7.29.11	8 pm			
7.30.11		8 pm		24
7.30.11	8 pm			
7.31.11		10 AM		<u>14</u>
WEEKLY TOTALS:				66

Employee Signature: Robert Canto

Date: _____

Supervisor Signature: _____

Date: _____

990.00
 28.76
 \$11018.76



Epicurean Markets # 204
 2516 Memorial Drive
 www.riceepicurean.com
 (713) 468-4323

checker today is JUSTINE JEFFERSON

DIET COKE PL	PC	1.69 B
COKE 20 OZ		0.10-B
DIET COKE PL	PC	1.69 B
COKE 20 OZ		0.10-B
PIRATE BOOTY	PC	3.99 F
ROBERTS BOOTY		1.00-F
WHITE MEAT		8.79 F
CUCUMBER		3.17 F
PIMENTO SPRL	PC	3.52 F
b @ 1.00 /lb		
PIMENTO SPREAD		0.44-F
CUBED SLSS W		4.54 F
b @ 4.99 /lb		
TOMATOES CLUSTER	PC	4.59 F
b @ 2.00 /lb		
TOMATOES		1.84-F
TAX		0.26
BALANCE		28.76
Credit Cards /Visa		28.76
CHANGE		0.00

NUMBER OF ITEMS SOLD = 8

 E-CARD SAVINGS 3.48
 TOTAL SAVINGS 3.48

1 01:11pm 204 2 115 118

Thank you for shopping with us
 Total E-POINTS 197

TIME SHEET

Employee Name: Katrina Harper

Title: Private Sitter

Week: 7-25 - 7-31

Mon
Tue
Thur
Sun

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
7-25-11	6pm	6am	12 hrs	
7-26-11	6am	wed 9:30am	27 1/2 hr	
7-28-11	1:30	8:00	6 1/2 hr	
7-31-11	10:00 AM	10:00 AM	24 hr	
WEEKLY TOTALS:				

Employee Signature: Katrina Harper

Date: 7-31-11

Supervisor Signature: _____

Date: _____

$$\begin{array}{r}
 1050 \\
 539 \\
 688 \\
 \hline
 97
 \end{array}
 \qquad
 \begin{array}{r}
 5.59 \\
 6.88 \\
 \hline
 12.47
 \end{array}$$

1,062.47

$$\begin{array}{r}
 1050 \\
 12.47 \\
 \hline
 1062.47
 \end{array}$$

$$\begin{array}{r}
 12 \\
 27 \frac{1}{2} \\
 6 \frac{1}{2} \\
 24 \\
 \hline
 69 + 1 = 70 \\
 70 \\
 15 \\
 \hline
 350 \\
 70 \\
 \hline
 1050
 \end{array}$$

FOR ADVERTISING C

And Each Day One Houston Area Business Will Offer You An Unbelievable Deal!!!
 ALSO: When you sign up at
 www.mydailydeals.com/contests
 you will automatically be entered to win a



Right Store. Right Price.

14344 MEMORIAL
 (281) 493-1702
 YOUR CASHIER WAS Leticia

SC	KRO TOPPING	PC	1.89
1 @ 2/4.00	KROGER SAVINGS	0.10	
	BBELL ICECRM	PC	1.25 F
SC	KROGER SAVINGS	0.75	
	KRFT CHEESE	PC	3.49 F
SC	KROGER SAVINGS	0.50	
	SOFTSOAP	[+] PC	2.99 T
SC	KROGER SAVINGS	1.00	
	KRO CHS DNSH		0.50 F
	HRLN MERINGE		1.00 F
	KROGER PLUS CUSTOMER		*****780
	TAX		0.25
****	BALANCE		11.37
	CASH		20.00
	CHANGE		8.63
TOTAL NUMBER OF ITEMS SOLD =			6

***** KROGER SAVINGS *****
 KROGER PLUS SAVINGS \$ 2.35



Right Store. Right Price.

14344 MEMORIAL
 (281) 493-1702
 YOUR CASHIER WAS Tirrel Kennard

	EGGB EGGS LG		3.59 F
	NTRO BREAD	PC	2.00 F
SC	KROGER SAVINGS	0.79	
	KROGER PLUS CUSTOMER		*****6672
	TAX		0.00
****	BALANCE		5.59
	CASH		10.00
	CHANGE		4.41
TOTAL NUMBER OF ITEMS SOLD =			2

***** KROGER SAVINGS *****
 KROGER PLUS SAVINGS \$ 0.79
 TOTAL COUPONS \$ 0.79
 TOTAL SAVINGS (12 pct.) \$ 0.79
 ***** KROGER SAVINGS *****

07/28/11 07:08pm 161 6 321 462

 July Fuel Points
 Now Redeem Fuel Points at Kroger

TIME SHEET

Employee Name: Faustino Vacquera

Title:

Week: Aug 1, 2011 — Aug 04, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Aug 1 Mon	9:30 am	12:00 am	14.30	
8-02 Tues	12:00 am	8:30 pm	20.30	
↓	9:30 pm	12:00 am	2.30	
8-03 Wed	12:00 am	17:00 am	24	
8-04 Thu	12:00 am	1:00 pm	13	
WEEKLY TOTALS:			74.5	

Employee Signature:

Date:

Supervisor Signature:

Date:

Time owed from
last Time Sheet

117.5

210.

907.5

TIME SHEET

Employee Name: Katrina Harper Title: Private Sitter
 Week: 8-4-11, 8-7-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8-4-11	1:00	8:00	7 hrs	7 hrs
8-7-11	10:00	10:00	24 hrs	24 hrs
WEEKLY TOTALS:				

Employee Signature: Katrina Harper Date: 8-7-11
 Supervisor Signature: _____ Date: _____

pd.

31
 15

 155
 31

 465

TIME SHEET

Employee Name: Robert L Cantu Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.11.11	8 pm			1
8.12.11		8 AM		12
8.12.11	8 AM			
8.13.11		8 AM		24
8.13.11	8 AM			
8.14.11		10 AM		26
WEEKLY TOTALS:				62

Employee Signature: Robert L Cantu

Date: _____

Supervisor Signature: _____

Date: _____

930.00
15.00 gas

\$946.00

32 oz. Gatorade 2 for \$3.00

EXXON

WILCREST EXXON, 4719118
11035 KATY FRWY
HOUSTON, TX

08/12/2011 12:54:14 PM 5434

VISA XXXXXXX6258 VISA
CANTU/ROBERT LEE
INVOICE ARY5607
AUTH 025313

PUMP#11	
Regular	4.5566
PRICE/GAL	\$ 3.499
FUEL TOTAL	\$15.94

Total = \$15.94

CRIND Credit \$15.94

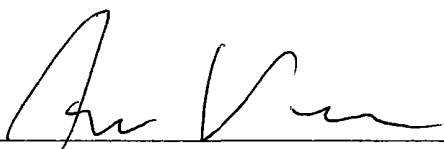
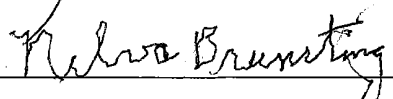
Credit

Thank You for Shopping At Exxon

TIME SHEET

Employee Name: Faustino Vaquera Title: _____
 Week: Aug 08, 2011 Aug 11, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.08	10:00 am	12:00 am	14	
8.09	12:00 am	12:00 am	24	
8.10	12:00 am	12:00 am	24	
8.11	12:00 am	1:00 pm	13	
WEEKLY TOTALS:			75	

Employee Signature:  Date: 8-
 Supervisor Signature:  Date: 28

75
 x15.00

 1125

TIME SHEET

Employee Name: Katrina Harper Title: Private Sitter
 Week: 8-8 - 8-14-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8-11-11	2:00	8:00	6	6
8-14-11	10:00	10:00	24	24
WEEKLY TOTALS:				30hrs

Employee Signature: Katrina Harper Date: 8-14-11
 Supervisor Signature: _____ Date: _____

80
 15

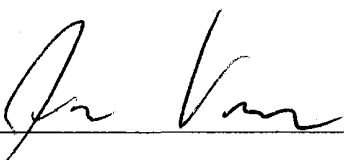
 150
 30

 \$450.00

TIME SHEET

Employee Name: Augustin Vaccaro Title: _____
 Week: 8.11 8.18.11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.11.11	1:00pm	2:00pm	1hr	
8.15.11	10:00 am	12:00am	14	
8.16.11	12:00am	8:30pm	20.5	
	9:30 pm	12:00am	2.5	
8.17.11	12:00am	12:00am	2.1	
8.18.11	12:00am	1:00pm	13	
WEEKLY TOTALS:			75	

Employee Signature:  Date: _____
 Supervisor Signature: _____ Date: _____



$$\begin{array}{r} 75 \\ \times 157 \\ \hline 1125 \\ + 2183 \\ \hline 1146.83 \end{array}$$

Baskin-Robbins
12740 Memorial Dr.
Houston, TX
713-973-1990

Table Q#1

Trans#: 6996 Serv: IVONNE
08/15/2011 04:13 PM # Cust:1

Quan	Descript	Cost
1	Fruit Cream (LG)	\$5.99
1	Single Scoop	\$2.59

Net Total: \$8.58
TAX \$0.71

TOTAL: \$9.29

CASH \$10.00
Change \$0.71

Thank you
FIRST BR IN HOUSTON 1964

Quiznos Sub Store #1043
Phone(713)647-9966
Fax (713)647-9467

ORDER # 01056

RG CHICK CARB	5.99
CHKN RNCH SAMMIE	3.00
CHIPS	1.19
MED DRINK	1.59
1 COOKIE/CHP COMBO	-0.49
UPSIZE DRINK	0.30

EAT-IN

	\$	11.58
TAX TOTAL	\$	0.96
TOTAL	\$	12.54

VISA	\$	12.54
CHARGE TIP	\$	0.00
ACCOUNT#	:	
AUTH#	:	

8447 COUNTER AUG.15,2011
REG1-AM 12:39

Try our catering.

TIME SHEET

Employee Name: Robert Centur Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.18.11	8 pm			
8.19.11		9 Am		13
WEEKLY TOTALS:				165.00

Employee Signature: Robert Centur

Date: 8.19.11

Supervisor Signature: _____

Date: _____

HEB

$$\begin{array}{r} 165.00 \\ 7.50 \\ \hline \$172.50 \end{array}$$



1068 9603 0818 1119 4900 577

1 OZARKA WATER SPRING
2 Ea. @ 1/ 0.97 F 1.94
2 SANDWICH ANTONES TURKEY S TF 5.49
3 OM THICK CUT BACON F 5.48
***** Sale Subtotal*** 12.91

Sales Tax 0.45
***** Total Sale*** 13.36

Account No.:*****6258

Appr No.:004820

Ref No.:839592

13.36

*** VISA EPS 13.36

=====

ITEMS PURCHASED: 4

=====

Free Groceries & Shopping Sprees
Enter the Gear Up Giveaway Daily
Chance to win 6,500+ prizes and
offers! Play daily at heb.com/gearup
(See Official Rules.)

WIN A \$500 H-E-B GIFT CARD!
Tell us how we are doing and you
could win a \$500 H-E-B gift card each
month / \$1,000 cash prize each
quarter. NO PURCHASE NECESSARY. Take
survey at www.heb.com/survey for 10
entries or call 1-877-220-0764 for 1
entry. See rules at

www.heb.com/survey.

Odds depend on entries received.

Must be 18. Ends 5/14/2012.

Diganos como estamos progresando y
usted puede ganar! Un sorteo para una

TIME SHEET

Employee Name:

Katrina Harper

Title:

Private Sitter

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8-18-11	1:30	8:00	6 1/2	6 1/2
8-19-11	9:00	9:00	2 1/2	2 1/2
WEEKLY TOTALS:				

Employee Signature:

Katrina Harper

Date:

8-19-11

Supervisor Signature:

Date:

30.5
 15

 450.00
 7.50

 457.50

TIME SHEET

Employee Name: Robert Costa Title: _____
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.20.11	9 AM			
8.21.11		9 AM		24
8.21.11	9 AM			
8.22.11		10 AM		25
WEEKLY TOTALS:				49

Employee Signature: Robert L Costa Date: 8.22.11
 Supervisor Signature: _____ Date: _____

pd 735.00

TIME SHEET

Employee Name: Faustino Vaquera Title: _____
 Week: August 22 → August 25, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.22 Mon	10:00 am	12:00 am	14	
8.23 Tues	12:00 am	4:00 pm	16	
↓	5:00 pm	12:00 am	7	
8.24 Wed	12:00 am	12:00 am	24	
8.25 Thu	12:00 am	1:00 pm	13	
WEEKLY TOTALS:			74	

Employee Signature: *Faustino Vaquera* Date: _____
 Supervisor Signature: _____ Date: _____

74
 x 15.00

 1,110
 NFB

TIME SHEET

Employee Name: Robert Cantu

Title: Care Driver

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
25 Aug 11	8 pm			
26 Aug 11		8 pm		24
26 Aug 11	8 pm			
27 Aug 11		8 pm		24
27 Aug 11	8 pm			
28 Aug 11		10 am		14
WEEKLY TOTALS:				62

Employee Signature: Robert R Cantu

Date: _____

Supervisor Signature: _____

Date: _____

Work 930.00
 gas 10.00
940.00
 gas 46.55
17.45
1004.00



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Albina

	KROGER PLUS CUSTOMER	*****2679
	OZRK WATER	PC 1.00 F
SC	KROGER SAVINGS	0.19
	OZRK WATER	PC 1.00 F
SC	KROGER SAVINGS	0.19
	PRSL PCH PIE	4.49 F
	FSEL CARROTS	PC 1.25 F
SC	KROGER SAVINGS	0.74
	REESE CUP	PC 1.00 B
SC	KROGER SAVINGS	0.59
	HERSHEY BAR	PC 1.00 B
SC	KROGER SAVINGS	0.59
	BBLL TCF	6.79 F
	PHSA	0.75 F
	TAX	0.17
	**** BALANCE	17.45
	***** 0258	
	R: 000000	
	PURCHASE: 17.45	
	CASHBACK: 0.00	
	TOTAL: 17.45	

DEBIT	17.45
CHANGE	0.00

TOTAL NUMBER OF ITEMS SOLD = 8

***** KROGER SAVINGS *****	
KROGER PLUS SAVINGS	\$ 2.30
TOTAL COUPONS	\$ 2.30
TOTAL SAVINGS (11 pct.)	\$ 2.30
***** KROGER SAVINGS *****	

08/27/11 03:10pm 161 30 46 460

ENTER TO WIN
ONE OF 30
\$100 GIFT CARDS

WELCOME TO TIMEMISE!
STORE #225
Our name is on the door.

SHELL , 57543427504
14002 MEMORIAL
HOUSTON , TX
77024

08/26/2011 07:08:50 PM 323974805

XXXX XXXX XXXX 6258 VISA
INVOICE 948091
AUTH 060720

PUMP# 5	
REGULAR	13.940G
PRICE/GAL	3.439
Grocer Disc/GAL	-0.100
NET/GAL	3.339
FUEL TOTAL	\$ 46.55

Subtotal = \$	46.55
Tax = \$	0.00

Total = \$	46.55
CREDIT	\$ 46.55

Your Total Fuel
Discount is \$ 1.39

You received \$0.10 /gal by using your
Kroger Plus card.

Come back to Shell to redeem future
Kroger Plus discounts.

Save 10cents/gal instantly at Shell when
you earn 100 points at Kroger.

Pick up a brochure at your local Shell
for more details.

Choose Wisely...Choose Timewise!
Visit us at: www.landmarkindustries.com
or Call 281-497-3191

TIME SHEET

Employee Name: Katrina Harper Title: Private Sitter
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8-25-11	2:30	8:00	5 1/2	
8-28-11	10 AM	10 PM	24	
8-29-11	10 AM	3 PM	3	
WEEKLY TOTALS:				34 1/2

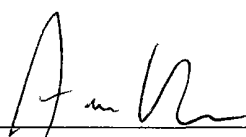
Employee Signature: Katrina Harper Date: 8-29-11
 Supervisor Signature: _____ Date: _____

\$ 517.50

TIME SHEET

Employee Name: Faustino Vaquera Title: _____
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.25 Thur	1:00pm	2:30pm	1.5	
8.29 Mon	3:00pm	12:00am	9	
8.30 Tues	12:00am	12:00am	24	
8.31 wed	12:00am	8:30pm	20.5	
↓	9:30pm	12:00am	2.5	
9.01 Thur	12:00am	8:00pm	20	
WEEKLY TOTALS:			77.5	

Employee Signature:  Date: 9.0.11
 Supervisor Signature: _____ Date: _____

pd
NEB

1162.50

TIME SHEET

Employee Name: Kathina Harper
 Week: 9-2-11

Title: PRIVATE Sitter

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-2-11	8:00	7:00	11	11
WEEKLY TOTALS:				11

Employee Signature: Kathina Harper

Date: 9-2-11

Supervisor Signature: _____

Date: _____

\$ 173.00

$$\begin{array}{r}
 15 \\
 11 \\
 \hline
 15 \\
 15 \\
 \hline
 \end{array}$$
 \$ 165.00
 8.00 59. Diner
 \$ 173.00

The 59 Diner
Thank Y !!!!
10407 Katy Freeway
Houston, TX 77024
713-984-2500

Server: Carole
Table 30/1
Guests: 2

09/02/2011
12:11 PM
720

TEA	
Beverage	
ROBB SALAD	6.89
S SANDWICH	6.89
SAUTEED MUSHROOMS	0.79
SWISS CHEESE	0.39
Sub Total	16.65
	1.37

Total

Balance

no separating
the cashier.
wait for
assistance
have a great Day!!!

6.89
1.69

8.58



TIME SHEET

Employee Name: Robert L Cantu Title: Care giver
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
1 Aug 11	8 pm			1
2 Aug 11		8 am		12
2 Aug 11	8 pm			
3 Aug 11		8 pm		24
3 Aug 11	8 pm			
4 Aug 11		10 am		14
WEEKLY TOTALS:				50

Employee Signature: Robert L Cantu Date: 2 Aug 11
 Supervisor Signature: _____ Date: _____

750.⁰⁰

TIME SHEET

Employee Name: Katrina Harper Title: Private Sitter
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-23-11	8:00am	7:00pm	11 hrs	
9-25-11	10:00am	10:00am	24 hrs	
9-26-11	10:00	7:pm	9 hrs	
WEEKLY TOTALS:				

Employee Signature: Katrina Harper Date: 9-26-11
 Supervisor Signature: _____ Date: _____

44 hrs

$$\begin{array}{r}
 3 \\
 37 \\
 15 \\
 \hline
 185 \\
 37 \\
 \hline
 555 \\
 70 \\
 \hline
 625 \\
 5.00 \leftarrow \text{Kleenex} \\
 \hline
 \end{array}$$

\$ 630.00

$$\begin{array}{r}
 11-6am \\
 10 \\
 \times 7 \\
 \hline
 70
 \end{array}$$



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS James

PUFF FAC TSU	2.19 T
PUFF FAC TSU	2.19 T
2 @ 5/2.00	
APL GOLD DEL	0.80 F
KROGER PLUS CUSTOMER	***0351
TAX	0.36
**** BALANCE	5.54
CASH	6.00
CHANGE	0.46

TOTAL NUMBER OF ITEMS SOLD = 4
09/26/11 10:17am T6178 57 129

September Fuel Points

Now Redeem Fuel Points at Kroger Fuel
Centers & Participating Shells!
Redeem 100pts to save .10 per gal.
Save up to \$1 per gal at Kroger OR
.10 per gal at Shell on 1 fill-up.

FUEL POINTS THIS ORDER = 5
FUEL POINTS THIS MONTH = 8

Each month is a separate accumulation
period. Previous and Current months
points do not combine.

Highest unredeemed discount from last
OR current month will apply at pump.

This months points expire 10/31/11.

See Store for Details & Restrictions.

Or Visit www.kroger.com

Thank you for shopping Kroger

TIME SHEET

Employee Name: Robert L Carter Title: Caregiver
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9.8.11	8pm			12
9.9.11		8 Am		12
9.9.11	7pm			
9.10.11		7pm		24
9.10.11	7pm			
		10:00am		14
WEEKLY TOTALS:				50

Employee Signature:  Date: _____
 Supervisor Signature: _____ Date: _____

\$750.00



TIME SHEET

Employee Name: Faustino Vazquez

Title: _____

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-05 Mon	3:00pm	12:00am	9	
9-06 Tues	12:00am	12:00am	23 hrs	minus 1 hr Gym
9-07 Wed	12:00am	12:00am	23 hrs	minus 1 hr Gym
9-08 Thu	12:00am	8:00pm	20	
WEEKLY TOTALS:			75	

~

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

PD
Check # 38

Grocery 68.59 Total
* Eggs, Depends, milk Etc.
Glaze, Paper Towels

1125.00
+ 68.59

1193.59



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

VAPOSTREAM	10.49
KROGER PLUS CUSTOMER	*****8568
TAX	0.00
**** BALANCE:	10.49

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
*****5741
TOTAL: 10.49
REF#: 105744

VISA	10.49
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	1
09/05/11 10:54pm 161 84 210 999	

August Fuel Points remaining = 195	
Redeem 100pts to save .10 per gal	
on 1 fill-up.	
Each month is a separate accumulation	
period. Points do not combine.	
These points expire 9/30/11.	

ENTER TO WIN
ONE OF 30
\$100 GIFT CARDS

You are invited to complete a survey



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Barbara

SC	KRO TOWELS	2.97 T
	10% SENIOR Disc.	0.30-T
	EGGB EGGS LG	3.79 F
KROGER	PLUS CUSTOMER	*****9205
FX	DPND UNDRWR	20.83 X
	TAX	1.94
****	BALANCE	29.23

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
*****5741
TOTAL: 29.23
REF#: 162605

VISA	29.23
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	3
***** KROGER SAVINGS *****	
KROGER PLUS SAVINGS	\$ 0.30
TOTAL COUPONS	\$ 0.30
TOTAL SAVINGS (1 pct.)	\$ 0.30
***** KROGER SAVINGS *****	

09/07/11 07:20am 161 82 11 103

August Fuel Points remaining = 223
Redeem 100pts to save .10 per gal
on 1 fill-up.
Each month is a separate accumulation
period. Points do not combine.
These points expire 9/30/11.

ENTER TO WIN
ONE OF 30
\$100 GIFT CARDS

You are invited to complete a survey
about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com



731290 09-01-11 4:02P 201/03/00471

1073 1290 0901 1116 0200 471

1 MONSTER LOW CARB ENERGY S TF 1.97
2 HEB TAS REGULAR WHITE 1RL
2 Ea. @ 1/ 1 14 T 2.28
4 HEB CP ROTI CHICKEN SALAD TF 5.71
5 KEEBLER SANDIES PECAN
1 Ea. @ 2/ 5.00 F 2.50
6 KERNS PEACH NECTAR
2 Ea. @ 1/ 0.38 TF 0.76
***** Sale Subtotal*** 13.22
Sales Tax 0.88
***** Total Sale*** 14.10
14.10
*** CASH - 1.97
20.10
Change : 6.00 \$

ITEMS PURCHASED: 7

ON SALE SAVINGS : \$0.78

YOU SAVED
\$0.78 TODAY



1073 1290 0901 1116 0200 471

Everyday low prices without a card
Big Savings Start
At H-E-B

HEB Food-Drugs #35/471
14540 Memorial Drive
Houston, TX 77079
Phone: (281) 679-0010
Fax: (281) 679-6565
Store Hours: Sun-Thr 7-11 Fri-Sat 7
Your Cashier: KHADIJA M

TIME SHEET

Employee Name:

Katrina Harper

Title:

Private Sitter

Week:

9-5-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
<i>9-4-11</i>	<i>10am-10am</i>	<i>10am</i>	<i>24</i>	<i>24</i>
<i>9-5-11</i>	<i>10am</i>	<i>3pm</i>	<i>5</i>	<i>5</i>
WEEKLY TOTALS:				<i>29</i>

Employee Signature:

Katrina Harper

Date:

9-5-11

Supervisor Signature:

Date:

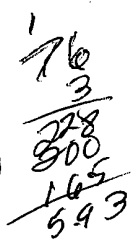
\$440.00

4
29
15

145
29

435
5.00

POB 9-5-11



14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

```
***** KROGER SAVINGS *****
KROGER PLUS SAVINGS          $    0.70
TOTAL COUPONS                 $    0.70
TOTAL SAVINGS (4 pct.)       $    0.70
***** KROGER SAVINGS *****
```

09/04/11 04:12PM 161 84 124 999

September Fuel Points

Now Redeem Fuel Points at Kroger Fuel Centers & Participating Shells!
Redeem 100pts to save .10 per gal.
Save up to \$1 per gal at Kroger OR
.10 per gal at Shell on 1-fill-up.

FUEL POINTS THIS ORDER = 14
FUEL POINTS THIS MONTH = 14

Each month is a separate accumulation period. Previous and Current months points do not combine.
Highest unredeemed discount from last OR current month will apply at pump.
This month's points expire 10/31/11.
See Store for Details & Restrictions
Or Visit www.kroger.com

\$ 5.93

**YOU SAVED \$0.70
WITH YOUR PLUS CARD**

\$ \$ \$ \$ \$ \$ \$ \$; \$ \$ \$ \$; \$ \$ \$ \$ \$ \$ \$ \$

Thank you for shopping Kroger

TIME SHEET

Employee Name: Katrina Hayes

Title: Sitter

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-9-11	8:00AM	1pm	11	11
9-11-11	10AM	10AM	24	24
9-12-11	10AM	3pm	5	5
WEEKLY TOTALS:				

Employee Signature: Katrina Hayes

Date: 9-12-11

Supervisor Signature: _____

Date: _____

40
15
—
200
40
—
600

111
19.58
8.57
—
28.15

\$ 628.15

Daisy Harper

80.00

9-4-2011

FD

TIME SHEET

Employee Name: Faustino Vaquera Title: _____

Week: 9.12 - 9.15

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9.12 Mon	3:00pm	11:00pm	8	
↓	11:00pm	12:00am	1	
9.13 Tue	12am	6:00am	6	
	6:00am	11:00pm	17	
	11:00pm	12:00am	1	
9.14 Wed	12:00am	6:00am	6	
	6:00am	11:00pm	17	
	11:00pm	12:00am	1	
9.15 Th	12:00am	6:00am	6	
	6:00am	8:00pm	14	
WEEKLY TOTALS:				

Employee Signature: _____

Date: 9.15

Supervisor Signature: _____

Date: _____

4.67 Chicken Saled

pd.

56 hours @ 15.00 = 840.

-2 ~~21~~ hour @ 10.00 = ~~210~~
19 190

hours
Gum

~~1050~~

1030.00

Total + 4.67
1034.67

TIME SHEET

Employee Name: Robert L Costa Title: Caregiver
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9.22.11	7pm			
9.23.11		8am		13 hours
9.23.11	8pm			
9.24.11		7am		12 hours
9.24.11	7am			
9.25.11		10am		26 hours
WEEKLY TOTALS:				51

Employee Signature: Robert L Costa Date: 9.25.11

Supervisor Signature: _____ Date: _____

gas 25.31
 Kroger 54.55
 Nordal's 79.86
 Walgreens 79.86

705.00
 79.86
 784.86

585 39 hours 15
 120 12 hours 10
 705

89 01
700
y Road
pos
ides
66
FBI
FBI
FBI

Houston
mp# 07
ilions
rice/Gal
el Sale
redit
S *****
APPROV:
09 /11 07:09PM
PLEASE TO PAY THE TOTAL
ACCORDING TO THE
AGREEMENT



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

KROGER PLUS CUSTOMER	*****2679
EGGB EGGS LG	3.79 F
PRML 20 MILK	3.49 F
PACF CK JRTN	PC 3.49 F
KROGER SAVINGS	1.10
HORM BACON	PC 3.99 F
KROGER SAVINGS	3.30
ALMOND BAR	0.89 B
ALMOND BAR	0.89 B
@ 1.00 /1b	
CLUMS BLACK	PC 0.40 F
KROGER SAVINGS	0.15
TAX	0.15
BALANCE	17.09

STOCK #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
*****6258
TOTAL: 17.09
REF# 044020

VISA	17.09
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD = 7	

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 4.55
TOTAL COUPONS \$ 4.55
TOTAL SAVINGS (21 pct) \$ 4.55
***** KROGER SAVINGS *****

09/15 11 07:41pm 161 87 146 999

1066 J

DIET CENTER

Randalls

STORE MGR MARC BROCHSTEIN 713-365-6700
THANK YOU FOR SHOPPING WITH US!

GROCERY

2 QTY SPRITE ZERO DIET 3.18 B

GEN MERCHANDISE

HLMK NOTE TY BASTI 3.99 T

BAKED GOODS

COCONUT CREAM PIE 7.99

MISCELLANEOUS

MR MDA DONATION 1.00
**** TAX 59 BAL 16.75
VF VS XXXXXXXXXXXXX625 16.75

CHANGE .00
9/03/11 20:02 1066 00 0097 1054

YOUR CASHIER TODAY WAS MELISSA

Walgreens
There's a way™

552 10 4083 03328 027

RFN# 0332-8274-0831-1109-0220

PUFFS 108CT 4S 1A 3.99
PUFFS FAMILY 200S 1A 2.49

Klan

FAMILY 200S 1A 2.49
SUBTOTAL 8.97

4=0.25% SALES TAX .74
TOTAL 9.71

DEBIT CARD 9.71
CASH BACK .00



12850 Memorial Dr Houston, TX
STORE (713) 722-7247

THANK YOU

ON YOUR PRESCRIPTIONS BY JOINING
GREENS PRESCRIPTION SAVINGS CLUB
CALL FOR DETAILS

of our
ind. With
Items purchased at Walgreens may be used.

161 SON

FREE



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702

YOUR CASHIER WAS SELF CHECKOUT

KROGER PLUS CUSTOMER *****2679
CHOICE BOOKS 2.99 T
JELLO GELATN 1.49 F
JELLO GELATN 1.49 F
JELLO GELATN 1.49 F
JELLO GELATN 1.49 F
TAX 0.25
*** BALANCE 9.20

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
*****6258
TOTAL: 9.20
REF#: 020122

VISA 9.20
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 5
09/22/11 09:02PM 161 83 154 999

August Fuel Points remaining = 188

3.24
5.86



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Alexis

CMFRTS WIPES 7.84 T
CMFRTS POWDR 1.85 T
CMFRTS POWDR 1.85 T
CMFRTS BATH 1.47 T
CMFRTS BATH 1.47 T
LBBY VNA SSG PC 0.75 F
LBBY VNA SSG PC 0.75 F
CORN YLW IS 1.39 F
LBBY VNA SSG PC 0.75 F
V8 SOUP 2.99 F
CUCUMBERS 0.71 F

1 @ 4/5.00
HRZN CHO MLK PC 1.25 F
1 @ 4/5.00
HRZN CHO MLK PC 1.25 F
NTRO BREAD PC 2.79 F

TAX 1.19
*** BALANCE 28.30
*****6258
REF#: 000000
PURCHASE: 28.30
CASHBACK: 20.00
TOTAL: 48.30

10.00

DEBIT

48.30

TIME SHEET

Employee Name:

Katrina Harper

Title:

PRIVATE Sitter

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-16-11	8am	2pm	11 hrs	
9-18-11	10AM	10PM	24 hrs	
9-19-11	10AM	3pm	5 hrs	
WEEKLY TOTALS:				

Employee Signature:

Katrina Harper

Date:

9-18-11

Supervisor Signature:

Date:

40 HRS
 15

 200
 40

 660
 35

 565
 11

 576

$11 - 6 = 7 \text{ HRS} = \$35$

$\$576.00$

5 ON gas
 6 ON lunch at hospital

TIME SHEET

Employee Name: Katrina Harper

Title: PRIVATE Sitter

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-30-11	8am	7pm	11	11
10-2-11	10AM	10AM	24	24
10-3-11	10AM	3pm	5	5
WEEKLY TOTALS:				40 hrs

Employee Signature: Katrina Harper

Date: 10-2-11

Supervisor Signature: _____

Date: _____

$$\begin{array}{r}
 40 \\
 \times 15 \\
 \hline
 200 \\
 40 \\
 \hline
 \$600 \\
 35 \\
 \hline
 \end{array}$$

11pm-6am \$10 hr
7hrs - \$35

$$\begin{array}{r}
 \$565.00 \\
 11.57 \\
 \hline
 576.57
 \end{array}$$



Rice Epicurean Markets # 204
12516 Memorial Drive
www.riceepicurean.com
(713) 468-4323

Your Checker today is BARBARA COOPER

WHITE MEAT C	7.19 F
FRENCH BAGUETTE	1.99 F
TAX	0.00
**** BALANCE	9.18
Cash	20.00
CHANGE	10.82

TOTAL NUMBER OF ITEMS SOLD = 2
09/30/11 11:01am 204 1 33 110

918
239
11.57

Kathia



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

CRSC VEG OIL	2.39 F
TAX	0.00
**** CANCE	2.39
	1.00
CASH	1.00
CASH	1.00
CHANG	0.61
TOTAL NUMBER OF ITEMS SOLD	1
09/30/11 03:48pm 1 85 1	

ENTRADA EN
ONE OF 30
100 LEFT CARDS

You are invited to complete a survey
about your recent visit to Kroger
Answer by internet @
www.tellkroger.com

You need this receipt to respond.

Participe para ganar uno de los
30 tarjetas de \$100

Le invitamos a llenar una encuesta
sobre su reciente visita a la tienda
Kroger Responda por Internet
en www.tellkroger.com
Usted necesitara este
recibo para responder

Survey Entry Code 4 999

THANK YOU FOR SHOPPING KROGER

TIME SHEET

Employee Name: Faustino Vaguer Title: _____

Week: Sept 27 - Sept 29, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-27 Tues	9:30 am	11:00 pm	13.5	
	11:00 pm	12:00 am	(1)	
9-28 wed	12:00 am	6:00 am	(6)	
	6:00 am	11:00 pm	17	
	11:00 pm	12:00 am	(1)	
9-29 Thu	12:00 am	6:00 am	(6)	
	6:00 am	8:00 pm	14	
WEEKLY TOTALS:				

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

$$\begin{array}{r}
 44.5 @ 15.00 = 667.5 \\
 14 @ 10.00 = 140 \\
 \text{Total } 807.50 \\
 + 2.79 \\
 \hline
 810.29
 \end{array}$$

J J Varcados Shell
12490 MEMORIAL DRIVE
Houston, Tx. 77024

SHELL 57 543 437701
12490 MEMORIAL DRIVE SIT0171
HOUSTON TX 77024

Descr.	qty	amount
<CUSTOMER COPY>		
T GEN MERCHENDISE	1	1.19
T GEN MERCHENDISE	1	1.39
Sub Total		2.58
Tax		0.21
TOTAL		2.79
CREDIT \$		2.79

XXXX XXXX XXXX 6626 VISA
INVOICE: 166454 AUTH #: 41820B

THANKS, COME AGAIN

REG# 0002 CSH# 004 DR# 01 TRAN# 27980
09/28/11 14:10:29 ST# 57307

TIME SHEET

Employee Name: Robert Canto Title: Caregiver
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9.26.11	7pm			
9.27.11		10 AM		15 hrs
9.29.11	7pm			
9.30.11		8 AM		13 hrs
9.30.11	7pm			
10.01.11		7pm		24 hrs
10.01.11	7pm			
10.02.11		10 AM		15 hrs
WEEKLY TOTALS:				

Employee Signature: Robert Canto Date: 10.1.11
 Supervisor Signature: _____ Date: _____

$52 \text{ hrs} @ 15.00 = 780.00$
 $15 \text{ hrs} @ 10.00 = 150.00$

 930.00
 46.34

 976.34
 Randall



STORE MGR MARC BROCHSTEIN 713-365-6700
THANK YOU FOR SHOPPING WITH US!

GROCERY

EL PSTA SCE MAR		
RegPrice	2.29	
Card Savings	.30-	
DM FRT COCKTAIL		1.59 F
DM PEACHES		2.99 F
KBLR SANDIES PCN		2.99 F
RegPrice	3.99	
Card Savings	1.00-	
NBC HNYMD GRAHAMS		3.49 F
RegPrice	3.99	
Card Savings	.50-	
2 QTY		
DT DR PEPPER 20		3.18 B
O ORGANICS TMTD PS		1.00 F
RegPrice	1.55	
Card Savings	.55-	

REFRIG/FROZEN

TROPICANA NO PULP		3.49 B
BLUE BELL		7.19 F
BLUE BELL		3.19 F
EGGLAND'S BEST		2.49 F
RegPrice	2.79	
Card Savings	.30-	
ORGANIC MILK WHO		3.79 F

BAKED GOODS

DAY UNY 7 GRN BRD		1.99 F

MEAT

GROUND BEEF		2.86 F
RegPrice	3.56	
Card Savings	.70-	

PRODUCE

1.76 lb @ \$0.49 /lb		
WT BANANAS		.86 F

DELI

SC SOUP HOT MEDIUM		2.49 T
RegPrice	2.99	
Card Savings	.50-	
**** TAX	.76	BAL 46.34
VF DEBIT CARD		46.34

CHANGE		.00
10/01/11 12:21 1066 04 0117 1696		

TIME SHEET

Employee Name: Faustino Vagueru

Title: _____

Week: Sept 19 - Sep 22

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9.19 Mon	3:00pm	11:00pm	8	
↓	11:00pm	12:00am	1	
9.20 Tues	12:00am	6:00am	6	
	6:00am	11:00pm	17	
	11:00pm	12:00am	1	
9.21 Wed	12:00am	6:00am	6	
	6:00am	11:00pm	17	
	11:00pm	12:00am	1	
9.22 Thu	12:00am	6:00am	6	
	6:00am	8:00pm	14	
WEEKLY TOTALS:				

Employee Signature: _____

Jan

Date: _____

9.22.11

Supervisor Signature: _____

Date: _____

Luby's
9.73

Chicken Salad.

4.73

Feb

-1
hour
Gym

Wed 21 night

56 hours @ 15.00 = 840

21 hours @ 10.00 =

20 hours @ 10.00 = 200

1040

14.46

1054.46

Luby's
Houston #06 (85)
825 Town & Country Center
Houston, TX 77024
713-461-9404

Check # :11101

Roxana G
21 Sep 2011 06:55:43 PM CDT
Transaction #:10656

Card Number Auth Code
*****5741 105559
JR/FAUSTINO VAQUERA Visa

Amount 9.73

Total 9.73

Tip ..

Total ..

X
Cardmember agrees to pay total in
accordance with agreement governing
use of such card.

MERCHANT COPY

Baskin-Robbins
12740 Memorial Dr.
Houston, TX
713-970-0000

Table Q#1

Trans#: 12283 Serv: IVONNE
09/22/2011 12:22 PM # Cust:1

Quan	Descript	Cost
2	Single Scoop	\$5.18
Net Total:		\$5.18
TAX		\$0.43
TOTAL:		\$5.61
Visa		\$5.61

Thank you
FIRST BR IN HOUSTON 1964

Baskin-Robbins
12740 Memorial Dr.
Houston, TX
713-973-1990

Table Q#1

Trans#: 10111 Serv: IVONNE
09/06/2011 12:23 PM # Cust:1

Quan	Descript	Cost
2	Single Scoop	\$5.18
Net Total:		\$5.18
TAX		\$0.43

TOTAL: \$5.61

CASH	\$10.00
Change	\$4.39

Thank you
FIRST BR IN HOUSTON 1964

Baskin-Robbins
12740 Memorial Dr.
Houston, TX
713-973-1990

Table Q#1

Trans#: 9258 Serv: IVONNE
08/31/2011 12:20 PM # Cust:1

Quan	Descript	Cost
2	Single Scoop	\$5.18
Net Total:		\$5.18
TAX		\$0.43

TOTAL: \$5.61

CASH	\$6.00
Change	\$0.39

Thank you
FIRST BR IN HOUSTON 1964

TIME SHEET

Employee Name: Faustino Vazquez

Title: _____

Week: Oct 03 - Oct 06 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10-03-mon	3:00pm	12:00am	9	
10-04-Tues	12:00am	12:00am	24	
10-05-wed	12:00am	12:00am	24	
10-06-Thu	12:00am	8:00pm	20	
WEEKLY TOTALS:			77	

Employee Signature: _____

Faustino Vazquez

Date: _____

Supervisor Signature: _____

Date: _____

$(56 \text{ hours @ } 15.00 = 840)$
 $24 \text{ hour @ } 10.00 = 190$
 $\rightarrow 2 \text{ } (19)$
 -2 hours @ Gym
1030.00

Natasha Harper

FRIDAY Oct 7, 11 = 11 hours

Sunday Oct 9, 11 24 hours

Monday Oct 10, 11 5 hours

40

15

200

40

$$600 - 35 = 565.00$$

12.60

577.60

47.00

530.60



Rice Epicurean Markets # 204
12516 Memorial Drive
www.riceepicurean.com
(713) 468-4323

Your Checker today is FIDEL C
WHITE MEAT C 5.09 F
STEAMTABLE PC 7.99 T
1.00 lb @ 1.00 /lb
EC STEAMTABLE 1.00-T
TAX 0.58
**** BALANCE 12.66
Cash 15.00
CHANGE 2.34

TOTAL NUMBER OF ITEMS SOLD = 2

E-CARD SAVINGS 1.00
TOTAL SAVINGS 1.00

10/07/11 12:22pm 204 3 13 129

Thank you for shopping with us
Total E-POINTS 11367



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS James

SC	SIMPLY JUICE	PC	1.25 F
	KROGER SAVINGS	0.34	
	HORM BACCN	PC	3.99 F
SC	KROGER SAVINGS	3.30	
	KROGER PLUS CUSTOMER	*****6680	
	TAX	0.00	
****	BALANCE	5.24	
	CASH	5.25	
	CHANGE	0.01	
TOTAL NUMBER OF ITEMS SOLD =		2	

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 3.64
TOTAL COUPONS \$ 3.64
TOTAL SAVINGS (40 pct.) \$ 3.64
***** KROGER SAVINGS *****

10/10/11 08:04am 161 8 7 129

October Fuel Points
Now Redeem 1 Points at Kroger Fuel
Centers & Participating Shells!
Redeem 100pts save .10 per gal.
Save up to \$1 gal at Kroger OR
.10 per gal at shell on 1 fill-up.

FUEL POINTS THIS ORDER = 5
FUEL POINTS THIS MONTH = 5

Each month is a separate accumulation
period. Previous and Current months
points do not combine.
Highest unredeemed discount from last
OR current month will apply at pump.
This months points expire 11/30/11.
See Store for Details & Restrictions
Or Visit www.kroger.com

**YOU SAVED \$3.64
WITH YOUR PLUS CARD**

Thank you for shopping Kroger

TIME SHEET

Employee Name: Robert Cantu Title: Caregiver
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10.10.11	2:30			
10.11.11		8:30		18
WEEKLY TOTALS:				240

Employee Signature: Robert Cantu Date: Oct 11. 11
 Supervisor Signature: _____ Date: _____

12 x 15 = 180
 6 x 10 = 60
240

TIME SHEET

Employee Name: Robert Cantu Title: Caregiver

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10.14.11	8:00			
10.15.11		8:00pm		24
10.15.11	8. pm			
10.14.11		10 Am		14
WEEKLY TOTALS:				38

Employee Signature: Robert L Cantu Date: 10.16.11

Supervisor Signature: _____ Date: _____

570 ⁶⁰/₁₀

TIME SHEET

Employee Name: Robert Carter Title: Caregiver
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Oct 11	9 pm			
Oct 12		8 am		11
	9 pm			
		10 am		13
	9 pm			
		8 am		11
WEEKLY TOTALS:				35

Employee Signature: Robert L Carter Date: _____

Supervisor Signature: _____ Date: _____

\$515

TIME SHEET

Employee Name: Katrina Harper

Title: Private Sitter

Week: 10-10-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10-11-11	8:00	9:00		13hrs
10-12-11	8:00	9:00		13hrs
10-14-11	8:00	8:00		12hrs
10-16-11	10:00	10:00		24hrs
10-17-11	10:00	3:00		5hrs
WEEKLY TOTALS:				

Employee Signature: Katrina Harper

Date: 10-17-11

Supervisor Signature: _____

Date: _____

$$\begin{array}{r}
 3 \\
 67 \\
 \times 15 \\
 \hline
 335 \\
 67 \\
 \hline
 1005 \\
 - 35 \\
 \hline
 \end{array}$$

\$ 970.00
15.00
\$ 985.00



THANK

GRO

2 QTY
OZARI WHITE
ResPrice
Card Savings

18 F

REFRIG/FROZEN

KRAFT SHRD CHSE	3.99 F
SIMPLY 4 CIUM	3.49 F
HORTIZO OMEGA	3.99 F

BAKED GOODS

SARA LEE 11 BRD	3.99 F
ResPrice	
Card S	

***	4
	1
	0.3

10/11	1066 04 011	00

Today W.	11

Welcome

Total	110
Total Savings Value	7%

Each 100 pts
Reward
You have
towards
at Participating



Little Card
Big Savings

LET US HELP

TIME SHEET

Employee Name: Faustino Vazquez

Title: _____

Week: Oct 13 - Oct 20 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10.13. Thur	9:00 am	9:00 pm	12	
10.17. Mon	2:30 pm	12:00 am	9.5	
10.18 Tue	12:00 am	12:00 am	24	
10.19 Wed	12:00 am	12:00 am	24	
10.20 Thu	12:00 am	8:00 pm	20	
WEEKLY TOTALS:			89.5	

Employee Signature: _____

Faustino Vazquez

Date: _____

Supervisor Signature: _____

Date: _____

89.5 x 15.00

1342.50

TIME SHEET

Employee Name: Robert Carter Title: Caregiver
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10.20.11	7:00			1
		8:00		13
10.20.11	~~6~~ 6:30			
10.21.11		6:30		24
10.21.11	6:30			
10.22.11		10:30		16.
WEEKLY TOTALS:				53

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

$$\begin{array}{r}
 11 \\
 795 \\
 \hline
 15 \\
 810 \\
 \hline
 15 \text{ gas} \\
 825 \\
 \hline
 35 \\
 \hline
 860 \\
 \hline
 \end{array}$$
 MEB

TIME SHEET

Employee Name: Katrina Harper Title: Sitter
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10-23-11	2pm	2am	12	12
10-24-11	2am	3pm	13	13
WEEKLY TOTALS:				25

Employee Signature: Katrina Harper Date: _____
 Supervisor Signature: _____ Date: _____

2
 25
 15
 ———
 120
 25
 ———
 \$390

\$370.00

TIME SHEET

Employee Name: Faustino Vazquez Title: _____
 Week: Oct 24 - Oct 27 _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10.24 mon	2:30	12:00am	9.5	
10.25 Tue	12:00am	12:00am	24	
10.26 Wed	12:00am	12:00am	24	
10.27 Thu	12:00am	8:00pm	20	
WEEKLY TOTALS:			77.5	

Employee Signature: Juan Vazquez Date: _____

Supervisor Signature: _____ Date: _____

1162.5
 + 20.00
 4.69
 Total 1187.19

EXXON EXPRESS PAY

XOM CORP Store
5401 KATY FRWY
HOUSTON, TX 77007
STORE#: 8923

PREPAID RECEIPT

DATE: 10/21/2011 7:41:31 AM

PUMPH 6

Regular 6.2136

PRICE/GAL \$ 3.219

FUEL TOTAL \$20.00

OTHER/TAX \$0.00

TOTAL \$20.00

FINAL PURCHASE AMOUNT
RECEIPT WITH FULL TRANSACTION
DETAIL AVAILABLE INSIDE



11441 Katy Fwy
Houston, TX 77079
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 268010 10/25/2011 2:08:55 PM
Employee: 14966 Name: Amanda

C2-SF CKFJ Taco X 99
1 CHIPS QSO
1 Sm DR PEPPER
Per CKFJ Qsa (4.69)
1 - PICO

SubTotal	10.68
Tax	0.88
Total	11.56
Visa	11.56
Change	0.00

Acct: xxxxxxxxxxxxx5741
Authorization 180781

ORDER# 410-----

We would like your feedback.
Participe en nuestra encuesta.

Visit www.cabanacares.com
Or call 1-800-350-3245

Respond within 3 days, and receive \$1.00
off next food purchase excluding alcohol.
Not valid with any other discount.

Coupon # _____ (PLU117)

Join our eClub at tacocabana.com

Sea parte de nuestro eClub en
tacocabana.com

I.D. 28014 14825 61010 14966

TIME SHEET

Employee Name: Katrina Harper

Title: Private Sitter

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10-28-11	8 AM	7 PM		11 hrs
WEEKLY TOTALS:				

Employee Signature: Katrina Harper

Date: 10-28-11

Supervisor Signature: _____

Date: _____

$$\begin{array}{r}
 11 \\
 15 \\
 \hline
 55 \\
 11 \\
 \hline
 \$165.00
 \end{array}$$

TIME SHEET

Employee Name: Robert L Cantu Title: Caregiver
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10.27.11	7 pm			1
		8 am		13
10.28.11	7 pm			24
10.29.11		7 pm		
10.29.11	7 pm			
10.30.11		10.4 am		15
WEEKLY TOTALS:				52

Employee Signature: Robert L Cantu Date: 10.29.11
 Supervisor Signature: _____ Date: _____

780.00
 Walgreens 13.00
 793.00

Walgreens

There's a way™

990 10 6788 03328 033

RFN# 0332-8336-7887-1110-2720

CRST P/H M/W 500ML 1	5.79
ENSURE PUDDNG 4Z4S 1	7.29
TOTAL	13.08

VISA	13.08
ACCT#*****6258	
CHANGE	.00



12850 1st Dr Houston, TX
Store 13722-7247

THANK YOU

SAVE YOUR PRESCRIPTIONS BY JOINING
WALGREENS PRESCRIPTION SAVINGS CLUB
SEE PHARMACY FOR DETAILS

OCTOBER 27, 2011 9:26 PM

How are we doing?
Enter our monthly sweepstakes for
\$3,000 cash

Visit
WWW.TELLWAG.COM
or call toll free
1-800-763-0547
within 72 hours to take a short
survey about this Walgreens visit

Survey#
0332-8336-788

Password
7111-0272-016

For contest rules, see store or
WWW.TELLWAG.COM

RETAIN THIS RECEIPT FOR YOUR RECORDS

OCTOBER 27, 2011 9:26 PM

TIME SHEET

Employee Name: Katrina Harper

Title: Private Sitter

Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10-28	7pm	8pm	1hr	
10-30	10 AM	10 AM	24hr	
10-31	10 AM	9pm	11hr	
WEEKLY TOTALS:			36	

Employee Signature: Katrina Harper

Date: 10-31-11

Supervisor Signature: _____

Date: _____

$$\begin{array}{r}
 3 \\
 36 \\
 15 \\
 \hline
 180 \\
 36 \\
 \hline
 \$546
 \end{array}$$

TIME SHEET

Employee Name: Robert Cantu Title: 225.11
 Week: _____

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2.21.11	6 pm			
2.22.11		9 am		15 hrs
2.24.11	8 pm			
2.25.11		4 pm		19 hrs
WEEKLY TOTALS:				34 hrs

Employee Signature: Robert Cantu Date: _____
 Supervisor Signature: _____ Date: _____

510.⁰⁰
 Pd. 2/25/11

Detach and return above portion with your order.

Dear N E Brunsting:

If you've recently sent in your subscription to *Iowa Outdoors*, thanks. If not, please read on.

Our records show your subscription to *Iowa Outdoors* is about to expire. If it does, you'll miss out on articles covering the beauty and opportunities in Iowa's great outdoors. You'll also miss the annual calendar issue.

Don't let that happen. Stay in touch with the latest Iowa outdoors news by taking a moment to send in your renewal order. If you don't have time right now to find your checkbook, just mark the box at top and we'll bill you while making sure that your issues of *Iowa Outdoors* arrive without delay.

I'll keep an eye on the mail for your response. Thank you.

Sincerely,
BRIAN BUTTON
Editor

Please return by 11/02/11 to claim Holiday Savings

~~\$235.44~~ Now ► \$35.97

NWK XFHS2

ANNUAL COVER PRICE: ~~\$235.44~~

Your first gift costs: **\$35.97**
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Valid For:

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Each additional gift costs: **\$29.97**



195012700688907480 711D051

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Please return this form today to take advantage of your Preferred Customer Holiday Discount. You'll save up to \$205.47 and your generosity will be remembered every week next year. Avoid the holiday rush -- renew today.

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MNWKXGR015 ONWKX00006

PKXQ 28938

Your Holiday Gift List

THE MORE YOU GIVE, THE MORE YOU SAVE...SO ORDER NOW.

195012700573900076 711D051 LUKE RILEY 203 BLOOMINGDALE CIR VICTORIA, TX 77904-3049 ► ☐ RENEW ☐ DO NOT RENEW EXP: NOV 07	MR/MS _____ _____ _____ _____ ► ☐ NEW GIFT
195012700688907480 711D051 ELMER BRUNSTING 13630 PINEROCK LN HOUSTON, TX 77079-5914 ► ☐ RENEW OR START MY OWN SUBSCRIPTION AT THIS SPECIAL RATE EXP: APR 11	MR/MS _____ _____ _____ _____ ► ☐ NEW GIFT

There's no need to pay now.

You may charge your NEWSWEEK gift subscriptions to your credit card. Or, you may check the "Bill me later" option below to lock in your Early Renewal Holiday Savings, and we will bill you later.

Please complete:

Total number of subscriptions ordered (including your own, if checked above): _____

☐ Payment enclosed. ☐ Bill me later.

☐ Charge my: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number

Expiration Date

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Signature

You will receive attractive gift cards to personally announce your gifts.

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SECOND NOTICE—FULL PAYMENT NOW DUE

Pay This Amount	Date	Total Enclosed
\$32.00	Oct 10, 2011	\$

Account #:

02 0218 4263 B1131U002 044 JUN12

NELVA E BRUNSTING

13630 PINEROCK LN

HOUSTON TX 77079-5914



BNB 0202184263 B1131U002 05 10/05/2011 BNBGB001 WGHCS 708

2 Gifts Page 1 of 1

BNB0202184263112300009304403200000000000000212

DISREGARD THIS NOTICE IF YOU MAILED YOUR PAYMENT.

BNBT1_19

Dear Friend:

We want to again thank you for thinking enough of *Birds & Blooms* magazine to give your friend(s) a subscription as a unique gift. We really do appreciate your support. Just one thing...

Your payment, as of the date above, has not reached our offices. If you've already mailed your check, and our letters "crossed in the mail," please disregard this notice and accept our apologies.

However, if you have not yet mailed your payment, it's important that you do so right away--so your gift isn't delayed or stopped altogether. (When something like that happens, it's embarrassing for everybody...including us.)

So if you've not yet done so, please take a minute now to sit down, write out your check and mail it to us, along with the invoice above, in the handy pre-addressed envelope that's enclosed. Thank you!

Sincerely,

Karen Gardner
Circulation Services

THE SUBSCRIPTIONS YOU ORDERED ARE LISTED BELOW.

Please check the name and address for each subscription order listed below. (Check the back for additional orders.) If corrections are necessary, simply indicate them, then return this ENTIRE form with your payment. (If names and addresses are okay, please return only the invoice with your payment.) THANK YOU.

SUBSCRIPTION FOR

AMY TSCHIRHART
2582 COUNTRY LEDGE
NEW BRAUNFELS TX 78132-4109

Acct.# 05 3899 8592
GIFT FROM: NELVA E BRUNSTING

TERM

1 YEAR

AMOUNT DUE

\$16.00

SUBSCRIPTION FOR

C BRUNSTING
5822 JASON
HOUSTON TX 77074-7740

Acct.# 07 0849 1121
GIFT FROM: NELVA E BRUNSTING

TERM

1 YEAR

AMOUNT DUE

\$16.00

SUBSCRIPTION FOR

SUBSCRIPTION FOR



1314 Texas Ave., Suite 1800, Houston, TX 77002

000020747 SC98054
Nelva E. Brunsting
13630 Pinerock Ln.
Houston, TX 77079-5914



\$25 statement credit¹
No Annual Fee*
0% Introductory APR
on purchases and balance
transfers for 15 billing cycles*

Dear Nelva E. Brunsting,

As a valued member, you deserve to carry one of our very best cards. The Bluebonnet Credit Union Visa® Select Rewards card is just that. It features our richest rewards program, as well as exclusive benefits designed to help you save money. And it's only available to our best members.

Request your card now and we'll thank you with our lowest introductory rate. You'll get 0% introductory APR on purchases and balance transfers for 15 billing cycles.*

Enjoy rewards without limits. Your relationship with Bluebonnet Credit Union entitles you to a higher level of rewards. You'll automatically earn 1 point for every \$1 spent in purchases ... with no limit.

As an added bonus, you'll get 2,500 reward points with your first purchase. That's enough to redeem for a \$25 statement credit.¹

Redeem your points for anything. You can select rewards like cash, travel, gift cards and merchandise. Or redeem your points for anything else you want with our Choose Your Own Rewards option.² Simply make any purchase with your card and redeem your points for a statement credit to cover the amount.

Get all this without paying an annual fee. Unlike many rewards cards that cost \$50 or more, your Bluebonnet Credit Union Visa Select Rewards card costs nothing to carry.

To request your card, simply choose one of the options to your right.

Sincerely,

Charles Maguire

Charles Maguire
President

*This exclusive card is our way of
thanking you for being a member.*

P.S. To take advantage of your pre-qualified status, **please reply before October 31, 2011.**



**3 easy ways to request your
Visa card:**

Call
1.877.881.4208

Visit
www.newcardapply.com/13924

Return
the enclosed
Application Form

Confirmation Code: VDQ1306632

You can choose to stop receiving "prescreened" offers of credit from this and other companies by calling toll-free 1-888-5-OPT-OUT (1.888.567.8688). See PREScreen & OPT-OUT NOTICE on other side for more information about prescreened offers.

¹ With your first credit card purchase, you'll get 2,500 bonus points that can be redeemed for a \$25 statement credit.

² Visit the Rewards Center at myaccountaccess.com for more information on the Choose Your Own Rewards program. Elan Financial Services is the creditor, issuer and service provider of the Visa Select Rewards Credit Card.

*Your 0% introductory APR applies to purchases and the rate is valid for 15 billing cycles. Your 0% introductory APR applies to balance transfers made within 30 days of account opening and is valid for 15 billing cycles. After the introductory rate, you will receive a variable rate on purchases and balance transfers that is currently 11.99%. The introductory rate does not apply to cash advances. Balance Transfer fee of 3% of each transfer amount (\$5 minimum) will apply to balances transferred within the first 30 days of account opening. Thereafter, Balance Transfer fee of 4% of each transfer amount (\$10 minimum) will apply. See the reverse side for Rates and Fees, How we apply your payments and the Right to Change Terms.

Interest Rates and Interest Charges		Select Rewards
Annual Percentage Rate (APR) for Purchases	0% Introductory APR for the first 15 billing cycles. After that, your APR will be 11.99%. This APR will vary with the market based on the Prime Rate.	
APR for Balance Transfers	0% Introductory APR for the first 15 billing cycles applies to balances transferred within 30 days of account opening. After that, your APR will be 11.99%. This APR will vary with the market based on the Prime Rate.	
APR for Cash Advances	23.99% This APR will vary with the market based on the Prime Rate.	
How to Avoid Paying Interest on Purchases	Your due date is 24-30 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month.	
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$2.00.	
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at http://federalreserve.gov/creditcard	
Fees		
Annual Fee	None	
Transaction Fees		
• Balance Transfer	Either 3% of each transfer amount or \$5 Minimum, whichever is greater, for transfers made within 30 days of account opening. Thereafter, either 4% of each transfer amount or \$10 Minimum, whichever is greater.	
• Convenience Check Cash Advance ¹	Either 4% of each advance amount or \$10 Minimum, whichever is greater.	
• Cash Advance	Either 4% of each advance amount or \$10 Minimum, whichever is greater.	
• Cash Equivalent Advance	Either 4% of each advance amount or \$20 Minimum, whichever is greater.	
• Overdraft Protection ²	\$10 per occurrence.	
• Foreign Transaction	2% of each foreign purchase transaction or foreign ATM advance transaction in U.S. Dollars. 3% of each foreign purchase transaction or foreign ATM advance transaction in a Foreign Currency.	
Penalty Fees		
• Late Payment	Up to \$35	
• Returned Payment	Up to \$35	
• Overlimit	Up to \$35	

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)".

How We Apply Your Payments: We apply your minimum payment to balances with lower APRs first. Amounts paid over the minimum payment will be applied in the order of highest to lowest APR balances.

Right to Change Terms: We may change APRs, fees, and other Account terms in the future based on your experience with Elan Financial Services and its affiliates according to the Cardmember Agreement and applicable law.

¹ Not all products receive Convenience Checks

² Not all products offer Overdraft Protection

Rewards Program Rules: We will award one point for each dollar of "net purchases" (purchases minus returns/credits) charged to a Visa Signature or a Select Rewards Platinum Card Account during each statement period. There is no limit to the number of points one can earn with a Visa Signature or a Select Rewards Platinum Card. Points will not be awarded to a cardmember for "net purchases" during a statement period if the Cardmembers' Account is not open and current on the statement closing date. Points will not be awarded for Cash Advances or other Account Advances as defined in the Cardmember Agreement. Points will be awarded to the primary cardmember and may be redeemed by an authorized cardmember on the Account. Visa Signature and Select Rewards Platinum cardmembers can redeem points for round-trip airfare beginning at 25,000 points in addition to Cash, Gift Certificates, Name Brand Merchandise Rewards and more. Complete terms and conditions for the Rewards Program will be provided to Visa Signature and Select Rewards Platinum cardmembers. Service provided by Maritz Loyalty Marketing.

Notice to New York Residents: You may contact the New York State Banking Department at 1-877-226-5697 or by writing to the Research & Technical Assistance Division, 1 State St., NY, NY 10004-1417 to obtain a comparative listing of all credit card rates, fees and interest-free periods.

Notice to Married Wisconsin Residents: No provision of any marital property agreement, unilateral statement under section 766.59 of the Wisconsin statutes or court decree under section 766.70, adversely affects our interest unless we, prior to the time the credit is granted or an open-end credit plan is entered into, are furnished a copy of the agreement, decree or court order, or have actual knowledge of the adverse provisions. IF YOU ARE A MARRIED WISCONSIN RESIDENT, CREDIT EXTENDED UNDER THIS ACCOUNT WILL BE INCURRED IN THE INTEREST OF YOUR MARRIAGE OR FAMILY.

Notice to California Residents: An applicant, if married, may apply for a separate Account.

Notice to Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with the law.

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address (P.O. Boxes are not allowed under Federal law), date of birth and other information (including your Social Security or Tax Payer Identification Number) that allows us to identify you. We may ask to see your driver's license or other identifying documents when appropriate.

PRESCREEN & OPT-OUT NOTICE: This "prescreened" offer is based on information from your credit report indicating that you meet certain criteria. This offer is not guaranteed if you do not meet our criteria. If you do not want to receive prescreened offers of credit from this or other companies, contact: TransUnion Name Removal Option, P.O. Box 505, Woodlyn, PA 19094-0505; Equifax Options, P.O. Box 740123, Atlanta, GA 30374-0123; Experian Credit Marketing, P.O. Box 919, Allen TX 75013-0919 or call toll-free: 1-888-567-8688.

Important BalanceShield Program Information

BalanceShield is an optional amendment to your Elan Financial Services Cardmember Agreement.

Your decision to enroll in BalanceShield will not have any effect on your application for credit or the terms of any existing credit agreement that you may have with Elan Financial Services.

The monthly fee is 85 cents per \$100 of your month ending balance on your credit card statement. BalanceShield will cancel your minimum monthly payments for up to 12 months per occurrence in the event of involuntary unemployment, disability, hospitalization and nursing home care, or leave of absence. In the tragic event of loss of life, BalanceShield will cancel your outstanding balance. You will not have to pay the monthly fee if you have no month ending balance or if you are in an approved benefit period.

We will provide you additional information before you are required to pay for BalanceShield. This information will include a complete BalanceShield Debt Cancellation Program Agreement ("BalanceShield Agreement") that fully explains the benefits and features of the program. You may cancel BalanceShield within 60 days from the effective date and receive a full credit of any BalanceShield fee(s) billed during the first 60 days.

There are eligibility requirements, conditions and exclusions that could prevent you from receiving protection under the BalanceShield Debt Cancellation Program BalanceShield Agreement. You should carefully read the BalanceShield Agreement for a full explanation of the terms of BalanceShield. You have the right to cancel BalanceShield at any time pursuant to the BalanceShield Agreement. BalanceShield is only available to U.S. residents.

Pre-Qualified Application Form

Nelva E. Brunsting
13630 Pinerock Ln.
Houston, TX 77079-5914

Confirmation code: VDQ1306632
REWPX SC98054 PC2802 LC13924
Expiration Date: October 31, 2011



To request your card, Call: 1.877.881.4208
or Visit: www.newcardapply.com/13924

Three easy steps to apply. If above address is incorrect or a P.O. Box, please cross out and change as necessary.

PLEASE NOTE: Rate, fee and other cost information are located on the back of the letter and application. Please print.

1 Applicant Information

Date of Birth () -	Social Security # ☐ Own ☐ Rent ☐ Other
Home Phone Number	Residence \$
Employer () -	Monthly mortgage/rental amount \$
Business Phone Number	Annual Income †

†Alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

2 Authorized User Information

To add an optional authorized user to your account, please enter the name below. (Please leave blank if no additional card is requested.)††

First Name _____ Middle Initial _____ Last Name _____

†† You may request a card be issued on your Visa Card account to a person you authorize to use your account. This person is called an Authorized User. You agree to be solely responsible for all transactions the Authorized User makes on your account.

Note: If this is to be an individual account, married Wisconsin residents must provide the name and address of their spouse in the section provided. If this credit account is opened, we may give notice of the opening to the applicant's spouse.

For Wisconsin Residents only: I am ☐ Married ☐ Unmarried

If married, name of spouse is: _____

Spouse resides at ☐ The address shown above, or ☐ _____

Transfer balances here and save

☐ **YES!** You have my authorization to transfer these balances to my new Visa Card account. Balance transfer transactions from other Elan Financial Services accounts are not permitted. Refer to the back of the letter and application for rates, fees and other cost information.

Credit Issuer/Company we are to pay	Account #(s) that you want us to pay	Credit Card Issuer Address	Total

Applicant Signature: X _____ Date: _____

Overlimit transaction opt-in right

You can request that we cover overlimit transactions by opting-in as instructed below. If you opt-in and we permit you to go over your Credit Limit, we will charge you an Overlimit Fee of up to \$35. You will only pay one fee per billing cycle, even if you go over your Credit Limit multiple times in the same cycle. You may also revoke your decision to opt-in for future transactions at any time. Your decision to opt-in does not solely determine whether we will authorize transactions to go over your Credit Limit. For example, even if you opt-in, we still may decline any transaction that would cause you to go over your Credit Limit, such as if you are past due or significantly over your Credit Limit. In addition, we have discretion to authorize transactions that go over your Credit Limit even if you do not opt-in, but you will not incur a fee for these transactions. You can opt-in by checking the box below and return it with this application. You may revoke your opt-in, at any time, by contacting us at the address, phone number, or website found in your Cardmember Agreement.

☐ I want you to authorize transactions that exceed my Credit Limit. I understand that if I go over my Credit Limit, I will be charged a fee of up to \$35.

3 Authorization

By signing this form, you understand and agree that Elan Financial Services ("we", "us" or "our"), as the creditor and issuer of your Account, will rely on the information provided here in making this credit decision, and you certify that such information is accurate and complete to the best of your knowledge. If we open an Account based on this application, you will be individually liable for all authorized charges and for all fees referred to in the most recent Cardmember Agreement, which may be amended from time to time. We may request consumer credit reports about you for evaluating this application and in the future for reviewing Account credit limits, for Account renewal, for servicing and collection purposes, and for other legitimate purposes associated with your Account. Upon your request, we will inform you if a consumer report was requested and, if it was, provide you with the name and address of the consumer reporting agency that furnished the report. By providing a telephone number for a cellular phone or other wireless device, you are expressly consenting to receiving communications at that number, including, but not limited to, prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system from us and our affiliates and agents. These calls and messages may incur fees from your cellular provider. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls regardless of their purpose. By signing this form, you also agree that we may verify your employment, income, address and all other information provided with other creditors, credit reporting agencies, employers, third parties, and through records maintained by federal and state agencies (including any state motor vehicle department) and waive any rights of confidentiality you may have in that information under applicable law. You agree that, in order to open and administer the account that may be established as a result of this application, we and the correspondent financial institution that solicited this application may share certain information about you and your ongoing account activity. By signing this form you certify that you have read and understood the disclosures here and you agree to the terms of this application.

X

Applicant Signature

PROTECT YOUR ACCOUNT AND CREDIT HISTORY

☒ **YES!** I want to protect my account and credit history by enrolling in the BalanceShield™ Program. I understand that enrollment in BalanceShield is **OPTIONAL** and is not required to obtain credit and that I am free to cancel at any time. By signing below, I acknowledge that I have read and agreed to the important disclosures on the reverse side, including the monthly fee of 85 cents per \$100 of my month ending balance.

X

Balance Transfer Terms and Information

If you use the Optional Balance Transfer Form to pay your current credit card balances, the following additional terms are applicable:

You choose which balances to transfer. You may transfer up to 90% of your approved credit limit, with a minimum transfer amount of \$250. Any amount currently subject to a billing dispute should not be transferred since the transfer may jeopardize your dispute rights. Elan Financial Services ("Issuer") shall not have any liability for not transferring any balances which exceed your credit limit. The payment and transfer of balances are contingent upon approval by the Issuer, and receipt of a complete and legible Balance Transfer Form.

Complete your Balance Transfer Form to have balances transferred to your account. Please indicate the exact amount of the balance owed, the account number, the name and address of each credit issuer, and authorize by signing your name at the bottom of the Balance Transfer Form. All balance transfers must be requested using the enclosed Balance Transfer Form. Transfer requests to "cash," to yourself, or for account balances with Issuer or its affiliates cannot be processed. Issuer will send a check to each company you list, and a letter to you to confirm the amounts paid. **Please be sure to continue paying the minimum amount due until you receive your confirmation.** This will ensure your account is kept current while your Balance Transfer Form is being processed and does not place your account in a "past due" status. Your statement will also show your transferred balances. Please allow up to 4 weeks for transfers to be completed.

What about your other credit card accounts? Transferring balances will not automatically close your accounts. If you wish to close your other accounts, please write each creditor directly. If you receive a statement while transfers are being processed, pay the minimum amount to avoid late notices and charges. We cannot assume responsibility for any late payments, interest charges, or disputed amounts on your other accounts.

Information about balances transferred to your account. Interest charges will accrue on transferred balances as of the date they are posted to your account, until the date they are paid in full. You may cancel a balance transfer request within 10 days of account opening by calling 1-800-558-3424. After 10 days from account opening, requests to stop payment on Balance Transfer Check(s) issued by Issuer shall not be honored unless the check(s) has been stolen, lost or destroyed. In such cases, Issuer shall issue replacement Balance Transfer Check(s) only if you agree to indemnify Issuer for any damages and obtain a surety bond in the amount of the stolen, lost or destroyed Balance Transfer Check(s). Payments will be applied first to the lowest APR balance on your account. Amounts paid over the minimum payment will be applied in the order of highest to lowest APR balances.

Cardmember Service Guarantee:

Your card is backed by our Cardmember Service Guarantee. We are dedicated to responsive, respectful, prompt and helpful service. To ensure that you receive the superior service that you deserve, we make these promises:

- Service Advisors will be available to assist you 24 hours a day, 7 days a week.
- We will respond to inquiries made before 3 p.m. CT (4 p.m. ET) on the same business day.
- Requests for replacement cards, PINs and convenience checks* received by 6 p.m. CT (7 p.m. ET) will be processed on the next business day.
- Requests for credit line increases will be processed within one business day.
- You are protected with zero fraud liability for unauthorized transactions.**

*Some products do not receive convenience checks. Please consult your Cardmember Agreement for details.

**Elan Financial Services provides zero liability for unauthorized transactions. Cardholder must notify Elan Financial Services promptly of any unauthorized use. Certain limitations may apply.

To Apply For Your New Card

To apply for your new Credit Card, complete and return the Application Form. The Credit Card is issued by Elan Financial Services, a national bank with its main office in Fargo, ND ("we", "us", "our"). All credit extended to you will be subject to the terms and conditions in the Cardmember Agreement, which may be amended from time to time. If you are a married Wisconsin resident, you must separately provide us with the name and address of your spouse. Your exact credit limit will be determined by the income reported on your Application Form. We may, however, obtain information from credit bureaus to determine the exact amount of credit that you are qualified to receive. We may also obtain credit reports from time to time to determine your continued eligibility for credit. At your request, we will tell you if such information was requested and give you names and addresses of credit bureaus providing reports. However, this credit may not be extended to you if after you respond to this offer, we find that you do not meet the criteria used to select you for this offer or any applicable criteria bearing on your creditworthiness. You must be 18 or older to accept. This offer is non-transferable. Minimum annual applicant income requirement of \$12,000 for a Credit Card.

3 easy ways to request your Visa card



Visit the website shown on reverse



Call 1.877.881.4208



Mail back this Pre-Qualified Application form

Earn unlimited rewards for all your everyday purchases

No matter where you shop, you'll earn points every time you use your Select Rewards card ... with no points limit.

Monthly purchases	Amount	Points
Groceries	\$400	400
Gas	\$200	200
Merchandise	\$250	250
Utilities	\$300	300
Dining out	\$100	100
1-month total:		1,250
1-year total:		15,000

Look how fast your points add up! 

Call to request your card today:
1-877-881-4208

 Select Rewards

¹ The creditor, issuer and service provider of your Select Rewards Card is Elan Financial Services.
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Enjoy a higher level of rewards

with your new Select Rewards card

Why not get rewarded for the things you buy every day? With your Select Rewards card, you'll earn reward points at millions of places ... automatically.

Get rewards without limits

You earn 1 point for every \$1 spent, with no points limit. Redeem for cash back, travel, gift cards and merchandise. Or select anything else with our Choose Your Own Rewards option.²

► **BONUS: Get 2,500 reward points**
with your first purchase – enough for a
\$25 statement credit!

Call to request your card today:
1-877-881-4208

² See letter for details.



Select Rewards

WILLIAM S. HARWELL, M.D.
11002 Landon Lane
Houston, Texas 77024-5402
August 12, 2011

Dear Wedding Band Classmates, Friends,

It is with great regret that I am sending you this letter. After contacting all the members of the class that I was able to reach, by e-mail or telephone (and including those of you who would provide me with an opinion!!) it appears that the majority of us now feel that it is time to discontinue the ORIGINAL *Wedding Band Sunday School Class*, after some 50+ years.

Of those I could reach, and get an opinion, there were ten (including individuals and couples), who felt that it was time to disband, and only three individuals who thought that we should continue the class. I assume that the majority must rule.

Therefore, I have informed Teressa Rossy of that decision, and that our class will no longer exist. I suppose that I may also inform the Wedding Band II class that they now have exclusive possession of the name.

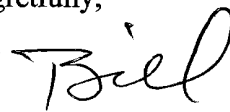
From my conversations, I have the feeling that the reluctance of all of us to disband was mainly because we did not wish to lose the contacts, the associations, with our friends in the class, with whom we have enjoyed seeing, visiting, knowing about, commiserating and rejoicing, for all these many years.

In order to alleviate that loss, several have suggested that we continue to meet socially, maintaining the contacts with our friends, and certainly I feel that that will be a good thing to do. For lack of a better idea at present, I would suggest that we all put it on our schedules, and in our date-books, that we will try to meet each month at the Second Sunday Chicken Dinner, at 11:00 AM, right after Sunday School. We can take over a table or two, depending on the response, and have a time there to visit, learn how everyone is getting along, and what is going on with them.

If someone has a better idea, please let me know!!

Certainly I have very much enjoyed being with *ALL* of you every Sunday, and will miss our class greatly!!!

Regretfully,

A handwritten signature in cursive script, appearing to read "Bill".



Feathering the Nest



Please join us for the



2011 Dinner

Feathering the Nest



Speaker

Giff Nielsen

Former Houston Oilers Quarterback and
Channel 11 Sports Director

Entertainment

*The Salvation Army
Harbor Light Choir*

Thursday, May 5, 2011

6:30 p.m. - Check In

Chapelwood Fellowship Hall

6:45 p.m. - Dinner/Program

Executive Director

Teresa Cannon

Dinner Chairman

Carol Sharpe

Host Committee

Margaret and Leonard Bedell	Kathie and Dave Luther
Rosanna and Myron Blalock	Nell and Ed Lynch
Charlie Brown	Helen and Jim Miner
Sandy and Jay Carlton	Pamela and Bob Moore
Hazel and Carleton Cole	Kay and Bob Newman
Cindi and Brandon Coleman	Dorothy Nicholson
Karen and Gus Comiskey	Chris and John Ogren
Jennifer and Rob Cooksey	Susan and Ed Patterson
Jane Page and James Crump	Katie and Wayne Payne
Donna and Ross Dawson	Grace and Carroll Phillips
Peggy and Gary Edwards	Jamie and Homer Smith
Debbie and Gary Gibson	Cathy and Forrest Smith
Donna and Mark Greek	Marianita and Lee Snodgrass
Joan and Bob Greer	Ann and Bill Steiner
Leslie and Tom Hix	Dot and Bill Thompson
Dana and Henry Houston	Janet and Tom Walker
Sue and Dike Howe	Pam and Jerry Treadwell
Carrie and Jeff Hoyer	Lynn Stanley Webster and
Judy and Henry Jackson	Ron Webster
Jean and Bill Jensen	Karyl McCurdy White and
Marilyn Joekel	Charles White
Susan Kaplan	Carrie and Ron Woliver
Karla and Bill Lowerre	Sandra and Ron Yates



THE CHAPELWOOD
FOUNDATION

2011 Dinner
Response Reply Card
Thursday, May 5



Name _____

Address _____

City _____

State _____ Zip Code _____

Phone (____) _____

E-mail _____

Dinner Tickets - \$25 per person

Enclosed is my check for \$ _____ made
payable to: The Chapelwood Foundation.

Please charge \$ _____ to my credit card.

☐ Visa ☐ MC ☐ AMEX

Account # _____

Expiration Date ____ / ____

Signature _____

To purchase tickets on-line, go to
www.chapelwood.org/foundation. Click on "Purchase
Foundation Dinner Tickets." (A confirmation will be
sent to you electronically).

☐ I/We are unable to attend, but enclosed is a fully
tax-deductible donation of \$ _____.

Seating is limited, so please make your reservation by
April 26. For more information contact Teresa Cannon,
Executive Director of The Chapelwood Foundation, at
(713) 354-4485.

Please list the names and phone numbers of your
table guests or the people you would like to be seated
with on the reverse side.



Please list the names and phone numbers of your table guests or the people you would like to be seated with. Tables seat eight or ten.

Guest 1 _____

Phone (_____) _____

Guest 2 _____

Phone (_____) _____

Guest 3 _____

Phone (_____) _____

Guest 4 _____

Phone (_____) _____

Guest 5 _____

Phone (_____) _____

Guest 6 _____

Phone (_____) _____

Guest 7 _____

Phone (_____) _____

Guest 8 _____

Phone (_____) _____

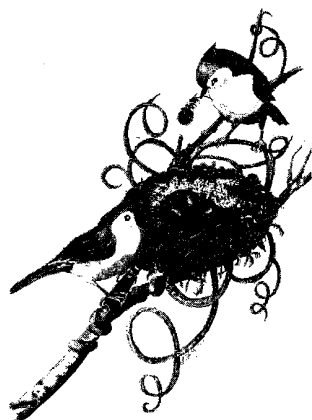
Guest 9 _____

Phone (_____) _____

Guest 10 _____

Phone (_____) _____





The Chapelwood Foundation
Chapelwood United Methodist Church
11140 Greenbay
Houston, TX 77024

B.O.L.D.er BULLETIN



January 2011

BOLDER activities are open to anyone 50 or older.
It is not necessary to be a member of Chapelwood to participate.

Friendly Visits for Seniors is Here!

Friendly Visits matches two team members with a homebound Chapelwood member or couple who have requested, or whose family has requested, to receive regular visits. Social isolation is one of the real risks in growing older, and our teams provide up to an hour visit every 1-2 weeks.

If you are interested in knowing more about Friendly Visits, would like to serve as a team member or if you know a Chapelwood member who would benefit from participating, please contact Scott Endress, (713) 354-4470 or sendress@chapelwood.org.

Interesting B.O.L.D.er Outings are Coming . . .

Our day trips are open to all— Chapelwood members and guests. We appreciate your early RSVP to Judy Jones, jjones@chapelwood.org or (713) 354-4412.

Wednesday, February 16: Bayou Bend Museum. Cost: \$8.50 per person. Gather at 10:45 a.m., depart at 11:00 a.m. from Chapelwood. Lunch on your own at Andre's in River Oaks.

Monday, March 21: "Impressionist and Post-Impressionist Masterpieces from the National Gallery of Art," Museum of Fine Arts Houston. Cost: \$25 per person (includes tour and lunch). Lunch at Chapelwood at 12:15 p.m. Depart at 1:15 p.m. from Chapelwood for the museum.

Tuesday, March 29: Holly Hall Book Review (benefits Holly Hall), St. Luke's UMC. *Women of the West* by Dorothy Gray. Reviewer: Colleen Boudreaux. Cost: \$10 per person. Gather at 9:30 a.m., depart at 9:45 a.m. Lunch after review on your own at Palazzo's (Westheimer).

B.O.L.D.er Book Club News

(B.O.L.D.er Book Club meets in LC 211-212 at 1:00 p.m. every first Tuesday)

Tuesday, February 1, our book is *Hotel at the Corner of Bitter and Sweet* by Jamie Ford. It is fiction, and involves the story of a boy of Chinese ancestry and a girl of Japanese ancestry who become friends at school before World War II on the West Coast. As you can imagine, the war disrupts their families' lives and their friendship. It has been on the NY Times bestseller list for paperbacks for a long time.

Tuesday, March 1st, we will discuss *At Home* by Bill Bryson. At this point it is still in hardback only, so we will be hoping that it comes out in paperback soon! It is about the development of houses (mainly in England), but is also a social history since changes in society brought about changes in houses. Bill Bryson is always articulate and entertaining, and the book is very informative. Our church library is supposed to have it, so please check there first.

Dorothy Blodgett

A Passage Through Grief (a seminar about loss and acceptance) - The Chapelwood Caring Ministry is offering an eight-week seminar, "A Passage Through Grief," for anyone who is dealing with grief as a result of loss. The grief may be the result of losing a job, a spouse or a child, a divorce, or any other kind of loss experienced in life. The seminar will meet on Tuesday nights beginning February 1 through March 22, from 7:00 - 8:30 p.m. The class will be held in Chapelwood's Learning Center 204. For more information or to register, contact Anne Kadlecek, (713) 354-4447 or akadlecek@chapelwood.org.

Alzheimer's Support Group will be held at Memorial Hermann Memorial City Hospital East Tower, Gessner entrance, 5th floor - Classroom A. Susan Waller, Certified Alzheimer's Support Group Facilitator, will lead the discussion the third Sunday of each month (January 16, February 20, March 20 and April 17), 2:00 - 3:00 p.m. Complimentary admission, refreshments and covered parking in garage at the Gessner entrance.

"The Only One Standing in Your Way is You!" Seminar at Chapelwood

Monday, January 24 - 8:30 a.m. to 4:00 p.m., and Tuesday, January 25 - 9:00 a.m. to 4:00 p.m.

Seminar cost is \$25 and includes lunch both days. Registration is available online at www.chapelwood.org. Workshop registration will close on Thursday, January 20. Register early, as space is limited and the seminar is very popular. For more information, contact Gloria Mounger at (713) 354-4465 or gmounger@chapelwood.org.

The Gathering Place at Chapelwood

The Gathering Place is held 10 a.m. to 1:30 p.m. on each first Monday beginning February 7, in Circle of Friends Rooms 3 - 6. Chapelwood volunteer caregivers provide respite care for Alzheimer's, dementia and stroke patients. Each day features a structured program of physical, social and recreational activities. Lunch is included. Chapelwood partners with Interfaith Care Partners in this ministry. Register your care receiver with Tom Breaux at tbreaux@interfaithcarepartners.com. For more information about serving others at The Gathering Place, contact Clayton Mills, cjmills9@gmail.com or (713) 466-7575.

Draw water for your soul

*For we are God's bliss, for God delights in us without end, and so, by God's grace, will we delight in God.
Julian of Norwich*

January 6, or Epiphany, marked the culmination of the three kings' long journey from the East, their long-awaited arrival at Bethlehem, at the child Jesus' house. When the star finally stopped, the narrative in Matthew 2 notes that these wise ones were "filled with joy."

There's a certain relief in finishing anything. But the text clearly states that the outcome of the trip was one of joy as they were then able to present their gifts to the Christ boy. This has helped me to assess things, not only looking at my December, but also, as I move into 2011.

It is God's joy, an overabundance of it, that moves us toward joy. The result of the journey does include joy! And if whatever spiritual practice we're observing isn't bearing the fruit of joy, maybe it's time to discover what can help us to move closer in this direction.

Thanks for your ministry,
Scott Endress

If you would prefer to receive the BOLDer Bulletin by e-mail, rather than a printed copy, please e-mail Judy Jones (jjones@chapelwood.org) and let us know.