

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION

PROOF OF CLAIM

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID s5320

In re:
TAYLOR, BEAN & WHITAKER MORTGAGE CORP.


Case Number:
3:09-bk-07047-JAF

Amount/Classification
\$1,647.69 Priority

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

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

Name of Creditor and Address: the person or other entity to whom the debtor owes money or property
If necessary, please cross out pre-printed address and write in change of address.

 21836929002165
CHRZ, AMY S
325 ~~624~~ AKERS RIDGE DR SE
ATLANTA, GA 30339

CLAIM FILED
JACKSONVILLE, FLORIDA

JUN 14 2010

The amount(s) reflected above constitute your claim as scheduled by the Debtor. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

if the amounts shown above are listed as Contingent, Unliquidated or Disputed "CUD", a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Creditor Telephone Number () Check box if address is where notice is to be sent.

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

Amy S Chrz
325 Akers Ridge Dr SE
Atlanta, GA 30339

Check this box if you are the debtor or trustee in this case.

Check this box to indicate that this claim amends a previously filed claim.

Claim Number (if known):

Filed on: _____

Payment Telephone Number (770) 937-9809

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 2092.64

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.
If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. BASIS FOR CLAIM:

Vacation & medical

(See instructions #2 and #3a on reverse side.)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 0829

3a. Debtor may have scheduled account as:

4. SECURED CLAIM (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of set off and provide the requested information
Nature of property or right of setoff:

Describe:

Real Estate Motor Vehicle Other _____

Value of Property: \$ _____

Annual Interest Rate: _____ %

Secured Claim Amount: \$ _____

Unsecured Claim Amount: \$ _____

Amount of arrearage and other charges as of time case filed included in secured claim, _____

DO NOT include the priority portion of your claim here.

5. PRIORITY CLAIM

Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Unsecured Priority Claim Amount: \$ 2092.64

Include ONLY the priority portion of your unsecured claim here.

You MUST specify the priority of the claim:

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Wages, salaries, or commissions (up to \$10,950*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

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

Up to \$2,425* 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) (_____).

* Amounts are subject to adjustment on 4/1/10 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.

7. SUPPORTING DOCUMENTS: Attach redacted copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are not available, please explain.

DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

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

The original of this completed proof of claim form must be sent by mail, hand, courier or overnight delivery (facsimile, telecopy or other electronic means NOT accepted), so that it is actually received on or before 5:00 p.m. prevailing Eastern Time on June 15, 2010, the Bar Date (as defined in the Bar Date Notice).

THIS SPACE FOR COURT USE ONLY

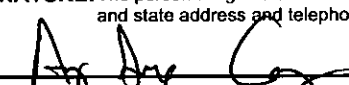
By Regular Mail to:
BMC Group, Inc.
Attn: Taylor, Bean & Whitaker Mortgage Corp. Claim Processing
PO Box 3020
Chanhassen, MN 55317-3020

By Hand, Courier, Or Overnight Delivery to:
BMC Group, Inc.
Attn: Taylor, Bean & Whitaker Mortgage Corp. Claim Process
18750 Lake Drive East
Chanhassen, MN 55317

T, B & W Mortgage Corp.
 02617

DATE
6/11/10

SIGNATURE: The person filing this claim must sign it. Sign and print name, address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.



Scanned 6/14/2010 11:25:55 AM

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, there may be exceptions to these general rules.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

<p>Court, Name of Debtor, and Case Number: Use this proof of claim form only if you are asserting a claim against the Debtor, Taylor, Bean & Whitaker Mortgage Corp. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 33%;">DEBTOR</td> <td style="width: 33%;">CASE NO</td> <td style="width: 33%;">PETITION DATE</td> </tr> <tr> <td>Taylor, Bean & Whitaker Mortgage Corp.</td> <td>3:09-bk-07047-JAF</td> <td>8/24/2009</td> </tr> </table> <p>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).</p> <p>1. Amount of Claim as of Date Case Filed: State the total amount (in lawful US currency) owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete item 4. Check the box if interest or other charges are included in the claim.</p> <p>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.</p> <p>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.</p> <p>3a. Debtor May Have Scheduled Account As: Use this space to 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.</p> <p>4. Secured Claim: Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.)</p>	DEBTOR	CASE NO	PETITION DATE	Taylor, Bean & Whitaker Mortgage Corp.	3:09-bk-07047-JAF	8/24/2009	<p>State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.</p> <p>5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a). If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) 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.</p> <p>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.</p> <p>7. Supporting Documents: Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary if documentation is voluminous or an explanation if documentation is not available. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.</p> <p>Date and Signature: The person filing this proof of claim <u>must</u> sign and date it. FRBP 9011. 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. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.</p> <p>Date-Stamped Copy: Return claim form and attachments. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the front of this form. <i>Please read - important information: upon completion of this claim form, you are certifying that the statements herein are true.</i></p> <p>Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."</p>
DEBTOR	CASE NO	PETITION DATE					
Taylor, Bean & Whitaker Mortgage Corp.	3:09-bk-07047-JAF	8/24/2009					

DEFINITIONS

INFORMATION

<p>DEBTOR A debtor is the person, corporation, or other entity that has filed a bankruptcy case.</p> <p>CREDITOR A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.</p> <p>CLAIM A claim is the creditor's right to receive payment on a debt that was 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.</p> <p>PROOF OF CLAIM A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of this page</p> <p>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.</p>	<p>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.</p> <p>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).</p> <p>UNSECURED NONPRIORITY CLAIM If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.</p> <p>UNSECURED PRIORITY CLAIM 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.</p> <p>Evidence of Perfection Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other</p>	<p>document showing that the lien has been filed or recorded.</p> <p>Redacted A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.</p> <p>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(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.</p>
---	---	---

CVS/pharmacy
for all the ways you care™

4 POW FERRY RD. NW ATLANTA, GA 30339
PHARMACY: 612-0958 STORE: 612-0957

REG#14 TRAN#6163 CSHR#824827 STR#2086

RX ITEM ****78402 25.09N

TOTAL 25.09
CASH 40.10
CHANGE 15.01



2502 0869 3106 1631 45
RETURNS WITH RECEIPT THRU 01/05/2010

NOVEMBER 6, 2009 5:40 PM

F-FLEXIBLE SPENDING ACCT SUMMARY (FSA)
Prescription Eligible Total 25.09

FSA summary above includes items
(and taxes) that may be eligible for plan
reimbursement. Restrictions may apply.

GET YOUR CVS EXTRACARE CARD

THANK YOU. SHOP 24 HOURS AT

F-FLEXIBLE SPENDING ACCT SUMMARY (FSA)
Prescription Eligible Total 20.00

FEBRUARY 5, 2010 4:21 PM

04/29/10-12:25:57 PM

CVS/pharmacy
for all the ways you care™

2014 POW FERRY RD. NW ATLANTA, GA 30339
PHARMACY: 612-0958 STORE: 612-0957

REG#14 TRAN#9507 CSHR#108338 STR#2086

ExtraCare Card #: *****7226

F 1 RX ITEM ****78405 10.00N

TOTAL 10.00
CASH 20.00
CHANGE 10.00



2502 0860 0549 5071 46
RETURNS WITH RECEIPT THRU 04/24/2010

FEBRUARY 23, 2010 4:38 PM

F-FLEXIBLE SPENDING ACCT SUMMARY (FSA)
Prescription Eligible Total 10.00

2014 POW FERRY RD. NW ATLANTA, GA 30339
PHARMACY: 612-0958 STORE: 612-0957

REG#13 TRAN#8636 CSHR#000047 STR#2086

ExtraCare Card #: *****7226

F 1 RX ITEM ****78404 10.00N
F 1 RX ITEM ****25700 10.00N

** DOUBLE BUCKS !! **

2 ITEMS
TOTAL 20.00
CASH 20.00
CHANGE .00



2502 0860 0368 6361 33
RETURNS WITH RECEIPT THRU 04/06/2010

FEBRUARY 5, 2010 4:21 PM

CVS/pharmacy
for all the ways you care™

4200 PACES FERRY RD ATLANTA, GA 30339
PHARMACY: 433-9437 STORE: 433-9436

REG#13 TRAN#9121 CSHR#821766 STR#2089

ExtraCare Card #: *****7226

F 1 RX ITEM ****78100 7.64N
F 1 RX ITEM ****78200 10.00N
F 1 RX ITEM ****78300 30.00N

3 ITEMS
TOTAL 47.64
DEBIT 47.64 MS
*****1036
CHANGE 00



5208 9922 3912 1135
RETURNS WITH RECEIPT THRU 10/10/2009

AUGUST 11, 2009 12:47 PM

ING ACCT SUMMARY (FSA)
Eligible Total 47.64

CVS/pharmacy
for all the ways you care™

Publix

Publix at Deik Spectrum
Store Manager: Keith Everett
770-612-5150

CASH/COPAY	2.13	P
CASH/COPAY	0.00	P
Order Total	2.13	
Regular Tax	0.00	
Grand Total	2.13	
Cash	2.13	
Change	0.00	

The following information is provided to assist our customers in tracking health care related purchases. These purchases may be eligible for reimbursement from your FSA/HRS/HSA plan. Please consult your plan benefits information or contact your plan administrator.

FSA Purchase Summary:
Prescription (P): \$2.13
Non-Prescription (H): \$0.00
FSA Total: \$2.13

Your cashier was Shelia

P.O. Box 407

Lake Land, FL 33802-0407

08/14/2009 11:36 S0725 R161 8086 C0101

Where Saving Is

Part of the Pleasure

Publix Super Markets, Inc.

Walmart

Save money. Live better.

WE SELL FOR LESS
MANAGER DEMETRIUS JACKSON
(770) 955 - 0626
ST# 1181 OP# 00005540 TE# 79 TR# 01967
RX# 7090209 D38 QTY 1H 25.00 0
- TRI
SUBTOTAL 25.00
TOTAL 25.00
CASH TEND 25.00
CHANGE DUE 0.00

ITEMS SOLD 1

TC# 1488 9045 8717 5939 5727
Just ask. We match their advertised prices so back-to-school costs less.
09/01/09 14:50:44

Walmart

Save money. Live better.

Walmart
MANAGER DEMETRIUS JACKSON
(770) 955 - 0626
ST# 1181 OP# 00005540 TE# 79 TR# 09810
RX# 7090209 D38 QTY 1H 25.00 0
- TRI
SUBTOTAL 25.00
TOTAL 25.00
DEBIT TEND 25.00
CHANGE DUE 0.00

EFT DEBIT PAY FROM PRIMARY
ACCOUNT : 1036
25.00 TOTAL PURCHASE
REF # 931000177547
NETWORK ID: 0071 APPR CODE 662118
11/06/09 16:49:53

ITEMS SOLD 1

TC# 7597 9183 0935 1539 49



We want you to pay the lowest price. Ask about our price match policy.
11/06/09 16:49:54

CVS/pharmacy

for all the ways you can

2014 POW FERRY RD NW ATLANTA, GA 30334
PHARMACY: 612-0958 STORE: 612-0757

REG#14 TRAN#0989 CSHR#000047 STR#2086

ExtraCare Card #: *****7226

F I RX ITEM ****78403 25.09N

TOTAL 25.09
CASH 25.09
CHANGE .00



2502 0869 3500 9891 43
RETURNS WITH RECEIPT THRU 02/14/2010

DECEMBER 16, 2009 3:50 PM

F-FLEXIBLE SPENDING ACCT SUMMARY (FSA)
Prescription Eligible Total 25.09

FSA summary above includes items (and tax) that may be eligible for plan reimbursement. Restrictions may apply.

EARN 2% BACK ON ALMOST EVERYTHING IN THE STORE AND ON CVS.COM WHICH YOU USE YOUR EXTRACARE CARD.

THANK YOU. SHOP 24 HOURS AT CVS.COM

ExtraCare Card balances as of 10/31

FALL 2009 SPENDING: 3.06

PUBLIX

Stop by your Pharmacy and meet
Chris and Mikki your Pharmacist
Ask about our new Diagnostic
Program.

1-840-7742
John Wozniak, Store Manager
770 - 640 - 6200

CASH/COPAY 0.00 P
CASH/COPAY 75.00 P
CASH/COPAY 10.00 P
CASH/COPAY 10.00 P

Order Total 95.00
Regular Tax 0.00
Grand Total 95.00
Debit Payment 95.00
Change 0.00

FSA Purchase Summary:
Prescription (P): \$95.00
Non-Prescription (H): \$0.00
FSA Total: \$95.00

Scanned
6/14/2010 12:25:58 PM

Reference #: 619950-003
Trace #: 0010010661
ACC#: XXXXXXXXXX1036
Purchase FROM CHECKING
Amount: \$95.00

Your cashier was Pharmacy

P.O. Box 407
Lakeland, FL 33802-0407

1/22/2010 18:19 S0686 R161 8016 C0261

8060s, coupons, sales and more!
Visit publix.com/ad

Publix Super Markets, Inc.

Publix

Publix at Delk Spectrum
Store Manager: Keith Everett
770-612-5150

CASH/COPAY 25.00 P

Order Total 25.00
Regular Tax 0.00
Grand Total 25.00
Cash 40.00
Change 15.00

The following information is provided to assist our customers in tracking health care related purchases. These purchases may be eligible for reimbursement from your FSA/HRS/HSA plan. Please consult your plan benefits information or contact your plan administrator.

FSA Purchase Summary:
Prescription (P): \$25.00
Non-Prescription (H): \$0.00
FSA Total: \$25.00

Your cashier was Lindsay

P.O. Box 407
Lakeland, FL 33802-0407

08/22/2009 13:00 S0725 R161 8951 C0107

Where Saving Is
Part of the Pleasure

Publix Super Markets, Inc.

Publix

Publix at Delk
Store Manager: Keith Everett
770-612-5150

CASH/COPAY
CASH/COPAY

Order Total
Regular Tax
Grand Total
Cash
Change

The following information is provided to assist our customers in tracking health care related purchases. These purchases may be eligible for reimbursement from your FSA/HRS/HSA plan. Please consult your plan benefits information or contact your plan administrator.

FSA Purchase Summary:
Prescription (P):
Non-Prescription (H)
FSA Total:

Your cashier was Shelia

P.O. Box 4
Lakeland, FL 33

08/14/2009 11:36 S0725

Where Saving Is
Part of the Pleasure

Publix Super Mar

Walmart

Save money. Live better.

Walmart
MANAGER DEMETRIUS JACKSON
(770) 955-0626

ST# 1181 OP# 00007868 TR# 79 TR# 0361
RX# 7102321

038 QTY 1H 25.00
- TRI
SUBTOTAL 25.00
TOTAL 25.00
CASH TEND 30.00
CHANGE DUE 5.00

ITEMS SOLD 1

TC# 3577 5964 8809 3515 3949



We want you to pay the lowest price.
Ask about our Price Match Policy.
12/06/09 16:12:42



Walmart
 MANAGER DEMETRIUS JACKSON
 (770) 955 - 0626
 ST# 1181 OP# 00005540 TE# 79 TR# 03206
 RX# 7102321 D38 QTY 1H 25.00 0
 - TRI
 SUBTOTAL 25.00
 TOTAL 25.00
 CASH TEND 25.00
 CHANGE DUE 0.00

ITEMS SOLD 1

TC# 4796 5369 3725 3303 1566

 Tax Prep in store at Jackson Hewitt
 and \$3 Check Cashing at Walmart
 02/22/10 18:56:04

Your Prescription Receipt

2900 DELK RD MARIETTA, GA 30067
 PHARMACY
 Feeling well. Living better.®

CHRZ, AMY
 825 AKERS RIDGE ATLANTA, GA 30339
 (770) 937-9809 DOB: 09/11/1978

R6943411 New AMOUNT DUE: \$25.00
 Filled 08/14/09
 ACANYA GEL Primary Ins. PAID-MEDCO HEALTH
 NDC69987-0101-25 Mtg VALEANT Secondary Ins. MCK LOYALTY PRG SCND
 Dispensed By: JW Days 20
 Secondary Ref. # 3000003651453

May Be Refilled Until 08/14/2010 Your plan has saved you 187.95
 HERBERT ALEXANDER
 Your Safety Check
 *NO KNOWN ALLERGIES

Duplicate Receipt

2900 DELK RD MARIETTA, GA 30067
 PHARMACY
 Feeling well. Living better.®

CHRZ, AMY
 825 AKERS RIDGE ATLANTA, GA 30339
 (770) 937-9809 DOB: 09/11/1978

R6943411 New AMOUNT DUE: \$25.00
 Filled 08/14/09
 ACANYA GEL Primary Ins. PAID-MEDCO HEALTH
 NDC69987-0101-25 Mtg VALEANT Secondary Ins. MCK LOYALTY PRG SCND
 Dispensed By: JW Days 20
 Secondary Ref. # 3000003651453

May Be Refilled Until 08/14/2010 Your plan has saved you 187.95
 HERBERT ALEXANDER
 Your Medication

RECEIPT

DATE: 8/14/10
 FROM: A. Chrz
 TO: Casey & Wray, M.D., P.C.
 BY: [Signature]
 AMOUNT: \$25.00
 DOLLARS: 25
 CENTS: 00
 PAYMENT METHOD: CASH
 RECEIVED BY: [Signature]
 RECEIVED AT: [Signature]
 RECEIVED DATE: 8/14/10
 RECEIVED TIME: 12:25:59 PM

CHRZ, AMY
 825 AKERS RIDGE ATLANTA, GA 30339
 (770) 937-9809
 PAID-MEDCO HEALTH
 Amount Due: 25.00
 Rx: 6943411
 59987-0101-25
 1144744
 Delivery Method: Waiting

P U B L I X
P H A R M A C Y

Feeling well. Living better.®

Store# 0725
2900 DELX RD
MARIETTA, GA 30067
NCPDP #: 1146744

CHRZ, AMY

825 AKERS RIDGE ATLANTA, GA 30339
(770) 937-9809 DOB: 09/11/1976

Phone# (770)612-5155

R#9943411 Refill
Filed 02/23/10

ACANYA GEL

Mfg VALEANT
Qty 50.00 Days 20

Dispensed By: LB

May Be Refilled Until 08/14/2010 Your plan has saved you 187.95

HERBERT ALEXANDER, JR
Your Safety Check

NDC# 59987-0101-25

Side 1.
Side 2.

Form: Gel

Shape:
Color: white

* NO KNOWN ALLERGIES

Your Allergies

P U B L I X
P H A R M A C Y

Feeling well. Living better.®

Store# 0725
2900 DELX RD
MARIETTA, GA 30067
NCPDP #: 1146744

CHRZ, AMY

825 AKERS RIDGE ATLANTA, GA 30339
(770) 937-9809 DOB: 09/11/1976

Phone # (770)612-5155

R#9943411 Refill
Filed 02/23/10

ACANYA GEL

Mfg VALEANT
Qty 50.00 Days 20

Dispensed By: LB

May Be Refilled Until 08/14/2010 Your plan has saved you 187.95

HERBERT ALEXANDER, JR
Your Medication

NDC# 59987-0101-25

Side 1.
Side 2.

Form: Gel

Shape:
Color: white

* NO KNOWN ALLERGIES

Your Medication

CHRZ, AMY S
MICROGESTIN 21 1-20 TABLET WAT

Rx# 0553784 05

DAO, LYNDA
825 AKERS RIDGE DR SE
ATLANTA, GA 30339

CHRZ, AMY S
825 AKERS RIDGE DR SE
ATLANTA, GA 30339

PROMISED: 05:26p
02-23-2010
Scripts: 01

CUSTOMER RECEIPT



Date: 02-23-2010 DAW: 0
Rx: 553784 05

INS: \$15.00

PAY: \$10.00
Capex Y

CH
02-23-2010

CVS/pharmacy #2086 Ph: 770.612-0958

114 POWERS FERRY ROAD NW
ATLANTA, GA
30309-0000

CHRZ, AMY S

825 AKERS RIDGE DR SE, ATLANTA, GA 30339-0000
(770) 937-9809 DOB: 09-11

MICROGESTIN 21 1-20 TABLET WAT
LISON LABS
VE 1 TABLET BY MOUTH DAILY

52544-0950-21 Days Supply: 21 Refills: 0 Qty: 21 TA

br: DAO, LYNDA
1000 GR: UHEALTH
SLE7033

PAID PRESCRIPTION

PROMISED: 07:42p
12-22-2009
Scripts: 01

CUSTOMER RECEIPT



Date: 12-22-2009 DAW: 0
Rx: 105820 00

INS: \$2.10

PAY: \$10.00

CH
12-22-2009

CVS/pharmacy #7044 Ph: 770.977-9220

7 JOHNSON FERRY RD
MARIETTA, GA
30067-0000

CHRZ, AMY S

825 AKERS RIDGE DR SE, ATLANTA, GA 30339-0000
(770) 937-9809 DOB: 09-11

OTIPYRINE-BENZOCAINE EAR DBAU
USCH & LOHMEI
STILL 1 TO 2 DROPS IN AFFECTED EAR(S) EVERY 3
4 HOURS AS NEEDED

:24208-0561-62 Days Supply: 15 Refills: 0 Qty: 10 ML

br: MORRIS, SYLVIA
4000 GR: UHEALTH

* I had just moved when the company shut
 down so my address was show 1 of 3 add resses.
 825, 624 or 325 AKers Ridge Dr SE
 Atlanta, GA 30339

I now live in
 325 AKers Ridge Dr SE
 Atlanta, GA 30339

I moved within the same apartment complex.

AMY
 Amy Chrz

Database Edition: 93. Information Expires 09/17/2009

Walmart

(770) 955-6836
 1785 COBB PARKWAY
 MARIETTA, GA 30062 -0000

\$138.68

Walmart

(770) 955-6836
 1785 COBB PARKWAY
 MARIETTA, GA 30062 -0000

\$138.68

CHRZ, AMY 09/01/2009 REFILL
 825 AKERS RIDGE DR SE ATLANTA, GA 30339
 RX: 7090209 Ref # 2 QTY: 30 DAW: 0 DS: 30
 NDC: 64764-0915-30 KAPIDEX 60MG DR CAP TAK
 DAO, LYNDA NABP: 1132567
 J101V007012655
 TRI CARD Patient Pay \$25.00

CHRZ, AMY 09/01/2009 REFILL
 825 AKERS RIDGE DR SE ATLANTA, GA 30339
 RX: 7090209 Ref # 2 QTY: 30 DAW: 0 DS: 30
 NDC: 64764-0915-30 KAPIDEX 60MG DR CAP TAK
 DAO, LYNDA NABP: 1132567
 J101V007012655
 TRI CARD Patient Pay \$25.00

AMY

Signature Required Y
 09/01/2009 02:45:26 PM

Page No : 1 of 2

**CHRZ
 AMY**
 825 AKERS RIDGE DR SE
 ATLANTA, GA 30339
 (770) 402-0959
 09/01/2009 (770) 955-6836
 RX: 7090209 REF = 2
 TRI



Scanned: 6/14/2010-12:25
 OC# 655 923 151 076 599 587 107 659 238

TOTAL: \$25.00