

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

FOR MAINTENANCE AND MEDICAL CARE OF: PHILLIP A. OWINGS
#008-30-0467

AT EARLE E. MORRIS, JR., ALCOHOL AND DRUG ADDICTION CENTER VOL

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JUNE 01, 1983 THROUGH	JUNE 02, 1983 COURT OBSV/NO CHARGES	0.00
DECEMBER 09, 1983 THROUGH	DECEMBER 31, 1983 @ \$45.00 PER DAY	1,035.00
JANUARY 01, 1984 THROUGH	FEBRUARY 03, 1984 @ \$100.00 PER DAY	3,300.00
		4,335.00
LESS AMOUNT PAID		0.00
BALANCE DUE		4,335.00

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 01/06/88 THERE IS/WAS DUE AND OWING THE STATE DEPARTMENT OF MENTAL HEALTH THE SUM OF \$4,335.00 AND THAT SHE IS THE PROPER OFFICER TO MAKE THIS VERIFICATION.

Beverly R. Black

SWORN TO AND SUBSCRIBED BEFORE ME
LYNDA ELDER FERGUSON
THIS 06TH DAY OF JANUARY 1988

Lynnda Elder Ferguson
NOTARY PUBLIC FOR SOUTH CAROLINA

MY COMMISSION EXPIRES ON AUGUST 9, 1989

Recorded January 9:30 A/M

31331