UNITED STATES BANKRUPTCY COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA	PROOF OF CLAIM	
In re **WATTSHealth Foundation, Inc , dba UHP Healthcare, a California not-for-profit corporation**	Case Number **LA 05-22627-TD**	

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

Name of Creditor and Address

10116815003269

SIERRA VISTA HOSP
8001 BRUCEVILLE RD
SACRAMENTO CA 95823 2329

Creditor Telephone Number ( ) 714-428-6744

☐ 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

☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court

FILED
JAN 31 2006

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor
Tax ID#: 95-2588614

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated

1 BASIS FOR CLAIM

☐ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly)
☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries and compensation (Fill out below)
Last four digits of SS # ____
Unpaid compensation for services performed from ____ (date) to ____ (date)

2 DATE DEBT WAS INCURRED See attached

3 IF COURT JUDGMENT, DATE OBTAINED

4 Total Amount of Claim at Time Case Filed **Amount of Claim Listed on Debtor's Schedules** (Excludes any contingent unliquidated and disputed amount)	$ N/A (unsecured)	N/A (secured)	N/A (priority)	N/A (Total)
Amount of Claim Asserted by Creditor (To be completed if creditor disputes scheduled amount)	$ 533.15 (unsecured)	(secured)	(priority)	533 15 (Total)

☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges If all or part of your claim is secured or entitled to priority also complete Item 5 or 7 below

5 SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

☐ Real Estate ☐ Motor Vehicle
☐ Other

Value of Collateral $

Amount of arrearage and other charges at time case filed included in secured claim if any $

6 UNSECURED NONPRIORITY CLAIM $ 533.15

☒ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority

7 UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority $

Specify the priority of the claim

☐ Wages salaries or commissions (up to $10 000) 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)(3)
☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)
☐ Up to $2 225 of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child 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 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

8 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

9 SUPPORTING DOCUMENTS *Attach copies of supporting documents,* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

10 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed, stamped envelope and an additional copy of this proof of claim (signed face page only).

The original of this proof of claim form must be sent by mail to the following address (FAXES NOT ACCEPTED) so that it is actually received on or before 4 00 P M prevailing Pacific Time on January 31, 2006

BY MAIL TO WATTSHealth Foundation Inc dba UHP Healthcare
United States Bankruptcy Court
PO Box 53229
Los Angeles CA 90053-0229

THIS SPACE FOR COURT USE ONLY

REC'D FEB 09 2006

DATE SIGNED	**SIGN** and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
1/31/06	

WATTSHealth Foundation Inc dba UHP
CLAIM 01140

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

Rider To Proof of Claim

In Re WATTSHealth Foundation, Inc. dba UHP Healthcare, a California not-for-profit corporation ("UHP")

United States Bankruptcy Court, Los Angeles Division – Case No. LA 05-22627-TD

A. CLAIMANTS

Claimants (each, a "Claimant") are subsidiaries of Tenet HealthSystem Medical, Inc , Tenet HealthSystem Health Corp and Tenet HealthSystem Hospitals, Inc (collectively, "Tenet"), including those listed immediately below Each Claimant is the operator of one or more hospitals that provided healthcare services to enrollees of UHP ("Enrollees")

The following is a list of the Claimants currently owned and operated by Tenet with specific claims incurred prior to May 31, 2005, the petition date

Facility Name	Tax ID Number
Community Hospital of Los Gatos	95-3720659-0020
Desert Regional Medical Center	75-2694137
Doctors Hospital of Manteca	95-3720659-0004 or 75-2918966
Doctors Medical Center of Modesto	95-3720659-0010
Encino Regional Medical Center	76-0383712
Fountain Valley Regional Medical Center	95-2768729
Garden Grove Hospital and Medical Center	95-2575739
Irvine Medical Center	95-3988598
John F Kennedy Memorial Hospital	75-2919774
Lakewood Regional Medical Center	75-2919841
Los Alamitos Medical Center	75-2919839
Placentia Linda Hospital	75-2918773
San Dimas Community Hospital	95-3783601
San Ramon Regional Medical Center	75-2918809
Sierra Vista Regional Medical Center	95-2588614
Tarzana Regional Medical Center	76-0383714 or 76-03837121-58
Twin Cities Community Hospital	75-2918765
USC University Hospital	75-2918766
USC University Hospital-Norris Cancer Hospital	75-3085890

In addition to the Claimants listed above, Tenet has closed or divested certain facilities, listed immediately below, for which it has retained the accounts receivables prior to the closing date, or the effective date of the divestiture (the "Effective Date") The following is a list of Claimants that have been divested by Tenet with specific claims incurred prior to May 31, 2005, the petition date, through the Effective Date

Facility Name	Tax ID Number	Effective Date
Brotman Medical Center	33-0336068	09/01/05
Centinela Hospital Medical Center	95-4584382	11/19/04
Century City Hospital	95-3720659	4/30/04
Chapman Medical Center	75-2011486	03/08/05
Coastal Communities Hospital	33-0330017	03/08/05
Community Hospital of Huntington Park/ Mission Hospital of Huntington Park	94-2922305	01/01/06
Daniel Freeman Marina Hospital Daniel Freeman Memorial Hospital	75-2944665	11/19/04
Garfield Medical Center	75-2918850	11/01/04
Greater El Monte Community Hospital	75-2011470	11/01/04
Midway Hospital Medical Center	95-3482916	12/01/04
Monterey Park Hospital	95-3866455	11/01/04
Queen of Angels/Hollywood Presbyterian Medical Center	23-2264852	12/31/04
Santa Ana Hospital	95-3827227	8/31/03
Suburban Medical Center	75-2144112	11/01/04
United Western Medical Center – Anaheim	33-0738508	03/08/05
United Western Medical Center – Santa Ana	33-0733189	03/08/05
Whittier Hospital Medical Center	95-3666726	11/01/04

B. BASIS FOR CLAIM

1 EXPRESS CONTRACT

Some of the Claimants are parties to agreements with the Debtor whereby Claimants provided healthcare services to Enrollees and pursuant to which such Claimants were entitled to be paid by the Debtor It is assumed that Debtor has copies of such agreements, but Claimants can provide copies to UHP upon request

2 IMPLIED CONTRACT/QUANTUM MERUIT

To the extent there did not exist a contract between a Claimant and the Debtor with respect to the specific services rendered by any above-named Claimant to an Enrollee, Claimant bases its claim on an implied agreement and quantum meruit pursuant to which Claimant is entitled to its ordinary and customary charges (as may be limited by statute or regulation) for the healthcare services actually rendered to the Enrollee

C HEALTHCARE SERVICES UPON WHICH CLAIMANTS BASE THEIR PROOF OF CLAIM

1 MEDICAL CLAIM SUMMARY

Pursuant to the Instructions for filing the Proof of Claim, the Debtor was to provide each Claimant with a Medical Claim Summary listing each creditor's noncontingent, undisputed, and liquidated claim as listed on the Debtor's Schedules However, none of the Claimants that are currently affiliated with Tenet received Medical Claim Summaries with the Proof of Claim forms, and, in fact, many did not receive any Proof of Claim form Thus, no Medical Claim Summaries were received and reviewed for the Claimants currently affiliated with Tenet, and Medical Claim Summaries are therefore not attached to the Proof of Claim forms

For the facilities that were closed or divested by Tenet, it is presumed that such forms were delivered to the current owners of the facilities and therefore were not received by Tenet until UHP's counsel provided them to Tenet's counsel by email on the evening of January 24, 2006, only one week before the deadline for filing Claimants' Proofs of Claim, for the following Claimants

Brotman Medical Center
Chapman Medical Center
Coastal Communities Hospital
Garfield Medical Center
Greater El Monte Hospital
Midway Hospital Medical Center
Monterey Park Hospital
Queen of Angels-Hollywood Presbyterian Medical Center
Santa Ana Hospital
Western Medical Center-Anaheim
Western Medical Center-Santa Ana
Whittier Hospital Medical Center

UHP's counsel emailed the following additional Medical Claim Summaries to Tenet's counsel on January 26, 2006, only 5 days before the filing deadline

Community/Mission Hospitals of Huntington Park
Daniel Freeman Memorial Hospital
Suburban Medical Center

Given the limited amount of time that Tenet has had to review the Medical Claim Summary forms provided, Tenet has made a diligent search and effort to complete the requested review and has attached the completed Medical Claim Summary forms for each of the facilities listed immediately above for which it received such forms These are attached as Exhibit A However, it should be noted that not all claims could be identified due to the lack of a provider account number It should also be noted that many of the accounts listed are claims that should be asserted not on behalf of Tenet or its affiliates, but on behalf of the subsequent owners of the divested facilities Therefore, accounts with dates of service after the Effective Dates listed above for each Tenet divested facility are not being asserted on behalf of Tenet

Due to the lateness in receiving the Medical Claim Summary forms, the large numbers of disputed claims and the fact that all relevant information has previously been provided to Debtor or Debtor's claims agent, a Medical Claim Dispute Explanation Form has not been completed for each disputed claim Tenet is willing to work with the Debtor to try to identify those claims it was unable to identify and to provide whatever additional information or data is required to support its claims

Additionally, for those Claimants for which no Medical Claim Summaries were received or provided, Tenet is willing and able to review such Summaries and provide the appropriate responses to the Debtor upon request

2. New Medical Claims

Attached hereto as Exhibit B is a listing of the fee-for-service claims for healthcare services provided by Claimants of which Claimants are currently aware In addition to the individual list of claims asserted on behalf of each Claimant, Tenet has also submitted a summary sheet that summarizes the claims being asserted on behalf of each Tenet affiliate, attached as Exhibit C These lists of claims may include claims that have been included in UHP's Medical Claim Summaries but which Claimants have not had an opportunity to review They also may include claims identified on the Medical Claim Summaries that Claimants dispute The documents supporting the healthcare services provided to the Enrollees are voluminous and have heretofore been provided to the Debtor or Debtor's claim agent

Because of the large number of Enrollees for which Claimants have provided healthcare services, it is possible that some services have been inadvertently omitted from the summary Claimant reserves the right to amend this proof of claim to reflect such items Copies of the data supporting the claims will be made available to parties in interest on request, subject to appropriate confidentiality agreements

Patient (Enrollee) identifying information (names, birthdates, and social security numbers) has not been redacted, in reliance that UHP Claims Processing will treat such information as confidential, and shall not use the information for any purpose other than as described in the Debtor's instructions for filing the proof of claim Tenet requests that if any portion of Exhibits A or B is to be made part of a public record, that such patient information be redacted

D. CAPITATION CLAIMS

Set forth on Exhibit C, the Summary Sheet for New Medical Claims, is a claim for capitation owed to a Tenet affiliate, Tarzana Encino Hospital/Noble Community Associates

E. PERIODIC INTERIM PAYMENTS

Prior to Tenet's sale of Centinela Hospital, Centinela Hospital and UHP had an arrangement whereby UHP was required to make periodic interim payments ("PIP") on a monthly basis, in advance, to Centinela Hospital to be applied by Centinela Hospital against the fee-for-service obligations of UHP to Centinela Hospital The New Medical Claims attached to the Proof of Claim filed by Tenet on behalf of Centinela Hospital reflects those claims of which Claimant is currently aware Claimant reserves the right to amend this proof of claim as additional information becomes known, including the results of the reconciliation of the PIP between UHP and Centinela Freeman, the current owners of Centinela Hospital

F. INTEREST ON CLAIMS

Claimants are entitled to interest on unpaid healthcare claims at a statutory rate of 15% Claimants estimate their aggregate claim for interest up to the petition date to be $610,500 73 The interest calculation is subject to revision

G ADJUSTMENTS TO CLAIMS

The Exhibits reflect the information available to Claimants through the diligent search for claims Claimants reserve the right to amend this proof of claim to reflect additional claims coming to the Claimants' attention after filing

H. UNKNOWN CLAIMS

It is possible that one or more Tenet affiliates, including those named above have provided healthcare services to Enrollees under circumstances where Tenet has been unable to identify the Enrollee to the Debtor Tenet reserves the right to supplement this proof of claim to add such items when they become known to Tenet

I PURSUIT OF OTHERS LIABLE ON CLAIMS

Under certain circumstances, others may be liable with the Debtor for the payment of the claims set forth herein Claimants reserve the right to pursue such others

No Medical Claims Received

Creditor Name Tenet
Facility Name: S erra V ta Regional Medical Center
Provider Tax ID 95 2588614

If you believe that the Medical Claim Summary provided to you omits any Medical Claim(s) for which the Debtor is liable to you (each a "New Medical Claim) fill in the requested information below for each New Medical Claim and prepare nd provide supporting documentation in the standard CMS 1500 and/or UB 92 form as applicable An electronic version of this form is a ailable for download at [address] Please refer to the Supplemental Instructions For Completing Medical Claim Proof of Claim

New Medical Claims

746	S erra V sta Regional Medical Cen er	95 2588614	3810429	561529067	HMO	561 5 9067	SOOS	ROBERT	09/24/1941	OP	ER	06/25/2003	06/26/2003	$10 695 00	$0 00	$10,271.50	$4 3.50
												Unpaid Total		$10,695 00	$0 00	$10,271.50	$423.50
												Credit Total		$0 00	$0 00	$0 00	$0 00
												Grand Total		$10 695 00	$0 00	$10,271.50	$423.50

Tenet - UHP - Proof of Claim Accounts

Facilities	UNPAID TOTALS Count	Total Billed Charges	Adjustments	Amount Paid	Balance Due Per Tenet	Interest	CREDIT BALANCE TOTALS Count	Total Billed Charges	Adjustments	Amount Paid	Balance Due Per Tenet	Interest	GRAND TOTAL Count	Total Billed Charges	Adjustments	Amount Paid	Balance Due Per Tenet	Interest
Brotman Medical Center	32	$1 385 011 11	$1 252 993 01	$33 705 27	$95 441 20	$13 723 29	3	$100 660 26	$88 655 26	$14 254 29	($2 271 55)	$0 00	35	$1 485 671 37	$1 341 648 27	$47 959 56	$93 169 86	$13 723 29
Centinela Hospital Medical Center	103	$2 421 345 24	$2 078 897 71	$146 841 24	$195 606 29	$54 434 70	13	$372 703 54	$322 775 26	$81 835 71	($31 907 43)	$0 00	116	$2 794 048 78	$2 401 672 97	$228 676 95	$163 698 86	$54 434 70
Century City Hospital	3	$143 971 38	$110 691 65	$23 644 82	$9 634 91	$4 785 42	1	$49 340 75	$46 140 75	$9 868 15	($6 668 15)	$0 00	4	$193 312 13	$156 832 40	$33 512 97	$2 966 76	$4 785 42
Chapman Medical Center	2	$6 055 95	$1 211 19	$0 00	$4 844 76	$2 436 98							2	$6 055 95	$1,211 19	$0 00	$4 844 76	$2 436 98
Coastal Communities Hospital	2	$2 697 00	$1 078 80	$0 00	$1 618 20	$756 05							2	$2 697 00	$1 078 80	$0 00	$1 618.20	$756 05
Community / Mission Hospital	45	$860 126 80	$690 075 73	$28 491 44	$141 559 63	$7 186 57							45	$860 126 80	$690 075 73	$28 491 44	$141 559 63	$7 186 57
Daniel Freeman Marina	7	$214 233 31	$131 463 70	$26 325 54	$56 444 07	$26 892 66	1	$93 437 55	$84 637 55	$18 616 42	($9 816 42)	$0 00	8	$307 670 86	$216 101 25	$44 941 96	$46 627 65	$26 892 66
Daniel Freeman Memorial	66	$1 142 240 65	$957 850 63	$61 262 52	$123 124 50	$35 676 55	6	$171 727 80	$158 982 70	$19 232 67	($8 487 57)	$0 00	74	$1 313 968 45	$1 116 833 33	$80 495 19	$116 636 93	$35 676 55
Encino Medical Center	106	$4 865 155 67	$3 724 725 15	$341 406 03	$799 024 49	$30 892 75	22	$234,250 79	$165 784 17	$104 114 83	($35 648 21)	$0 00	128	$5 099 406 46	$3 890 509 32	$445 520 86	$763 376 26	$30 892 75
Fountain Valley Regional Hospital & Med Center	10	$840 284 16	$644,268 99	$34 513 33	$161 501 84	$8 232 21							10	$840,284 16	$644 268 99	$34 513 33	$161 501 84	$8,232 21
Garden Grove Hospital and Medical Center	11	$125 200 73	$92 011 15	$10 383 72	$22 805 86	$3 314 52							11	$125 200 73	$92 011 15	$10 383 72	$22 805 86	$3 314 52
Garfield Medical Center	79	$2 474 326 64	$2,048 901 17	$207 010 76	$218 414 71	$56 290 68	13	$398 667 72	$346,704 79	$67 316 77	($25 453 84)	$0 00	92	$2 862 894 36	$2,395 605 96	$274 327 53	$192 960 87	$56 290 68
Greater El Monte Hospital	9	$106 061 30	$82 270 18	$10 502 17	$13 288 95	$4 523 65	4	$179 723 66	$128 616 84	$61 187 00	($10 080 18)	$0 00	13	$285 784 96	$210 887 02	$71 689 17	$3 208 77	$4 523 65
John F Kennedy Memorial Hospital	1	$1 411 00	$1 257 99	$0 00	$153 01	$0 00							1	$1 411 00	$1,257 99	$0 00	$153 01	$0 00
Lakewood Regional Medical Center	101	$2,077 079 64	$1 639 176 83	$173 535 87	$264 366 94	$24,275 69	2	$190 575 21	$165 587 76	$25 883 02	($895 57)	$0 00	103	$2,267 654 85	$1 804 764 59	$199 418 89	$263 471 37	$24,275 69
Los Alamitos Medical Center	26	$945 371 74	$773 879 57	$57 638 73	$113 853 44	$13 521 15							26	$945 371 74	$773 879 57	$57 638 73	$113 853 44	$13 521 15
Midway Hospital Medical Center	10	$252 403 48	$207 406 84	$15 607 61	$29 389 03	$8 718 56	1	$22,619 10	$18 679 77	$18 105 28	($14 165 95)	$0 00	11	$275 022 58	$226 086 61	$33 712 89	$15 223 06	$8 718 56
Monterey Park Hospital	12	$268 161 50	$168 094 32	$66 878 58	$33 188 60	$14 052 92	6	$72 681 75	$30 099 91	$54 067 95	($8,271 35)	$0 00	18	$340 843 25	$198 194 23	$120 946 53	$24 917 25	$14 052 92
Placentia Linda Hospital	9	$158 946 04	$136 018 38	$15 965 75	$6 961 91	$107 05	1	$5 407 83	$4 932 83	$510 19	($35 19)	$0 00	10	$164 353 87	$140 951 21	$16 475 94	$6 926 72	$107 05
Queen of Angels	41	$3 060 416 18	$2 607 341 92	$305 771 03	$147 303 23	$46 671 37	5	$81 199 00	$70 095 54	$37 397 15	($26 293 69)	$0 00	46	$3 141 615 18	$2 677 437 46	$343 168 18	$121 009 54	$46 671 37
San Dimas Community Hospital	5	$86 078 00	$76 919 86	$1 518 71	$7 639 43	$2 823 42	3	$22 682 89	$12 974 61	$10 664 88	($956 60)	$0 00	8	$108 760 89	$89 894 47	$12 183 59	$6 682 83	$2 823 42
Santa Ana Hospital	1	$10 931 50	$2 021 30	$13 25	$8 896 95	$3 919 53							1	$10 931 50	$2 021 30	$13 25	$8 896 95	$3 919 53
Sierra Vista Regional Medical Center	1	$10 695 00	$10 271 50	$0 00	$423 50	$109 65							1	$10 695 00	$10 271 50	$0 00	$423 50	$109 65
Suburban Medical Center	15	$153 960 75	$120 948 49	$6,255 04	$26 757 22	$5 355 93	3	$4 928 80	$3,861 45	$4 005 98	($2 938 63)	$0 00	18	$158 889 55	$124 809 94	$10,261 02	$23 818 59	$5 355 93
Tarzana Medical Center	137	$7 338 878 96	$5 502 847 28	$890 398 08	$945 633 60	$87 976 58	11	$65 849 83	$43 453 19	$35 129 73	($12 733 09)	$0 00	148	$7 404 728 79	$5 546 300 47	$925 527 81	$932 900 51	$87 976 58
Twin Cities Community Hospital	1	$24 637 00	$21 486 08	$0 00	$3 150 92	$168 34							1	$24 637 00	$21 486 08	$0 00	$3 150 92	$168 34
USC Norris Cancer Center	7	$13 090 10	$9 434 69	$0 00	$3 655 41	$289 88							7	$13 090 10	$9 434 69	$0 00	$3 655 41	$289 88
USC University Hospital	41	$8 187 994 61	$6 523 917 02	$797 905 86	$866 171 73	$114 958 10	4	$1,364,844 96	$1,201 745 76	$175 176 12	($12 076 92)	$0 00	45	$9 552 839 57	$7 725 662 78	$973 081 98	$854 094 81	$114 958 10
Western Medical Center Santa Ana	4	$13 340 43	$11 633 70	$869 85	$836 88	$259 17							4	$13 340 43	$11 633 70	$869 85	$836 88	$259 17
Western Medical Center Hospital Anaheim	17	$410 424 01	$305 860 71	$79 884 35	$24 678 95	$8 071 59							17	$410 424 01	$305 860 71	$79 884 35	$24 678 95	$8 071 59
Whittier Hospital Medical Center	37	$599 328 33	$431 747 94	$90 550 48	$77 029 91	$30 075 76	4	$45 780 10	$42,259 35	$10 312 62	($6 791 87)	$0 00	41	$645 108 43	$474 007 29	$100 863 10	$70,238 04	$30 075 76
Total	943	$38,199,858 21	$30,366,703 48	$3,426,880 03	$4,403,400 07	$610,500 73	103	$3,466,981 54	$2,935,987 49	$747,678 76	($213,492 21)	$0 00	1,046	$41,666,839 75	$33,302,690 97	$4,174,558 79	$4,189,907 86	$610,500 73
Tarzana Encino Hospital/Noble Community Associates					$60 889 70	TBD											$60 889 70	TBD
Grand Total	943	$38,199,858 21	$30,366,703 48	$3,426,880 03	$4,464,289 77	$610,500 73	103	$3,466,981 54	$2,935,987 49	$747,678 76	($213,492 21)	$0 00	1,046	$41,666,839 75	$33,302,690 97	$4,174,558 79	$4,250,797 56	$610,500 73

NOTES

1 Interest was calculated based on a 15% interest rate with a 75 day grace period

1A8513

1B8513

1C8513

1E8513

FedEx Express US Airbill

FedEx Tracking Number 847925892917

Recipient's Copy

1 From

Date

Sender's Name

Phone

Company

Address

Dept./Floor/Suite/Room

City State ZIP

2 Your Internal Billing Reference

3 To

Recipient's Name

Phone

Company

Recipient's Address

We cannot deliver to P.O. boxes or P.O. ZIP codes

Dept./Floor/Suite/Room

Address

To request a package be held at a specific FedEx location, print FedEx address here

City State ZIP

RECD FEB 09 2006

8479 2589 2917

4a Express Package Service — *Packages up to 150 lbs.* — *To most locations*

- ☐ FedEx Priority Overnight — Next business morning
- ☐ FedEx Standard Overnight — Next business afternoon
- ☐ FedEx First Overnight — Earliest next business morning delivery to select locations
- ☐ FedEx 2Day — Second business day*
- ☐ FedEx Express Saver — Third business day*

FedEx Envelope rate not available. Minimum charge: One pound rate

4b Express Freight Service — *Packages over 150 lbs.* — ** To most locations

- ☐ FedEx 1Day Freight* — Next business day**
- ☐ FedEx 2Day Freight — Second business day**
- ☐ FedEx 3Day Freight — Third business day**

Call for Confirmation.

5 Packaging — Declared value limit $500

- ☐ FedEx Envelope*
- ☐ FedEx Pak* — Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak
- ☐ FedEx Box
- ☐ FedEx Tube
- ☐ Other

6 Special Handling — Include FedEx address in Section 3.

- ☐ **SATURDAY Delivery** — Available ONLY for FedEx Priority Overnight, FedEx 2Day, FedEx 1Day Freight, and FedEx 2Day Freight to select ZIP codes
- ☐ **HOLD Weekday at FedEx Location** — Not available for FedEx First Overnight
- ☐ **HOLD Saturday at FedEx Location** — Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations

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

☐ Cargo Aircraft Only

7 Payment *Bill to* — Enter FedEx Acct. No. or Credit Card No. below

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

Obtain Recip Acct. No. ☐

Total Packages	Total Weight	Total Declared Value†	Total Charges
		$ 00	Credit Card Auth.

†Our liability is limited to $100 unless you declare a higher value. See back for details.

8 Sign to Authorize Delivery Without a Signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

Questions? Visit our Web site at fedex.com
or call 1 800 GoFedEx 1 800 463.3339

Rev. Date 11/03 Part #158281 ©1994–2003 FedEx PRINTED IN U.S.A. MWIA 04 *

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RECD FEB 09 2006