Name of Debtor Against Which You Assert Your Claim. (check one box - if you are asserting a claim against more than one Debtor, you must file a separate Proof of Claim against each Debtor) Hutcheson Medical Center, Inc., Case No. 14-42683 Hutcheson Medical Division, Inc., Case No. 14-42684 NOTE: Do not use this form to make a claim for an administrative expense. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503. Name and Address of Creditor (the person or other entity to whom the debtor owes money or property): TFI RESOURCES, INC. WISS., STE 700 APR 3 0 2015 Check this box if the claim amends a previously filed claim. Court Claim Number: T13-780-9161 Fax number: 7/3-783-/566 Check this box if the claim amends a previously filed claim. Court Claim Number: (If known) Filed on: Check this box if you are asserting a claim against more than one Debtor, you must file a separate Proof of Claim. (Check this box if you are that the use of the above address, or the different address where payment should be sent (if different from above):			0	
than one Debtor, you must file a separate Froof of Claim against each Debtor) Hetcheson Medical Center, Inc., Case No. 14-42683 Histcheson Medical Division, Inc., Case No. 14-42684 Histcheson Medical Division, Inc., Case No. 14-42684 NOTE: Do not use this form to make a claim for an administrative expense. You may file a request for popment of an administrative expense according to If U.S.C. § 307. Note: and Address of Creditor (the person or other early) to whom the debter owes money or property: FFI RESOURCES, INC. HOUS 70N, 7X 77057 APR 3 0 2015 BMC GROUP HOUS 70N, 7X 77057 APR 3 0 2015 BMC GROUP HOUS 70N, 7X 77057 APR 3 0 2015 BMC GROUP House 70N, 7X 77057 APR 3 0 2015 BMC GROUP House 70N, 7X 77057 APR 3 0 2015 BMC GROUP House 70N, 7X 77057 APR 3 0 2015 BMC GROUP House 70N, 7X 77057 APR 3 0 2015 BMC GROUP House 70N, 7X 77057 APR 3 0 2015 BMC GROUP House 70N, 7X 77057 APR 3 0 2015 BMC GROUP House 70N, 70N, 70N, 70N, 70N, 70N, 70N, 70N,				PROOF OF CLAIM
Hetcheson Medical Division, Inc., Case No. 14-42684 NOTE: Do not use the form to make a claim for an administrative expense exceeding in 11 U.S.C. \$ 300. Name and Address of Creditor (the person or other entity to wham the debor owes money or property): FIFI RESURCES, TIM. RECEIVED HOUR TON, TX 77097 APR 3 0 2015 Hours TON, TX 77097 APR 3 0 2015 House The address above will be used for services of notice of any objection to your claim, unless you greate that the use of the observe address, or the different address provided below, is sufficient for purposes of beautypety role 7004. Name and address where payment should be sent (if different from above): Fix number:	than one Debtor, you must file a separate Proof of	Claim against each Debtor)	iim against more	Deadline for filing Proofs of Claim
Check this bot if the claim claim as of Date Clase Filed: See Industrial Part See Insurance of See Ins	Hutcheson Medical Center, Inc., Case	No. 14-42683		
Name and Address of Creditor (the person or other entity to whom the debtor owes money or property): TFI RESURCES, INC. IVIL 3, 1935, 576 700 HOUS TOM, TX 77057 APR 3 0 2015 BMC GROUP Telephone number: II3 - TBD - 9 6 Fex number: 7/3 - 783 - BMC GROUP Telephone number: II3 - TBD - 9 6 Fex number: 7/3 - 783 - BMC GROUP The other above will be used for strike of smile of any objective to your claim. unless you provide a different nutice address in the pages cervivaled by your signature on the reverse side. By submilling this Front of Claim you agree that the use of the above address. or the different address provided below, is sufficient for purposes of Bankraptcy Rule 7004. Name and address where payment should be sent (if different from above): Check this box if the claim claim is secured. Complete Item 4. If all or part of your claim is secured. Complete Item 5. Check this to sife the claim is secured. Complete Item 4. If all or part of your claim is secured. Complete Item 5. Check this to sife decisin includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.	☐ Hutcheson Medical Division, Inc., Case	e No. 14-42684		
### RESOURCES, TUC.	NOTE: Do not use this form to make a claim for an admiespense according to 11 U.S.C. § 503.	nistrative expense. You may file a request for payment of	an administrative	
## RECEIVED ## Re	Name and Address of Creditor (the person or other entity	to whom the debtor owes money or property)		
### APR 3 0 2015 #### APR 3 0 2015 ##### APR 3 0 2015 #### APR 3 0 2015 #### APR 3 0 2015 ##### APR 3 0 2015 ####################################	TET DECAMPORES TIP.		TEIVED	
Telephone number: 113 - 120 - 916 Fax number: 713 - 783 - 800 GROUP Email: Chubbard Pfirecourees. Cen Tendedress above will be used for service of notice of any objection to your claim, unless you provide a different notice address in the space growthed by your diginative on the reverse side. By submitting this Proof of Claim, you agree that the use of the above address, or the different address yourded below. Sufficient for purposes of Bankrupps hale 7004. Name and address where payment should be sent (if different from above): Name and address where payment should be sent (if different from above): Pfield on: Check this box if you are summer strong particulars. Telephone number: Fax number: Email: 1. Amount of Claim as of Date Case Filed: If all or part of your claim is secured, complete Item 4. If all or part of your claim is entitled to priority, complete Item 5. Check this box if the claim includes interest or other charges in addition to the prioripal amount of the claim. Attach a statement that itemizes interest or charges. 2. Basis for Claim: See instruction 821: 3. Lest four dights of any number by which creditor lidentifies debtor: Describe: See instruction 83. Anount of arrearage and other charges, as of the time case we filed the payment of the claim is secured claim. If any: See instruction 83. Anount of arrearage and other charges, as of the time case we filed in secured claim. If any: See instruction 83. Anount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any part of the claim falls for perfection: Describe: Value of Property: S. Annount of Claim Entitled to Priority under 11 U.S.C. § 507(a)(5). Describe: Usual See instruction so an employee benefit plan -11 U.S.C. § 507(a)(5). Check this box if your claim is secured claim; or constitution to an employee benefit plan -11 U.S.C. § 507(a)(5). Check this box if your claim is secured to the payment of the claim. If any: See instruction 83. Annount of Claim Entitled to Priority under 11 U.S.C. § 507(a)(5	1616 5, NOSS, STE 700		•	
Telephone number: 113 - 120 - 916 Fax number: 713 - 783 - 800 GROUP Email: Chubbard Pfirecourees. Cen Tendedress above will be used for service of notice of any objection to your claim, unless you provide a different notice address in the space growthed by your diginative on the reverse side. By submitting this Proof of Claim, you agree that the use of the above address, or the different address yourded below. Sufficient for purposes of Bankrupps hale 7004. Name and address where payment should be sent (if different from above): Name and address where payment should be sent (if different from above): Pfield on: Check this box if you are summer strong particulars. Telephone number: Fax number: Email: 1. Amount of Claim as of Date Case Filed: If all or part of your claim is secured, complete Item 4. If all or part of your claim is entitled to priority, complete Item 5. Check this box if the claim includes interest or other charges in addition to the prioripal amount of the claim. Attach a statement that itemizes interest or charges. 2. Basis for Claim: See instruction 821: 3. Lest four dights of any number by which creditor lidentifies debtor: Describe: See instruction 83. Anount of arrearage and other charges, as of the time case we filed the payment of the claim is secured claim. If any: See instruction 83. Anount of arrearage and other charges, as of the time case we filed in secured claim. If any: See instruction 83. Anount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any part of the claim falls for perfection: Describe: Value of Property: S. Annount of Claim Entitled to Priority under 11 U.S.C. § 507(a)(5). Describe: Usual See instruction so an employee benefit plan -11 U.S.C. § 507(a)(5). Check this box if your claim is secured claim; or constitution to an employee benefit plan -11 U.S.C. § 507(a)(5). Check this box if your claim is secured to the payment of the claim. If any: See instruction 83. Annount of Claim Entitled to Priority under 11 U.S.C. § 507(a)(5	HOUS 70N, TX 77057	APR	3 0 2015	
Email: CRIDIOGNAL CTHILECULES CON 1 The address abow will be used for service of notice of any objection to your claim, unless you provide a different notice address, or the different address provided below, it sufficient for purposes of Bankraptcy Rule 7004. Name and address where payment should be sent (if different from above): Check this box if you are neare that myone does het field a proof of Calaim relating to this claim. Attach a statement that itemizes interest or grain and copy of statement giving particulars. Tetephone number: Fax number: Email: 1. Amount of Claim as of Date Case Filed: 1. Amount of Claim is secured, complete Item 4. If all or part of your claim is secured to priority, complete Item 5. Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges. 2. Basis for Claim: STHAMBLE MARLEY SEPICE (See instruction #4) 3. Lest four digits of any number by which creditor identifies debtor: DECESTOR PELLUTING (See instruction #3) 4. Secured Claim (See instruction #4) 6. Secured Claim (See instruction #4) 6. Secured Claim (See instruction #4) 7. Amount of Secured Claim: S Nature of property or right of setoff: Claim and provide the requested information. Nature of property or right of setoff: Claim and provide the requested information. Nature of property or right of setoff: Claim and provide the requested information. Nature of property or right of setoff: Claim and provide the requested information. Nature of property or right of setoff: Claim and provide the requested information. Nature of property or right of setoff: Claim and provide the requested information. Nature of property or right of setoff: Claim and provide the requested information. Nature of property or right of setoff: Claim is claim to one of the following categories, check the hox specifying the priority and state the amount. Demands of property or right of setoff: Claim and provide the requested c	Tolombona www.how 713 - 780 - 911 1 E	BMC	GROUP	amends a previously filed
Email: CRUDOCATE. CTHIESE RESS.COM The eddress show will be used for service of notice of any objection to your claim, unless you provide a different notice address, or the different address provided below, is sufficient for purposes of Bankruptcy Rule 7004. Name and address where payment should be sent (if different from above): Check this box if you are ware that myone does hat field a proof of Calaim. Attach a statement that itemizes interest giving particulars. Telephone number: Fax number: Email: 1. Amount of Claim as of Date Case Filed: 1. Amount of Claim is secured, complete Item 4. If all or part of your claim is secured to priority complete Item 5. Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges. 2. Basis for Claim: STHURG [MULL SEPLICE] See instruction #3) 3. Last four digits of any number by which creditor identifies debtor: DECESTOR PELLUTING (See instruction #3a) Amount of arrearage and other charges, as of the time case we filled, included in secured by a lien on property or a right of setoff: under acquired reducted documents, and provide the requested information for the claim included in secured claim; if any: Solve instruction #3b. Amount of Claim included to Priority under II U.S.C. § 507(a). If any part of the claim fails into one of the following categories, check the hox specifying the priority and state the amount. Domestic support obligations under 11 U.S.C. § 507(a)(T). U.S.C. § 507(a)(T). U.S.C. § 507(a)(T). Other — specify applicable paragraph of 11 U.S.C. § 507(a)(T). Other — specify applicable paragraph of 11 U.S.C. § 507(a)(T). Other — specify applicable paragraph of 11 U.S.C. § 507(a)(T). Other — specify applicable paragraph of 11 U.S.C. § 507(a)(T). Other — specify applicable paragraph of 11 U.S.C. § 507(a)(T). Other — specify applicable paragraph of 11 U.S.C. § 507(a)(T).	receptione number. 713 100 1707 Pe	ix number: 713 783 7300	•	Court Claim Number:
Telephone number: Fax number:	Email: ENUNDAIN & THI PESOURES: The address above will be used for service of notice of an space provided by your signature on the reverse side. By	5 . CDN) ny objection to your claim, unless you provide a different n submitting this Proof of Claim, you agree that the use of	otice address in the	
Telephone number: Fax number:	Name and address where payment should be sent (if a	different from above):		aware that anyone else has filed a proof of claim
1. Amount of Claim as of Date Case Filed: If all or part of your claim is secured, complete Item 4. If all or part of your claim is entitled to priority, complete Item 5. Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges. 2. Basis for Claim: STALING MAPPEN See Instruction #22				
If all or part of your claim is secured, complete Item 4. If all or part of your claim is entitled to priority, complete Item 5. Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges. Rasis for Claim: STHING PAPELL SERVICE				
Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges. 2. Basis for Claim: STAFLING PAPELLE Sec VICE	1. Amount of Claim as of Date Case Filed:	s/6,203.00		:
2. Basis for Claim: STALLING PAYELLE (See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: DECOST RELEGIATIVE		The state of the s		C
Sec instruction #2) 3a. Debtor may have scheduled account as: identifies debtor: 3a. Debtor may have scheduled account as: identifies debtor: DECOSTOP PECAUTIVES See instruction #3a) (See instruction #3b) (See instruction #3b)			Attach a statement tha	t itemizes interest or charges.
Ascured Claim (See instruction #4) Check the appropriate box if your claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: Real Estate Motor Vehicle Other Basis for perfection:	2. Basis for Claim: STAFFING PAYER (See instruction #2)	LL SEEVICE		
4. Secured Claim (See instruction #4) Check the appropriate box if your claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe: Amount of Secured Claim: S Annual Interest Rate % Fixed or Variable Amount of Unsecured Claim: S Annual Interest Rate % Fixed or Variable Amount of Unsecured Claim: S Annual Claim Entitled to Priority under I1 U.S.C. § 507(a). If any part of the claim fails into one of the following categories, check the box specifying the priority and state the amount. Domestic support obligations under I1 U.S.C. Taxes or penaltics owed to governmental units - \$507(a)(1)(A) or (a)(1)(B). Taxes or penaltics owed to governmental units - \$11 U.S.C. § 507(a)(B). U.S.C. § 507(a)(S). U y to \$2.775 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(T). Other - specify applicable paragraph of 11 U.S.C. § 507(a)(S). Other - specify applicable paragraph of 11 U.S.C. § 507(a)(L.). Amount entitled to priority:	3. Last four digits of any number by which creditor	3a. Debtor may have scheduled account as: 31	. Uniform Claim Ide	ntifier (optional):
4. Secured Claim (See instruction #4) Check the appropriate box if your claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff:	——————————————————————————————————————		/6	1 431
Nature of property or right of setoff:	Check the appropriate box if your claim is secured by	Amount of a	rrearage and other c	harges, as of the time case was
Amount of Secured Claim: \$ Annual Interest Rate	Nature of property or right of setoff:	hern District of Georgia — Rome Division a of Debtor Against Which You Assert Voir Claim. (check one box - if you are asserting a claim against mone Debtor) Hutcheson Medical Center, Inc., Case No. 14-42684 Hutcheson Medical Division, Inc., Case No. 14-42684 Hutcheson Medical Division, Inc., Case No. 14-42684 Do not use this form to make a claim for an administrative expense. You may file a request for payment of an administrative expense. You may file a request for payment of an administrative expense. You may file a request for payment of an administrative expense. You may file a request for payment of an administrative expense. You may file a request for payment of an administrative expense. You may file a request for payment of an administrative expense. You may file a request for payment of an administrative expense. You may file a request for payment of an administrative expense. You may file a request for payment of an administrative expense. You may file a request for payment of an administrative expense. You may file a request for payment of an administrative expense. You may file a request for payment of an administrative expense. You may file a request for payment of an administrative expense. You may file a request for payment of the expense of the payment of the expense side. You will be used for service of pastice of any objection to your claim, unless you provide a different notice address in the payment administrative expenses. You will be used for service of pastice for payments and address where payment should be sent (if different from above): **Administrative expenses of the above address for a payment of the claim secured claim. Attach a statement of the claim is excured. Camplete Isem for the claim facultation for payment of the claim. Attach a statement of the claim (See instruction #4) **Contributions of your claim is secured by a lien on property or a right of filed, included in secured claim. Amount of secured Claim. Amount of Secured Claim. Amount of Secured Claim and property		
(when case was filed) 5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. □ Domestic support obligations under 11 U.S.C. □ Taxes or penalties owed to governmental units — § 507(a)(1)(A) or (a)(1)(B). □ Up to \$2,775 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(7). □ Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(5). □ Other — specify applicable paragraph of 11 U.S.C. § 507(a)(). Amount entitled to priority:		Amount of	Secured Claim:	S
Into one of the following categories, check the box specifying the priority and state the amount. □ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). □ Up to \$2,775 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use − 11 U.S.C. § 507(a)(7). □ Wages, salaries, or commissions (up to \$12,475) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier − 11 Least or penalties owed to governmental units − 11 U.S.C. § 507(a)(8). □ Contributions to an employee benefit plan − 11 U.S.C. § 507(a)(5). □ Other − specify applicable paragraph of 11 U.S.C. § 507(a)(). □ Amount entitled to priority:		Variable Amount of U	nsecured Claim:	\$
□ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). □ Up to \$2,775 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use − 11 U.S.C. § 507(a)(7). □ Wages, salaries, or commissions (up to \$12,475) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier − 11 □ Taxes or penalties owed to governmental units − 11 U.S.C. § 507(a)(8). □ Contributions to an employee benefit plan − 11 U.S.C. § 507(a)(5). □ Other − specify applicable paragraph of 11 U.S.C. § 507(a)(). Amount entitled to priority:	5. Amount of Claim Entitled to Priority under 11 U into one of the following categories, check the bo	.S.C. § 507(a). If any part of the claim falls x specifying the priority and state the amount.	FOR C	OURT USE ONLY
tental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). U.S.C. § 507(a)(5). Other - specify applicable paragraph of 11 U.S.C. § 507(a)(). eamed within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 Amount entitled to priority:	Domestic support obligations under 11 U.S.C.	☐ Taxes or penalties owed to governmental units —	:	
☐ Wages, salaries, or commissions (up to \$12,475) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. § 507(a)(). Amount entitled to priority:	rental of property or services for personal, family, or			
U.C. C. S. SONG-VA.	☐ Wages, salaries, or commissions (up to \$12,475) earned within 180 days before the case was filed or the	U.S.C. § 507(a)().		
				Hutcheson Med POC

6. Credits: The amount of all payments on this claim has been credited for the	purpose of making this proof of claim. (See instruction #6)
7. Documents: Attached are redacted copies of any documents that support the class accounts, contracts, judgments, mortgages, and security agreements, or, in the case statement providing the information required by FRBP 3001(c)(3)(A). If the claim evidence of perfection of a security interest are attached. (See Instruction #7 and de DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY If the documents are not available, please explain:	is secured, box 4 has been completed, and reducted copies of documents providing finition of "reducted".)
8. Signature: (See instruction #8)	
Check the appropriate box.	1
	n the trustee, or the debtor, or their
I declare under penalty of perjury that the information provided in this claim is true	
Print Name: <u>EDWIN</u> W, HUBBARD Title: <u>PRESIDENT</u> Company: <u>TET RESOURCES</u> , <u>TUC</u> ,	(Signature) (Date)
Address and telephone number (if different from notice address above):	
Telephone number: Email:	
The address you provide above will be used for service of notice of any objection to this Proof of Claim, and by submitting this Proof of Claim you agree that the use of this address is sufficient for purposes of Bankruptcy Rule 7004.	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

SUBMITTING PROOF OF CLAIM FORM: Submit original proof of claim form with any attachments to BMC Group via United States mail, overnight service, or hand delivery at the following address:

If by overnight or hand delivery:

BMC Group
Attn: Hutcheson Medical Center, Inc. Claims Processing
300 N. Continental Blvd., #570
El Segundo, CA 90245

If by First Class Mail:

BMC Group
Attn: Hutcheson Medical Center, Inc. Claims Processing
PO Box 90100
Los Angeles, CA 90009

DEADLINE FOR FILING PROOFS OF CLAIM: MAY 1, 2015 at 5:00 pm (Eastern)





FAX: 713-783-1566 FAX: 800-765-0652 STATEMENT OF ACCOUNT

08/27/14

Providing Services For:

Decosimo Recruiting, LLC

To: Hutcheson Medical Center Farrell Hayes 100 Gross Crescent Circle Fort Oglethorpe, GA 30742

DECOSIMO

EMPLOYEE	INVOICE DATE	WEEK ENDING DATE ADD'L DATA / P. O. NUMBER	INVOICE AMOUNT DUE	INVOICE AGE OF NO. RECEIVABLE
Brennan, James E	04/15/14	04/13/14	\$1,320.00	NP637105 134
Brennan, James E	04/21/14	04/20/14 ,	\$1,320.00	NP638806 128
Brennan, James E	04/29/14	04/27/14	\$1,320.00	NP642441 120
Brennan, James E	05/05/14	05/04/14	\$1,056.00	NP643870 114
Brennan, James E	05/12/14	05/11/14	\$1,056.00	NP646086 107
Brennan, James E	05/27/14	05/25/14	\$1,320.00	NP651357 92
Brennan, James E	06/02/14	06/01/14	\$792.00	NP653364 86
Brennan, James E	06/09/14	06/08/14	\$1,320 .00	NP655176 79
Brennan, James E	08/16/14	06/15/14	\$1,188.00	NP657418 72
Brennan, James E	06/23/14	06/22/14	\$1,320.00	NP659648 65
Brennan, James E	06/30/14	06/29/14	\$1,056.00	NP661855 58
Brennan, James E	07/08/14	07/06/14	\$1,056.00	NP665487 50
Brennan, James E	07/14/14	07/13/14	\$1,056.00	NP666457 44
Brennan, James E	07/21/14	07/20/14	\$1,023.00	NP668805 37

Total Amount Due:

\$16,203.00

Please make payment to: TFI Resources P.O. Box 4346, Dept. 517 Houston, TX 77210-4346



713-783-1566 FAX: FAX:

800-765-0652

INVOICE ORIGINAL

Invoice No: NP637105

Date: 04/15/2014

Pay Period: 4/7/2014 - 4/13/2014

RECRUITER / STAFFING CO:

Decosimo Recruiting, LLC

Farrell Hayes 100 Gross Crescent Circle

To: Hutcheson Medical Center

Fort Oglethorpe, GA 30742

DECOSIMO RECRUITING

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept:	REG	40.00	\$33.00	\$1,320.00
Comments				
			ļ	;

Sub-Total:

\$1,320.00

Please make payment to:

TFI Resources P.O. Box 4346, Dept. 517 Houston, TX 77210-4346

DUE UPON RECEIPT

Charges/Credits	Amount
	:

Charges/Credits:

\$0.00

TOTAL AMOUNT DUE:



FAX: 713-783-1566 FAX: 800-765-0652 PAY PERIOD ENDING: 4/13/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP

Weekly Timecard

Assignment Continues?

Pick-up Check?

DECOSIMO RECRUITING

NP637105

			LU	NCH '			•			
DAY	DATE	START	OUT	IN .	STOP	REG	ОТ	DT	PTO COMMENTS	
MON	04/07/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
TUE	04/08/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
WED	04/09/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
THU	04/10/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			-	
FRI	04/11/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
SAT	04/12/14									
SUN	04/13/14			ı						;

Totals: 40.00 40.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 4/14/2014 3:06:52

PM

Approver Terms & Conditions

Execution of this form by the client company constitutes a certification that the totals listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoice.

- 1. Fees relating to the cost of collecting amounts due per this time sheet including attorney's fees, court costs, and interest at the maximum non-usurious rate shall be reimbursed by the client company. Any litigation arising due to non-payment of an invoice shall be conducted in Harris County, Texas, which shall have exclusive jurisdiction over such proceedings.
- 2. Hours worked that require payment of overtime wages shall be billed at 1.5 times the regular hourly billing rate.
- 3. Client company acknowledges that the employee has received meal and rest periods as mandated by state law.
- 4. Client company acknowledges that the employee has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
- 5. Client company shall not authorize, request or cause any temporary employee to operate machinery, automobiles, trucks or other vehicles, regardless of ownership, without obtaining prior written consent from TFI Resources. Temporary employees shall not be authorized, requested, or allowed to drive on client company business without prior written consent from TFI Resources. Job duties shall be limited to office tasks.
- 6. Client company agrees to provide a safe worksite free from unlawful harassment or discrimination.
- 7. Client company shall not authorize any temporary employee to handle cash, credit cards, negotiable instruments, or other valuables without prior written consent from TFI Resources. Temporary employees shall not have access to unattended premises and shall not approve, submit, or process invoices for payment or authorize expenditures of any kind without strict supervision by client company and written approval from TFI.
- 8. Client company shall not authorize or request any temporary worker to undertake foreign or offshore travel without prior written consent from TFI.
- 9. Decosimo Recruiting, LLC refers personnel on the basis that all fees are paid by the client company. Unless otherwise agreed to in writing, a temporary or contract worker hired in any capacity by a client company within one year from the last date of a temporary or contract assignment shall cause a standard personnel placement fee to be due Decosimo Recruiting, LLC. A client company who refers a temporary or contract worker to an affiliated company, associate, friend, or other entity shall be liable for a standard personnel placement fee if the worker is hired within one year of such referral.



PHONE: 713-975-7576 PHONE: 800-701-4014 FAX: 713-783-1566

FAX:

800-765-0652

INVOICE ORIGINAL

Invoice No: NP638806

Date: 04/21/2014

Pay Period: 4/14/2014 - 4/20/2014

RECRUITER / STAFFING CO:

Decosimo Recruiting, LLC

To: Hutcheson Medical Center Farrell Hayes 100 Gross Crescent Circle Fort Oglethorpe, GA 30742

DECOSIMO

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant	REG	40.00	\$33.00	\$1,320.00
Dept:				
Comments				1
			'	
•				

Sub-Total:

\$1,320.00

Please make payment to: TFI Resources

P.O. Box 4346, Dept. 517 Houston, TX 77210-4346

Terms:

DUE UPON RECEIPT

Charges/Credits	Amount
ļ	

Charges/Credits:

\$0.00

TOTAL AMOUNT DUE:



PHONE: 800-701-4014 FAX: 713-783-1566

FAX: 800-765-0652

PAY PERIOD ENDING: 4/20/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP

Weekly Timecard

Assignment Continues?

Pick-up Check?

DECOSIMO

NP638806

			LU	NCH ·	•					
DAY	DATE	START	OUT	IN '	STOP	REG	OT	DT	PTO COMMENTS	<u>.</u>
MON	04/14/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			·	
TUE	04/15/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			·	
WED	04/16/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			1	
THU	04/17/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
FRI	04/18/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
SAT	04/19/14									:
SUN	04/20/14									

Totals: 40.00 40.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 4/21/2014 9:41:43

AM

Approver Terms & Conditions

Execution of this form by the client company constitutes a certification that the totals listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoice.

- 1. Fees relating to the cost of collecting amounts due per this time sheet including attorney's fees, court costs, and interest at the maximum non-usurious rate shall be reimbursed by the client company. Any litigation arising due to non-payment of an invoice shall be conducted in Harris County, Texas, which shall have exclusive jurisdiction over such proceedings.
- 2. Hours worked that require payment of overtime wages shall be billed at 1.5 times the regular hourly billing rate.
- 3. Client company acknowledges that the employee has received meal and rest periods as mandated by state law.
- 4. Client company acknowledges that the employee has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
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- 6. Client company agrees to provide a safe worksite free from unlawful harassment or discrimination.
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PHONE: 713-975-7576 PHONE: 800-701-4014 FAX: 713-783-1566

FAX: 800-765-0652

INVOICE ORIGINAL

Invoice No: NP642441

Date: 04/29/2014

Pay Period: 4/21/2014 - 4/27/2014

RECRUITER / STAFFING CO:

Decosimo Recruiting, LLC

To: Hutcheson Medical Center Farrell Hayes 100 Gross Crescent Circle Fort Oglethorpe, GA 30742

DECOSIMO

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant	REG	40.00	\$33.00	\$1,320.00
Dept :			Ì	
Comments				

Sub-Totai:

\$1,320.00

Please make payment to:

TFI Resources P.O. Box 4346, Dept. 517 Houston, TX 77210-4346

Terms: DUE UPON RECEIPT

Charges/Credits	Amount
1	
1	

Charges/Credits:

\$0.00

TOTAL AMOUNT DUE:



FAX: 713-783-1566

FAX: 800-765-0652 PAY PERIOD ENDING: 4/27/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP

Weekly Timecard

Assignment Continues?

Pick-up Check?

DECOSIMO

NP642441

			LUI	NCH					•	
DAY	DATE	START	OUT	IN ,	STOP	REG	OT	DT	PTO COMMENTS	
MON	04/21/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
TUE	04/22/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
WED	04/23/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
THU	04/24/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
FRI	04/25/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
SAT	04/26/14	1								
SUN	04/27/14						•	•		

40.00 40.00 Totals:

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 4/29/2014 7:21:38

Approver Terms & Conditions

Execution of this form by the client company constitutes a certification that the totals listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoice.

- 1. Fees relating to the cost of collecting amounts due per this time sheet including attorney's fees, court costs, and interest at the maximum nonusurious rate shall be reimbursed by the client company. Any litigation arising due to non-payment of an invoice shall be conducted in Harris County, Texas, which shall have exclusive jurisdiction over such proceedings.
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- 4. Client company acknowledges that the employee has not been injured or suffered an on-the-job illness during the time period covered on this
- 5. Client company shall not authorize, request or cause any temporary employee to operate machinery, automobiles, trucks or other vehicles, regardless of ownership, without obtaining prior written consent from TFI Resources. Temporary employees shall not be authorized, requested, or allowed to drive on client company business without prior written consent from TFI Resources. Job duties shall be limited to office tasks.
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FAX: 713-783-1566

FAX: 800-765-0652

INVOICE

ORIGINAL

Invoice No: NP643870

Date: 05/05/2014

Pay Period: 4/28/2014 - 5/4/2014

RECRUITER / STAFFING CO:

Decosimo Recruiting, LLC

To: Hutcheson Medical Center Farrell Hayes 100 Gross Crescent Circle Fort Oglethorpe, GA 30742

DECOSIMO

Basic Employee information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept:	REG	32.00	\$33.00	\$1,056.00
Comments			·	

Sub-Total:

\$1,056.00

Piease make payment to:

TFI Resources P.O. Box 4346, Dept. 517 Houston, TX 77210-4346

Terms:

DUE UPON RECEIPT

Charges/Credits	Amount
	:
,	

Charges/Credits:

\$0.00

TOTAL AMOUNT DUE:

\$1,056.00

Print Date: 04/15/15 2:36:53 PM

DKAINER



PHONE: 800-701-4014 FAX: 713-783-1566

FAX: 800-765-0652

PAY PERIOD ENDING: 5/4/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP

Weekly Timecard

Assignment Continues?

Pick-up Check?

DECOSIMO RECRUITING

NP643870

			LU	NCH						
DAY	DATE	START	OUT	IN	STOP	REG	QΤ	DT	PTO COMMENTS	
MON	04/28/14									
TUE	04/29/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00		·		
WED	04/30/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
THU	05/01/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
FRI	05/02/14	8:00 Å	1:00 P	1:30 P	4:30 P	8.00				
SAT	05/03/14			:						
SUN	05/04/14									

Totals: 32.00 32.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 5/5/2014 10:25:46

AM

Approver Terms & Conditions

Execution of this form by the client company constitutes a certification that the totals listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoice.

- 1. Fees relating to the cost of collecting amounts due per this time sheet including attorney's fees, court costs, and interest at the maximum non-usurious rate shall be reimbursed by the client company. Any litigation arising due to non-payment of an invoice shall be conducted in Harris County, Texas, which shall have exclusive jurisdiction over such proceedings.
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PHONE: 713-975-7576 PHONE: 800-701-4014 FAX: 713-783-1566

FAX:

800-765-0652

INVOICE **ORIGINAL**

Invoice No: NP646086V

Date: 05/12/2014

Pay Period: 5/5/2014 - 5/11/2014

RECRUITER / STAFFING CO:

Decosimo Recruiting, LLC

To: Hutcheson Medical Center **Farrell Hayes** 100 Gross Crescent Circle Fort Oglethorpe, GA 30742

DECOSIMO RECRUITING

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept:	REG	32.00	\$33,00	\$1,056.00
Comments				
		,		

Sub-Total:

\$1,056.00

Please make payment to:

TFI Resources P.O. Box 4346, Dept. 517 Houston, TX 77210-4346

Terms:

DUE UPON RECEIPT

Charges/Credits	Amount
	,

Charges/Credits:

\$0.00

TOTAL AMOUNT DUE:

\$1,056.00



PHONE: 800-701-4014 FAX: 713-783-1566

FAX:

800-765-0652

PAY PERIOD ENDING: 5/11/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP

Weekly Timecard

Assignment Continues?

Pick-up Check?

)ECOSIMO

NP646086V

			LU	NCH		•				
DAY	DATE	START	OUT	IN	STOP	REG	OT	DT	PTO COMMENTS	
MON	05/05/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
TUE	05/06/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
WED	05/07/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
THU	05/08/14	À:00 A	1:00 P	1:30 P	4:30 P	8.00				
FRI	05/09/14			1						
SAT	05/10/14									
SUN	05/11/14	,								,

Totals:

32.00

32.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 5/12/2014 8:00:56

Approver Terms & Conditions

Execution of this form by the client company constitutes a certification that the totals listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoice.

- 1. Fees relating to the cost of collecting amounts due per this time sheet including attorney's fees, court costs, and interest at the maximum nonusurious rate shall be reimbursed by the client company. Any litigation arising due to non-payment of an invoice shall be conducted in Harris County. Texas, which shall have exclusive jurisdiction over such proceedings.
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FAX: 713-783-1566

FAX: 800-765-0652

INVOICE ORIGINAL

Invoice No: NP651357V

Date: 05/27/2014

Pay Period: 5/19/2014 - 5/25/2014

RECRUITER / STAFFING CO:

Decosimo Recruiting, LLC

Farrell Hayes 100 Gross Crescent Circle Fort Oglethorpe, GA 30742

To: Hutcheson Medical Center

DECOSIMO

Basic Employee information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept:	REG	40.00	\$33.00	\$1,320.00
Comments				
-	1			
				•

Sub-Total:

\$1,320.00

Please make payment to:

TFI Resources P.O. Box 4346, Dept. 517 Houston, TX 77210-4346

Terms: DUE UPON RECEIPT

Charges/Credits	Amount
	•
•	

Charges/Credits:

\$0.00

TOTAL AMOUNT DUE:



FAX: 713-783-1566 FAX: 800-765-0652 PAY PERIOD ENDING: 5/25/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP

Weekly Timecard

Assignment Continues?

Pick-up Check?

DECOSIMO RECRUITING

NP651357V

			LU	NCH					
DAY	DATE	START	OUT	IN	STOP	REG	OT	DT	PTO COMMENTS
MON	05/19/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
TUE	05/20/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00		•	<u> </u>
WED	05/21/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
THU	05/22/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
FRI	05/23/14	A 00;8	1:00 P	1:30 P	4:30 P	8.00			
SAT	05/24/14								
SUN	05/25/14								

Totals:

40.00

40.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 5/27/2014 9:01:40

Approver Terms & Conditions

: 4

Execution of this form by the client company constitutes a cartification that the totals listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoice.

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PHONE: 713-975-7576 PHONE: 800-701-4014 FAX: 713-783-1566

FAX: 800-765-0652 INVOICE **ORIGINAL**

To: Hutcheson Medical Center

Farrell Hayes

100 Gross Crescent Circle Fort Oglethorpe, GA 30742 Invoice No: NP653364V Date: 06/02/2014

Pay Period: 5/26/2014 - 6/1/2014

RECRUITER / STAFFING CO:

Decosimo Recruiting, LLC

DECOSIMO RECRUITING

Basic Employee information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept:	REG	24.00	\$33.00	\$792.00
Comments	,			

Sub-Total:

\$792.00

Please make payment to:

TFI Resources P.O. Box 4346, Dept. 517 Houston, TX 77210-4346

Terms:

DUE UPON RECEIPT

Amount

Charges/Credits:

\$0.00

TOTAL AMOUNT DUE: \$792.00



FAX: 713-783-1566

FAX: 800-765-0652 PAY PERIOD ENDING: 6/1/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP

Weekly Timecard

Assignment Continues?

Pick-up Check?

DECOSIMO

NP653364V

			LU	NCH'						
DAY	DATE	START	OUT	IN	STOP	REG	ОТ	DT	PTO	COMMENTS
MON	05/26/14									Holiday
TUE	05/27/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
WED	05/28/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
THU	05/29/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
FRI	05/30/14			,						Got the plague.
SAT	05/31/14				•5					
SUN	06/01/14									

Totals:

24.00

24.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 6/2/2014 7:50:43

AM

Approver Terms & Conditions

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FAX: 713-783-1566 FAX: 800-765-0652 INVOICE ORIGINAL

To: Hutcheson Medical Center

Farrell Hayes

100 Gross Crescent Circle Fort Oglethorpe, GA 30742 Invoice No: NP655176V Date: 06/09/2014

Pay Period: 6/2/2014 - 6/8/2014

RECRUITER / STAFFING CO:

Decosimo Recruiting, LLC

DECOSIMO

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept:	REG	40.00	\$33.00	\$1,320.00
Comments	. ! ;			4
				•

Sub-Total:

\$1,320.00

Please make payment to:

TFI Resources P.O. Box 4346, Dept. 517 Houston, TX 77210-4346

Terms:

DUE UPON RECEIPT

Amount
·

Charges/Credits:

\$0.00

TOTAL AMOUNT DUE:



PHONE: 800-701-4014 FAX:

713-783-1566 800-765-0652

PAY PERIOD ENDING: 6/8/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP

Weekly Timecard

Assignment Continues?

FAX:

Pick-up Check?

DECOSIMO

NP655176V

			LU	NCH					
DAY	DATE	START	OUT	IN	STOP	REG	OT	DT	PTO COMMENTS
MON	06/02/14	A 00:8	1:00 P	1:30 P	4:30 P	8.00			
TUE	06/03/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
WED	06/04/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
THU	06/05/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
FRI	06/06/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			*
SAT	06/07/14								
SUN	05/08/14								

Totals:

40.00

40.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 6/9/2014 9:25:14

AM

Approver Terms & Conditions

ď.

Execution of this form by the client company constitutes a certification that the totals listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoice.

- 1. Fees relating to the cost of collecting amounts due per this time sheet including attorney's fees, court costs, and interest at the maximum nonusurious rate shall be reimbursed by the client company. Any litigation arising due to non-payment of an invoica shall be conducted in Harris County, Texas, which shall have exclusive jurisdiction over such proceedings.
- 2. Hours worked that require payment of overtime wages shall be billed at 1.5 times the regular hourly billing rate.
- 3. Client company acknowledges that the employee has received meal and rest periods as mandated by state law.
- 4. Client company acknowledges that the employee has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
- 5. Cilent company shall not authorize, request or cause any temporary employee to operate machinery, automobiles, trucks or other vehicles, regardless of ownership, without obtaining prior written consent from TFI Resources. Temporary employees shall not be authorized, requested, or allowed to drive on client company business without prior written consent from TFI Resources. Job duties shall be limited to office tasks.
- Ctient company agrees to provide a safe worksite free from unlawful harassment or discrimination.
- 7. Cilent company shall not authorize any temporary employee to handle cash, credit cards, negotiable instruments, or other valuables without prior written consent from TFI Resources. Temporary employees shall not have access to unattended premises and shall not approve, submit, or process involces for payment or authorize expenditures of any kind without strict supervision by client company and written approval from TFI.
- 8. Client company shall not authorize or request any temporary worker to undertake foreign or offshore travel without prior written consent from TFI.
- 9. Decosimo Recruiting, LLC refers personnel on the basis that all fees are paid by the client company. Unless otherwise agreed to in writing, a temporary or contract worker hired in any capacity by a client company within one year from the last date of a temporary or contract assignment shall cause a standard personnel placement fee to be due Decosimo Recruiting, LLC. A client company who refers a temporary or contract worker to an affiliated company, associate, friend, or other entity shall be liable for a standard personnel placement fee if the worker is hired within one year of such referral.



PHONE: 713-975-7576 PHONE: 800-701-4014 FAX: 713-783-1566

FAX:

800-765-0652

INVOICE **ORIGINAL**

Invoice No: NP657418V

Date: 06/16/2014

Pay Period: 6/9/2014 - 6/15/2014

RECRUITER / STAFFING CO:

Decosimo Recruiting, LLC

To: Hutcheson Medical Center Farrell Haves 100 Gross Crescent Circle Fort Oglethorpe, GA 30742

DECOSIMO

Basic Employee information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept:	REG	36.00	\$33.00	\$1,188.00
Comments				
				ı

Sub-Total:

\$1,188.00

Please make payment to:

TFI Resources P.O. Box 4346, Dept. 517 Houston, TX 77210-4346

Terms:

DUE UPON RECEIPT

Charges/Credits	Amount

Charges/Credits:

\$0.00

TOTAL AMOUNT DUE:

\$1,188.00



PHONE: 800-701-4014

FAX: FAX:

713-783-1566 800-765-0652 PAY PERIOD ENDING: 6/15/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931,529,2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP

Weekly Timecard

Assignment Continues?

Pick-up Check?

DECOSIMO

NP657418V

			LU	NCH						
DAY	DATE	START	OUT	IN	STOP	REG	ОТ	DT	PTO COMMENTS	
MON	06/09/14	8:00 A			12:00 P	4.00			Or appt	
TUE	06/10/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			· · · · · · · · · · · · · · · · · · ·	-
WED	06/11/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
THU	06/12/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
FRI	06/13/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
SAT	06/14/14								,	
SUN	06/15/14									

Totals: 36.00 36.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 6/16/2014 11:00:37

Approver Terms & Conditions

Execution of this form by the client company constitutes a certification that the totals listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoica.

- 1. Fees relating to the cost of collecting amounts due per this time sheet including attorney's fees, court costs, and interest at the maximum nonusurious rate shall be reimbursed by the client company. Any litigation arising due to non-payment of an invoice shall be conducted in Harris County, Texas, which shall have exclusive jurisdiction over such proceedings.
- 2. Hours worked that require payment of overtime wages shall be billed at 1.5 times the regular hourly billing rate.
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- 4. Client company acknowledges that the employee has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
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FAX: 713-783-1566 FAX: 800-765-0652 INVOICE ORIGINAL

Invoice No: NP659648V

Date: 06/23/2014

Pay Period: 6/16/2014 - 6/22/2014

RECRUITER / STAFFING CO:

Decosimo Recruiting, LLC

To: Hutcheson Medical Center Farrell Hayes 100 Gross Crescent Circle Fort Oglethorpe, GA 30742

DECOSIMO

Basic Employee information	Pay Type	Units	Rate	Amount	
Name: James E Brennan Job Title: Staff Accountant Dept:	REG	40.00	\$33.00	\$1,320.00	
Comments					

Sub-Total:

\$1,320.00

Please make payment to: TFI Resources P.O. Box 4346, Dept. 517 Houston, TX 77210-4346

Terms:

DUE UPON RECEIPT

Charges/Credits	Amount
	·

Charges/Credits:

\$0.00

TOTAL AMOUNT DUE:



PHONE: 800-701-4014

FAX: 713-783-1566 FAX:

800-765-0652

PAY PERIOD ENDING: 6/22/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP

Weekly Timecard

Assignment Continues?

Pick-up Check?

DECOSIN RECRUITING

NP659648V

			LU	NCH						
DAY	DATE	START	OUT	IN	STOP	REG	ОТ	DT	PTO COMMENTS	
MON	06/16/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
TUE	06/17/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
WED	06/18/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00	•	·		
THU	06/19/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
FRI	06/20/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00		· · · · · · · · · · · · · · · · · · ·		
SAT	06/21/14									
SUN	06/22/14			· - · · · · · · · · · · · · · · · · · · 						

Totals:

40.00

40.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 6/23/2014 7:51:55

Approver Terms & Conditions

Execution of this form by the client company constitutes a certification that the totals listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoice.

- 1. Fees relating to the cost of collecting amounts due per this time sheet including attorney's fees, court costs, and interest at the maximum nonusurious rate shall be reimbursed by the client company. Any litigation arising due to non-payment of an invoice shall be conducted in Harris County, Texas, which shall have exclusive jurisdiction over such proceedings.
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- 4. Client company acknowledges that the employee has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
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PHONE: 713-975-7576 PHONE: 800-701-4014 FAX: 713-783-1566

FAX: 800-765-0652

INVOICE ORIGINAL

Invoice No: NP661855V

Date: 06/30/2014

Pay Period: 6/23/2014 - 6/29/2014

RECRUITER / STAFFING CO:

Decosimo Recruiting, LLC

To: Hutcheson Medical Center

Farrell Hayes

100 Gross Crescent Circle Fort Oglethorpe, GA 30742

DECOSIMO

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept:	REG	32.00	\$33.00	\$1,056.00
Comments				
				•

Sub-Total:

\$1,056.00

Please make payment to:

TFI Resources P.O. Box 4346, Dept. 517 Houston, TX 77210-4346

Terms:

DUE UPON RECEIPT

Charges/Credits	Amount

Charges/Credits:

\$0.00

TOTAL AMOUNT DUE:

\$1,056.00



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PHONE: 713-975-7576 PHONE: 800-701-4014

FAX: 713-783-1566 FAX:

800-765-0652

PAY PERIOD ENDING: 6/29/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP

Weekly Timecard

Assignment Continues?

Pick-up Check? □

DECOSIMO

NP661855V

			LU	NCH						-, .
DAY	DATE	START	TUO	IN	STOP	REG	ОТ	DT	PTO COMMENTS	
MON	06/23/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			TTO COMMENTS	
TUE	06/24/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
WED	06/25/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
THU	06/26/14									
FRI	06/27/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				<u> </u>
SAT	06/28/14									
SUN	06/29/14									

Totals:

32.00

32.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 6/30/2014 7:43:23

Approver Terms & Conditions

Execution of this form by the client company constitutes a certification that the totals listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoice.

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- 4. Client company acknowledges that the employee has not been injured or suffered an on-the-job illness during the time period covered on this
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PHONE: 713-975-7576 PHONE: 800-701-4014 FAX: 713-783-1566

FAX: 800-765-0652 INVOICE **ORIGINAL**

Invoice No: NP665487V

Date: 07/08/2014

Pay Period: 6/30/2014 - 7/6/2014

RECRUITER / STAFFING CO:

Decosimo Recruiting, LLC

To: Hutcheson Medical Center. Farrell Haves 100 Gross Crescent Circle Fort Oglethorpe, GA 30742

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept :	REG	32.00	\$33.00	\$1,056.00
Comments			,	

Please make payment to:

TFI Resources P.O. Box 4346, Dept. 517 Houston, TX 77210-4346

Terms: **DUE UPON RECEIPT**

Charges/Credits	Amount
Charges/Credits:	\$0.00

Sub-Total:

TOTAL AMOUNT DUE:

\$1,056.00

\$0.00

\$1,056.00



FAX: 713-783-1566 FAX: 800-765-0652

PAY PERIOD ENDING: 7/6/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529,2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP

Weekly Timecard

Assignment Continues?

Pick-up Check? □

DECOSIMO

NP665487V

			LU	NCH					
DAY	DATE	START	OUT	IN:	STOP	REG	ОТ	DT	PTO COMMENTS
MON	06/30/14	A 00:8	1:00 P	1:30 P	4:30 P	8.00			TTO COMMENTS
TUE	07/01/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
WED	07/02/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
THU	07/03/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
FRI	07/04/14								
SAT	07/05/14								
SUN	07/06/14	·						-	

Totals:

32.00

32.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 7/8/2014 7:34:36

Approver Terms & Conditions

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PHONE: 713-975-7576 PHONE: 800-701-4014 FAX: 713-783-1566

FAX: 800-765-0652

INVOICE ORIGINAL

Invoice No: NP666457V

Date: 07/14/2014

Pay Period: 7/7/2014 - 7/13/2014

RECRUITER / STAFFING CO:

Decosimo Recruiting, LLC

To: Hutcheson Medical Center Farrell Hayes 100 Gross Crescent Circle Fort Oglethorpe, GA 30742

DECOSIMO

Pay Type	Units	Rate	Amount
REG	32.00	\$33.00	\$1,058.00
			•
			350

Please make payment to:

TFI Resources P.O. Box 4346, Dept 517 Houston, TX 77210-4346

Terms: DUE UPON RECEIPT

Charges/Credits	Amount
·	

Sub-Total:

TOTAL AMOUNT DUE:

Charges/Credits:

\$1,056.00

\$0.00

\$1,056.00



FAX: 713-783-1566 FAX: 800-765-0652 PAY PERIOD ENDING: 7/13/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP

Weekly Timecard

Assignment Continues?

Pick-up Check?

DECOSIMO

NP666457V

			LU	NCH						
DAY	DATE	START	OUT	IN	STOP	REG	от	DT	PTO COMMENTS	•
MON	07/07/14			1 -						·
TUE	07/08/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	
WED	07/09/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
THU	07/10/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
FRI	07/11/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
SAT	07/12/14				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
SUN	07/13/14								_	

Totals:

32.00

32.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 7/14/2014 12:25:59

Approver Terms & Conditions

Execution of this form by the client company constitutes a certification that the totals listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoice.

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FAX: 713-783-1566

FAX: 800-765-0652

INVOICE ORIGINAL

Invoice No: NP668805V

Date: 07/21/2014

Pay Period: 7/14/2014 - 7/20/2014

RECRUITER / STAFFING CO:

Decosimo Recruiting, LLC

To: Hutcheson Medical Center Farrell Hayes 100 Gross Crescent Circle Fort Oglethorpe, GA 30742

DECOSIMO

Basic Employee information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept:	REG	31.00	\$33.00	\$1,023.00
Comments				

Sub-Total:

\$1,023.00

Please make payment to:

TFI Resources P.O. Box 4346, Dept. 517 Houston, TX 77210-4346

Terms:

DUE UPON RECEIPT

Charges/Credits	Amount
	1
	_1

Charges/Credits:

\$0.00

TOTAL AMOUNT DUE:

\$1,023.00



FAX: 713-783-1566 FAX:

800-765-0652

PAY PERIOD ENDING: 7/20/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529,2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP

Weekly Timecard

Assignment Continues?

Pick-up Check?

DECOSIMO

NP668805V

			LU	NCH						· · · · · · · · · · · · · · · · · · ·
DAY	DATE	START	OUT	IN	STOP	REG	ОТ	DT	PTO COMMENTS	
MON	07/14/14								1.0 00.1112/113	
TUE	07/15/14	9:00 A	1:00 P	1:30 P	4:30 P	7.00				-
WED	07/16/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				-
THU	07/17/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
FRI	07/18/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
SAT	07/19/14									
SUN	07/20/14									

Totals: 31.00

E-Signature: mlook@hutcheson.org 7/21/2014 8:04:32

31.00

AM

Approver Terms & Conditions

Timecard Approver: Mary Look

Execution of this form by the client company constitutes a cartification that the totals fisted are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoica.

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- 4. Cilent company acknowledges that the employee has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
- 5. Client company shall not authorize, request or cause any temporary employee to operate machinery, automobiles, trucks or other vehicles, regardless of ownership, without obtaining prior written consent from TFI Resources. Temporary employees shall not be authorized, requested, or allowed to drive on client company business without prior written consent from TFI Resources. Job duties shall be limited to office tasks.
- 6. Cilent company agrees to provide a safe worksite free from unlawful harassment or discrimination.
- 7. Client company shall not authorize any temporary employee to handle cash, credit cards, negotiable instruments, or other valuables without prior written consent from TFI Resources. Temporary employees shall not have access to unattended premises and shall not approve, submit, or process invoices for payment or authorize expenditures of any kind without strict supervision by client company and written approval from TFI.
- 8. Client company shall not authorize or request any temporary worker to undertake foreign or offshore travel without prior written consent from TFI. 9. Decosimo Recruiting, LLC refers personnel on the basis that all fees are paid by the client company. Unless otherwise agreed to in writing, a
- temporary or contract worker hired in any capacity by a client company within one year from the last date of a temporary or contract assignment shall cause a standard personnel placement fee to be due Decosimo Recruiting, LLC. A client company who refers a temporary or contract worker to an affiliated company, associate, friend, or other entity shall be liable for a standard personnel placement fee if the worker is hired within one year of such referral.