

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

FOR MAINTENANCE AND MEDICAL CARE OF: JOHN H. BOLDEN
#008-40-8393

BOOK

1 PAGE 918

AT CRAFTS-FARROW STATE HOSPITAL

SEPTEMBER 04, 1984 THROUGH	DECEMBER 25, 1984 @	\$40.00 PER DAY	\$	4,480.00
DECEMBER 25, 1984 THROUGH	JANUARY 07, 1985 @	\$55.00 PER DAY		715.00
JANUARY 07, 1985 THROUGH	SEPTEMBER 25, 1985 @	\$40.00 PER DAY		10,480.00
			\$	15,675.00
		LESS AMOUNT PAID		5,220.00
		BALANCE DUE	\$	10,455.00

11674

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 09/25/85 THERE IS/WAS DUE AND OWING THE STATE DEPARTMENT OF MENTAL HEALTH THE SUM OF \$10,455.00 AND THAT SHE IS THE PROPER OFFICER TO MAKE THIS VERIFICATION.

Beverly R. Black

SWORN TO AND SUBSCRIBED BEFORE ME
LYNDA ELDER FERGUSON
THIS 25TH DAY OF SEPTEMBER 1985

Lynnda Elder Ferguson
NOTARY PUBLIC FOR SOUTH CAROLINA

MY COMMISSION EXPIRES ON AUGUST 9, 1989

Recorded October 3, 1985 at 4:00 P/M

11674