

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

FOR MAINTENANCE AND MEDICAL CARE OF: JOHN T. GORDON
8008-41-7650

VOL

2 PAC 241

AT CARLE E. MORRIS, JR., ALCOHOL AND DRUG ADDICTION CENTER

NOVEMBER 01, 1984 THROUGH NOVEMBER 15, 1984 @ \$100.00 PER DAY	\$	1,500.00
LESS AMOUNT PAID	\$	1,500.00
BALANCE DUE	\$	0.00
	\$	1,500.00

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND

BEFORE ME PERSONALLY APPEARED (MRS.) BEVERLY B. 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 01/15/88 THERE IS/WAS DUE AND OWING THE STATE DEPARTMENT OF MENTAL HEALTH THE SUM OF \$1,500.00 AND THAT SHE IS THE PROPER OFFICER TO MAKE THIS VERIFICATION.

Beverly B. Black

SWORN TO AND SUBSCRIBES BEFORE ME
LYNDA ELDER FERGUSON
THIS 15TH DAY OF JANUARY 1988.

Lynnda Elder Ferguson
NOTARY PUBLIC FOR SOUTH CAROLINA

Recorded Jan 19, 1988 at 2:00 P/M 311860

MY COMMISSION EXPIRES ON AUGUST 9, 1989