

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH  
P. O. BOX 485  
COLUMBIA, SOUTH CAROLINA 29202

FOR MAINTENANCE AND MEDICAL CARE OF: CARROLL A. HUFF  
#008-11-7560  
AT EARLE E. MORRIS, JR., ALCOHOL AND DRUG ADDICTION CENTER

AUGUST 07, 1981	THROUGH	SEPTEMBER 03, 1981	@	\$35.00 PER DAY	\$	945.00
FEBRUARY 25, 1982	THROUGH	APRIL 10, 1982	@	\$35.00 PER DAY		1,540.00
APRIL 11, 1982	THROUGH	APRIL 29, 1982	@	\$35.00 PER DAY		630.00
MARCH 02, 1983	THROUGH	MARCH 04, 1983	@	\$45.00 PER DAY		90.00
LESS AMOUNT PAID					\$	3,205.00
						0.00
BALANCE DUE					\$	3,205.00

STATE OF SOUTH CAROLINA  
COUNTY OF RICHLAND

BEFORE ME PERSONALLY APPEARED (MRS.) BEVERLY R. BLACK WHO BEING DULY SWORN, SAYS THAT SHE IS OFFICE MANAGER, PATIENTS PERSONAL AFFAIRS OF THE STATE DEPARTMENT OF MENTAL HEALTH AND THAT THE ABOVE ACCOUNT IS TRUE OF HER OWN KNOWLEDGE AND THAT NO PART THEREOF HAS BEEN PAID BY CASH, DISCOUNT OR OTHERWISE AND THAT AS OF 04/08/87 THERE IS/WAS DUE AND OWING THE STATE DEPARTMENT OF MENTAL HEALTH THE SUM OF \$3,205.00 AND THAT SHE IS THE PROPER OFFICER TO MAKE THIS VERIFICATION.

*Beverly R. Black*

SWORN TO AND SUBSCRIBED BEFORE ME  
LYNDA ELDER FERGUSON  
THIS 08TH DAY OF APRIL 1987

*Lynnda Elder Ferguson*  
NOTARY PUBLIC FOR SOUTH CAROLINA

43183

MY COMMISSION EXPIRES ON AUGUST 9, 1989

Recorded April 13, 1987 at 3:30 P.M.