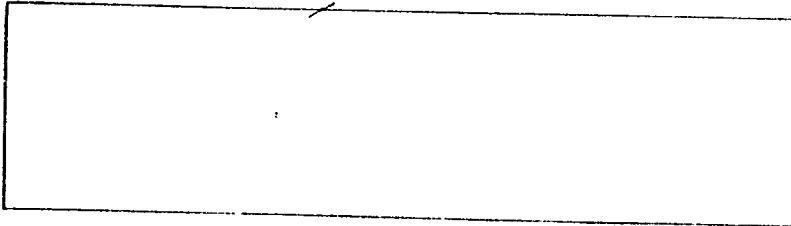


SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
P.O. Box 485
Columbia, South Carolina 29202

FOR MAINTENANCE AND MEDICAL CARE OF: Leroy Nile, #008-80-8325, (Deceased)

- | | |
|---|---|
| <input type="checkbox"/> At C. M. Tucker, Jr., Human Resources Center | <input type="checkbox"/> At James F. Byrnes Clinical Center |
| <input checked="" type="checkbox"/> At Crafts-Farrow State Hospital | <input type="checkbox"/> At S. C. State Hospital |
| <input 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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October 14, 1988 through October 15, 1988 @ \$60.00 per day	\$ 60.00
October 15, 1988 through January 11, 1989 @ \$35.00 per day	<u>3,080.00</u>
	\$3,140.00
Less Amount Paid	<u>.00</u>
Balance Due	\$3,140.00

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 7/6/89 there is/was due and owing the State Department of Mental Health the sum of \$3,140.00 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 6th day of July 1989

Lynda Elder Ferguson
Notary Public for South Carolina

My commission expires on August 9, 1989