B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		**PROOF OF CLAIM**
Name of Debtor: MedLab	Case Number: 13-12769	

NOTE: *Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.*

Name of Creditor (the person or other entity to whom the debtor owes money or property): MedAssure

COURT USE ONLY

Name and address where notices should be sent: MedAssure
149 Yellowbrook Rd.
Suite 100
Farmingdale, NJ 07727

Telephone number: 7323627444 email: zeke@medassureservices.com

☐ Check this box if this claim amends a previously filed claim.

Court Claim Number:_____
(*If known*)

Filed on:_____

Name and address where payment should be sent (if different from above):

RECEIVED
DEC 02 2013
BMC GROUP

Telephone number: email:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

1. Amount of Claim as of Date Case Filed: $ 56,617.98

If all or part of the claim is secured, complete item 4.

If all or part of the 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: Services performed
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:	**3a. Debtor may have scheduled account as:**	**3b. Uniform Claim Identifier (optional):**
3228	_____ (See instruction #3a)	_____ (See instruction #3b)

4. Secured Claim (See instruction #4)
Check the appropriate box if the 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:

Value of Property: $_____

Annual Interest Rate_____**%** ☐ Fixed or ☐ Variable
(when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:
$_____

Basis for perfection: _____

Amount of Secured Claim: **$**_____

Amount Unsecured: **$**_____

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. § 507 (a)(1)(A) or (a)(1)(B).

☐ 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)(4).

☐ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).

Amount entitled to priority:
$_____

☐ 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).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(__).

Laboratory Partners
00026

**Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

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 claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. *(See instruction #7, and the definition of "**redacted**".)*

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Zeke Menlow
Title: COO
Company: MedAssure
Address and telephone number (if different from notice address above):

(Signature) (Date) 11/13/13

Telephone number: 7327637444 email: zeke@medassureservices.com

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).
If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:
An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor
A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor
A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim
A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim
A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)
A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim
An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)
Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted
A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection
Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim
To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim
Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number

001253

Invoice Date

10/31/2013

Invoice Number

001684992

BILL TO:

MEDLAB
10126 WOODFIELD LN
SAINT LOUIS, MO 63132-2923

TERMS	DUE DATE	SALES REP
Net 15 Days	11/15/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
001 - MEDLAB ST LOUIS - 10126 WOODFIELD LN					
	Manifest # 0000091096				
10/03/13	31 GALLON PER CONTAINER RMW	1	11.00	14.00	154.00
10/03/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000091785				
10/07/13	31 GALLON PER CONTAINER RMW	1	10.00	14.00	140.00
10/07/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000093196				
10/10/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
10/10/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000093707				
10/14/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
10/14/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000094705				
10/17/13	31 GALLON PER CONTAINER RMW	1	10.00	14.00	140.00
10/17/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000095298				
10/21/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
10/21/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000096124				
10/24/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
10/24/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

CURRENT	30 DAYS	60 DAYS	90 DAYS	OVER 90 DAYS
0.00	0.00	0.00	0.00	0.00

Invoice Amount 945.00

MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001253
Invoice Date
09/30/2013
Invoice Number
001665397

BILL TO:

MEDLAB
10126 WOODFIELD LN
SAINT LOUIS, MO 63132-2923

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	10/15/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
001 - MEDLAB ST LOUIS - 10126 WOODFIELD LN					
	Manifest # 0000083853				
09/05/13	31 GALLON PER CONTAINER RMW	1	17.00	14.00	238.00
09/05/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000084021				
09/09/13	31 GALLON PER CONTAINER RMW	1	13.00	14.00	182.00
09/09/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000085035				
09/12/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
09/12/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000085679				
09/16/13	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
09/16/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000087822				
09/19/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
09/19/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000088672				
09/23/13	31 GALLON PER CONTAINER RMW	1	11.00	14.00	154.00
09/23/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

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MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

Please detach and enclose this portion with your payment - do not send cash.

Customer Number
001253

Invoice Date	Your Invoice Number
09/30/2013	001665397

Due Date	Total Due	Amount Paid
Upon Receipt	$ 1,272.00	

MEDLAB
10126 WOODFIELD LN
SAINT LOUIS, MO 63132-2923

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

Printed on Recycled Paper.

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A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001253
Invoice Date
09/30/2013
Invoice Number
001665397

BILL TO:

MEDLAB
10126 WOODFIELD LN
SAINT LOUIS, MO 63132-2923

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	10/15/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
	Manifest # 0000089450				
09/26/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
09/26/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000090210				
09/30/13	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
09/30/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

	Invoice Amount	1,272.00

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MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001253
Invoice Date
08/31/2013
Invoice Number
001645746

BILL TO:

MEDLAB
10126 WOODFIELD LN
SAINT LOUIS, MO 63132-2923

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	09/15/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
001 - MEDLAB ST LOUIS - 10126 WOODFIELD LN					
	Manifest # 0000083843				
08/01/13	31 GALLON PER CONTAINER RMW	1	5.00	14.00	70.00
08/01/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000083844				
08/06/13	31 GALLON PER CONTAINER RMW	1	14.00	14.00	196.00
08/06/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000083845				
08/08/13	31 GALLON PER CONTAINER RMW	1	7.00	14.00	98.00
08/08/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000083846				
08/12/13	31 GALLON PER CONTAINER RMW	1	10.00	14.00	140.00
08/12/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000083847				
08/15/13	31 GALLON PER CONTAINER RMW	1	11.00	14.00	154.00
08/15/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000083848				
08/19/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
08/19/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

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1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

Please detach and enclose this portion with your payment - do not send cash.

Customer Number
001253

Invoice Date	Your Invoice Number
08/31/2013	001645746

Due Date	Total Due	Amount Paid
Upon Receipt	$ 1,165.00	

MEDLAB
10126 WOODFIELD LN
SAINT LOUIS, MO 63132-2923

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

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MedAssure
1013 S. Girls School Road
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Customer Number
001253
Invoice Date
08/31/2013
Invoice Number
001645746

BILL TO:

MEDLAB
10126 WOODFIELD LN
SAINT LOUIS, MO 63132-2923

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	09/15/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
	Manifest # 0000083849				
08/22/13	31 GALLON PER CONTAINER RMW	1	7.00	14.00	98.00
08/22/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000083850				
08/27/13	31 GALLON PER CONTAINER RMW	1	14.00	14.00	196.00
08/27/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000083851				
08/29/13	31 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
08/29/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

	Invoice Amount	1,165.00

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A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001253
Invoice Date
07/31/2013
Invoice Number
001625946

BILL TO:

MEDLAB
10126 WOODFIELD LN
SAINT LOUIS, MO 63132-2923

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	08/15/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
001 - MEDLAB ST LOUIS - 10126 WOODFIELD LN					
	Manifest # 0000083834				
07/01/13	31 GALLON PER CONTAINER RMW	1	10.00	14.00	140.00
07/01/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000083835				
07/05/13	31 GALLON PER CONTAINER RMW	1	11.00	14.00	154.00
07/05/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000083836				
07/08/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
07/08/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000083837				
07/11/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
07/11/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000083838				
07/15/13	31 GALLON PER CONTAINER RMW	1	10.00	14.00	140.00
07/15/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000083839				
07/18/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
07/18/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

MEDASSURE

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

Please detach and enclose this portion with your payment - do not send cash.

Customer Number
001253

Invoice Date	Your Invoice Number
07/31/2013	001625946

Due Date	Total Due	Amount Paid
Upon Receipt	$ 1,235.00	

MEDLAB
10126 WOODFIELD LN
SAINT LOUIS, MO 63132-2923

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

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MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001253
Invoice Date
07/31/2013
Invoice Number
001625946

BILL TO:

MEDLAB
10126 WOODFIELD LN
SAINT LOUIS, MO 63132-2923

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	08/15/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
	Manifest # 0000083840				
07/22/13	31 GALLON PER CONTAINER RMW	1	11.00	14.00	154.00
07/22/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000083841				
07/25/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
07/25/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000083842				
07/29/13	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
07/29/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

	Invoice Amount	1,235.00

MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001253
Invoice Date
06/30/2013
Invoice Number
001606375

BILL TO:

MEDLAB
10126 WOODFIELD LN
SAINT LOUIS, MO 63132-2923

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	07/15/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
001 - MEDLAB ST LOUIS - 10126 WOODFIELD LN					
	Manifest # 0000083826				
06/03/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
06/03/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000083827				
06/06/13	31 GALLON PER CONTAINER RMW	1	10.00	14.00	140.00
06/06/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000083828				
06/10/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
06/10/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000083829				
06/13/13	31 GALLON PER CONTAINER RMW	1	11.00	14.00	154.00
06/13/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000083830				
06/17/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
06/17/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000083831				
06/20/13	31 GALLON PER CONTAINER RMW	1	11.00	14.00	154.00
06/20/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

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Customer Number
001253

Invoice Date	Your Invoice Number
06/30/2013	001606375

Due Date	Total Due	Amount Paid
Upon Receipt	$ 1,090.00	

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SAINT LOUIS, MO 63132-2923

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Customer Number
001253
Invoice Date
06/30/2013
Invoice Number
001606375

BILL TO:

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SAINT LOUIS, MO 63132-2923

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	07/15/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
	Manifest # 0000083832				
06/24/13	31 GALLON PER CONTAINER RMW	1	10.00	14.00	140.00
06/24/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000083833				
06/27/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
06/27/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

	Invoice Amount	1,090.00

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Customer Number
001253
Invoice Date
02/28/2013
Invoice Number
001527662

BILL TO:

MEDLAB
3702 W TRUMAN BLVD #121
Jefferson City, MO 65109

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	03/15/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
005 - MEDLAB - 3702 W TRUMAN BLVD #121				
Manifest # 0000043947				
02/05/13 MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
02/05/13 FUEL SURCHARGE	1	1.00	0.15	0.75

	Invoice Amount	5.75

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Customer Number
001253

Invoice Date	Your Invoice Number
02/28/2013	001527662

Due Date	Total Due	Amount Paid
Upon Receipt	$ 5.75	

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Customer Number
001253
Invoice Date
01/31/2013
Invoice Number
001520386

BILL TO:

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3702 W TRUMAN BLVD #121
Jefferson City, MO 65109

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	02/15/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
005 - MEDLAB - 3702 W TRUMAN BLVD #121					
	Manifest # 0000043946				
01/08/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
01/08/13	ENVIRONMENTAL SURCHARGE	1	1.00	0.10	0.50
01/08/13	FUEL SURCHARGE	1	1.00	0.19	0.96

	Invoice Amount	6.46

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Customer Number
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Invoice Date	Your Invoice Number
01/31/2013	001520386

Due Date	Total Due	Amount Paid
Upon Receipt	$ 6.46	

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Customer Number
001253
Invoice Date
12/31/2012
Invoice Number
001492578

BILL TO:

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SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	01/15/2013	

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
001 - MEDLAB ST LOUIS - 10126 WOODFIELD LN					
	Manifest # 0000019097				
12/06/12	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
12/06/12	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000019524				
12/10/12	31 GALLON PER CONTAINER RMW	1	11.00	14.00	154.00
12/10/12	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000020624				
12/17/12	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
12/17/12	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000022056				
12/20/12	31 GALLON PER CONTAINER RMW	1	5.00	14.00	70.00
12/20/12	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000022518				
12/24/12	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
12/24/12	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000023088				
12/28/12	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
12/28/12	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

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Customer Number
001253

Invoice Date	Your Invoice Number
12/31/2012	001492578

Due Date	Total Due	Amount Paid
Upon Receipt	$ 2.08	

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Customer Number
001253
Invoice Date
12/31/2012
Invoice Number
001492578

BILL TO:

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SAINT LOUIS, MO 63132-2923

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	01/15/2013	

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
005 - MEDLAB - 3702 W TRUMAN BLVD #121					
	Manifest # 0000043945				
12/11/12	31 GALLON PER CONTAINER RMW	1	1.00	14.00	14.00
12/11/12	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
12/11/12	ENVIRONMENTAL SURCHARGE	2	2.00	0.10	1.90
12/11/12	FUEL SURCHARGE	2	2.00	0.19	3.63

	Invoice Amount	852.53

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Customer Number

001683

Invoice Date

10/31/2013

Invoice Number

001687268

BILL TO:

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

TERMS	DUE DATE	SALES REP
Due Upon Receipt	10/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
003 - MEDLAB LEXINGTON - 166 PROSPEROUS PL					
	Manifest # 0000107330				
10/07/13	31 GALLON PER CONTAINER RMW	1	2.00		
10/07/13	MEDWASTE SERVICE CALL	1	1.00		
10/07/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00		
10/07/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000107331				
10/14/13	31 GALLON PER CONTAINER RMW	1	2.00		
10/14/13	MEDWASTE SERVICE CALL	1	1.00		
10/14/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00		
10/14/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000107332				
10/21/13	31 GALLON PER CONTAINER RMW	1	2.00		
10/21/13	MEDWASTE SERVICE CALL	1	1.00		
10/21/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00		
10/21/13	MINIMUM CHARGE	1	1.00	39.95	39.95

CURRENT	30 DAYS	60 DAYS	90 DAYS	OVER 90 DAYS
0.00	0.00	0.00	0.00	0.00

Invoice Amount 119.85

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Customer Number
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Invoice Date
09/30/2013
Invoice Number
001667693

BILL TO:

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PO BOX 240
BETHEL, OH 45106-0240

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
003 - MEDLAB LEXINGTON - 166 PROSPEROUS PL					
	Manifest # 0000107326				
09/09/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
09/09/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/09/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000107327				
09/16/13	31 GALLON PER CONTAINER RMW	1	2.00		
09/16/13	MEDWASTE SERVICE CALL	1	1.00		
09/16/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00		
09/16/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000107329				
09/30/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
09/30/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/30/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00	0.15	7.05

	Invoice Amount	148.05

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Customer Number
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Invoice Date	Your Invoice Number
09/30/2013	001667693

Due Date	Total Due	Amount Paid
Upon Receipt	$ 148.05	

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Customer Number
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Invoice Date
09/30/2013
Invoice Number
001667682

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SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
002 - MEDLAB GREENWOOD - 521 E COUNTY LINE RD					
	Manifest # 0000083223				
09/05/13	31 GALLON PER CONTAINER RMW	1	15.00	14.00	210.00
09/05/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000084068				
09/09/13	31 GALLON PER CONTAINER RMW	1	5.00	14.00	70.00
09/09/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/09/13	MED BOX PER CONTAINER RMW	1	2.00	14.00	28.00
	Manifest # 0000084673				
09/12/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
09/12/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000085714				
09/16/13	31 GALLON PER CONTAINER RMW	1	7.00	14.00	98.00
09/16/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000087117				
09/19/13	31 GALLON PER CONTAINER RMW	1	5.00	14.00	70.00
09/19/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000088726				
09/23/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00

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Customer Number
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Invoice Date	Your Invoice Number
09/30/2013	001667682

Due Date	Total Due	Amount Paid
Upon Receipt	$ 936.00	

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Invoice Date
09/30/2013
Invoice Number
001667682

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SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
09/23/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000089219				
09/25/13	31 GALLON PER CONTAINER RMW	1	10.00	14.00	140.00
09/25/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000090247				
09/30/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
09/30/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

	Invoice Amount	936.00

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Customer Number
001683
Invoice Date
09/30/2013
Invoice Number
001667708

BILL TO:

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
004 - MEDLAB LOUISVILLE - 600 EXECUTIVE PARK					
	Manifest # 0000109693				
09/04/13	43 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
09/04/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/04/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00	0.15	13.35
	Manifest # 0000109694				
09/12/13	43 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
09/12/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/12/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00	0.15	9.15
	Manifest # 0000109695				
09/19/13	43 GALLON PER CONTAINER RMW	1	5.00	14.00	70.00
09/19/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/19/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00	0.15	11.25
	Manifest # 0000109696				
09/25/13	43 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
09/25/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/25/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00	0.15	7.05

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Payment Coupon

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Customer Number
001683

Invoice Date	Your Invoice Number
09/30/2013	001667708

Due Date	Total Due	Amount Paid
Upon Receipt	$ 312.80	

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Customer Number
001683
Invoice Date
09/30/2013
Invoice Number
001667708

BILL TO:

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT

	Invoice Amount	312.80

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Customer Number
001683
Invoice Date
08/31/2013
Invoice Number
001648062

BILL TO:

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PO BOX 240
BETHEL, OH 45106-0240

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
004 - MEDLAB LOUISVILLE - 600 EXECUTIVE PARK					
	Manifest # 0000109689				
08/07/13	43 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
08/07/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/07/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00	0.15	9.15
	Manifest # 0000109690				
08/14/13	43 GALLON PER CONTAINER RMW	1	5.00	14.00	70.00
08/14/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/14/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00	0.15	11.25
	Manifest # 0000109691				
08/21/13	43 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
08/21/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/21/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00	0.15	9.15
	Manifest # 0000109692				
08/28/13	43 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
08/28/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/28/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00	0.15	7.05

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Customer Number
001683

Invoice Date	Your Invoice Number
08/31/2013	001648062

Due Date	Total Due	Amount Paid
Upon Receipt	$ 280.60	

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Customer Number
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Invoice Date
08/31/2013
Invoice Number
001648062

BILL TO:

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SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT

	Invoice Amount	280.60

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Customer Number
001683
Invoice Date
08/31/2013
Invoice Number
001648047

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SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
002 - MEDLAB GREENWOOD - 521 E COUNTY LINE RD					
	Manifest # 0000076923				
08/05/13	31 GALLON PER CONTAINER RMW	1	10.00	14.00	140.00
08/05/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000077526				
08/07/13	31 GALLON PER CONTAINER RMW	1	7.00	14.00	98.00
08/07/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/07/13	MED BOX PER CONTAINER RMW	1	2.00	14.00	28.00
	Manifest # 0000078204				
08/12/13	31 GALLON PER CONTAINER RMW	1	10.00	14.00	140.00
08/12/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000078881				
08/14/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
08/14/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/14/13	MED BOX PER CONTAINER RMW	1	2.00	14.00	28.00
	Manifest # 0000079894				
08/19/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
08/19/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000080507				

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Customer Number
001683

Invoice Date	Your Invoice Number
08/31/2013	001648047

Due Date	Total Due	Amount Paid
Upon Receipt	$ 908.00	

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Invoice Number
001648047

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SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
08/21/13	31 GALLON PER CONTAINER RMW	1	5.00	14.00	70.00
08/21/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000081233				
08/26/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
08/26/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000081735				
08/28/13	31 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
08/28/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

	Invoice Amount	908.00

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001683
Invoice Date
08/31/2013
Invoice Number
001648054

BILL TO:

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
003 - MEDLAB LEXINGTON - 166 PROSPEROUS PL					
	Manifest # 0000107321				
08/05/13	31 GALLON PER CONTAINER RMW	1	1.00		
08/05/13	MEDWASTE SERVICE CALL	1	1.00		
08/05/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00		
08/05/13	MINIMUM CHARGE	1	1.00	37.85	37.85
	Manifest # 0000107323				
08/19/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
08/19/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/19/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000107324				
08/26/13	31 GALLON PER CONTAINER RMW	1	2.00		
08/26/13	MEDWASTE SERVICE CALL	1	1.00		
08/26/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00		
08/26/13	MINIMUM CHARGE	1	1.00	39.95	39.95

	Invoice Amount	131.85

MEDASSURE

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

Please detach and enclose this portion with your payment - do not send cash.

Customer Number
001683

Invoice Date	Your Invoice Number
08/31/2013	001648054

Due Date	Total Due	Amount Paid
Upon Receipt	$ 131.85	

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

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A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
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Customer Number
001683
Invoice Date
06/30/2013
Invoice Number
001608686

BILL TO:

MEDLAB
521 E COUNTY LINE RD
GREENWOOD, IN 46143-1065

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	06/30/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
002 - MEDLAB GREENWOOD - 521 E COUNTY LINE RD					
	Manifest # 0000068742				
06/03/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
06/03/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
06/03/13	MED BOX PER CONTAINER RMW	1	2.00	14.00	28.00
	Manifest # 0000068743				
06/05/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
06/05/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000068744				
06/10/13	31 GALLON PER CONTAINER RMW	1	5.00	14.00	70.00
06/10/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
06/10/13	MED BOX PER CONTAINER RMW	1	1.00	14.00	14.00
	Manifest # 0000068745				
06/12/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
06/12/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
06/12/13	MED BOX PER CONTAINER RMW	1	2.00	14.00	28.00
	Manifest # 0000108527				
06/14/13	31 GALLON PER CONTAINER RMW	1	10.00	14.00	140.00
06/14/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

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Customer Number
001683

Invoice Date	Your Invoice Number
06/30/2013	001608686

Due Date	Total Due	Amount Paid
Upon Receipt	750.15	

MEDLAB
521 E COUNTY LINE RD
GREENWOOD, IN 46143-1065

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A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
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Customer Number
001683
Invoice Date
06/30/2013
Invoice Number
001608686

BILL TO:

MEDLAB
521E COUNTY LINE RD
GREENWOOD, IN 46143-1065

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	06/30/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
	Manifest # 0000068746				
06/17/13	18x18x24 Boxn Mixed Waste Per Container	1	5.00	14.00	70.00
06/17/13	31 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
06/17/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000068747				
06/19/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
06/19/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000068748				
06/24/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
06/24/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
06/24/13	MED BOX PER CONTAINER RMW	1	3.00	14.00	42.00
	Manifest # 0000068749				
06/26/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
06/26/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
06/26/13	MED BOX PER CONTAINER RMW	1	2.00	14.00	28.00

	Invoice Amount	1,123.00

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MedAssure
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Customer Number
001683
Invoice Date
06/30/2013
Invoice Number
001608702

BILL TO:

MEDLAB
600 EXECUTIVE PARK
LOUISVILLE, KY 40207-4206

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	06/30/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
004 - MEDLAB LOUISVILLE - 600 EXECUTIVE PARK					
	Manifest # 0000099428				
06/06/13	43 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
06/06/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
06/06/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00	0.15	9.15
	Manifest # 0000099429				
06/13/13	43 GALLON PER CONTAINER RMW	1	5.00	14.00	70.00
06/13/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
06/13/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00	0.15	11.25
	Manifest # 0000099430				
06/20/13	43 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
06/20/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
06/20/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00	0.15	9.15
	Manifest # 0000109683				
06/26/13	43 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
06/26/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
06/26/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00	0.15	9.15

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Customer Number
001683

Invoice Date	Your Invoice Number
06/30/2013	001608702

Due Date	Total Due	Amount Paid
Upon Receipt	$ 296.70	

MEDLAB
600 EXECUTIVE PARK
LOUISVILLE, KY 40207-4206

MedAssure
149 Yellowbrook Road
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Customer Number
001683
Invoice Date
06/30/2013
Invoice Number
001608702

BILL TO:

MEDLAB
600 EXECUTIVE PARK
LOUISVILLE, KY 40207-4206

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	06/30/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT

	Invoice Amount	296.70

MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
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Customer Number
001683
Invoice Date
06/30/2013
Invoice Number
001608694

BILL TO:

MEDLAB
166 PROSPEROUS PL
LEXINGTON, KY 40509-1864

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	06/30/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
003 - MEDLAB LEXINGTON - 166 PROSPEROUS PL					
	Manifest # 0000062319				
06/05/13	31 GALLON PER CONTAINER RMW	1	2.00		
06/05/13	MEDWASTE SERVICE CALL	1	1.00		
06/05/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00		
06/05/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000064020				
06/12/13	31 GALLON PER CONTAINER RMW	1	2.00		
06/12/13	MEDWASTE SERVICE CALL	1	1.00		
06/12/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00		
06/12/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000065394				
06/20/13	31 GALLON PER CONTAINER RMW	1	2.00		
06/20/13	MEDWASTE SERVICE CALL	1	1.00		
06/20/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00		
06/20/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000107315				
06/24/13	31 GALLON PER CONTAINER RMW	1	2.00		
06/24/13	MEDWASTE SERVICE CALL	1	1.00		
06/24/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00		
06/24/13	MINIMUM CHARGE	1	1.00	39.95	39.95

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Customer Number
001683

Invoice Date	Your Invoice Number
06/30/2013	001608694

Due Date	Total Due	Amount Paid
Upon Receipt	$ 159.80	

MEDLAB
166 PROSPEROUS PL
LEXINGTON, KY 40509-1864

MedAssure
149 Yellowbrook Road
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Customer Number
001683
Invoice Date
06/30/2013
Invoice Number
001608694

BILL TO:

MEDLAB
166 PROSPEROUS PL
LEXINGTON, KY 40509-1864

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	06/30/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT

	Invoice Amount	159.80

MEDASSURE

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MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number

001683

Invoice Date

10/31/2013

Invoice Number

001687276

BILL TO:

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

TERMS	DUE DATE	SALES REP
Due Upon Receipt	10/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
004 - MEDLAB LOUISVILLE - 600 EXECUTIVE PARK					
	Manifest # 0000109697				
10/02/13	43 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
10/02/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/02/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00	0.15	9.15
	Manifest # 0000109698				
10/08/13	43 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
10/08/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/08/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00	0.15	9.15
	Manifest # 0000109699				
10/16/13	43 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
10/16/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/16/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00	0.15	9.15
	Manifest # 0000109700				
10/23/13	43 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
10/23/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/23/13	FUEL & ENVIRONMENTAL SURCHARGE	2	2.00	0.15	9.15

CURRENT	30 DAYS	60 DAYS	90 DAYS	OVER 90 DAYS
0.00	0.00	0.00	0.00	0.00

Invoice Amount 280.60

MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number

001683

Invoice Date

10/31/2013

Invoice Number

001687252

BILL TO:

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

TERMS	DUE DATE	SALES REP
Due Upon Receipt	10/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
002 - MEDLAB GREENWOOD - 521 E COUNTY LINE RD					
	Manifest # 0000090849				
10/02/13	31 GALLON PER CONTAINER RMW	1	7.00	14.00	98.00
10/02/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000091833				
10/07/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
10/07/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000092910				
10/09/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
10/09/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000093743				
10/14/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
10/14/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000094453				
10/16/13	31 GALLON PER CONTAINER RMW	1	7.00	14.00	98.00
10/16/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000095349				
10/21/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
10/21/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000095904				
10/23/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
10/23/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

CURRENT	30 DAYS	60 DAYS	90 DAYS	OVER 90 DAYS
0.00	0.00	0.00	0.00	0.00

Invoice Amount 679.00

MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number

001918

Invoice Date

10/31/2013

Invoice Number

001688673

BILL TO:

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

TERMS	DUE DATE	SALES REP
Due Upon Receipt	10/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
006 - MEDLAB COLUMBUS - 8100 RAVINES EDGE CT					
	Manifest # 0000091119				
10/03/13	31 GALLON PER CONTAINER RMW	1	2.00		
10/03/13	MEDWASTE SERVICE CALL	1	1.00		
10/03/13	FUEL SURCHARGE	2	2.00		
10/03/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000091859				
10/07/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
10/07/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/07/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000093216				
10/10/13	31 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
10/10/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/10/13	FUEL SURCHARGE	2	2.00	0.15	9.15
	Manifest # 0000135563				
10/15/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
10/15/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/15/13	FUEL SURCHARGE	2	2.00	0.15	13.35
	Manifest # 0000135514				
10/17/13	31 GALLON PER CONTAINER RMW	1	2.00		
10/17/13	MEDWASTE SERVICE CALL	1	1.00		
10/17/13	FUEL SURCHARGE	2	2.00		
10/17/13	MINIMUM CHARGE	1	1.00	39.95	39.95

CURRENT	30 DAYS	60 DAYS	90 DAYS	OVER 90 DAYS
0.00	0.00	0.00	0.00	0.00

Invoice Amount 306.45

MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number

001918

Invoice Date

10/31/2013

Invoice Number

001688662

BILL TO:

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

TERMS	DUE DATE	SALES REP
Due Upon Receipt	10/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
002 - MEDLAB CINCINNATI - 665 OHIO PIKE					
	Manifest # 0000090455				
10/01/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
10/01/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/01/13	FUEL SURCHARGE	2	2.00	0.15	19.65
	Manifest # 0000090899				
10/02/13	31 GALLON PER CONTAINER RMW	1	13.00	14.00	182.00
10/02/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/02/13	FUEL SURCHARGE	2	2.00	0.15	28.05
	Manifest # 0000091102				
10/03/13	31 GALLON PER CONTAINER RMW	1	18.00	14.00	252.00
10/03/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/03/13	FUEL SURCHARGE	2	2.00	0.15	38.55
	Manifest # 0000091396				
10/04/13	31 GALLON PER CONTAINER RMW	1	5.00	14.00	70.00
10/04/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/04/13	FUEL SURCHARGE	2	2.00	0.15	11.25
	Manifest # 0000091786				
10/07/13	31 GALLON PER CONTAINER RMW	1	28.00	14.00	392.00
10/07/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/07/13	FUEL SURCHARGE	2	2.00	0.15	59.55
	Manifest # 0000092046				
10/08/13	31 GALLON PER CONTAINER RMW	1	15.00	14.00	210.00
10/08/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/08/13	FUEL SURCHARGE	2	2.00	0.15	32.25
	Manifest # 0000092975				
10/09/13	31 GALLON PER CONTAINER RMW	1	15.00	14.00	210.00
10/09/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/09/13	FUEL SURCHARGE	2	2.00	0.15	32.25
	Manifest # 0000093203				
10/10/13	31 GALLON PER CONTAINER RMW	1	16.00	14.00	224.00
10/10/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/10/13	FUEL SURCHARGE	2	2.00	0.15	34.35
	Manifest # 0000093419				
10/11/13	31 GALLON PER CONTAINER RMW	1	14.00	14.00	196.00
10/11/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/11/13	FUEL SURCHARGE	2	2.00	0.15	30.15
	Manifest # 0000093962				
10/15/13	31 GALLON PER CONTAINER RMW	1	15.00	14.00	210.00
10/15/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/15/13	FUEL SURCHARGE	2	2.00	0.15	32.25
	Manifest # 0000094521				
10/16/13	31 GALLON PER CONTAINER RMW	1	13.00	14.00	182.00

10/16/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/16/13	FUEL SURCHARGE	2	2.00	0.15	28.05
	Manifest # 0000094717				
10/17/13	31 GALLON PER CONTAINER RMW	1	13.00	14.00	182.00
10/17/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/17/13	FUEL SURCHARGE	2	2.00	0.15	28.05
	Manifest # 0000094992				
10/18/13	31 GALLON PER CONTAINER RMW	1	23.00	14.00	322.00
10/18/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/18/13	FUEL SURCHARGE	2	2.00	0.15	49.05
	Manifest # 0000095299				
10/21/13	31 GALLON PER CONTAINER RMW	1	18.00	14.00	252.00
10/21/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/21/13	FUEL SURCHARGE	2	2.00	0.15	38.55
	Manifest # 0000095609				
10/22/13	31 GALLON PER CONTAINER RMW	1	15.00	14.00	210.00
10/22/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/22/13	FUEL SURCHARGE	2	2.00	0.15	32.25
	Manifest # 0000095962				
10/23/13	31 GALLON PER CONTAINER RMW	1	11.00	14.00	154.00
10/23/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/23/13	FUEL SURCHARGE	2	2.00	0.15	23.85
	Manifest # 0000096133				
10/24/13	31 GALLON PER CONTAINER RMW	1	10.00	14.00	140.00
10/24/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/24/13	FUEL SURCHARGE	2	2.00	0.15	21.75
	Manifest # 0000096370				
10/25/13	31 GALLON PER CONTAINER RMW	1	20.00	14.00	280.00
10/25/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/25/13	FUEL SURCHARGE	2	2.00	0.15	42.75

CURRENT	30 DAYS	60 DAYS	90 DAYS	OVER 90 DAYS	Invoice Amount	4,466.60
0.00	0.00	0.00	0.00	0.00		

MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number

001918

Invoice Date

10/31/2013

Invoice Number

001688688

BILL TO:

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

TERMS	DUE DATE	SALES REP
Due Upon Receipt	10/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
008 - MEDLAB DAYTON - 906 SENATE DR					
	Manifest # 0000102157				
10/03/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
10/03/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/03/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000102158				
10/10/13	31 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
10/10/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/10/13	FUEL SURCHARGE	2	2.00	0.15	9.15
	Manifest # 0000102159				
10/17/13	31 GALLON PER CONTAINER RMW	1	7.00	14.00	98.00
10/17/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/17/13	FUEL SURCHARGE	2	2.00	0.15	15.45
	Manifest # 0000102160				
10/24/13	31 GALLON PER CONTAINER RMW	1	5.00	14.00	70.00
10/24/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/24/13	FUEL SURCHARGE	2	2.00	0.15	11.25

CURRENT	30 DAYS	60 DAYS	90 DAYS	OVER 90 DAYS
0.00	0.00	0.00	0.00	0.00

Invoice Amount 328.90

MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001918
Invoice Date
10/31/2013
Invoice Number
001688723

BILL TO:

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	10/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
018 - NORTHSIDE HEALTH CENTER MEDLAB - 3917 SPRING GROVE AVE					
	Manifest # 0000103621				
10/09/13	18x18x24 Boxn Mixed Waste Per Container	1	1.00		
10/09/13	MEDWASTE SERVICE CALL	1	1.00		
10/09/13	FUEL SURCHARGE	1	1.00		
10/09/13	MINIMUM CHARGE	1	1.00	35.75	35.75

	Invoice Amount	35.75

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1013 S. Girls School Road
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Payment Coupon

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Customer Number
001918

Invoice Date	Your Invoice Number
10/31/2013	001688723

Due Date	Total Due	Amount Paid
Upon Receipt	$ 35.75	

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

MedAssure
149 Yellowbrook Road
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Farmingdale, NJ 07727

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MedAssure
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Customer Number
001918
Invoice Date
09/30/2013
Invoice Number
001669134

BILL TO:

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
008 - MEDLAB DAYTON - 906 SENATE DR					
	Manifest # 0000102153				
09/05/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
09/05/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/05/13	FUEL SURCHARGE	2	2.00	0.15	13.35
	Manifest # 0000102154				
09/12/13	31 GALLON PER CONTAINER RMW	1	5.00	14.00	70.00
09/12/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/12/13	FUEL SURCHARGE	2	2.00	0.15	11.25
	Manifest # 0000102155				
09/19/13	31 GALLON PER CONTAINER RMW	1	5.00	14.00	70.00
09/19/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/19/13	FUEL SURCHARGE	2	2.00	0.15	11.25
	Manifest # 0000102156				
09/26/13	31 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
09/26/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/26/13	FUEL SURCHARGE	2	2.00	0.15	9.15

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Customer Number
001918

Invoice Date	Your Invoice Number
09/30/2013	001669134

Due Date	Total Due	Amount Paid
Upon Receipt	$ 345.00	

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

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Customer Number
001918
Invoice Date
09/30/2013
Invoice Number
001669134

BILL TO:

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT

	Invoice Amount	345.00

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MedAssure
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(317) 635-8000

Customer Number
001918
Invoice Date
09/30/2013
Invoice Number
001669118

BILL TO:

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
002 - MEDLAB CINCINNATI - 665 OHIO PIKE					
	Manifest # 0000082537				
09/02/13	31 GALLON PER CONTAINER RMW	1	28.00	14.00	392.00
09/02/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/02/13	FUEL SURCHARGE	2	2.00	0.15	59.55
	Manifest # 0000082780				
09/03/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
09/03/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/03/13	FUEL SURCHARGE	2	2.00	0.15	17.55
	Manifest # 0000083270				
09/04/13	31 GALLON PER CONTAINER RMW	1	16.00	14.00	224.00
09/04/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/04/13	FUEL SURCHARGE	2	2.00	0.15	34.35
	Manifest # 0000083439				
09/05/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
09/05/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/05/13	FUEL SURCHARGE	2	2.00	0.15	19.65
	Manifest # 0000083686				
09/06/13	31 GALLON PER CONTAINER RMW	1	13.00	14.00	182.00
09/06/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

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Customer Number
001918

Invoice Date	Your Invoice Number
09/30/2013	001669118

Due Date	Total Due	Amount Paid
Upon Receipt	$ 6,136.65	

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

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Customer Number
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Invoice Date
09/30/2013
Invoice Number
001669118

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PO BOX 240
BETHEL, OH 45106-0240

SERVICE DATE	TERMS	DUE DATE		SALES REP	
	Due Upon Receipt	09/30/2013		House	
	DESCRIPTION	**CONT. COUNT**	**QTY/WGHT**	**UNIT PRICE**	**AMOUNT**
09/06/13	FUEL SURCHARGE	2	2.00	0.15	28.05
	Manifest # 0000084022				
09/09/13	31 GALLON PER CONTAINER RMW	1	34.00	14.00	476.00
09/09/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/09/13	FUEL SURCHARGE	2	2.00	0.15	72.15
09/10/13	Sale 31 Gallon Red Bag Liner		1.00	75.00	75.00
	Manifest # 0000084307				
09/10/13	31 GALLON PER CONTAINER RMW	1	13.00	14.00	182.00
09/10/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/10/13	FUEL SURCHARGE	2	2.00	0.15	28.05
	Manifest # 0000084731				
09/11/13	31 GALLON PER CONTAINER RMW	1	16.00	14.00	224.00
09/11/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/11/13	FUEL SURCHARGE	2	2.00	0.15	34.35
	Manifest # 0000085044				
09/12/13	31 GALLON PER CONTAINER RMW	1	17.00	14.00	238.00
09/12/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/12/13	FUEL SURCHARGE	2	2.00	0.15	36.45
	Manifest # 0000085287				

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Invoice Number
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SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
09/13/13	31 GALLON PER CONTAINER RMW	1	16.00	14.00	224.00
09/13/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/13/13	FUEL SURCHARGE	2	2.00	0.15	34.35
	Manifest # 0000085680				
09/16/13	31 GALLON PER CONTAINER RMW	1	28.00	14.00	392.00
09/16/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/16/13	FUEL SURCHARGE	2	2.00	0.15	59.55
	Manifest # 0000086230				
09/17/13	31 GALLON PER CONTAINER RMW	1	13.00	14.00	182.00
09/17/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/17/13	FUEL SURCHARGE	2	2.00	0.15	28.05
	Manifest # 0000087171				
09/18/13	31 GALLON PER CONTAINER RMW	1	15.00	14.00	210.00
09/18/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/18/13	FUEL SURCHARGE	2	2.00	0.15	32.25
	Manifest # 0000087833				
09/19/13	31 GALLON PER CONTAINER RMW	1	13.00	14.00	182.00
09/19/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/19/13	FUEL SURCHARGE	2	2.00	0.15	28.05
	Manifest # 0000088083				

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Invoice Date
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Invoice Number
001669118

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SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
09/20/13	31 GALLON PER CONTAINER RMW	1	13.00	14.00	182.00
09/20/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/20/13	FUEL SURCHARGE	2	2.00	0.15	28.05
	Manifest # 0000088673				
09/23/13	31 GALLON PER CONTAINER RMW	1	30.00	14.00	420.00
09/23/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/23/13	FUEL SURCHARGE	2	2.00	0.15	63.75
	Manifest # 0000088931				
09/24/13	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
09/24/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/24/13	FUEL SURCHARGE	2	2.00	0.15	25.95
	Manifest # 0000089268				
09/25/13	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
09/25/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/25/13	FUEL SURCHARGE	2	2.00	0.15	25.95
	Manifest # 0000089459				
09/26/13	31 GALLON PER CONTAINER RMW	1	17.00	14.00	238.00
09/26/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/26/13	FUEL SURCHARGE	2	2.00	0.15	36.45
	Manifest # 0000089752				

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Invoice Date
09/30/2013
Invoice Number
001669118

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PO BOX 240
BETHEL, OH 45106-0240

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
09/27/13	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
09/27/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/27/13	FUEL SURCHARGE	2	2.00	0.15	25.95
	Manifest # 0000090211				
09/30/13	31 GALLON PER CONTAINER RMW	1	34.00	14.00	476.00
09/30/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/30/13	FUEL SURCHARGE	2	2.00	0.15	72.15

	Invoice Amount	6,136.65

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A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

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1013 S. Girls School Road
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(317) 635-8000

Customer Number
001918
Invoice Date
09/30/2013
Invoice Number
001669126

BILL TO:

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
006 - MEDLAB COLUMBUS - 8100 RAVINES EDGE CT					
	Manifest # 0000082595				
09/03/13	31 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
09/03/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/03/13	FUEL SURCHARGE	2	2.00	0.15	9.15
	Manifest # 0000083457				
09/05/13	31 GALLON PER CONTAINER RMW	1	2.00		
09/05/13	MEDWASTE SERVICE CALL	1	1.00		
09/05/13	FUEL SURCHARGE	2	2.00		
09/05/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000084081				
09/09/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
09/09/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/09/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000085057				
09/12/13	31 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
09/12/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/12/13	FUEL SURCHARGE	2	2.00	0.15	9.15
	Manifest # 0000085734				
09/16/13	31 GALLON PER CONTAINER RMW	1	2.00		

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Payment Coupon

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Customer Number
001918

Invoice Date	Your Invoice Number
09/30/2013	001669126

Due Date	Total Due	Amount Paid
Upon Receipt	$ 540.75	

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

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Customer Number
001918
Invoice Date
09/30/2013
Invoice Number
001669126

BILL TO:

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
09/16/13	MEDWASTE SERVICE CALL	1	1.00		
09/16/13	FUEL SURCHARGE	2	2.00		
09/16/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000087847				
09/19/13	31 GALLON PER CONTAINER RMW	1	2.00		
09/19/13	MEDWASTE SERVICE CALL	1	1.00		
09/19/13	FUEL SURCHARGE	2	2.00		
09/19/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000088748				
09/23/13	31 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
09/23/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/23/13	FUEL SURCHARGE	2	2.00	0.15	9.15
	Manifest # 0000089470				
09/26/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
09/26/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/26/13	FUEL SURCHARGE	2	2.00	0.15	13.35
	Manifest # 0000090277				
09/30/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
09/30/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/30/13	FUEL SURCHARGE	2	2.00	0.15	7.05

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Customer Number
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Invoice Date
09/30/2013
Invoice Number
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BILL TO:

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BETHEL, OH 45106-0240

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT

	Invoice Amount	540.75

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Customer Number
001918
Invoice Date
08/31/2013
Invoice Number
001649557

BILL TO:

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PO BOX 240
BETHEL, OH 45106-0240

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
008 - MEDLAB DAYTON - 906 SENATE DR					
	Manifest # 0000102148				
08/01/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
08/01/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/01/13	FUEL SURCHARGE	2	2.00	0.15	13.35
	Manifest # 0000102149				
08/08/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
08/08/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/08/13	FUEL SURCHARGE	2	2.00	0.15	13.35
	Manifest # 0000102150				
08/15/13	31 GALLON PER CONTAINER RMW	1	5.00	14.00	70.00
08/15/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/15/13	FUEL SURCHARGE	2	2.00	0.15	11.25
	Manifest # 0000102151				
08/22/13	31 GALLON PER CONTAINER RMW	1	2.00		
08/22/13	MEDWASTE SERVICE CALL	1	1.00		
08/22/13	FUEL SURCHARGE	2	2.00		
08/22/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000102152				
08/29/13	31 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00

MEDASSURE

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Payment Coupon

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Customer Number
001918

Invoice Date	Your Invoice Number
08/31/2013	001649557

Due Date	Total Due	Amount Paid
Upon Receipt	$ 401.05	

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

MedAssure
149 Yellowbrook Road
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A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

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Customer Number
001918
Invoice Date
08/31/2013
Invoice Number
001649557

BILL TO:

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
08/29/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/29/13	FUEL SURCHARGE	2	2.00	0.15	9.15

	Invoice Amount	401.05

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Invoice Date
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Invoice Number
001649532

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SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
002 - MEDLAB CINCINNATI - 665 OHIO PIKE					
	Manifest # 0000076275				
08/01/13	31 GALLON PER CONTAINER RMW	1	20.00	14.00	280.00
08/01/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/01/13	FUEL SURCHARGE	2	2.00	0.15	42.75
	Manifest # 0000076501				
08/02/13	31 GALLON PER CONTAINER RMW	1	7.00	14.00	98.00
08/02/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/02/13	FUEL SURCHARGE	2	2.00	0.15	15.45
	Manifest # 0000076885				
08/05/13	31 GALLON PER CONTAINER RMW	1	30.00	14.00	420.00
08/05/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/05/13	FUEL SURCHARGE	2	2.00	0.15	63.75
	Manifest # 0000077157				
08/06/13	31 GALLON PER CONTAINER RMW	1	15.00	14.00	210.00
08/06/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/06/13	FUEL SURCHARGE	2	2.00	0.15	32.25
	Manifest # 0000077568				
08/07/13	31 GALLON PER CONTAINER RMW	1	13.00	14.00	182.00
08/07/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

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Invoice Date	Your Invoice Number
08/31/2013	001649532

Due Date	Total Due	Amount Paid
Upon Receipt	$ 6,131.10	

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Invoice Number
001649532

BILL TO:

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SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
08/07/13	FUEL SURCHARGE	2	2.00	0.15	28.05
	Manifest # 0000077718				
08/08/13	31 GALLON PER CONTAINER RMW	1	14.00	14.00	196.00
08/08/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/08/13	FUEL SURCHARGE	2	2.00	0.15	30.15
	Manifest # 0000077952				
08/09/13	31 GALLON PER CONTAINER RMW	1	17.00	14.00	238.00
08/09/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/09/13	FUEL SURCHARGE	2	2.00	0.15	36.45
	Manifest # 0000078155				
08/12/13	31 GALLON PER CONTAINER RMW	1	33.00	14.00	462.00
08/12/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/12/13	FUEL SURCHARGE	2	2.00	0.15	70.05
	Manifest # 0000078574				
08/13/13	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
08/13/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/13/13	FUEL SURCHARGE	2	2.00	0.15	25.95
	Manifest # 0000078923				
08/14/13	31 GALLON PER CONTAINER RMW	1	21.00	14.00	294.00
08/14/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

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SERVICE DATE	TERMS	DUE DATE	SALES REP		
	Due Upon Receipt	08/31/2013	House		
	DESCRIPTION	**CONT. COUNT**	**QTY/WGHT**	**UNIT PRICE**	**AMOUNT**
08/14/13	FUEL SURCHARGE	2	2.00	0.15	44.85
	Manifest # 0000079146				
08/15/13	31 GALLON PER CONTAINER RMW	1	7.00	14.00	98.00
08/15/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/15/13	FUEL SURCHARGE	2	2.00	0.15	15.45
	Manifest # 0000079372				
08/16/13	31 GALLON PER CONTAINER RMW	1	18.00	14.00	252.00
08/16/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/16/13	FUEL SURCHARGE	2	2.00	0.15	38.55
	Manifest # 0000079857				
08/19/13	31 GALLON PER CONTAINER RMW	1	27.00	14.00	378.00
08/19/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/19/13	FUEL SURCHARGE	2	2.00	0.15	57.45
	Manifest # 0000080143				
08/20/13	31 GALLON PER CONTAINER RMW	1	17.00	14.00	238.00
08/20/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/20/13	FUEL SURCHARGE	2	2.00	0.15	36.45
	Manifest # 0000080559				
08/21/13	31 GALLON PER CONTAINER RMW	1	13.00	14.00	182.00
08/21/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

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SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
08/21/13	FUEL SURCHARGE	2	2.00	0.15	28.05
	Manifest # 0000080732				
08/22/13	31 GALLON PER CONTAINER RMW	1	13.00	14.00	182.00
08/22/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/22/13	FUEL SURCHARGE	2	2.00	0.15	28.05
	Manifest # 0000080991				
08/23/13	31 GALLON PER CONTAINER RMW	1	13.00	14.00	182.00
08/23/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/23/13	FUEL SURCHARGE	2	2.00	0.15	28.05
	Manifest # 0000081176				
08/26/13	31 GALLON PER CONTAINER RMW	1	26.00	14.00	364.00
08/26/13	43 Gallon Mixed Waste Per Container	1	4.00	14.00	56.00
08/26/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/26/13	FUEL SURCHARGE	2	2.00	0.15	55.35
	Manifest # 0000081465				
08/27/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
08/27/13	43 Gallon Mixed Waste Per Container	1	4.00	14.00	56.00
08/27/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/27/13	FUEL SURCHARGE	2	2.00	0.15	17.55
	Manifest # 0000081780				

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SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
08/28/13	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
08/28/13	43 GALLON PER CONTAINER RMW	1	2.00	14.00	28.00
08/28/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/28/13	FUEL SURCHARGE	3	3.00	0.15	30.15
	Manifest # 0000081953				
08/29/13	31 GALLON PER CONTAINER RMW	1	13.00	14.00	182.00
08/29/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/29/13	FUEL SURCHARGE	2	2.00	0.15	28.05
	Manifest # 0000082218				
08/30/13	31 GALLON PER CONTAINER RMW	1	15.00	14.00	210.00
08/30/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/30/13	FUEL SURCHARGE	2	2.00	0.15	32.25

	Invoice Amount	6,131.10

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Invoice Date
08/31/2013
Invoice Number
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SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
006 - MEDLAB COLUMBUS - 8100 RAVINES EDGE CT					
	Manifest # 0000076287				
08/01/13	31 GALLON PER CONTAINER RMW	1	2.00		
08/01/13	MEDWASTE SERVICE CALL	1	1.00		
08/01/13	FUEL SURCHARGE	2	2.00		
08/01/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000076942				
08/05/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
08/05/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/05/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000077738				
08/08/13	31 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
08/08/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/08/13	FUEL SURCHARGE	2	2.00	0.15	9.15
	Manifest # 0000078216				
08/12/13	31 GALLON PER CONTAINER RMW	1	2.00		
08/12/13	MEDWASTE SERVICE CALL	1	1.00		
08/12/13	FUEL SURCHARGE	2	2.00		
08/12/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000079161				

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Invoice Date	Your Invoice Number
08/31/2013	001649543

Due Date	Total Due	Amount Paid
Upon Receipt	$ 432.05	

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Invoice Number
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SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
08/15/13	31 GALLON PER CONTAINER RMW	1	2.00		
08/15/13	MEDWASTE SERVICE CALL	1	1.00		
08/15/13	FUEL SURCHARGE	2	2.00		
08/15/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000079908				
08/19/13	31 GALLON PER CONTAINER RMW	1	2.00		
08/19/13	MEDWASTE SERVICE CALL	1	1.00		
08/19/13	FUEL SURCHARGE	2	2.00		
08/19/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000080749				
08/22/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
08/22/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/22/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000081246				
08/26/13	31 GALLON PER CONTAINER RMW	1	2.00		
08/26/13	MEDWASTE SERVICE CALL	1	1.00		
08/26/13	FUEL SURCHARGE	2	2.00		
08/26/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000081966				
08/29/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00

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Invoice Number
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SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
08/29/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/29/13	FUEL SURCHARGE	2	2.00	0.15	7.05

	Invoice Amount	432.05

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Customer Number
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Invoice Date
07/31/2013
Invoice Number
001629872

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SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	07/31/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
016 - MEDLAB BRAXTON CANN - 5818 MADISON RD				
Manifest # 0000072303				
07/19/13 MEDWASTE SERVICE CALL	1	1.00		
07/19/13 FUEL SURCHARGE	1	1.00		
07/19/13 MINIMUM CHARGE	1	1.00	35.75	35.75

	Invoice Amount	35.75

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Invoice Date	Your Invoice Number
07/31/2013	001629872

Due Date	Total Due	Amount Paid
Upon Receipt	35.75	

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Customer Number
001918
Invoice Date
07/31/2013
Invoice Number
001629914

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SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	07/31/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
020 - MEDLAB FOREST HILLS - 6620 CLOUGH PIKE				
Manifest # 0000102352				
07/16/13 18x18x24 Boxn Mixed Waste Per Container	1	2.00		
07/16/13 MEDWASTE SERVICE CALL	1	1.00		
07/16/13 FUEL SURCHARGE	1	1.00		
07/16/13 MINIMUM CHARGE	1	1.00	35.75	35.75
Manifest # 0000119255				
07/31/13 18x18x24 Boxn Mixed Waste Per Container	1	2.00		
07/31/13 MEDWASTE SERVICE CALL	1	1.00		
07/31/13 FUEL SURCHARGE	1	1.00		
07/31/13 MINIMUM CHARGE	1	1.00	35.75	35.75

	Invoice Amount	71.50

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Invoice Date	Your Invoice Number
07/31/2013	001629914

Due Date	Total Due	Amount Paid
Upon Receipt	$ 71.50	

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Invoice Number
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SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	07/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
002 - MEDLAB CINCINNATI - 665 OHIO PIKE					
	Manifest # 0000067471				
07/01/13	31 GALLON PER CONTAINER RMW	1	27.00	14.00	378.00
07/01/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/01/13	FUEL SURCHARGE	2	2.00	0.15	57.45
07/03/13	Sale 31 Gallon Red Bag Liner		1.00	75.00	75.00
	Manifest # 0000068138				
07/03/13	31 GALLON PER CONTAINER RMW	1	39.00	14.00	546.00
07/03/13	43 Gallon Mixed Waste Per Container	1	2.00	14.00	28.00
07/03/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/03/13	FUEL SURCHARGE	2	2.00	0.15	82.65
	Manifest # 0000068599				
07/05/13	31 GALLON PER CONTAINER RMW	1	18.00	14.00	252.00
07/05/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/05/13	FUEL SURCHARGE	2	2.00	0.15	38.55
	Manifest # 0000069549				
07/08/13	31 GALLON PER CONTAINER RMW	1	29.00	14.00	406.00
07/08/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/08/13	FUEL SURCHARGE	2	2.00	0.15	61.65
	Manifest # 0000069972				

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Invoice Date	Your Invoice Number
07/31/2013	001629765

Due Date	Total Due	Amount Paid
Upon Receipt	$ 6,824.75	

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SERVICE DATE	TERMS	DUE DATE		SALES REP		
	Due Upon Receipt	07/31/2013		House		
	DESCRIPTION	**CONT. COUNT**	**QTY/WGHT**	**UNIT PRICE**	**AMOUNT**	
07/09/13	31 GALLON PER CONTAINER RMW	1	16.00	14.00	224.00	
07/09/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00	
07/09/13	FUEL SURCHARGE	2	2.00	0.15	34.35	
	Manifest # 0000070371					
07/10/13	31 GALLON PER CONTAINER RMW	1	20.00	14.00	280.00	
07/10/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00	
07/10/13	FUEL SURCHARGE	2	2.00	0.15	42.75	
	Manifest # 0000070522					
07/11/13	31 GALLON PER CONTAINER RMW	1	14.00	14.00	196.00	
07/11/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00	
07/11/13	FUEL SURCHARGE	2	2.00	0.15	30.15	
	Manifest # 0000070787					
07/12/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00	
07/12/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00	
07/12/13	FUEL SURCHARGE	2	2.00	0.15	17.55	
	Manifest # 0000071125					
07/15/13	31 GALLON PER CONTAINER RMW	1	37.00	14.00	518.00	
07/15/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00	
07/15/13	FUEL SURCHARGE	2	2.00	0.15	78.45	
	Manifest # 0000071499					

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SERVICE DATE	TERMS	DUE DATE		SALES REP	
	Due Upon Receipt	07/31/2013		House	
	DESCRIPTION	**CONT. COUNT**	**QTY/WGHT**	**UNIT PRICE**	**AMOUNT**
07/16/13	31 GALLON PER CONTAINER RMW	1	13.00	14.00	182.00
07/16/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/16/13	FUEL SURCHARGE	2	2.00	0.15	28.05
	Manifest # 0000071886				
07/17/13	31 GALLON PER CONTAINER RMW	1	13.00	14.00	182.00
07/17/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/17/13	FUEL SURCHARGE	2	2.00	0.15	28.05
	Manifest # 0000072031				
07/18/13	31 GALLON PER CONTAINER RMW	1	15.00	14.00	210.00
07/18/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/18/13	FUEL SURCHARGE	2	2.00	0.15	32.25
	Manifest # 0000072270				
07/19/13	31 GALLON PER CONTAINER RMW	1	14.00	14.00	196.00
07/19/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/19/13	FUEL SURCHARGE	2	2.00	0.15	30.15
	Manifest # 0000072833				
07/22/13	31 GALLON PER CONTAINER RMW	1	30.00	14.00	420.00
07/22/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/22/13	FUEL SURCHARGE	2	2.00	0.15	63.75
	Manifest # 0000073106				

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SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	07/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
07/23/13	31 GALLON PER CONTAINER RMW	1	18.00	14.00	252.00
07/23/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/23/13	FUEL SURCHARGE	2	2.00	0.15	38.55
	Manifest # 0000073630				
07/24/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
07/24/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/24/13	FUEL SURCHARGE	2	2.00	0.15	19.65
	Manifest # 0000074075				
07/25/13	31 GALLON PER CONTAINER RMW	1	16.00	14.00	224.00
07/25/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/25/13	FUEL SURCHARGE	2	2.00	0.15	34.35
	Manifest # 0000074338				
07/26/13	31 GALLON PER CONTAINER RMW	1	15.00	14.00	210.00
07/26/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/26/13	FUEL SURCHARGE	2	2.00	0.15	32.25
	Manifest # 0000075245				
07/29/13	31 GALLON PER CONTAINER RMW	1	30.00	14.00	420.00
07/29/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/29/13	FUEL SURCHARGE	2	2.00	0.15	63.75
	Manifest # 0000075626				

MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001918
Invoice Date
07/31/2013
Invoice Number
001629765

BILL TO:

MEDLAB
PO BOX 240
BETHEL, OH 45106-0240

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	07/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
07/30/13	31 GALLON PER CONTAINER RMW	1	15.00	14.00	210.00
07/30/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/30/13	FUEL SURCHARGE	2	2.00	0.15	32.25
	Manifest # 0000076045				
07/31/13	31 GALLON PER CONTAINER RMW	1	14.00	14.00	196.00
07/31/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/31/13	FUEL SURCHARGE	2	2.00	0.15	30.15

	Invoice Amount	6,824.75

MEDASSURE
A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

CUSTOMER NO
000027
INVOICE DATE
8/31/2013
INVOICE NO
0000165374

BILL TO:

PO BOX #240
Bethel, OH 45106-0240

SERVICE ADDRESS:

MedLab-Dr. Froehlich PSC
140 W Kemper Rd
Cincinnati, OH 45246

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 30 Days	09/30/2013	HOUSE

	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
005 - MedLab-Dr. Froehlich PSC - 140 W Kemper Rd				
08/23/13	18x18x24 Boxn Mixed Waste Per Container	1.00	14.00	14.00
08/23/13	MINIMUM CHARGE	1.00	21.00	21.00

	INVOICE AMOUNT	$35.00

TEAR ON ABOVE PERFORATED LINE AND RETURN STUB WITH PAYMENT

BILL TO:

MEDLAB
PO BOX #240
Bethel, OH 45106-0240

CUSTOMER NO	INVOICE DATE	INVOICE NO	INVOICE AMOUNT
000027	8/31/2013	0000165374	$ 35.00
AMOUNT PAID		**CHECK NO**	

REMIT TO:

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231

MEDASSURE
A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

CUSTOMER NO
000027
INVOICE DATE
7/31/2013
INVOICE NO
0000161504

BILL TO:

140 W Kemper Rd
Cincinnati, OH 45246

SERVICE ADDRESS:

MedLab-Dr. Froehlich PSC
140 W Kemper Rd
Cincinnati, OH 45246

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 30 Days	08/30/2013	HOUSE

	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
005 - MedLab-Dr. Froehlich PSC - 140 W Kemper Rd				
07/01/13	MINIMUM CHARGE	1.00	35.00	35.00

	INVOICE AMOUNT	$35.00

TEAR ON ABOVE PERFORATED LINE AND RETURN STUB WITH PAYMENT

BILL TO:

MEDLAB
140 W Kemper Rd
Cincinnati, OH 45246

CUSTOMER NO	INVOICE DATE	INVOICE NO	INVOICE AMOUNT
000027	7/31/2013	0000161504	$ 35.00
AMOUNT PAID		**CHECK NO**	

REMIT TO:

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231

MEDASSURE
A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

CUSTOMER NO
000027
INVOICE DATE
4/30/2013
INVOICE NO
0000157184

BILL TO:

565 E Main St #120
Canfield, OH 44406

SERVICE ADDRESS:

MedLab-Canfield
565 E Main St #120
Canfield, OH 44406

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 30 Days	05/30/2013	HOUSE

	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
004 - MedLab-Canfield - 565 E Main St #120				
04/11/13	31 Gallon Mixed Waste Per Container	2.00	14.00	28.00
04/11/13	MINIMUM CHARGE	1.00	7.00	7.00
04/25/13	31 Gallon Mixed Waste Per Container	2.00	14.00	28.00
04/25/13	MINIMUM CHARGE	1.00	7.00	7.00

	INVOICE AMOUNT	$70.00

TEAR ON ABOVE PERFORATED LINE AND RETURN STUB WITH PAYMENT

BILL TO:

MEDLAB
565 E Main St #120
Canfield, OH 44406

CUSTOMER NO	INVOICE DATE	INVOICE NO	INVOICE AMOUNT
000027	4/30/2013	0000157184	$ 70.00
AMOUNT PAID		**CHECK NO**	

REMIT TO:

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231

MEDASSURE
A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

CUSTOMER NO
000027
INVOICE DATE
3/31/2013
INVOICE NO
0000153952

BILL TO:

305 Erie Ave
Morton, IL 61550

SERVICE ADDRESS:

MedLab-Morton
305 Erie Ave
Morton, IL 61550

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 30 Days	04/30/2013	HOUSE

	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
003 - MedLab-Morton - 305 Erie Ave				
03/07/13	31 Gallon Mixed Waste Per Container	1.00	14.00	14.00
03/07/13	MINIMUM CHARGE	1.00	21.00	21.00

INVOICE AMOUNT	$35.00

TEAR ON ABOVE PERFORATED LINE AND RETURN STUB WITH PAYMENT

BILL TO:

MEDLAB
305 Erie Ave
Morton, IL 61550

CUSTOMER NO	INVOICE DATE	INVOICE NO	INVOICE AMOUNT
000027	3/31/2013	0000153952	$ 35.00
AMOUNT PAID		**CHECK NO**	

REMIT TO:

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231

MEDASSURE
A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

CUSTOMER NO
000027
INVOICE DATE
3/31/2013
INVOICE NO
0000153954

BILL TO:

140 W Kemper Rd
Cincinnati, OH 45246

SERVICE ADDRESS:

MedLab-Dr. Froehlich PSC
140 W Kemper Rd
Cincinnati, OH 45246

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 30 Days	04/30/2013	HOUSE

	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
005 - MedLab-Dr. Froehlich PSC - 140 W Kemper Rd				
02/21/13	MINIMUM CHARGE	1.00	35.00	35.00
03/21/13	MINIMUM CHARGE	1.00	35.00	35.00

	INVOICE AMOUNT	$70.00

TEAR ON ABOVE PERFORATED LINE AND RETURN STUB WITH PAYMENT

BILL TO:

MEDLAB
140 W Kemper Rd
Cincinnati, OH 45246

CUSTOMER NO	INVOICE DATE	INVOICE NO	INVOICE AMOUNT
000027	3/31/2013	0000153954	$ 70.00
AMOUNT PAID		**CHECK NO**	

REMIT TO:

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231

MEDASSURE
A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

CUSTOMER NO
000027
INVOICE DATE
2/28/2013
INVOICE NO
0000153522

BILL TO:

3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

SERVICE ADDRESS:

MedLab-Green
3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 30 Days	03/30/2013	HOUSE

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
002 - MedLab-Green - 3575 FOREST LAKE DR #500			
01/23/13 31 Gallon Mixed Waste Per Container	12.00	15.00	180.00

	INVOICE AMOUNT	$180.00

TEAR ON ABOVE PERFORATED LINE AND RETURN STUB WITH PAYMENT

BILL TO:

MEDLAB
3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

CUSTOMER NO	INVOICE DATE	INVOICE NO	INVOICE AMOUNT
000027	2/28/2013	0000153522	$ 180.00
AMOUNT PAID		**CHECK NO**	

REMIT TO:

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231

MEDASSURE
A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

CUSTOMER NO
000027
INVOICE DATE
2/28/2013
INVOICE NO
0000153523

BILL TO:

305 Erie Ave
Morton, IL 61550

SERVICE ADDRESS:

MedLab-Morton
305 Erie Ave
Morton, IL 61550

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 30 Days	03/30/2013	HOUSE

	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
003 - MedLab-Morton - 305 Erie Ave				
02/07/13	18x18x24 Boxn Mixed Waste Per Container	2.00	25.00	100.00

	INVOICE AMOUNT	$100.00

TEAR ON ABOVE PERFORATED LINE AND RETURN STUB WITH PAYMENT

BILL TO:

MEDLAB
305 Erie Ave
Morton, IL 61550

CUSTOMER NO	INVOICE DATE	INVOICE NO	INVOICE AMOUNT
000027	2/28/2013	0000153523	$ 100.00
AMOUNT PAID		**CHECK NO**	

REMIT TO:

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231

MEDASSURE
A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

CUSTOMER NO
000027
INVOICE DATE
1/31/2013
INVOICE NO
0000151996

BILL TO:

565 E Main St #120
Canfield, OH 44406

SERVICE ADDRESS:

MedLab-Canfield
565 E Main St #120
Canfield, OH 44406

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 30 Days	03/02/2013	HOUSE

	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
004 - MedLab-Canfield - 565 E Main St #120				
01/17/13	18x18x24 Boxn Mixed Waste Per Container	1.00	15.00	90.00

	INVOICE AMOUNT	$90.00

TEAR ON ABOVE PERFORATED LINE AND RETURN STUB WITH PAYMENT

BILL TO:

MEDLAB
565 E Main St #120
Canfield, OH 44406

CUSTOMER NO	INVOICE DATE	INVOICE NO	INVOICE AMOUNT
000027	1/31/2013	0000151996	$ 90.00
AMOUNT PAID		**CHECK NO**	

REMIT TO:

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231

MEDASSURE
A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

CUSTOMER NO
000027
INVOICE DATE
1/31/2013
INVOICE NO
0000151994

BILL TO:

3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

SERVICE ADDRESS:

MedLab-Green
3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 30 Days	03/02/2013	HOUSE

	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
002 - MedLab-Green - 3575 FOREST LAKE DR #500				
12/12/12	31 Gallon Mixed Waste Per Container	12.00	15.00	180.00
01/09/13	31 Gallon Mixed Waste Per Container	12.00	15.00	180.00

	INVOICE AMOUNT	$360.00

TEAR ON ABOVE PERFORATED LINE AND RETURN STUB WITH PAYMENT

BILL TO:

MEDLAB
3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

CUSTOMER NO	INVOICE DATE	INVOICE NO	INVOICE AMOUNT
000027	1/31/2013	0000151994	$ 360.00
AMOUNT PAID		**CHECK NO**	

REMIT TO:

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231

MEDASSURE
A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

CUSTOMER NO
000027
INVOICE DATE
1/31/2013
INVOICE NO
0000151995

BILL TO:

305 Erie Ave
Morton, IL 61550

SERVICE ADDRESS:

MedLab-Morton
305 Erie Ave
Morton, IL 61550

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 30 Days	03/02/2013	HOUSE

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
003 - MedLab-Morton - 305 Erie Ave			
01/14/13 31 Gallon Mixed Waste Per Container	2.00	25.00	100.00

	INVOICE AMOUNT	$100.00

TEAR ON ABOVE PERFORATED LINE AND RETURN STUB WITH PAYMENT

BILL TO:

MEDLAB
305 Erie Ave
Morton, IL 61550

CUSTOMER NO	INVOICE DATE	INVOICE NO	INVOICE AMOUNT
000027	1/31/2013	0000151995	$ 100.00
AMOUNT PAID		**CHECK NO**	

REMIT TO:

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231

MEDASSURE
A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

CUSTOMER NO
000027
INVOICE DATE
1/31/2013
INVOICE NO
0000151993

BILL TO:

26300 EUCLID AVE #910
EUCLID, OH 44132-3708

SERVICE ADDRESS:

MedLab-Euclid
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 30 Days	03/02/2013	HOUSE

	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
001 - MedLab-Euclid - 26300 EUCLID AVE #910				
12/10/12	31 Gallon Mixed Waste Per Container	13.00	15.00	195.00
12/12/12	31 Gallon Mixed Waste Per Container	6.00	15.00	90.00
12/19/12	31 Gallon Mixed Waste Per Container	6.00	15.00	90.00
12/24/12	31 Gallon Mixed Waste Per Container	10.00	15.00	150.00
12/28/12	31 Gallon Mixed Waste Per Container	10.00	15.00	150.00
01/09/13	31 Gallon Mixed Waste Per Container	7.00	15.00	105.00
01/14/13	31 Gallon Mixed Waste Per Container	9.00	15.00	135.00
01/18/13	31 Gallon Mixed Waste Per Container	9.00	15.00	135.00

	INVOICE AMOUNT	$1,050.00

TEAR ON ABOVE PERFORATED LINE AND RETURN STUB WITH PAYMENT

BILL TO:

MEDLAB
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

CUSTOMER NO	INVOICE DATE	INVOICE NO	INVOICE AMOUNT
000027	1/31/2013	0000151993	$ 1,050.00
AMOUNT PAID		**CHECK NO**	

REMIT TO:

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231

MEDASSURE
A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

CUSTOMER NO
000027
INVOICE DATE
12/31/2012
INVOICE NO
0000149876

BILL TO:

1001 Fannin
Houston, TX 77002

SERVICE ADDRESS:

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 30 Days	01/30/2013	

DESCRIPTION		QUANTITY	UNIT PRICE	AMOUNT
001 - MedLab-Euclid - 26300 EUCLID AVE #910				
11/21/12	31 Gallon Mixed Waste Per Container	7.00	15.00	105.00
11/23/12	31 Gallon Mixed Waste Per Container	7.00	15.00	105.00
11/26/12	31 Gallon Mixed Waste Per Container	8.00	15.00	120.00
12/05/12	31 Gallon Mixed Waste Per Container	6.00	15.00	90.00
12/07/12	31 Gallon Mixed Waste Per Container	6.00	15.00	90.00
12/14/12	31 Gallon Mixed Waste Per Container	6.00	15.00	90.00
12/17/12	31 Gallon Mixed Waste Per Container	10.00	15.00	150.00
12/21/12	31 Gallon Mixed Waste Per Container	10.00	15.00	150.00
002 - MedLab-Green - 3575 FOREST LAKE DR #500				
11/14/12	31 Gallon Mixed Waste Per Container	9.00	15.00	135.00
11/21/12	31 Gallon Mixed Waste Per Container	10.00	15.00	150.00
12/05/12	31 Gallon Mixed Waste Per Container	12.00	15.00	180.00
003 - MedLab-Morton - 305 Erie Ave				
12/13/12	31 Gallon Mixed Waste Per Container	2.00	25.00	100.00

INVOICE AMOUNT	$1,465.00

TEAR ON ABOVE PERFORATED LINE AND RETURN STUB WITH PAYMENT

BILL TO:

MEDLAB
1001 Fannin
Houston, TX 77002

CUSTOMER NO	INVOICE DATE	INVOICE NO	INVOICE AMOUNT
000027	12/31/2012	0000149876	$ 1,465.00
AMOUNT PAID		**CHECK NO**	

REMIT TO:

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231

MEDASSURE
A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

CUSTOMER NO
000027
INVOICE DATE
11/30/2012
INVOICE NO
0000148296

BILL TO:

1001 Fannin
Houston, TX 77002

SERVICE ADDRESS:

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 30 Days	12/30/2012	

	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
001 - MedLab-Euclid - 26300 EUCLID AVE #910				
11/02/12	31 Gallon Mixed Waste Per Container	10.00	15.00	150.00
11/05/12	31 Gallon Mixed Waste Per Container	11.00	15.00	165.00
11/07/12	31 Gallon Mixed Waste Per Container	7.00	15.00	105.00
11/09/12	31 Gallon Mixed Waste Per Container	10.00	15.00	150.00
11/12/12	31 Gallon Mixed Waste Per Container	10.00	15.00	150.00
11/14/12	31 Gallon Mixed Waste Per Container	12.00	15.00	180.00
11/16/12	31 Gallon Mixed Waste Per Container	5.00	15.00	90.00
11/19/12	31 Gallon Mixed Waste Per Container	13.00	15.00	195.00
002 - MedLab-Green - 3575 FOREST LAKE DR #500				
11/07/12	31 Gallon Mixed Waste Per Container	12.00	15.00	180.00
003 - MedLab-Morton - 305 Erie Ave				
11/15/12	31 Gallon Mixed Waste Per Container	4.00	25.00	100.00

	INVOICE AMOUNT	$1,465.00

TEAR ON ABOVE PERFORATED LINE AND RETURN STUB WITH PAYMENT

BILL TO:

MEDLAB
1001 Fannin
Houston, TX 77002

CUSTOMER NO	INVOICE DATE	INVOICE NO	INVOICE AMOUNT
000027	11/30/2012	0000148296	$ 1,465.00
AMOUNT PAID		**CHECK NO**	

REMIT TO:

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231

MedAssure Ohio
1006 W Main Canal
Winchester, OH 43110
(732) 363-7444

Posting Number
942-0000323-2942-8
Invoice Date
10/01/2012
Invoice Number
00145240-2942-9

BILL TO:

MEDLAB
26300 Euclid Ave #810
Euclid, OH 44132-2752

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	10/01/2012	

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
10/10/12	Payment - #30765				-4,125.05
002 - MEDLAB FIRESTONE PARK - 908 E Waterloo Rd					
	Manifest # 0000654567				
08/23/12	FUEL & ENVIRONMENTAL SURCHARGE	1	1.00		
08/23/12	MINIMUM CHARGE	1	1.00	40.2500	40.25
003 - MEDLAB ELLET - 1327 Canton Rd # B					
	Manifest # 0000694011				
08/30/12	FUEL & ENVIRONMENTAL SURCHARGE	1	1.00		
08/30/12	MINIMUM CHARGE	1	1.00	40.2500	40.25
	Manifest # 0000725353				
09/27/12	FUEL & ENVIRONMENTAL SURCHARGE	1	1.00		
09/27/12	MINIMUM CHARGE	1	1.00	40.2500	40.25
005 - MEDLAB GREEN - 3575 Forest Lake Dr #500					
08/08/12	31 GALLON PER CONTAINER BOX M#2012-0808-MEDLAB		1.00	14.0000	14.00
08/08/12	FUEL & ENVIRONMENTAL SURCHARGE		1.00	0.1500	2.10
08/08/12	31 GALLON PER CONTAINER RED BAG M#2012-0808-MEL		11.00	14.0000	154.00
08/08/12	FUEL & ENVIRONMENTAL SURCHARGE		1.00	0.1500	23.10

MedAssure Ohio
1006 W Main Canal
Winchester, OH 43110
(732) 363-7444

NOTE THE NEW PAYMENT ADDRESS. Please make sure that you establish a new vendor account in your accounts payable system for MedAssure. For all billing questions please call 732-363-7444 Ext. 205.

Payment Coupon

Please detach and enclose this portion with your payment - do not send cash.

Your Posting Number
942-0000323-2942-8

Invoice Date	Your Invoice Number
10/01/2012	00145240-2942-9

Due Date	Total Due	Amount Paid
Upon Receipt	$2,979.65	

2942942000032300145240000002979650000029796 5 7

MEDLAB
26300 Euclid Ave #810
Euclid, OH 44132-2752

MedAssure Ohio
149 Yellowbrook Rd, Suite 100
Farmingdale, NJ 07727

From everyday collection to environmental protection,
Think Green.® Think Waste Management.

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MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001274
Invoice Date
10/31/2013
Invoice Number
001685132

BILL TO:

MEDLAB ST LOUIS
1170 ADMIRAL WEINEL BLVD
COLUMBIA, IL 62236-1984

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	11/15/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
001 - MEDLAB AT COLUMBIA - 1170 ADMIRAL WEINEL BLVD					
	Manifest # 0000091357				
10/04/13	31 GALLON PER CONTAINER RMW	1	2.00	14.00	28.00
10/04/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/04/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00
	Manifest # 0000094940				
10/18/13	31 GALLON PER CONTAINER RMW	1	2.00	14.00	28.00
10/18/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/18/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00

	Invoice Amount	82.00

MEDASSURE

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

Please detach and enclose this portion with your payment - do not send cash.

Customer Number
001274

Invoice Date	Your Invoice Number
10/31/2013	001685132

Due Date	Total Due	Amount Paid
Upon Receipt	$ 82.00	

MEDLAB ST LOUIS
1170 ADMIRAL WEINEL BLVD
COLUMBIA, IL 62236-1984

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

Printed on Recycled Paper.

MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001274
Invoice Date
09/30/2013
Invoice Number
001665538

BILL TO:

MEDLAB ST LOUIS
1170 ADMIRAL WEINEL BLVD
COLUMBIA, IL 62236-1984

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	10/15/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
001 - MEDLAB AT COLUMBIA - 1170 ADMIRAL WEINEL BLVD					
	Manifest # 0000086622				
09/06/13	31 GALLON PER CONTAINER RMW	1	2.00	14.00	28.00
09/06/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/06/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00
	Manifest # 0000088036				
09/20/13	31 GALLON PER CONTAINER RMW	1	2.00	14.00	28.00
09/20/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/20/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00

	Invoice Amount	82.00

MEDASSURE

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

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Customer Number
001274

Invoice Date	Your Invoice Number
09/30/2013	001665538

Due Date	Total Due	Amount Paid
Upon Receipt	$ 82.00	

MEDLAB ST LOUIS
1170 ADMIRAL WEINEL BLVD
COLUMBIA, IL 62236-1984

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Customer Number
001274
Invoice Date
08/31/2013
Invoice Number
001645886

BILL TO:

MEDLAB ST LOUIS
1170 ADMIRAL WEINEL BLVD
COLUMBIA, IL 62236-1984

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	09/15/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
001 - MEDLAB AT COLUMBIA - 1170 ADMIRAL WEINEL BLVD					
	Manifest # 0000127543				
03/22/13	31 GALLON PER CONTAINER RMW	1	1.00	14.00	14.00
03/22/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
03/22/13	ILLINOIS MANIFEST FEE	4	4.00	4.00	16.00
	Manifest # 0000086620				
08/09/13	31 GALLON PER CONTAINER RMW	1	2.00	14.00	28.00
08/09/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/09/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00
	Manifest # 0000086621				
08/23/13	31 GALLON PER CONTAINER RMW	1	2.00	14.00	28.00
08/23/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/23/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00

	Invoice Amount	117.00

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Customer Number
001274

Invoice Date	Your Invoice Number
08/31/2013	001645886

Due Date	Total Due	Amount Paid
Upon Receipt	$ 117.00	

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Customer Number
001274
Invoice Date
07/31/2013
Invoice Number
001626084

BILL TO:

MEDLAB ST LOUIS
1170 ADMIRAL WEINEL BLVD
COLUMBIA, IL 62236-1984

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	08/15/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
001 - MEDLAB AT COLUMBIA - 1170 ADMIRAL WEINEL BLVD					
	Manifest # 0000086618				
07/12/13	31 GALLON PER CONTAINER RMW	1	1.00	14.00	14.00
07/12/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/12/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00
	Manifest # 0000086619				
07/26/13	31 GALLON PER CONTAINER RMW	1	2.00	14.00	28.00
07/26/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/26/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00

	Invoice Amount	68.00

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Customer Number
001274

Invoice Date	Your Invoice Number
07/31/2013	001626084

Due Date	Total Due	Amount Paid
Upon Receipt	$ 68.00	

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Customer Number
001274
Invoice Date
05/31/2013
Invoice Number
001586916

BILL TO:

MEDLAB ST LOUIS
1170 ADMIRAL WEINEL BLVD
COLUMBIA, IL 62236-1984

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	06/15/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
001 - MEDLAB AT COLUMBIA - 1170 ADMIRAL WEINEL BLVD					
	Manifest # 0000086613				
05/03/13	31 GALLON PER CONTAINER RMW	1	2.00	14.00	28.00
05/03/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
05/03/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00
	Manifest # 0000086614				
05/17/13	31 GALLON PER CONTAINER RMW	1	2.00	14.00	28.00
05/17/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
05/17/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00
	Manifest # 0000086615				
05/31/13	31 GALLON PER CONTAINER RMW	1	2.00	14.00	28.00
05/31/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
05/31/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00

	Invoice Amount	123.00

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Customer Number
001274

Invoice Date	Your Invoice Number
05/31/2013	001586916

Due Date	Total Due	Amount Paid
Upon Receipt	$ 123.00	

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Customer Number
001274
Invoice Date
04/30/2013
Invoice Number
001564162

BILL TO:

MEDLAB ST LOUIS
1170 ADMIRAL WEINEL BLVD
COLUMBIA, IL 62236-1984

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	05/15/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
001 - MEDLAB AT COLUMBIA - 1170 ADMIRAL WEINEL BLVD					
	Manifest # 0000036036				
03/14/13	31 GALLON PER CONTAINER RMW	1	2.00	14.00	28.00
03/14/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
03/14/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00
	Manifest # 0000086611				
04/05/13	31 GALLON PER CONTAINER RMW	1	2.00	14.00	28.00
04/05/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
04/05/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00
	Manifest # 0000086612				
04/19/13	31 GALLON PER CONTAINER RMW	1	1.00	14.00	14.00
04/19/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
04/19/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00

	Invoice Amount	109.00

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Customer Number
001274

Invoice Date	Your Invoice Number
04/30/2013	001564162

Due Date	Total Due	Amount Paid
Upon Receipt	$ 109.00	

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Customer Number
001274
Invoice Date
02/28/2013
Invoice Number
001527803

BILL TO:

MEDLAB ST LOUIS
1170 ADMIRAL WEINEL BLVD
COLUMBIA, IL 62236-1984

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	03/15/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
001 - MEDLAB AT COLUMBIA - 1170 ADMIRAL WEINEL BLVD					
	Manifest # 0000027577				
01/25/13	31 GALLON PER CONTAINER RMW	1	1.00	14.00	14.00
01/25/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
01/25/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00
	Manifest # 0000029715				
02/15/13	31 GALLON PER CONTAINER RMW	1	2.00	14.00	28.00
02/15/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
02/15/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00

	Invoice Amount	68.00

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Customer Number
001274

Invoice Date	Your Invoice Number
02/28/2013	001527803

Due Date	Total Due	Amount Paid
Upon Receipt	$ 68.00	

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Customer Number
001274
Invoice Date
12/31/2012
Invoice Number
001492719

BILL TO:

MEDLAB ST LOUIS
10126 WOODFIELD LN
SAINT LOUIS, MO 63132-2923

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	01/15/2013	

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
12/18/12	Payment - #708211				-37.86
001 - MEDLAB AT COLUMBIA - 1170 ADMIRAL WEINEL BLVD					
12/05/12	Credit #0000000353				-0.38
12/05/12	Credit #0000000354				-1.05
12/05/12	Credit #0000000355				-0.38
12/05/12	Credit #0000000356				-1.05
12/05/12	Credit #0000000357				-14.00
12/05/12	Credit #0000000358				-5.00
12/05/12	Credit #0000000359				-4.00
12/05/12	Credit #0000000360				-4.00
12/05/12	Credit #0000000361				-4.00
12/05/12	Credit #0000000362				-4.00
	Manifest # 0000023334				
12/28/12	31 GALLON PER CONTAINER RMW	1	1.00	14.00	14.00
12/28/12	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
12/28/12	ENVIRONMENTAL SURCHARGE	2	2.00	0.08	1.43
12/28/12	FUEL SURCHARGE	2	2.00	0.08	1.43
12/28/12	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00

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Payment Coupon

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Customer Number
001274

Invoice Date	Your Invoice Number
12/31/2012	001492719

Due Date	Total Due	Amount Paid
Upon Receipt	29.86	

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SAINT LOUIS, MO 63132-2923

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Customer Number
001274
Invoice Date
12/31/2012
Invoice Number
001492719

BILL TO:

MEDLAB ST LOUIS
10126 WOODFIELD LN
SAINT LOUIS, MO 63132-2923

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Net 15 Days	01/15/2013	

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT

	Invoice Amount	-8.00

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MedAssure Missouri
680 AL BERSTED RD
BOONVILLE, MO 65233
(732) 363-7444

Posting Number
922-0000311-2922-9
Invoice Date
10/01/2012
Invoice Number
00144832-2922-6

BILL TO:

MEDLAB ST LOUIS
10126 Woodfield Ln
Saint Louis, MO 63132-2923

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	10/01/2012	

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
09/24/12	Payment - #707886				-48.69
09/24/12	Payment - #707886				-0.43
001 - MEDLAB AT COLUMBIA - 1170 Admiral Weinel Blvd					
	Manifest # 0000687109				
08/24/12	31 GALLON PER CONTAINER RED BAG	1	1.00	14.0000	14.00
08/24/12	MED WASTE SERVICE CALL	1	1.00	5.0000	5.00
08/24/12	ENVIRONMENTAL SURCHARGE	2	2.00	0.0750	1.43
08/24/12	FUEL SURCHARGE	2	2.00	0.0750	1.43
08/24/12	ILLINOIS PIMW FEE	1	15.30	0.0300	0.46
08/24/12	ILLINOIS MANIFEST FEE	1	1.00	4.0000	4.00
	Manifest # 0000702890				
09/06/12	31 GALLON PER CONTAINER RED BAG	1	1.00	14.0000	14.00
09/06/12	MED WASTE SERVICE CALL	1	1.00	5.0000	5.00
09/06/12	ENVIRONMENTAL SURCHARGE	2	2.00	0.0750	1.43
09/06/12	FUEL SURCHARGE	2	2.00	0.0750	1.43
09/06/12	ILLINOIS PIMW FEE	1	11.00	0.0300	0.33
09/06/12	ILLINOIS MANIFEST FEE	1	1.00	4.0000	4.00
	Manifest # 0000718050				
09/21/12	31 GALLON PER CONTAINER RED BAG	1	1.00	14.0000	14.00
09/21/12	MED WASTE SERVICE CALL	1	1.00	5.0000	5.00

MEDASSURE

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(732) 363-7444

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Payment Coupon

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Your Posting Number
922-0000311-2922-9

Invoice Date	Your Invoice Number
10/01/2012	00144832-2922-6

Due Date	Total Due	Amount Paid
Upon Receipt	37.86	

2922922000031100144832000000007837000000007837 4

MEDLAB ST LOUIS
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Saint Louis, MO 63132-2923

MedAssure Missouri
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Customer Number
001275
Invoice Date
05/31/2013
Invoice Number
001586924

BILL TO:

MEDLAB ST LOUIS
531 VANDALIA ST
COLLINSVILLE, IL 62234-4061

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	05/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
001 - MEDLAB AT COLLINSVILLE - 531 VANDALIA ST					
	Manifest # 0000056991				
05/17/13	31 GALLON PER CONTAINER RMW	1	1.00	14.00	14.00
05/17/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
05/17/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00

	Invoice Amount	27.00

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Payment Coupon

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Customer Number
001275

Invoice Date	Your Invoice Number
05/31/2013	001586924

Due Date	Total Due	Amount Paid
Upon Receipt	$ 27.00	

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Customer Number
001275
Invoice Date
04/30/2013
Invoice Number
001564178

BILL TO:

MEDLAB ST LOUIS
531 VANDALIA ST
COLLINSVILLE, IL 62234-4061

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	04/30/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
001 - MEDLAB AT COLLINSVILLE - 531 VANDALIA ST					
	Manifest # 0000040502				
04/19/13	31 GALLON PER CONTAINER RMW	1	1.00	14.00	14.00
04/19/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
04/19/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00

	Invoice Amount	27.00

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Payment Coupon

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Customer Number
001275

Invoice Date	Your Invoice Number
04/30/2013	001564178

Due Date	Total Due	Amount Paid
Upon Receipt	$ 27.00	

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COLLINSVILLE, IL 62234-4061

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Customer Number
001275
Invoice Date
03/31/2013
Invoice Number
001549831

BILL TO:

MEDLAB ST LOUIS
531 VANDALIA ST
COLLINSVILLE, IL 62234-4061

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	03/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
001 - MEDLAB AT COLLINSVILLE - 531 VANDALIA ST					
	Manifest # 0000036106				
03/22/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
03/22/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00

	Invoice Amount	13.00

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Payment Coupon

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Customer Number
001275

Invoice Date	Your Invoice Number
03/31/2013	001549831

Due Date	Total Due	Amount Paid
Upon Receipt	$ 13.00	

MEDLAB ST LOUIS
531 VANDALIA ST
COLLINSVILLE, IL 62234-4061

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Customer Number
001275
Invoice Date
12/31/2012
Invoice Number
001492727

BILL TO:

MEDLAB ST LOUIS
10126 WOODFIELD LN
SAINT LOUIS, MO 63132-2923

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	12/31/2012	

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
12/18/12	Payment - #708211				-57.96
001 - MEDLAB AT COLLINSVILLE - 531 VANDALIA ST					
	Manifest # 0000023406				
12/28/12	31 GALLON PER CONTAINER RMW	1	2.00	14.00	28.00
12/28/12	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
12/28/12	ENVIRONMENTAL SURCHARGE	2	2.00	0.08	2.48
12/28/12	FUEL SURCHARGE	2	2.00	0.08	2.48
12/28/12	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00

	Invoice Amount	45.96

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Payment Coupon

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Customer Number
001275

Invoice Date	Your Invoice Number
12/31/2012	001492727

Due Date	Total Due	Amount Paid
Upon Receipt	$ 45.96	

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Customer Number
001299
Invoice Date
10/31/2013
Invoice Number
001685322

BILL TO:

MEDLAB
1305 WABASH AVE #J
SPRINGFIELD, IL 62704-4976

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	10/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
001 - MEDLAB SPRINGFIELD - 1305 WABASH AVE #J					
	Manifest # 0000116861				
10/18/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
10/18/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/18/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00

	Invoice Amount	55.00

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Payment Coupon

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Customer Number
001299

Invoice Date	Your Invoice Number
10/31/2013	001685322

Due Date	Total Due	Amount Paid
Upon Receipt	$ 55.00	

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SPRINGFIELD, IL 62704-4976

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149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

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MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001299
Invoice Date
09/30/2013
Invoice Number
001665736

BILL TO:

MEDLAB
1305 WABASH AVE #J
SPRINGFIELD, IL 62704-4976

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
001 - MEDLAB SPRINGFIELD - 1305 WABASH AVE #J					
	Manifest # 0000116860				
09/20/13	31 Gallon Mixed Waste Per Container	1	1.00	4.00	4.00
09/20/13	31 GALLON PER CONTAINER RMW	1	2.00	14.00	28.00
09/20/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/20/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00

	Invoice Amount	45.00

MEDASSURE

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

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Customer Number
001299

Invoice Date	Your Invoice Number
09/30/2013	001665736

Due Date	Total Due	Amount Paid
Upon Receipt	$ 45.00	

MEDLAB
1305 WABASH AVE #J
SPRINGFIELD, IL 62704-4976

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

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MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
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Customer Number
001299
Invoice Date
08/31/2013
Invoice Number
001646082

BILL TO:

MEDLAB
1305 WABASH AVE #J
SPRINGFIELD, IL 62704-4976

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
001 - MEDLAB SPRINGFIELD - 1305 WABASH AVE #J					
	Manifest # 0000116859				
08/23/13	31 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
08/23/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/23/13	ILLINOIS MANIFEST FEE	2	2.00	4.00	8.00

	Invoice Amount	69.00

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Payment Coupon

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Customer Number
001299

Invoice Date	Your Invoice Number
08/31/2013	001646082

Due Date	Total Due	Amount Paid
Upon Receipt	$ 69.00	

MEDLAB
1305 WABASH AVE #J
SPRINGFIELD, IL 62704-4976

MedAssure
149 Yellowbrook Road
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A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001917
Invoice Date
10/31/2013
Invoice Number
001688605

BILL TO:

MEDLAB
239 E WARREN ST
CADIZ, OH 43907-1180

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	10/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
004 - MEDLAB CADIZ - 239 E WARREN ST					
	Manifest # 0000096050				
10/24/13	31 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
10/24/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/24/13	FUEL SURCHARGE	2	2.00	0.15	9.15

	Invoice Amount	70.15

MEDASSURE

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
10/31/2013	001688605

Due Date	Total Due	Amount Paid
Upon Receipt	$ 70.15	

MEDLAB
239 E WARREN ST
CADIZ, OH 43907-1180

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

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MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001917
Invoice Date
10/31/2013
Invoice Number
001688621

BILL TO:

MEDLAB
565 E MAIN ST #120
CANFIELD, OH 44406-1500

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	10/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
006 - MEDLAB CANFIELD - 565 E MAIN ST #120					
	Manifest # 0000093087				
10/10/13	31 GALLON PER CONTAINER RMW	1	2.00		
10/10/13	MEDWASTE SERVICE CALL	1	1.00		
10/10/13	FUEL SURCHARGE	2	2.00		
10/10/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000096017				
10/24/13	31 GALLON PER CONTAINER RMW	1	2.00		
10/24/13	MEDWASTE SERVICE CALL	1	1.00		
10/24/13	FUEL SURCHARGE	2	2.00		
10/24/13	MINIMUM CHARGE	1	1.00	39.95	39.95

	Invoice Amount	79.90

MEDASSURE

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
10/31/2013	001688621

Due Date	Total Due	Amount Paid
Upon Receipt	$ 79.90	

MEDLAB
565 E MAIN ST #120
CANFIELD, OH 44406-1500

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

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MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number

001917

Invoice Date

10/31/2013

Invoice Number

001688639

BILL TO:

MEDLAB
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

TERMS	DUE DATE	SALES REP
Due Upon Receipt	10/31/2013	House

SERVICE DATE

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
007 - MEDLAB EUCLID - 26300 EUCLID AVE #910				

modified
OCT Bill

w/ & w/o

+ Oct 25 charges

	Manifest # 0000096678				
10/28/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
10/28/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/28/13	FUEL SURCHARGE	2	2.00	0.15	17.55

CURRENT					**Invoice Amount**	134.55
	30 DAYS	**60 DAYS**	**90 DAYS**	**OVER 90 DAYS**		
0.00	0.00	0.00	0.00	0.00		

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number

001917

Invoice Date

10/31/2013

Invoice Number

001688639

BILL TO:

MEDLAB
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

TERMS	DUE DATE	SALES REP
Due Upon Receipt	10/31/2013	House

007 - MEDLAB EUCLID - 26300 EUCLID AVE #910

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
	Manifest # 0000090097				
09/30/13	31 GALLON PER CONTAINER RMW	1	14.00	14.00	196.00
09/30/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/30/13	FUEL SURCHARGE	2	2.00	0.15	30.15
	Manifest # 0000090694				
10/02/13	31 GALLON PER CONTAINER RMW	1	1.00		
10/02/13	MEDWASTE SERVICE CALL	1	1.00		
10/02/13	FUEL SURCHARGE	2	2.00		
10/02/13	MINIMUM CHARGE	1	1.00	37.85	37.85
	Manifest # 0000091284				
10/04/13	31 GALLON PER CONTAINER RMW	1	11.00	14.00	154.00
10/04/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/04/13	FUEL SURCHARGE	2	2.00	0.15	23.85
	Manifest # 0000091692				
10/07/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
10/07/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/07/13	FUEL SURCHARGE	2	2.00	0.15	19.65
	Manifest # 0000092777				
10/09/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
10/09/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/09/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000093309				
10/11/13	31 GALLON PER CONTAINER RMW	1	14.00	14.00	196.00
10/11/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/11/13	FUEL SURCHARGE	2	2.00	0.15	30.15
	Manifest # 0000093594				
10/14/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
10/14/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/14/13	FUEL SURCHARGE	2	2.00	0.15	19.65
	Manifest # 0000094299				
10/16/13	31 GALLON PER CONTAINER RMW	1	5.00	14.00	70.00
10/16/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/16/13	FUEL SURCHARGE	2	2.00	0.15	11.25
	Manifest # 0000094872				
10/17/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
10/17/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/17/13	FUEL SURCHARGE	2	2.00	0.15	13.35
	Manifest # 0000095191				
10/21/13	31 GALLON PER CONTAINER RMW	1	16.00	14.00	224.00
10/21/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/21/13	FUEL SURCHARGE	2	2.00	0.15	34.35
	Manifest # 0000095776				

10/23/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
10/23/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/23/13	FUEL SURCHARGE	2	2.00	0.15	13.35
	Manifest # 0000096251				
10/25/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
10/25/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/25/13	FUEL SURCHARGE	2	2.00	0.15	19.65

CURRENT					
					Invoice Amount 1,743.30
	30 DAYS	**60 DAYS**	**90 DAYS**	**OVER 90 DAYS**	
0.00	0.00	0.00	0.00	0.00	

MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001917
Invoice Date
10/31/2013
Invoice Number
001688639

BILL TO:

MEDLAB
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	10/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
007 - MEDLAB EUCLID - 26300 EUCLID AVE #910					
	Manifest # 0000090097				
09/30/13	31 GALLON PER CONTAINER RMW	1	14.00	14.00	196.00
09/30/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/30/13	FUEL SURCHARGE	2	2.00	0.15	30.15
	Manifest # 0000090694				
10/02/13	31 GALLON PER CONTAINER RMW	1	1.00		
10/02/13	MEDWASTE SERVICE CALL	1	1.00		
10/02/13	FUEL SURCHARGE	2	2.00		
10/02/13	MINIMUM CHARGE	1	1.00	37.85	37.85
	Manifest # 0000091284				
10/04/13	31 GALLON PER CONTAINER RMW	1	11.00	14.00	154.00
10/04/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/04/13	FUEL SURCHARGE	2	2.00	0.15	23.85
	Manifest # 0000091692				
10/07/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
10/07/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/07/13	FUEL SURCHARGE	2	2.00	0.15	19.65
	Manifest # 0000092777				
10/09/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00

MEDASSURE

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
10/31/2013	001688639

Due Date	Total Due	Amount Paid
Upon Receipt	$ 1,877.85	

MEDLAB
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

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1013 S. Girls School Road
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Customer Number
001917
Invoice Date
10/31/2013
Invoice Number
001688639

BILL TO:

MEDLAB
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	10/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
10/09/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/09/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000093309				
10/11/13	31 GALLON PER CONTAINER RMW	1	14.00	14.00	196.00
10/11/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/11/13	FUEL SURCHARGE	2	2.00	0.15	30.15
	Manifest # 0000093594				
10/14/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
10/14/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/14/13	FUEL SURCHARGE	2	2.00	0.15	19.65
	Manifest # 0000094299				
10/16/13	31 GALLON PER CONTAINER RMW	1	5.00	14.00	70.00
10/16/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/16/13	FUEL SURCHARGE	2	2.00	0.15	11.25
	Manifest # 0000094872				
10/17/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
10/17/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/17/13	FUEL SURCHARGE	2	2.00	0.15	13.35
	Manifest # 0000095191				
10/21/13	31 GALLON PER CONTAINER RMW	1	16.00	14.00	224.00

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MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001917
Invoice Date
10/31/2013
Invoice Number
001688639

BILL TO:

MEDLAB
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	10/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
10/21/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/21/13	FUEL SURCHARGE	2	2.00	0.15	34.35
	Manifest # 0000095776				
10/23/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
10/23/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/23/13	FUEL SURCHARGE	2	2.00	0.15	13.35
	Manifest # 0000096251				
10/25/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
10/25/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/25/13	FUEL SURCHARGE	2	2.00	0.15	19.65
	Manifest # 0000096678				
10/28/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
10/28/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/28/13	FUEL SURCHARGE	2	2.00	0.15	17.55

	Invoice Amount	1,877.85

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MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001917
Invoice Date
10/31/2013
Invoice Number
001688647

BILL TO:

MEDLAB
5500 RIDGE RD #116
PARMA, OH 44129-2392

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	10/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
008 - MEDLAB PARMA - 5500 RIDGE RD #116					
	Manifest # 0000103784				
10/02/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
10/02/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/02/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000103785				
10/09/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
10/09/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/09/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000103786				
10/16/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
10/16/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/16/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000103787				
10/23/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
10/23/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/23/13	FUEL SURCHARGE	2	2.00	0.15	7.05

MEDASSURE

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
10/31/2013	001688647

Due Date	Total Due	Amount Paid
Upon Receipt	$ 216.20	

MEDLAB
5500 RIDGE RD #116
PARMA, OH 44129-2392

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

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MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
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Customer Number
001917
Invoice Date
10/31/2013
Invoice Number
001688647

BILL TO:

MEDLAB
5500 RIDGE RD #116
PARMA, OH 44129-2392

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	10/31/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT

	Invoice Amount	216.20

MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001917
Invoice Date
10/31/2013
Invoice Number
001688654

BILL TO:

MEDLAB
4668 LIBERTY AVE
VERMILION, OH 44089-3243

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	10/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
009 - MEDLAB VERMILION - 4668 LIBERTY AVE					
	Manifest # 0000104318				
10/07/13	31 GALLON PER CONTAINER RMW	1	1.00		
10/07/13	MEDWASTE SERVICE CALL	1	1.00		
10/07/13	FUEL SURCHARGE	2	2.00		
10/07/13	MINIMUM CHARGE	1	1.00	37.85	37.85
	Manifest # 0000104319				
10/21/13	31 GALLON PER CONTAINER RMW	1	1.00		
10/21/13	MEDWASTE SERVICE CALL	1	1.00		
10/21/13	FUEL SURCHARGE	2	2.00		
10/21/13	MINIMUM CHARGE	1	1.00	37.85	37.85

	Invoice Amount	75.70

MEDASSURE

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

Please detach and enclose this portion with your payment - do not send cash.

Customer Number
001917

Invoice Date	Your Invoice Number
10/31/2013	001688654

Due Date	Total Due	Amount Paid
Upon Receipt	$ 75.70	

MEDLAB
4668 LIBERTY AVE
VERMILION, OH 44089-3243

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

Printed on Recycled Paper.

MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001917
Invoice Date
10/31/2013
Invoice Number
001688613

BILL TO:

MEDLAB
3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	10/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
005 - MEDLAB GREEN - 3575 FOREST LAKE DR #500					
	Manifest # 0000103897				
10/04/13	31 GALLON PER CONTAINER RMW	1	11.00	14.00	154.00
10/04/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/04/13	FUEL SURCHARGE	2	2.00	0.15	23.85
	Manifest # 0000103898				
10/11/13	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
10/11/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/11/13	FUEL SURCHARGE	2	2.00	0.15	25.95
	Manifest # 0000103899				
10/17/13	31 GALLON PER CONTAINER RMW	1	10.00	14.00	140.00
10/17/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/17/13	FUEL SURCHARGE	2	2.00	0.15	21.75
	Manifest # 0000103900				
10/25/13	31 GALLON PER CONTAINER RMW	1	14.00	14.00	196.00
10/25/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
10/25/13	FUEL SURCHARGE	2	2.00	0.15	30.15

MEDASSURE

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

Please detach and enclose this portion with your payment - do not send cash.

Customer Number
001917

Invoice Date	Your Invoice Number
10/31/2013	001688613

Due Date	Total Due	Amount Paid
Upon Receipt	$ 779.70	

MEDLAB
3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

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MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001917
Invoice Date
10/31/2013
Invoice Number
001688613

BILL TO:

MEDLAB
3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	10/31/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT

	Invoice Amount	779.70

MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001917
Invoice Date
09/30/2013
Invoice Number
001669052

BILL TO:

MEDLAB
239 E WARREN ST
CADIZ, OH 43907-1180

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
004 - MEDLAB CADIZ - 239 E WARREN ST				
Manifest # 0000089370				
09/26/13 MEDWASTE SERVICE CALL	1	1.00		
09/26/13 FUEL SURCHARGE	1	1.00		
09/26/13 MINIMUM CHARGE	1	1.00	35.75	35.75

	Invoice Amount	35.75

MEDASSURE

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
09/30/2013	001669052

Due Date	Total Due	Amount Paid
Upon Receipt	$ 35.75	

MEDLAB
239 E WARREN ST
CADIZ, OH 43907-1180

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

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A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001917
Invoice Date
09/30/2013
Invoice Number
001669092

BILL TO:

MEDLAB
5500 RIDGE RD #116
PARMA, OH 44129-2392

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
008 - MEDLAB PARMA - 5500 RIDGE RD #116					
	Manifest # 0000103780				
09/04/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
09/04/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/04/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000103781				
09/11/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
09/11/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/11/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000103782				
09/18/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
09/18/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/18/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000103783				
09/25/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
09/25/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/25/13	FUEL SURCHARGE	2	2.00	0.15	7.05

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Customer Number
001917

Invoice Date	Your Invoice Number
09/30/2013	001669092

Due Date	Total Due	Amount Paid
Upon Receipt	$ 216.20	

MEDLAB
5500 RIDGE RD #116
PARMA, OH 44129-2392

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Customer Number
001917
Invoice Date
09/30/2013
Invoice Number
001669092

BILL TO:

MEDLAB
5500 RIDGE RD #116
PARMA, OH 44129-2392

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT

	Invoice Amount	216.20

MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
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Customer Number
001917
Invoice Date
09/30/2013
Invoice Number
001669068

BILL TO:

MEDLAB
3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
005 - MEDLAB GREEN - 3575 FOREST LAKE DR #500					
	Manifest # 0000103893				
09/06/13	31 GALLON PER CONTAINER RMW	1	11.00	14.00	154.00
09/06/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/06/13	FUEL SURCHARGE	2	2.00	0.15	23.85
	Manifest # 0000103894				
09/13/13	31 GALLON PER CONTAINER RMW	1	11.00	14.00	154.00
09/13/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/13/13	FUEL SURCHARGE	2	2.00	0.15	23.85
	Manifest # 0000103895				
09/20/13	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
09/20/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/20/13	FUEL SURCHARGE	2	2.00	0.15	25.95
	Manifest # 0000103896				
09/27/13	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
09/27/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/27/13	FUEL SURCHARGE	2	2.00	0.15	25.95

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Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
09/30/2013	001669068

Due Date	Total Due	Amount Paid
Upon Receipt	$ 763.60	

MEDLAB
3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

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MedAssure
1013 S. Girls School Road
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(317) 635-8000

Customer Number
001917
Invoice Date
09/30/2013
Invoice Number
001669068

BILL TO:

MEDLAB
3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT

	Invoice Amount	763.60

MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001917
Invoice Date
09/30/2013
Invoice Number
001669076

BILL TO:

MEDLAB
565 E MAIN ST #120
CANFIELD, OH 44406-1500

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
006 - MEDLAB CANFIELD - 565 E MAIN ST #120					
	Manifest # 0000084933				
09/12/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
09/12/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/12/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000089331				
09/26/13	MEDWASTE SERVICE CALL	1	1.00		
09/26/13	FUEL SURCHARGE	1	1.00		
09/26/13	MINIMUM CHARGE	1	1.00	35.75	35.75

	Invoice Amount	89.80

MEDASSURE

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
09/30/2013	001669076

Due Date	Total Due	Amount Paid
Upon Receipt	$ 89.80	

MEDLAB
565 E MAIN ST #120
CANFIELD, OH 44406-1500

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

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MedAssure
1013 S. Girls School Road
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Customer Number
001917
Invoice Date
09/30/2013
Invoice Number
001669084

BILL TO:

MEDLAB
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
007 - MEDLAB EUCLID - 26300 EUCLID AVE #910					
	Manifest # 0000082427				
09/03/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
09/03/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/03/13	FUEL SURCHARGE	2	2.00	0.15	13.35
	Manifest # 0000083064				
09/04/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
09/04/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/04/13	FUEL SURCHARGE	2	2.00	0.15	13.35
	Manifest # 0000083574				
09/06/13	31 GALLON PER CONTAINER RMW	1	7.00	14.00	98.00
09/06/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/06/13	FUEL SURCHARGE	2	2.00	0.15	15.45
	Manifest # 0000083932				
09/09/13	31 GALLON PER CONTAINER RMW	1	16.00	14.00	224.00
09/09/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/09/13	FUEL SURCHARGE	2	2.00	0.15	34.35
	Manifest # 0000084544				
09/11/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
09/11/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

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Customer Number
001917

Invoice Date	Your Invoice Number
09/30/2013	001669084

Due Date	Total Due	Amount Paid
Upon Receipt	$ 1,695.10	

MEDLAB
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

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Customer Number
001917
Invoice Date
09/30/2013
Invoice Number
001669084

BILL TO:

MEDLAB
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
09/11/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000085167				
09/13/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
09/13/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/13/13	FUEL SURCHARGE	2	2.00	0.15	19.65
	Manifest # 0000085569				
09/16/13	31 GALLON PER CONTAINER RMW	1	14.00	14.00	196.00
09/16/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/16/13	FUEL SURCHARGE	2	2.00	0.15	30.15
	Manifest # 0000086954				
09/18/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
09/18/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/18/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000087956				
09/20/13	31 GALLON PER CONTAINER RMW	1	13.00	14.00	182.00
09/20/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/20/13	FUEL SURCHARGE	2	2.00	0.15	28.05
	Manifest # 0000088569				
09/23/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
09/23/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

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1013 S. Girls School Road
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Customer Number
001917
Invoice Date
09/30/2013
Invoice Number
001669084

BILL TO:

MEDLAB
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
09/23/13	FUEL SURCHARGE	2	2.00	0.15	19.65
	Manifest # 0000089084				
09/25/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
09/25/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/25/13	FUEL SURCHARGE	2	2.00	0.15	13.35
	Manifest # 0000089630				
09/27/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
09/27/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
09/27/13	FUEL SURCHARGE	2	2.00	0.15	19.65

	Invoice Amount	1,695.10

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A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
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Indianapolis, IN 46231
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Customer Number
001917
Invoice Date
09/30/2013
Invoice Number
001669102

BILL TO:

MEDLAB
4668 LIBERTY AVE
VERMILION, OH 44089-3243

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	09/30/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
009 - MEDLAB VERMILION - 4668 LIBERTY AVE					
	Manifest # 0000104316				
09/17/13	31 GALLON PER CONTAINER RMW	1	2.00		
09/17/13	MEDWASTE SERVICE CALL	1	1.00		
09/17/13	FUEL SURCHARGE	2	2.00		
09/17/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000104317				
09/23/13	31 GALLON PER CONTAINER RMW	1	1.00		
09/23/13	MEDWASTE SERVICE CALL	1	1.00		
09/23/13	FUEL SURCHARGE	2	2.00		
09/23/13	MINIMUM CHARGE	1	1.00	37.85	37.85

	Invoice Amount	77.80

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1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
09/30/2013	001669102

Due Date	Total Due	Amount Paid
Upon Receipt	$ 77.80	

MEDLAB
4668 LIBERTY AVE
VERMILION, OH 44089-3243

MedAssure
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Suite 100
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MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
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Customer Number
001917
Invoice Date
08/31/2013
Invoice Number
001649508

BILL TO:

MEDLAB
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
007 - MEDLAB EUCLID - 26300 EUCLID AVE #910					
	Manifest # 0000076378				
08/02/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
08/02/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/02/13	FUEL SURCHARGE	2	2.00	0.15	19.65
	Manifest # 0000076776				
08/05/13	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
08/05/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/05/13	FUEL SURCHARGE	2	2.00	0.15	25.95
	Manifest # 0000077373				
08/07/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
08/07/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/07/13	FUEL SURCHARGE	2	2.00	0.15	13.35
	Manifest # 0000077840				
08/09/13	31 GALLON PER CONTAINER RMW	1	11.00	14.00	154.00
08/09/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/09/13	FUEL SURCHARGE	2	2.00	0.15	23.85
	Manifest # 0000078068				
08/12/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
08/12/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

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1013 S. Girls School Road
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Customer Number
001917

Invoice Date	Your Invoice Number
08/31/2013	001649508

Due Date	Total Due	Amount Paid
Upon Receipt	$ 1,894.05	

MEDLAB
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

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Farmingdale, NJ 07727

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Customer Number
001917
Invoice Date
08/31/2013
Invoice Number
001649508

BILL TO:

MEDLAB
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
08/12/13	FUEL SURCHARGE	2	2.00	0.15	17.55
	Manifest # 0000078737				
08/14/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
08/14/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/14/13	FUEL SURCHARGE	2	2.00	0.15	19.65
	Manifest # 0000079251				
08/16/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
08/16/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/16/13	FUEL SURCHARGE	2	2.00	0.15	13.35
	Manifest # 0000079751				
08/19/13	31 GALLON PER CONTAINER RMW	1	13.00	14.00	182.00
08/19/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/19/13	FUEL SURCHARGE	2	2.00	0.15	28.05
	Manifest # 0000080348				
08/21/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
08/21/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/21/13	FUEL SURCHARGE	2	2.00	0.15	13.35
	Manifest # 0000080863				
08/23/13	31 GALLON PER CONTAINER RMW	1	10.00	14.00	140.00
08/23/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

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MedAssure
1013 S. Girls School Road
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Customer Number
001917
Invoice Date
08/31/2013
Invoice Number
001649508

BILL TO:

MEDLAB
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
08/23/13	FUEL SURCHARGE	2	2.00	0.15	21.75
	Manifest # 0000081080				
08/27/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
08/27/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/27/13	FUEL SURCHARGE	2	2.00	0.15	17.55
	Manifest # 0000081608				
08/28/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
08/28/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/28/13	FUEL SURCHARGE	2	2.00	0.15	13.35
	Manifest # 0000082094				
08/30/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
08/30/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/30/13	FUEL SURCHARGE	2	2.00	0.15	19.65

	Invoice Amount	1,894.05

MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001917
Invoice Date
08/31/2013
Invoice Number
001649474

BILL TO:

MEDLAB
239 E WARREN ST
CADIZ, OH 43907-1180

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
004 - MEDLAB CADIZ - 239 E WARREN ST				
Manifest # 0000076199				
08/01/13 31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
08/01/13 MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/01/13 FUEL SURCHARGE	2	2.00	0.15	7.05
Manifest # 0000081876				
08/29/13 MEDWASTE SERVICE CALL	1	1.00		
08/29/13 FUEL SURCHARGE	1	1.00		
08/29/13 MINIMUM CHARGE	1	1.00	35.75	35.75

	Invoice Amount	89.80

MEDASSURE

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
08/31/2013	001649474

Due Date	Total Due	Amount Paid
Upon Receipt	$ 89.80	

MEDLAB
239 E WARREN ST
CADIZ, OH 43907-1180

MedAssure
149 Yellowbrook Road
Suite 100
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MEDASSURE

A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

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1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001917
Invoice Date
08/31/2013
Invoice Number
001649516

BILL TO:

MEDLAB
5500 RIDGE RD #116
PARMA, OH 44129-2392

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
008 - MEDLAB PARMA - 5500 RIDGE RD #116					
	Manifest # 0000103776				
08/07/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
08/07/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/07/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000103777				
08/14/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
08/14/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/14/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000103778				
08/21/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
08/21/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/21/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000103779				
08/28/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
08/28/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/28/13	FUEL SURCHARGE	2	2.00	0.15	7.05

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MedAssure
1013 S. Girls School Road
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Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
08/31/2013	001649516

Due Date	Total Due	Amount Paid
Upon Receipt	$ 216.20	

MEDLAB
5500 RIDGE RD #116
PARMA, OH 44129-2392

MedAssure
149 Yellowbrook Road
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Customer Number
001917
Invoice Date
08/31/2013
Invoice Number
001649524

BILL TO:

MEDLAB
4668 LIBERTY AVE
VERMILION, OH 44089-3243

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
009 - MEDLAB VERMILION - 4668 LIBERTY AVE					
	Manifest # 0000104314				
08/12/13	31 GALLON PER CONTAINER RMW	1	2.00		
08/12/13	MEDWASTE SERVICE CALL	1	1.00		
08/12/13	FUEL SURCHARGE	2	2.00		
08/12/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000104315				
08/27/13	31 GALLON PER CONTAINER RMW	1	1.00		
08/27/13	MEDWASTE SERVICE CALL	1	1.00		
08/27/13	FUEL SURCHARGE	2	2.00		
08/27/13	MINIMUM CHARGE	1	1.00	37.85	37.85

	Invoice Amount	77.80

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Customer Number
001917

Invoice Date	Your Invoice Number
08/31/2013	001649524

Due Date	Total Due	Amount Paid
Upon Receipt	$ 77.80	

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A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

Customer Number
001917
Invoice Date
08/31/2013
Invoice Number
001649482

BILL TO:

MEDLAB
3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
005 - MEDLAB GREEN - 3575 FOREST LAKE DR #500					
	Manifest # 0000103888				
08/02/13	31 GALLON PER CONTAINER RMW	1	14.00	14.00	196.00
08/02/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/02/13	FUEL SURCHARGE	2	2.00	0.15	30.15
	Manifest # 0000103889				
08/09/13	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
08/09/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/09/13	FUEL SURCHARGE	2	2.00	0.15	25.95
	Manifest # 0000103890				
08/16/13	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
08/16/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/16/13	FUEL SURCHARGE	2	2.00	0.15	25.95
	Manifest # 0000103891				
08/23/13	31 GALLON PER CONTAINER RMW	1	11.00	14.00	154.00
08/23/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/23/13	FUEL SURCHARGE	2	2.00	0.15	23.85
	Manifest # 0000103892				
08/30/13	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
08/30/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

MedAssure
1013 S. Girls School Road
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Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
08/31/2013	001649482

Due Date	Total Due	Amount Paid
Upon Receipt	$ 1,010.85	

MEDLAB
3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

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MedAssure
1013 S. Girls School Road
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Customer Number
001917
Invoice Date
08/31/2013
Invoice Number
001649482

BILL TO:

MEDLAB
3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
08/30/13	FUEL SURCHARGE	2	2.00	0.15	25.95

	Invoice Amount	1,010.85

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Customer Number
001917
Invoice Date
08/31/2013
Invoice Number
001649493

BILL TO:

MEDLAB
565 E MAIN ST #120
CANFIELD, OH 44406-1500

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
006 - MEDLAB CANFIELD - 565 E MAIN ST #120					
	Manifest # 0000076160				
08/01/13	MEDWASTE SERVICE CALL	1	1.00		
08/01/13	FUEL SURCHARGE	1	1.00		
08/01/13	MINIMUM CHARGE	1	1.00	35.75	35.75
	Manifest # 0000079038				
08/15/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
08/15/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
08/15/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000081837				
08/29/13	MEDWASTE SERVICE CALL	1	1.00		
08/29/13	FUEL SURCHARGE	1	1.00		
08/29/13	MINIMUM CHARGE	1	1.00	35.75	35.75

	Invoice Amount	125.55

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MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
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Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
08/31/2013	001649493

Due Date	Total Due	Amount Paid
Upon Receipt	$ 125.55	

MEDLAB
565 E MAIN ST #120
CANFIELD, OH 44406-1500

MedAssure
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MedAssure
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Customer Number
001917
Invoice Date
08/31/2013
Invoice Number
001649516

BILL TO:

MEDLAB
5500 RIDGE RD #116
PARMA, OH 44129-2392

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT

	Invoice Amount	216.20

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MedAssure
1013 S. Girls School Road
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Customer Number
001917
Invoice Date
07/31/2013
Invoice Number
001629757

BILL TO:

MEDLAB
4668 LIBERTY AVE
VERMILION, OH 44089-3243

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	07/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
009 - MEDLAB VERMILION - 4668 LIBERTY AVE					
	Manifest # 0000104311				
07/01/13	31 GALLON PER CONTAINER RMW	1	2.00		
07/01/13	MEDWASTE SERVICE CALL	1	1.00		
07/01/13	FUEL SURCHARGE	2	2.00		
07/01/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000104312				
07/16/13	31 GALLON PER CONTAINER RMW	1	1.00		
07/16/13	MEDWASTE SERVICE CALL	1	1.00		
07/16/13	FUEL SURCHARGE	2	2.00		
07/16/13	MINIMUM CHARGE	1	1.00	37.85	37.85
	Manifest # 0000104313				
07/29/13	31 GALLON PER CONTAINER RMW	1	1.00		
07/29/13	MEDWASTE SERVICE CALL	1	1.00		
07/29/13	FUEL SURCHARGE	2	2.00		
07/29/13	MINIMUM CHARGE	1	1.00	37.85	37.85

	Invoice Amount	115.65

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MedAssure
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Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
07/31/2013	001629757

Due Date	Total Due	Amount Paid
Upon Receipt	$ 115.65	

MEDLAB
4668 LIBERTY AVE
VERMILION, OH 44089-3243

MedAssure
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MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001917
Invoice Date
07/31/2013
Invoice Number
001629724

BILL TO:

MEDLAB
565 E MAIN ST #120
CANFIELD, OH 44406-1500

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	07/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
006 - MEDLAB CANFIELD - 565 E MAIN ST #120					
	Manifest # 0000068278				
07/02/13	31 GALLON PER CONTAINER RMW	1	2.00		
07/02/13	MEDWASTE SERVICE CALL	1	1.00		
07/02/13	FUEL SURCHARGE	2	2.00		
07/02/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000071953				
07/18/13	31 GALLON PER CONTAINER RMW	1	1.00		
07/18/13	MEDWASTE SERVICE CALL	1	1.00		
07/18/13	FUEL SURCHARGE	2	2.00		
07/18/13	MINIMUM CHARGE	1	1.00	37.85	37.85

	Invoice Amount	77.80

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Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
07/31/2013	001629724

Due Date	Total Due	Amount Paid
Upon Receipt	$ 77.80	

MEDLAB
565 E MAIN ST #120
CANFIELD, OH 44406-1500

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1013 S. Girls School Road
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Customer Number
001917
Invoice Date
07/31/2013
Invoice Number
001629743

BILL TO:

MEDLAB
5500 RIDGE RD #116
PARMA, OH 44129-2392

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	07/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
008 - MEDLAB PARMA - 5500 RIDGE RD #116					
	Manifest # 0000060041				
05/29/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
05/29/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
05/29/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000103771				
07/03/13	31 GALLON PER CONTAINER RMW	1	2.00		
07/03/13	MEDWASTE SERVICE CALL	1	1.00		
07/03/13	FUEL SURCHARGE	2	2.00		
07/03/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000103772				
07/10/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
07/10/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/10/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000103773				
07/17/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
07/17/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/17/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000103774				
07/24/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00

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Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
07/31/2013	001629743

Due Date	Total Due	Amount Paid
Upon Receipt	$ 310.20	

MEDLAB
5500 RIDGE RD #116
PARMA, OH 44129-2392

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A SAFE AND CLEAN SOLUTION FOR YOUR MEDICAL WASTE STREAM

MedAssure
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Customer Number
001917
Invoice Date
07/31/2013
Invoice Number
001629743

BILL TO:

MEDLAB
5500 RIDGE RD #116
PARMA, OH 44129-2392

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	07/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
07/24/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/24/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000103775				
07/31/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
07/31/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/31/13	FUEL SURCHARGE	2	2.00	0.15	7.05

	Invoice Amount	310.20

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1013 S. Girls School Road
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Customer Number
001917
Invoice Date
07/31/2013
Invoice Number
001629732

BILL TO:

MEDLAB
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	07/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
007 - MEDLAB EUCLID - 26300 EUCLID AVE #910					
	Manifest # 0000067404				
07/01/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
07/01/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/01/13	FUEL SURCHARGE	2	2.00	0.15	17.55
	Manifest # 0000067989				
07/03/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
07/03/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/03/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000068500				
07/05/13	31 GALLON PER CONTAINER RMW	1	8.00	14.00	112.00
07/05/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/05/13	FUEL SURCHARGE	2	2.00	0.15	17.55
	Manifest # 0000069480				
07/09/13	31 GALLON PER CONTAINER RMW	1	15.00	14.00	210.00
07/09/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/09/13	FUEL SURCHARGE	2	2.00	0.15	32.25
	Manifest # 0000070177				
07/10/13	31 GALLON PER CONTAINER RMW	1	5.00	14.00	70.00
07/10/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

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1013 S. Girls School Road
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Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
07/31/2013	001629732

Due Date	Total Due	Amount Paid
Upon Receipt	$ 2,028.60	

MEDLAB
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

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Customer Number
001917
Invoice Date
07/31/2013
Invoice Number
001629732

BILL TO:

MEDLAB
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	07/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
07/10/13	FUEL SURCHARGE	2	2.00	0.15	11.25
	Manifest # 0000070705				
07/12/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
07/12/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/12/13	FUEL SURCHARGE	2	2.00	0.15	19.65
	Manifest # 0000071067				
07/16/13	31 GALLON PER CONTAINER RMW	1	14.00	14.00	196.00
07/16/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/16/13	FUEL SURCHARGE	2	2.00	0.15	30.15
	Manifest # 0000071698				
07/17/13	31 GALLON PER CONTAINER RMW	1	7.00	14.00	98.00
07/17/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/17/13	FUEL SURCHARGE	2	2.00	0.15	15.45
	Manifest # 0000072158				
07/19/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
07/19/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/19/13	FUEL SURCHARGE	2	2.00	0.15	13.35
	Manifest # 0000072731				
07/22/13	31 GALLON PER CONTAINER RMW	1	11.00	14.00	154.00
07/22/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

MEDASSURE

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MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001917
Invoice Date
07/31/2013
Invoice Number
001629732

BILL TO:

MEDLAB
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	07/31/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
07/22/13	FUEL SURCHARGE	2	2.00	0.15	23.85
	Manifest # 0000073428				
07/24/13	31 GALLON PER CONTAINER RMW	1	6.00	14.00	84.00
07/24/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/24/13	FUEL SURCHARGE	2	2.00	0.15	13.35
	Manifest # 0000074229				
07/26/13	31 GALLON PER CONTAINER RMW	1	9.00	14.00	126.00
07/26/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/26/13	FUEL SURCHARGE	2	2.00	0.15	19.65
	Manifest # 0000075147				
07/29/13	31 GALLON PER CONTAINER RMW	1	10.00	14.00	140.00
07/29/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/29/13	FUEL SURCHARGE	2	2.00	0.15	21.75
	Manifest # 0000075877				
07/31/13	31 GALLON PER CONTAINER RMW	1	10.00	14.00	140.00
07/31/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/31/13	FUEL SURCHARGE	2	2.00	0.15	21.75

MEDASSURE

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MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001917
Invoice Date
07/31/2013
Invoice Number
001629732

BILL TO:

MEDLAB
26300 EUCLID AVE #910
EUCLID, OH 44132-3708

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	07/31/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT

	Invoice Amount	2,028.60

MEDASSURE

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MedAssure
1013 S. Girls School Road
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Customer Number
001917
Invoice Date
07/31/2013
Invoice Number
001629716

BILL TO:

MEDLAB
3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	07/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
005 - MEDLAB GREEN - 3575 FOREST LAKE DR #500					
	Manifest # 0000060379				
05/30/13	31 GALLON PER CONTAINER RMW	1	11.00	14.00	154.00
05/30/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
05/30/13	FUEL SURCHARGE	2	2.00	0.15	23.85
	Manifest # 0000103884				
07/05/13	31 GALLON PER CONTAINER RMW	1	11.00	14.00	154.00
07/05/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/05/13	FUEL SURCHARGE	2	2.00	0.15	23.85
	Manifest # 0000103885				
07/12/13	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
07/12/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/12/13	FUEL SURCHARGE	2	2.00	0.15	25.95
	Manifest # 0000103886				
07/19/13	31 GALLON PER CONTAINER RMW	1	13.00	14.00	182.00
07/19/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
07/19/13	FUEL SURCHARGE	2	2.00	0.15	28.05
	Manifest # 0000103887				
07/26/13	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
07/26/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

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Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
07/31/2013	001629716

Due Date	Total Due	Amount Paid
Upon Receipt	$ 978.65	

MEDLAB
3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

MedAssure
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Customer Number
001917
Invoice Date
07/31/2013
Invoice Number
001629716

BILL TO:

MEDLAB
3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	07/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
07/26/13	FUEL SURCHARGE	2	2.00	0.15	25.95

	Invoice Amount	978.65

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Customer Number
001917
Invoice Date
06/30/2013
Invoice Number
001610179

BILL TO:

MEDLAB
565 E MAIN ST #120
CANFIELD, OH 44406-1500

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	06/30/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
006 - MEDLAB CANFIELD - 565 E MAIN ST #120					
	Manifest # 0000062643				
06/06/13	31 GALLON PER CONTAINER RMW	1	1.00		
06/06/13	MEDWASTE SERVICE CALL	1	1.00		
06/06/13	FUEL SURCHARGE	2	2.00		
06/06/13	MINIMUM CHARGE	1	1.00	37.85	37.85
	Manifest # 0000065602				
06/20/13	31 GALLON PER CONTAINER RMW	1	1.00		
06/20/13	MEDWASTE SERVICE CALL	1	1.00		
06/20/13	FUEL SURCHARGE	2	2.00		
06/20/13	MINIMUM CHARGE	1	1.00	37.85	37.85

	Invoice Amount	75.70

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1013 S. Girls School Road
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Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
06/30/2013	001610179

Due Date	Total Due	Amount Paid
Upon Receipt	$ 75.70	

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565 E MAIN ST #120
CANFIELD, OH 44406-1500

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Customer Number
001917
Invoice Date
05/31/2013
Invoice Number
001590611

BILL TO:

MEDLAB
908 E WATERLOO RD
AKRON, OH 44306-3928

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	05/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
002 - MEDLAB FIRESTONE PARK - 908 E WATERLOO RD					
	Manifest # 0000060039				
05/29/13	31 GALLON PER CONTAINER RMW	1	1.00		
05/29/13	MEDWASTE SERVICE CALL	1	1.00		
05/29/13	FUEL SURCHARGE	2	2.00		
05/29/13	MINIMUM CHARGE	1	1.00	37.85	37.85

	Invoice Amount	37.85

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MedAssure
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(317) 635-8000

Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
05/31/2013	001590611

Due Date	Total Due	Amount Paid
Upon Receipt	$ 37.85	

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Customer Number
001917
Invoice Date
05/31/2013
Invoice Number
001590629

BILL TO:

MEDLAB
1327 CANTON RD # B
AKRON, OH 44312-3948

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	05/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
003 - MEDLAB ELLET - 1327 CANTON RD # B					
	Manifest # 0000047592				
05/07/13	31 GALLON PER CONTAINER RMW	1	1.00		
05/07/13	MEDWASTE SERVICE CALL	1	1.00		
05/07/13	FUEL SURCHARGE	2	2.00		
05/07/13	MINIMUM CHARGE	1	1.00	37.85	37.85

	Invoice Amount	37.85

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Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
05/31/2013	001590629

Due Date	Total Due	Amount Paid
Upon Receipt	$ 37.85	

MEDLAB
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Customer Number
001917
Invoice Date
04/30/2013
Invoice Number
001567973

BILL TO:

MEDLAB
5500 RIDGE RD #116
PARMA, OH 44129-2392

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	04/30/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
008 - MEDLAB PARMA - 5500 RIDGE RD #116					
	Manifest # 0000046275				
03/12/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
03/12/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
03/12/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000046276				
03/19/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
03/19/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
03/19/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000046277				
03/26/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
03/26/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
03/26/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000046278				
04/02/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
04/02/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
04/02/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000046279				
04/08/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
04/08/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

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Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
04/30/2013	001567973

Due Date	Total Due	Amount Paid
Upon Receipt	$ 394.45	

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PARMA, OH 44129-2392

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Customer Number
001917
Invoice Date
04/30/2013
Invoice Number
001567973

BILL TO:

MEDLAB
5500 RIDGE RD #116
PARMA, OH 44129-2392

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	04/30/2013	House

SERVICE DATE	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
04/08/13	FUEL SURCHARGE	2	2.00	0.15	7.05
	Manifest # 0000046280				
04/16/13	31 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
04/16/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
04/16/13	FUEL SURCHARGE	2	2.00	0.15	9.15
	Manifest # 0000046281				
04/23/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
04/23/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
04/23/13	FUEL SURCHARGE	2	2.00	0.15	7.05

	Invoice Amount	394.45

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Customer Number
001917
Invoice Date
04/30/2013
Invoice Number
001567981

BILL TO:

MEDLAB
4668 LIBERTY AVE
VERMILION, OH 44089-3243

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	04/30/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
009 - MEDLAB VERMILION - 4668 LIBERTY AVE					
	Manifest # 0000046488				
03/12/13	31 GALLON PER CONTAINER RMW	1	2.00		
03/12/13	MEDWASTE SERVICE CALL	1	1.00		
03/12/13	FUEL SURCHARGE	2	2.00		
03/12/13	MINIMUM CHARGE	1	1.00	39.95	39.95
	Manifest # 0000046489				
03/26/13	31 GALLON PER CONTAINER RMW	1	1.00		
03/26/13	MEDWASTE SERVICE CALL	1	1.00		
03/26/13	FUEL SURCHARGE	2	2.00		
03/26/13	MINIMUM CHARGE	1	1.00	37.85	37.85
	Manifest # 0000046490				
04/08/13	31 GALLON PER CONTAINER RMW	1	1.00		
04/08/13	MEDWASTE SERVICE CALL	1	1.00		
04/08/13	FUEL SURCHARGE	2	2.00		
04/08/13	MINIMUM CHARGE	1	1.00	37.85	37.85
	Manifest # 0000046491				
04/23/13	31 GALLON PER CONTAINER RMW	1	2.00		
04/23/13	MEDWASTE SERVICE CALL	1	1.00		
04/23/13	FUEL SURCHARGE	2	2.00		
04/23/13	MINIMUM CHARGE	1	1.00	39.95	39.95

MEDASSURE

MedAssure
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Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
04/30/2013	001567981

Due Date	Total Due	Amount Paid
Upon Receipt	$ 155.60	

MEDLAB
4668 LIBERTY AVE
VERMILION, OH 44089-3243

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Customer Number
001917
Invoice Date
04/30/2013
Invoice Number
001567981

BILL TO:

MEDLAB
4668 LIBERTY AVE
VERMILION, OH 44089-3243

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	04/30/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT

	Invoice Amount	155.60

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Customer Number
001917
Invoice Date
04/30/2013
Invoice Number
001567932

BILL TO:

MEDLAB
239 E WARREN ST
CADIZ, OH 43907-1180

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	04/30/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
004 - MEDLAB CADIZ - 239 E WARREN ST				
Manifest # 0000063616				
04/11/13 31 GALLON PER CONTAINER RMW	1	2.00		
04/11/13 MEDWASTE SERVICE CALL	1	1.00		
04/11/13 FUEL SURCHARGE	2	2.00		
04/11/13 MINIMUM CHARGE	1	1.00	39.95	39.95

	Invoice Amount	39.95

MEDASSURE

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1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
04/30/2013	001567932

Due Date	Total Due	Amount Paid
Upon Receipt	$ 39.95	

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239 E WARREN ST
CADIZ, OH 43907-1180

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Customer Number
001917
Invoice Date
03/31/2013
Invoice Number
001553643

BILL TO:

MEDLAB
3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	03/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
005 - MEDLAB GREEN - 3575 FOREST LAKE DR #500					
	Manifest # 0000046315				
01/23/13	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
01/23/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
01/23/13	FUEL SURCHARGE	2	2.00	0.15	25.95

	Invoice Amount	198.95

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Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
03/31/2013	001553643

Due Date	Total Due	Amount Paid
Upon Receipt	$ 198.95	

MEDLAB
3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

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Customer Number
001917
Invoice Date
03/31/2013
Invoice Number
001553652

BILL TO:

MEDLAB
565 E MAIN ST #120
CANFIELD, OH 44406-1500

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	03/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
006 - MEDLAB CANFIELD - 565 E MAIN ST #120					
	Manifest # 0000046447				
02/14/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
02/14/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
02/14/13	FUEL SURCHARGE	2	2.00	0.15	7.05

	Invoice Amount	54.05

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Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
03/31/2013	001553652

Due Date	Total Due	Amount Paid
Upon Receipt	$ 54.05	

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565 E MAIN ST #120
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Customer Number
001917
Invoice Date
01/31/2013
Invoice Number
001520493

BILL TO:

MEDLAB
3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	01/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
005 - MEDLAB GREEN - 3575 FOREST LAKE DR #500					
	Manifest # 0000046308				
12/05/12	31 GALLON PER CONTAINER RMW	1	11.00	14.00	154.00
12/05/12	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000046309				
12/12/12	31 GALLON PER CONTAINER RMW	1	10.00	14.00	140.00
12/12/12	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000046311				
12/26/12	31 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
12/26/12	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000046312				
01/02/13	31 GALLON PER CONTAINER RMW	1	10.00	14.00	140.00
01/02/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000046314				
01/16/13	31 GALLON PER CONTAINER RMW	1	12.00	14.00	168.00
01/16/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

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Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
01/31/2013	001520493

Due Date	Total Due	Amount Paid
Upon Receipt	587.00	

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Customer Number
001917
Invoice Date
01/31/2013
Invoice Number
001520493

BILL TO:

MEDLAB
3575 FOREST LAKE DR #500
UNIONTOWN, OH 44685-8142

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	01/31/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT

	Invoice Amount	683.00

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Customer Number
001917
Invoice Date
01/31/2013
Invoice Number
001520527

BILL TO:

MEDLAB
5500 RIDGE RD #116
PARMA, OH 44129-2392

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	01/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
008 - MEDLAB PARMA - 5500 RIDGE RD #116					
	Manifest # 0000046264				
12/25/12	31 GALLON PER CONTAINER RMW	1	2.00		
12/25/12	MEDWASTE SERVICE CALL	1	1.00		
12/25/12	MINIMUM CHARGE	1	1.00	35.00	35.00
	Manifest # 0000046265				
01/01/13	31 GALLON PER CONTAINER RMW	1	4.00	14.00	56.00
01/01/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000046266				
01/08/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
01/08/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00
	Manifest # 0000046267				
01/15/13	31 GALLON PER CONTAINER RMW	1	3.00	14.00	42.00
01/15/13	MEDWASTE SERVICE CALL	1	1.00	5.00	5.00

	Invoice Amount	190.00

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Payment Coupon

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Customer Number
001917

Invoice Date	Your Invoice Number
01/31/2013	001520527

Due Date	Total Due	Amount Paid
Upon Receipt	$ 190.00	

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Customer Number
001919
Invoice Date
08/31/2013
Invoice Number
001649672

BILL TO:

MEDLAB
PO Box 240
Bethel, OH 45106

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	08/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
006 - MEDLAB TIMBERTRAIL PSC - 2211 TIMBER TRL					
	Manifest # 0000115978				
08/26/13	31 GALLON PER CONTAINER RMW	1	1.00		
08/26/13	MEDWASTE SERVICE CALL	1	1.00		
08/26/13	FUEL SURCHARGE	2	2.00		
08/26/13	MINIMUM CHARGE	1	1.00	37.85	37.85

	Invoice Amount	37.85

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Payment Coupon

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Customer Number
001919

Invoice Date	Your Invoice Number
08/31/2013	001649672

Due Date	Total Due	Amount Paid
Upon Receipt	$ 37.85	

MEDLAB
PO Box 240
Bethel, OH 45106

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Customer Number
001919
Invoice Date
07/31/2013
Invoice Number
001630061

BILL TO:

MEDLAB
PO Box 240
Bethel, OH 45106

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	07/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
011 - MEDLAB NE CENTER FOR WOMEN - 11135 Montgomery Rd					
	Manifest # 0000104774				
07/03/13	31 GALLON PER CONTAINER RMW	1	1.00		
07/03/13	MEDWASTE SERVICE CALL	1	1.00		
07/03/13	MINIMUM CHARGE	1	1.00	35.00	35.00

	Invoice Amount	35.00

MEDASSURE

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

Please detach and enclose this portion with your payment - do not send cash.

Customer Number
001919

Invoice Date	Your Invoice Number
07/31/2013	001630061

Due Date	Total Due	Amount Paid
Upon Receipt	$ 35.00	

MEDLAB
PO Box 240
Bethel, OH 45106

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

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MEDASSURE

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Indianapolis, IN 46231
(317) 635-8000

Customer Number
001919
Invoice Date
07/31/2013
Invoice Number
001630003

BILL TO:

MEDLAB
PO Box 240
Bethel, OH 45106

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	07/31/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
005 - MEDLAB OTTAWA - 1800 N PERRY ST #103				
Manifest # 0000065019				
07/16/13 31 GALLON PER CONTAINER RMW	1	1.00		
07/16/13 MEDWASTE SERVICE CALL	1	1.00		
07/16/13 FUEL SURCHARGE	2	2.00		
07/16/13 MINIMUM CHARGE	1	1.00	37.85	37.85

	Invoice Amount	37.85

MEDASSURE

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

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Customer Number
001919

Invoice Date	Your Invoice Number
07/31/2013	001630003

Due Date	Total Due	Amount Paid
Upon Receipt	$ 37.85	

MEDLAB
PO Box 240
Bethel, OH 45106

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149 Yellowbrook Road
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MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
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Customer Number
001919
Invoice Date
07/31/2013
Invoice Number
001630052

BILL TO:

MEDLAB
PO Box 240
Bethel, OH 45106

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	07/31/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
010 - MEDLAB CRESCENT WOMENS PSC - 10700 Montgomery Rd					
	Manifest # 0000104780				
07/01/13	31 GALLON PER CONTAINER RMW	1	1.00		
07/01/13	MEDWASTE SERVICE CALL	1	1.00		
07/01/13	MINIMUM CHARGE	1	1.00	35.00	35.00

	Invoice Amount	35.00

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MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

Please detach and enclose this portion with your payment - do not send cash.

Customer Number
001919

Invoice Date	Your Invoice Number
07/31/2013	001630052

Due Date	Total Due	Amount Paid
Upon Receipt	$ 35.00	

MEDLAB
PO Box 240
Bethel, OH 45106

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

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MedAssure
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Customer Number
001919
Invoice Date
06/30/2013
Invoice Number
001610518

BILL TO:

MEDLAB
11135 Montgomery Rd
Cincinnati, OH 45249

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	06/30/2013	House

	DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
011 - MEDLAB NE CENTER FOR WOMEN - 11135 Montgomery Rd					
	Manifest # 0000104733				
06/05/13	MEDWASTE SERVICE CALL	1	1.00		
06/05/13	MINIMUM CHARGE	1	1.00	35.00	35.00

	Invoice Amount	35.00

MEDASSURE

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

Please detach and enclose this portion with your payment - do not send cash.

Customer Number
001919

Invoice Date	Your Invoice Number
06/30/2013	001610518

Due Date	Total Due	Amount Paid
Upon Receipt	$ 35.00	

MEDLAB
11135 Montgomery Rd
Cincinnati, OH 45249

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

Printed on Recycled Paper.

MEDASSURE

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MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Customer Number
001919
Invoice Date
06/30/2013
Invoice Number
001610468

BILL TO:

MEDLAB
2211 TIMBER TRL
BELLEFONTAINE, OH 43311-9036

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	06/30/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
006 - MEDLAB TIMBERTRAIL PSC - 2211 TIMBER TRL				
Manifest # 0000076737				
06/24/13 MEDWASTE SERVICE CALL	1	1.00		
06/24/13 FUEL SURCHARGE	1	1.00		
06/24/13 MINIMUM CHARGE	1	1.00	35.75	35.75

	Invoice Amount	35.75

MEDASSURE

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

Please detach and enclose this portion with your payment - do not send cash.

Customer Number
001919

Invoice Date	Your Invoice Number
06/30/2013	001610468

Due Date	Total Due	Amount Paid
Upon Receipt	$ 35.75	

MEDLAB
2211 TIMBER TRL
BELLEFONTAINE, OH 43311-9036

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

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MedAssure
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Customer Number
001919
Invoice Date
06/30/2013
Invoice Number
001610484

BILL TO:

MEDLAB
404 HAMILTON RD
WAPAKONETA, OH 45895-1156

SERVICE DATE	TERMS	DUE DATE	SALES REP
	Due Upon Receipt	06/30/2013	House

DESCRIPTION	CONT. COUNT	QTY/WGHT	UNIT PRICE	AMOUNT
008 - MEDLAB WAPAKONETA PSC - 404 HAMILTON RD				
Manifest # 0000076740				
06/24/13 MEDWASTE SERVICE CALL	1	1.00		
06/24/13 FUEL SURCHARGE	1	1.00		
06/24/13 MINIMUM CHARGE	1	1.00	35.75	35.75

	Invoice Amount	35.75

MEDASSURE

MedAssure
1013 S. Girls School Road
Indianapolis, IN 46231
(317) 635-8000

Payment Coupon

Please detach and enclose this portion with your payment - do not send cash.

Customer Number
001919

Invoice Date	Your Invoice Number
06/30/2013	001610484

Due Date	Total Due	Amount Paid
Upon Receipt	$ 35.75	

MEDLAB
404 HAMILTON RD
WAPAKONETA, OH 45895-1156

MedAssure
149 Yellowbrook Road
Suite 100
Farmingdale, NJ 07727

Printed on Recycled Paper.

FedEx Express NEW Package US Airbill

FedEx Tracking Number 8030 3186 2743

Form ID No. [redacted]

1 From

Date 11/26/13

Sender's Name J. McCauley Phone 732 3637444

Company MedAssure

Address 1494 Holmdel Rd. Ste 100 Dept./Floor/Suite/Room

City Farmingdale State NJ ZIP 07727

2 Your Internal Billing Reference

3 To

Recipient's Name Laboratories Claims Phone

Company BMC Group

Address We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room

Address 12675 Lake Drive East

Use this line for the HOLD location address or for continuation of your shipping address.

City Chanhassen State MN ZIP 55317

HOLD Weekday
FedEx location address REQUIRED. NOT available for FedEx First Overnight.

HOLD Saturday
FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

8030 3186 2743

4 Express Package Service * To most locations.

NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs.
For packages over 150 lbs., use the new FedEx Express Freight US Airbill.

RECEIVED
DEC 02 2013
BMC GROUP

Next Business Day

- FedEx First Overnight — Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.

2 or 3 Business Days

- FedEx 2Day A.M. — Second business morning.* Saturday Delivery NOT available.
- FedEx 2Day — Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx Express Saver — Third business day.* Saturday Delivery NOT available.

5 Packaging * Declared value limit $500.

FedEx Envelope* | FedEx Pak* | FedEx Box | FedEx Tube | Other

6 Special Handling and Delivery Signature Options

SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required — Package may be left without obtaining a signature for delivery.

Direct Signature — Someone at recipient's address may sign for delivery. *Fee applies.*

Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. *Fee applies.*

Does this shipment contain dangerous goods?

One box must be checked.

No | Yes — As per attached Shipper's Declaration. | Yes — Shipper's Declaration not required. | Dry Ice — Dry Ice, 9, UN 1845 ____ x ____ kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

Cargo Aircraft Only

7 Payment *Bill to:*

Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No.

Sender Acct. No. in Section 1 will be billed. | Recipient | Third Party | Credit Card | Cash/Check

[redacted]

Total Packages ____ Total Weight ____ lbs. Credit Card Auth. ____

†Our liability is limited to US$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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