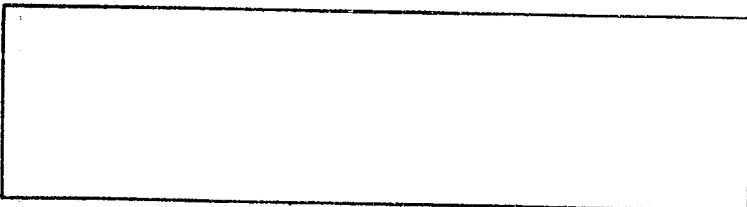


SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
P. O. Box 485
Columbia, South Carolina 29202

FOR MAINTENANCE AND MEDICAL CARE OF:

James Calvin Duke, #820-0107

- | | |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> At C. M. Tucker, Jr., Human Resources Center | <input type="checkbox"/> At James F. Byrnes Clinical Center |
| <input type="checkbox"/> At Crafts-Farrow State Hospital | <input type="checkbox"/> At S. C. State Hospital |
| <input checked="" type="checkbox"/> At Earle E. Morris, Jr., Alcohol and Drug Addiction Center | <input type="checkbox"/> At William S. Hall Psychiatric Institute |
| <input type="checkbox"/> At G. Werber Bryan Psychiatric Hospital | |



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February 5, 1982 through February 18, 1982 @ \$15.00 per day	\$ 195.00
November 24, 1986 through December 24, 1986 @ \$110.00 per day	3300.00
December 27, 1986 through January 7, 1987 @ \$110.00 per day	1210.00
	<u>\$4705.00</u>

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

Before me personally appeared Beverly R. Black who being duly sworn, says that he/she is Office Manager, Patients Resources of the State Department of Mental Health and that the above account is true of his/her own knowledge and that no part thereof has been paid by cash, discount or otherwise and that as of 12/10/87 there is/was due and owing the State Department of Mental Health the sum of \$4705.00 and that he/she is the proper officer to make this verification.

Beverly R. Black

Sworn to and subscribed before me
Lynda Elder Ferguson
this 10th day of December 19 87

Lynda Elder Ferguson

Notary Public for South Carolina

Recorded Dec. 16, 1987 at 12:30 P/M 28011

My commission expires on 8/9/89