



# Bank of America



Bank of America, N.A.  
P.O. Box 25118  
Tampa, FL 33622-5118

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Page 1 of 5  
Statement Period  
05-14-11 through 06-15-11  
B 09 0 A P PA 9  
Number of checks enclosed: 0  
Account Number: 5860 2122 9546

MD 06/22 0 0213 933 34 824 002928 #01 AV 0.340

NELVA E BRUNSTING  
CAROLE A BRUNSTING  
13630 PINEROCK LN  
HOUSTON TX 77079-5914

Our Online Banking service allows you to check balances, track account activity and more.  
With Online Banking you can also view up to 18 months of this statement  
online and even turn off delivery of your paper statement.  
Enroll at [www.bankofamerica.com](http://www.bankofamerica.com).

## Customer Service Information [www.bankofamerica.com](http://www.bankofamerica.com)

For additional information or service, you may call:

1.800.432.1000 Customer Service  
1.500.288.4408 TDD/TTY Users Only  
1.800.688.6086 En Español

Or you may write to:  
Bank of America, N.A.  
P.O. Box 25118  
Tampa, FL 33622-5118

## Deposit Accounts

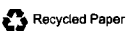
### MyAccess Checking

NELVA E BRUNSTING CAROLE A BRUNSTING

### Your Account at a Glance

Account Number	5860 2122 9546
Beginning Balance on 05-14-11	\$ 891.64
Deposits and Other Additions	+ 23,713.60
Checks Posted	- 12,448.56
ATM and Debit Card Subtractions	- 2,569.04
Other Subtractions	- 1,852.24
<b>Ending Balance on 06-15-11</b>	<b>\$ 7,735.40</b>

Help avoid occasional Overdraft & NSF: Returned Item fees. Set up Alerts to get messages by email or text when your balance is low. Use Overdraft Protection to transfer available funds from linked savings, credit card, or credit line to your checking account to help cover items that would overdraw your account. Call us for details.



NELVA E BRUNSTING  
CAROLE A BRUNSTING

Page 2 of 5  
Statement Period  
05-14-11 through 06-15-11  
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**MyAccess Checking Additions**

Deposits and Other Additions	Date Posted	Amount(\$)
Online Banking transfer from Chk 1143 Conf# 4055676002; Brunsting, Anita	05-16	4,000.00
Online Banking transfer from Chk 1143 Conf# 6520525884; Brunsting, Anita	05-24	2,000.00
Online Banking transfer from Chk 1143 Conf# 0629059732; Brunsting, Anita	05-24	5,000.00
Online Banking transfer from Chk 1143 Conf# 0398396532; Brunsting, Anita	06-02	8,500.00
US Treasury 310 Des:Xxsoc Sec ID:XXXXXXXXXXd SSA Indn:Nelva E Brunsting Co ID:3101036216 Ppd	06-03	1,780.00
Online Banking transfer from Chk 1143 Conf# 2850454302; Brunsting, Anita	06-08	2,000.00
CheckCard 0612 Houston Veterinary Serv Houston TX 74632691165165099784901	06-15	433.60

**Total Deposits and Other Additions \$23,713.60**

**MyAccess Checking Subtractions**

Check #	Posting Date	Amount(\$)	Check #	Posting Date	Amount(\$)	Check #	Posting Date	Amount(\$)
	06-06	360.00	227	05-23	1,026.00	236	05-31	360.00
219	05-16	868.81	228	05-23	207.00	237	06-03	70.00
220	05-16	217.50	229	05-25	219.50	239*	06-03	1,215.36
221	05-23	70.00	230	05-27	25.00	241*	06-07	1,115.00
222	05-20	100.00	231	05-25	227.50	243*	06-10	1,110.00
223	05-20	1,483.53	232	05-27	1,621.50	244	06-13	720.00
226*	05-24	35.00	235*	05-31	796.86	246*	06-13	600.00

**Total Checks Posted \$12,448.56**

\* Gap in sequential check numbers.

ATM and Debit Card Subtractions	Date Posted	Amount(\$)
CheckCard 0515 Chevron 001079 Houston TX 88633240460311352088514	05-16	29.32
CheckCard 0512 Exxonmobil 47188966 Jersey Villagtx 24164051133378001750426	05-16	24.64
CheckCard 0512 Chick-Fil-A #01037 Houston TX 24427331133710013924772	05-16	3.29
CheckCard 0514 Chick-Fil-A #01037 Houston TX 24427331135710014305714	05-16	3.29
Randalls Store 05/18 #000690115 Purchase 5586 Wesleyan Houston TX	05-18	42.56
CheckCard 0520 Chevron 001079 Houston TX 73796240460311401373710	05-20	23.73
Randalls Store 05/20 #000684144 Purchase 5586 Wesleyan Houston TX	05-20	21.87
CheckCard 0519 Houston Veterinary Serv Houston TX 24632691140140176572904	05-23	1,019.72
Randalls Store 05/21 #000097066 Purchase 5586 Wesleyan Houston TX	05-23	57.35
CheckCard 0521 Chevron 001079 Houston TX 69181240460311412269072	05-23	24.40



NELVA E BRUNSTING  
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Page 3 of 5  
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## MyAccess Checking Subtractions

ATM and Debit Card Subtractions - Continued	Date Posted	Amount(\$)
CheckCard 0520 Chevron 00307791 Houston TX 24625121141411252141898	05-23	2.90
CheckCard 0524 Chevron 003077 Houston TX 82630740460311441782552	05-24	23.33
Randalls Store 05/25 #000101085 Purchase 5586 Wesleyan Houston TX	05-25	43.52
CheckCard 0524 TX Med Ctr-G2 Garage Houston TX 24692161144000126059112	05-25	6.00
CheckCard 0525 TX Med Ctr-G2 Garage Houston TX 24692161145000334926333	05-26	6.00
CheckCard 0526 TX Med Ctr-G2 Garage Houston TX 24692161146000542849102	05-27	5.00
Randalls Store 05/30 #000779005 Purchase 5586 Wesleyan Houston TX	05-31	31.71
CheckCard 0528 Chevron 001079 Houston TX 84357940460311482284256	05-31	24.48
CheckCard 0528 TX Med Ctr-G2 Garage Houston TX 24692161148000967931060	05-31	6.00
CheckCard 0528 TX Med Ctr-G2 Garage Houston TX 24692161149000171863751	05-31	2.00
CheckCard 0603 Chevron 003077 Houston TX 83336540460311541783243	06-03	24.00
Randalls Store 06/03 #000783121 Purchase 5586 Wesleyan Houston TX	06-03	23.46
CheckCard 0602 Verizon Wrls Ivrr Ve 800-9220204 CA 24498041154169117231308	06-06	225.00
CheckCard 0604 Exxonmobil 47191184 Houston TX 24164051156378001691044	06-06	43.12
Kroger 06/05 #000089454 Purchase 5150 Buffalo Spdw Houston TX	06-06	32.17
Randalls Store 06/04 #000699156 Purchase 5586 Wesleyan Houston TX	06-06	23.97
Randalls Store 06/05 #000112084 Purchase 5586 Wesleyan Houston TX	06-06	20.00
Fastop #1 06/04 #000599357 Purchase 1901 John Stockba Victoria TX	06-06	4.25
CheckCard 0606 Chevron 001079 Houston TX 72000240460311580171913	06-07	22.92
Exxonmobil 06/08 #000353240 Purchase 17906 Tomball Pkw Houston TX	06-08	22.08
Nst Sears Roeb 06/11 #000002045 Purchase 303 Memorial City Houston TX	06-13	134.93
Sou Jcpenney S 06/12 #000006757 Purchase 730 Meyerland Pla Houston TX	06-13	125.93
Randalls Store 06/11 #000706108 Purchase 5586 Wesleyan Houston TX	06-13	54.05
Target T1975 H 06/12 #000016179 Purchase 300 Meyerland Pla Houston TX	06-13	53.12
Randalls Store 06/13 #000795114 Purchase 5586 Wesleyan Houston TX	06-13	43.77
CheckCard 0610 Exxonmobil 47191184 Houston TX 24164051162378002014610	06-13	23.84
CheckCard 0611 Mcdonald's F6931 Katy TX 24427331162720044185602	06-13	13.46

NELVA E BRUNSTING  
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Page 4 of 5  
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**MyAccess Checking Subtractions**

ATM and Debit Card Subtractions - Continued		Date Posted	Amount(\$)
Kroger	06/12 #000031408 Purchase	06-13	3.05
	5150 Buffalo Spdw Houston TX		
CheckCard	0611 Houston Veterinary Serv	06-14	216.80
	Houston TX 24632691164164224519502		
CheckCard	0612 Exxonmobil 47191184	06-14	29.37
	Houston TX 24164051164378001477998		
CheckCard	0612 Mcdonald's F14136	06-14	2.17
	Houston TX 24427331164710010063444		
CheckCard	0615 Chevron 003077	06-15	26.47
	Houston TX 90041740460311661889951		

**Total ATM and Debit Card Subtractions \$2,569.04**

Other Subtractions	Date Posted	Amount(\$)
Cardmember Serv Des:Cr CD Pmt Check #:0225 Indn:4037660013896626 Co ID:Cxxxxxxx Arc	05-26	1,852.24

**Total Other Subtractions \$1,852.24**

**Total Overdraft Fees and NSF: Returned Item Fees**

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$35.00
Total NSF: Returned Item Fees	\$0.00	\$70.00

We refunded to you a total of \$105.00 in fees for Overdraft and/or NSF: Returned Items this year.

**Daily Balance Summary**

Date	Balance(\$)	Date	Balance(\$)	Date	Balance(\$)
Beginning	891.64	05-26	4,252.64	06-08	10,458.76
05-16	3,744.79	05-27	2,601.14	06-10	9,348.76
05-18	3,702.23	05-31	1,380.09	06-13	7,576.61
05-20	2,073.10	06-02	9,880.09	06-14	7,328.27
05-23	334.27	06-03	10,327.27	06-15	7,735.40
05-24	6,607.40	06-06	9,618.76		
05-25	6,110.88	06-07	8,480.84		





**How To Balance Your Bank of America Account**

**FIRST, start with your Account Register/Checkbook:**

- 1. List your Account Register/Checkbook Balance here ..... \$ \_\_\_\_\_
- 2. Subtract any service charges or other deductions not previously recorded that are listed on this statement ..... \$ \_\_\_\_\_
- 3. Add any credits not previously recorded that are listed on this statement (for example interest) ..... \$ \_\_\_\_\_
- 4. This is your NEW ACCOUNT REGISTER BALANCE ..... \$ \_\_\_\_\_

**NOW, with your Account Statement:**

- 1. List your Statement Ending Balance here ..... \$ \_\_\_\_\_
  - 2. Add any deposits not shown on this statement ..... \$ \_\_\_\_\_
- SUBTOTAL** ..... \$ \_\_\_\_\_

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals ..... \$ \_\_\_\_\_
- 5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal  
This Balance should match your new Account Register Balance ..... \$ \_\_\_\_\_

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

**IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS**

**Change of Address.** Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

**Deposit Agreement.** When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

**Electronic Transfers:** In case of errors or questions about your electronic transfers  
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- \* Tell us your name and account number.
- \* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- \* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

**Reporting Other Problems.** You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

**Direct Deposits.** If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.





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Page 1 of 5  
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## Deposit Accounts

### MyAccess Checking

NELVA E BRUNSTING CAROLE A BRUNSTING

### Your Account at a Glance

Account Number	5860 2122 9546
Beginning Balance on 07-15-11	\$ 8,091.57
Deposits and Other Additions	+ 11,780.00
Checks Posted	- 13,399.25
ATM and Debit Card Subtractions	- 1,689.91
Other Subtractions	- 52.48
<b>Ending Balance on 08-16-11</b>	<b>\$ 4,729.93</b>

Help avoid occasional Overdraft & NSF: Returned Item fees. Set up Alerts to get messages by email or text when your balance is low. Use Overdraft Protection to transfer available funds from linked savings, credit card, or credit line to your checking account to help cover items that would overdraw your account. Call us for details.

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Page 2 of 5  
Statement Period  
07-15-11 through 08-16-11  
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### MyAccess Checking Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Online Banking transfer from Chk 1143 Conf# 1313817827; Brunsting, Anita	08-01	10,000.00
US Treasury 310 Des:Xxsoc Sec ID:XXXXXXXXXX SSA Indn:Nelva E Brunsting Co ID:3101036216 Ppd	08-03	1,780.00

**Total Deposits and Other Additions \$11,780.00**

### MyAccess Checking Subtractions

Check #	Posting Date	Amount(\$)	Check #	Posting Date	Amount(\$)	Check #	Posting Date	Amount(\$)
272	07-22	1,300.06	280	07-25	125.00	290	08-09	465.00
273	07-15	720.00	281	07-25	765.00	291	08-11	1,125.00
274	07-18	673.50	282	07-28	705.00	295*	08-16	148.38
275	07-21	1,172.66	283	08-01	1,018.00	298*	08-15	13.47
276	07-21	100.00	284	08-01	1,062.47	299	08-16	7.23
277	07-25	60.00	285	08-05	24.98	300	08-11	50.00
278	07-22	165.00	288*	08-04	907.50	301	08-15	946.00
279	07-22	465.00	289	08-08	930.00	302	08-15	450.00

**Total Checks Posted \$13,399.25**

\* Gap in sequential check numbers.

ATM and Debit Card Subtractions	Date Posted	Amount(\$)
Wal Wal-Mart S 07/16 #000297674 Purchase 2718 Wal-Sams Houston (C) TX	07-18	260.73
Sou Jcpenney S 07/16 #000006391 Purchase 730 Meyerland Pla Houston TX	07-18	208.33
Randalls Store 07/16 #000156059 Purchase 5586 Wesleyan Houston TX	07-18	35.41
CheckCard 0716 Exxonmobil 47191184 Houston TX 24164051198378001641619	07-18	25.35
Randalls Store 07/16 #000156083 Purchase 5586 Wesleyan Houston TX	07-18	25.14
CheckCard 0719 Chevron 001079 Houston TX 78120540460312001378051	07-19	30.18
CheckCard 0720 Chevron 003077 Houston TX 73148840460312011973051	07-20	24.10
Randalls Store 07/21 #000749121 Purchase 5586 Wesleyan Houston TX	07-21	45.34
Randalls Store 07/24 #000752079 Purchase 5586 Wesleyan Houston TX	07-25	60.57
Randalls Store 07/23 #000759097 Purchase 5586 Wesleyan Houston TX	07-25	43.38
CheckCard 0724 Chevron 00107985 Houston TX 24625121205411845896019	07-25	26.07
CheckCard 0724 Kolache Factory-Bellair Houston TX 24055241205206688100494	07-25	3.76
CheckCard 0724 Southwest Fertilizer Houston TX 24071051206987166521846	07-26	25.88
CheckCard 0726 Chevron 001079 Houston TX 91984840460312080191920	07-27	24.45



NELVA E BRUNSTING  
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Page 3 of 5  
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07-15-11 through 08-16-11  
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**MyAccess Checking Subtractions**

ATM and Debit Card Subtractions - Continued	Date Posted	Amount(\$)
Randalls Store 07/28 #000168075 Purchase 5586 Wesleyan Houston TX	07-28	31.23
Randalls Store 07/28 #000764077 Purchase 5586 Wesleyan Houston TX	07-28	26.20
Petsmart Inc 1 07/29 #000010754 Purchase 5415 W Loop South Houston TX	07-29	32.89
CheckCard 0727 Chick-Fil-A #01037 Houston TX 24427331209710013592271	07-29	1.83
Randalls Store 07/30 #000766070 Purchase 5586 Wesleyan Houston TX	08-01	47.94
CheckCard 0729 Exxonmobil 47188966 Jersey Villagtx 24164051211378001976406	08-01	25.68
CheckCard 0731 Chevron 00107985 Houston TX 24625121212411913374601	08-01	21.07
Walgreens 07/30 #000902190 Purchase 5560 Wesleyan Houston TX	08-01	20.99
CheckCard 0729 Chick-Fil-A #01037 Houston TX 24427331211710015976916	08-01	3.29
CheckCard 0731 Verizon WrIs IvR Ve 800-9220204 CA 24498041213169196608649	08-02	245.03
Randalls Store 08/02 #000769066 Purchase 5586 Wesleyan Houston TX	08-02	29.74
CheckCard 0802 Chevron 001079 Houston TX 85104140460312141684990	08-02	20.62
CheckCard 0802 Mcdonald's F14136 Houston TX 24427331215710010827094	08-04	2.17
Randalls Store 08/05 #000177125 Purchase 5586 Wesleyan Houston TX	08-05	24.92
Randalls Store 08/06 #000747080 Purchase 12850 Memorial Dr Houston TX	08-08	57.90
Randalls Store 08/08 #000775142 Purchase 5586 Wesleyan Houston TX	08-08	30.29
CheckCard 0806 Chevron 001079 Houston TX 83574440460312181383532	08-08	25.37
CheckCard 0809 Chevron 001079 Houston TX 89943840460312211789857	08-09	26.27
CheckCard 0808 Exxonmobil 47188966 Jersey Villagtx 24164051221378001647724	08-10	25.53
Randalls Store 08/10 #000858118 Purchase 5586 Wesleyan Houston TX	08-10	21.76
Randalls Store 08/13 #000772116 Purchase 5586 Wesleyan Houston TX	08-15	58.34
Randalls Store 08/14 #000781072 Purchase 5586 Wesleyan Houston TX	08-15	46.75
CheckCard 0813 Chevron 001079 Houston TX 85348740460312251485284	08-15	25.41

**Total ATM and Debit Card Subtractions \$1,689.91**

NELVA E BRUNSTING  
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Page 4 of 5  
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**MyAccess Checking Subtractions**

Other Subtractions	Date Posted	Amount(\$)
Cpenergy Entex Des:Cpe ACH Check #:0296 Indn:000003850291 Co ID:9413994001 Arc	08-15	52.48
<b>Total Other Subtractions</b>		<b>\$52.48</b>

**Total Overdraft Fees and NSF: Returned Item Fees**

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$35.00
Total NSF: Returned Item Fees	\$0.00	\$70.00

We refunded to you a total of \$105.00 in fees for Overdraft and/or NSF: Returned Items this year.

**Daily Balance Summary**

Date	Balance(\$)	Date	Balance(\$)	Date	Balance(\$)
Beginning	8,091.57	07-26	1,731.11	08-05	9,235.11
07-15	7,371.57	07-27	1,706.66	08-08	8,191.55
07-18	6,143.11	07-28	944.23	08-09	7,700.28
07-19	6,112.93	07-29	909.51	08-10	7,652.99
07-20	6,088.83	08-01	8,710.07	08-11	6,477.99
07-21	4,770.83	08-02	8,414.68	08-15	4,885.54
07-22	2,840.77	08-03	10,194.68	08-16	4,729.93
07-25	1,756.99	08-04	9,285.01		



How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

- 1. List your Account Register/Checkbook Balance here
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement
3. Add any credits not previously recorded that are listed on this statement (for example interest)
4. This is your NEW ACCOUNT REGISTER BALANCE

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here
2. Add any deposits not shown on this statement
SUBTOTAL

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Table with 3 columns: Checks, ATM, Check Card, Electronic Withdrawals. Each column has sub-columns for Date/Check # and Amount.

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents...

Electronic Transfers: In case of errors or questions about your electronic transfers

If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can.

- \* Tell us your name and account number.
\* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
\* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error...

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.







# Bank of America

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H

Page 1 of 5  
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08-17-11 through 09-15-11  
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Number of checks enclosed: 0  
Account Number: 5860 2122 9546

MD 09/22 0 0213 309 23 099 024549 #001 AV 0.340

NELVA E BRUNSTING  
CAROLE A BRUNSTING  
13630 PINEROCK LN  
HOUSTON TX 77079-5914

Our Online Banking service allows you to check balances, track account activity and more.  
**With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement.**  
Enroll at [www.bankofamerica.com](http://www.bankofamerica.com).

### Customer Service Information [www.bankofamerica.com](http://www.bankofamerica.com)

For additional information or service, you may call:  
1.800.432.1000 Customer Service  
1.800.868.4488 TDD/VOIP Users Only  
1.800.688.3086 Ext. 8000

Or you may write to:  
Bank of America, N.A.  
P.O. Box 25118  
Tampa, FL 33622-5118

## Deposit Accounts

### MyAccess Checking

NELVA E BRUNSTING CAROLE A BRUNSTING

### Your Account at a Glance

Account Number	5860 2122 9546
Beginning Balance on 08-17-11	\$ 4,729.93
Deposits and Other Additions	+ 12,482.72
Checks Posted	- 11,609.77
ATM and Debit Card Subtractions	- 1,080.96
Other Subtractions	- 960.59
<b>Ending Balance on 09-15-11</b>	<b>\$ 3,561.33</b>

Help avoid occasional Overdraft & NSF: Returned Item fees. Set up Alerts to get messages by email or text when your balance is low. Use Overdraft Protection to transfer available funds from linked savings, credit card, or credit line to your checking account to help cover items that would overdraw your account. Call us for details.

NELVA E BRUNSTING  
CAROLE A BRUNSTING

Page 2 of 5  
Statement Period  
08-17-11 through 09-15-11  
B 09 0 A P PA 9  
Number of checks enclosed: 0  
Account Number: 5860 2122 9546

### MyAccess Checking Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Deposit	08-18	702.72
Online Banking transfer from Chk 1143 Conf# 3848460073; Brunsting, Anita	08-29	10,000.00
US Treasury 310 Des:Xxsoc Sec ID:XXXXXXXXXX SSA Indn:Nelva E Brunsting Co ID:3101036216 Ppd	09-02	1,780.00

**Total Deposits and Other Additions \$12,482.72**

### MyAccess Checking Subtractions

Check #	Posting Date	Amount(\$)	Check #	Posting Date	Amount(\$)	Check #	Posting Date	Amount(\$)
292	08-18	20.00	310	08-29	42.00	317	09-06	440.00
297*	08-19	10.13	311	08-29	1,004.00	318	09-08	1,193.59
303*	08-18	1,146.83	312	08-30	517.50	319	09-12	750.00
304	08-19	172.50	313	09-01	1,162.50	323*	09-13	155.40
306*	08-19	459.50	314	09-06	173.00	324	09-13	25.00
308*	08-22	735.00	315	09-06	750.00	328*	09-13	628.15
309	08-24	1,110.00	316	09-06	80.00	330*	09-15	1,034.67

**Total Checks Posted \$11,609.77**

\* Gap in sequential check numbers.

ATM and Debit Card Subtractions	Date Posted	Amount(\$)
Heb Heb #599 08/17 #000490001 Purchase 5225 Buffalo Spee Houston TX	08-17	34.39
CheckCard 0817 Chevron 001079 Houston TX 86004940460312291585924	08-17	26.21
Heb Heb #599 08/17 #000526001 Purchase 5225 Buffalo Spee Houston TX	08-17	19.77
Randalls Store 08/20 #000192083 Purchase 5586 Wesleyan Houston TX	08-22	44.99
Randalls Store 08/21 #000193096 Purchase 5586 Wesleyan Houston TX	08-22	39.52
CheckCard 0820 Chevron 001079 Houston TX 80953240460312321380898	08-22	25.52
CheckCard 0821 Chevron 00107985 Houston TX 24625121234412125578819	08-23	22.25
Randalls Store 08/23 #000783146 Purchase 5586 Wesleyan Houston TX	08-24	44.36
Randalls Store 08/24 #000784127 Purchase 5586 Wesleyan Houston TX	08-24	28.74
CheckCard 0824 Verizon Wrls Ivrr Ve 800-9220204 CA 24498041236169111944312	08-25	242.00
Randalls Store 08/25 #000874082 Purchase 5586 Wesleyan Houston TX	08-25	18.33
CheckCard 0825 Chevron 001079 Houston TX 88856540460312372388773	08-25	15.14
Randalls Store 08/27 #000876119 Purchase 5586 Wesleyan Houston TX	08-29	36.15
CheckCard 0827 Chevron 001079 Houston TX 79427840460312392279321	08-29	20.14



NELVA E BRUNSTING  
CAROLE A BRUNSTING

Page 3 of 5  
Statement Period  
08-17-11 through 09-15-11  
B 09 0 A P P A 9  
Number of checks enclosed: 0  
Account Number: 5860 2122 9546

## MyAccess Checking Subtractions

ATM and Debit Card Subtractions - Continued	Date Posted	Amount(\$)
CheckCard 0831 Chevron 001079 Houston TX 72257040460312440172175	08-31	20.16
Randalls Store 09/02 #000206098 Purchase 5586 Wesleyan Houston TX	09-02	21.71
Randalls Store 09/05 #000210019 Purchase 5586 Wesleyan Houston TX	09-06	68.27
Randalls Store 09/03 #000794066 Purchase 5586 Wesleyan Houston TX	09-06	33.12
CheckCard 0903 Chevron 001079 Houston TX 67732440460312461367683	09-06	21.50
CheckCard 0904 Chevron 00107985 Houston TX 24625121248412258017027	09-06	16.07
CheckCard 0905 Chevron 001079 Houston TX 70288840460312482170200	09-06	14.34
CheckCard 0901 Chick-Fil-A #01037 Houston TX 24427331245710014365939	09-06	3.29
Randalls Store 09/07 #000807113 Purchase 5586 Wesleyan Houston TX	09-07	50.29
CheckCard 0907 Chevron 001079 Houston TX 76564640460312501276507	09-07	21.15
Randalls Store 09/08 #000801113 Purchase 5586 Wesleyan Houston TX	09-08	14.60
CheckCard 0907 Chick-Fil-A #01037 Houston TX 24427331251710012524728	09-09	3.29
Randalls Store 09/11 #000217007 Purchase 5586 Wesleyan Houston TX	09-12	92.24
Randalls Store 09/12 #000805114 Purchase 5586 Wesleyan Houston TX	09-12	20.00
CheckCard 0911 Exxonmobil 47191184 Houston TX 24164051255378001349890	09-13	23.96
CheckCard 0911 Southwest Fertilizer Houston TX 24071051255987156561018	09-13	18.89
CheckCard 0915 Chevron 001079 Houston TX 93288940460312581293218	09-15	20.57

**Total ATM and Debit Card Subtractions \$1,080.96**

Other Subtractions	Date Posted	Amount(\$)
Houston Chron Des:Checkpaymt Check #:0294 Indn:0658779 Co ID:1760556295 Arc	08-17	138.00
Online Banking transfer to Chk 2839 Confirmation# 6122123239	08-24	75.00
Online Banking transfer to Chk 2839 Confirmation# 4930202147	08-25	15.00
Online Banking transfer to Chk 2839 Confirmation# 0230298752	08-25	15.00
Online Banking transfer to Chk 2839 Confirmation# 3842814874	09-07	125.00
Online Banking transfer to Chk 2839 Confirmation# 3852055638	09-08	550.00
Cpenergy Entex Des:Cpe ACH Check #:0325 Indn:000003850291 Co ID:9413994001 Arc	09-14	42.59

NELVA E BRUNSTING  
 CAROLE A BRUNSTING

Page 4 of 5  
 Statement Period  
 08-17-11 through 09-15-11  
 B 09 0 A P PA 9  
 Number of checks enclosed: 0  
 Account Number: 5860 2122 9546

**MyAccess Checking Subtractions**

**Other Subtractions - Continued** **Date Posted** **Amount(\$)**

**Total Other Subtractions \$960.59**

**Total Overdraft Fees and NSF: Returned Item Fees**

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$35.00
Total NSF: Returned Item Fees	\$0.00	\$70.00

We refunded to you a total of \$105.00 in fees for Overdraft and/or NSF: Returned Items this year.

**Daily Balance Summary**

Date	Balance(\$)	Date	Balance(\$)	Date	Balance(\$)
Beginning	4,729.93	08-25	974.47	09-07	8,134.28
08-17	4,511.56	08-29	9,872.18	09-08	6,376.09
08-18	4,047.45	08-30	9,354.68	09-09	6,372.80
08-19	3,405.32	08-31	9,334.52	09-12	5,510.56
08-22	2,560.29	09-01	8,172.02	09-13	4,659.16
08-23	2,538.04	09-02	9,930.31	09-14	4,616.57
08-24	1,279.94	09-06	8,330.72	09-15	3,561.33



How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

- 1. List your Account Register/Checkbook Balance here
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement
3. Add any credits not previously recorded that are listed on this statement (for example interest)
4. This is your NEW ACCOUNT REGISTER BALANCE

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here
2. Add any deposits not shown on this statement
SUBTOTAL

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Table with 3 columns: Checks, ATM, Check Card, Electronic Withdrawals. Each column has sub-columns for Date/Check # and Amount.

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents...

Electronic Transfers: In case of errors or questions about your electronic transfers. If you think your statement or receipt is wrong or if you need more information about an electronic transfer...

- \* Tell us your name and account number.
\* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
\* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error...

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement...

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.





# Bank of America

Bank of America, N.A.  
P.O. Box 25118  
Tampa, FL 33622-5118

HI

Page 1 of 5  
Statement Period  
09-16-11 through 10-14-11  
B 09 0 A P PA 9  
Number of checks enclosed: 0  
Account Number: 5860 2122 9546

⏏  
MD 10/21 0 0213 503 3 215 002406 #001 AV 0.340

NELVA E BRUNSTING  
CAROLE A BRUNSTING  
13630 PINEROCK LN  
HOUSTON TX 77079-5914

Our Online Banking service allows you to check balances, track account activity and more.  
With Online Banking you can also view up to 18 months of this statement  
online and even turn off delivery of your paper statement.  
Enroll at [www.bankofamerica.com](http://www.bankofamerica.com).

### Customer Service Information [www.bankofamerica.com](http://www.bankofamerica.com)

For additional information or service, you may call:  
1-800-4-A-BANK Customer Service  
1-800-245-4444 TDD/TTY Users Only  
1-800-688-6088 Ext. Español

Or you may write to:  
Bank of America, N.A.  
P.O. Box 25118  
Tampa, FL 33622-5118

## Deposit Accounts

### MyAccess Checking

NELVA E BRUNSTING CAROLE A BRUNSTING

### Your Account at a Glance

Account Number		5860 2122 9546
Beginning Balance on 09-16-11	\$	3,561.33
Deposits and Other Additions	+	22,797.76
Checks Posted	-	9,659.86
ATM and Debit Card Subtractions	-	2,096.67
Other Subtractions	-	500.00
<b>Ending Balance on 10-14-11</b>	<b>\$</b>	<b>14,102.56</b>

Help avoid occasional Overdraft & NSF: Returned Item fees. Set up Alerts to get messages by email or text when your balance is low. Use Overdraft Protection to transfer available funds from linked savings, credit card, or credit line to your checking account to help cover items that would overdraw your account. Call us for details.

NELVA E BRUNSTING  
CAROLE A BRUNSTING

Page 2 of 5  
Statement Period  
09-16-11 through 10-14-11  
B 09 0 A P PA 9  
Number of checks enclosed: 0  
Account Number: 5860 2122 9546

**MyAccess Checking Additions**

Deposits and Other Additions	Date Posted	Amount(\$)
Deposit	09-19	507.76
Online Banking transfer from Chk 1143 Conf# 2800717946; Brunsting, Anita	09-26	5,000.00
Deposit	09-29	15,510.00
US Treasury 310 Des:Xxsoc Sec ID:XXXXXXXXXXd SSA Indn:Nelva E Brunsting Co ID:3101036216 Ppd	10-03	1,780.00

**Total Deposits and Other Additions \$22,797.76**

**MyAccess Checking Subtractions**

Check #	Posting Date	Amount(\$)	Check #	Posting Date	Amount(\$)	Check #	Posting Date	Amount(\$)
320	09-28	28.04	336	09-26	50.00	344*	10-06	1,030.00
321	09-16	6.87	337	09-23	225.00	345	10-06	50.00
322	09-21	15.00	338	09-26	784.86	346	10-07	165.00
327*	09-22	59.77	339	09-27	630.00	348*	10-11	570.00
332*	09-19	715.00	340	09-29	810.29	349	10-11	581.66
334*	09-20	576.00	341	10-03	976.34	350	10-11	240.00
335	09-22	1,054.46	342	10-04	576.57	351	10-14	515.00

**Total Checks Posted \$9,659.86**

\* Gap in sequential check numbers.

ATM and Debit Card Subtractions	Date Posted	Amount(\$)
CheckCard 0916 Equine Sports Medicine 281-2552280 TX 24158131260260362945204	09-19	812.50
Randalls Store 09/17 #000899084 Purchase 5586 Wesleyan Houston TX	09-19	42.84
CheckCard 0919 Chevron 001079 Houston TX 73836740460312622373739	09-19	20.23
CheckCard 0922 Chevron 003077 Houston TX 78118240460312652178005	09-22	23.31
CheckCard 0921 Verizon Wrls Myacct Ve 800-9220204 CA 24498041265169100779780	09-23	137.66
CheckCard 0922 Walgreens #0553 Houston TX 24445001266600248727502	09-23	11.99
Wal Wal-Mart S 09/24 #000235240 Purchase 2718 Wal-Sams Houston (C) TX	09-26	133.75
Randalls Store 09/25 #000908009 Purchase 5586 Wesleyan Houston TX	09-26	23.57
CheckCard 0925 Chevron 00107985 Houston TX 24625121268412454983209	09-27	25.07
Randalls Store 09/27 #000820155 Purchase 5586 Wesleyan Houston TX	09-28	18.90
Randalls Store 09/28 #000911109 Purchase 5586 Wesleyan Houston TX	09-28	14.06
Randalls Store 09/30 #000914112 Purchase 5586 Wesleyan Houston TX	09-30	28.77
CheckCard 0929 Chevron 001079 Houston TX 77032840460312730176940	09-30	23.30
Randalls Store 09/29 #000822154 Purchase 5586 Wesleyan Houston TX	09-30	19.06





NELVA E BRUNSTING  
CAROLE A BRUNSTING

Page 3 of 5  
Statement Period  
09-16-11 through 10-14-11  
B 09 0 A P PA 9  
Number of checks enclosed: 0  
Account Number: 5860 2122 9546

**MyAccess Checking Subtractions**

ATM and Debit Card Subtractions - Continued	Date Posted	Amount(\$)
CheckCard 1001 Greenway Animal Cl Houston TX 24224431275101040276512	10-03	360.82
Wal Wal-Mart S 10/02 #000023362 Purchase 2718 Wal-Sams Houston (C) TX	10-03	55.92
Randalls Store 10/01 #000915086 Purchase 5586 Wesleyan Houston TX	10-03	32.16
CheckCard 1001 Chevron 001079 Houston TX 95928640460312742295807	10-03	25.22
Heb Heb #599 10/02 #000884001 Purchase 5225 Buffalo Spee Houston TX	10-03	20.75
Randalls Store 10/02 #000797053 Purchase 4800 W Bellfort Houston TX	10-03	8.95
Randalls Store 10/04 #000827130 Purchase 5586 Wesleyan Houston TX	10-04	38.92
CheckCard 1003 Exxonmobil 47188966 Jersey Villagtx 24164051277378001544031	10-05	20.11
CheckCard 1006 Chevron 001079 Houston TX 94652440460312791294595	10-06	20.52
Randalls Store 10/07 #000838039 Purchase 5586 Wesleyan Houston TX	10-07	39.04
Randalls Store 10/10 #000833153 Purchase 5586 Wesleyan Houston TX	10-11	26.50
CheckCard 1009 Chevron 00107985 Houston TX 24625121283412591788421	10-11	21.07
Randalls Store 10/11 #000834122 Purchase 5586 Wesleyan Houston TX	10-11	14.06
CheckCard 1006 Chick-Fil-A #01037 Houston TX 24427331280710013488118	10-11	3.29
Randalls Store 10/12 #000835145 Purchase 5586 Wesleyan Houston TX	10-12	25.47
CheckCard 1012 Chevron 001082 Houston TX 32613040460312852332508	10-12	22.02
CheckCard 1010 Exxonmobil 47191184 Houston TX 24164051284837001607438	10-12	2.14
CheckCard 1014 Chevron 001079 Houston TX 95681340460312871395601	10-14	24.70

**Total ATM and Debit Card Subtractions \$2,096.67**

Other Subtractions	Date Posted	Amount(\$)
Online Banking transfer to Chk 2839 Confirmation# 4084582122	10-05	500.00

**Total Other Subtractions \$500.00**

**Total Overdraft Fees and NSF: Returned Item Fees**

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$35.00
Total NSF: Returned Item Fees	\$0.00	\$70.00

We refunded to you a total of \$105.00 in fees for Overdraft and/or NSF: Returned Items this year.

NELVA E BRUNSTING  
CAROLE A BRUNSTING

Page 4 of 5  
Statement Period  
09-16-11 through 10-14-11  
B 09 0 A P PA 9  
Number of checks enclosed: 0  
Account Number: 5860 2122 9546

**Daily Balance Summary**

<u>Date</u>	<u>Balance(\$)</u>	<u>Date</u>	<u>Balance(\$)</u>	<u>Date</u>	<u>Balance(\$)</u>
Beginning	3,561.33	09-26	4,376.28	10-05	17,453.03
09-16	3,554.46	09-27	3,721.21	10-06	16,352.51
09-19	2,471.65	09-28	3,660.21	10-07	16,148.47
09-20	1,895.65	09-29	18,359.92	10-11	14,691.89
09-21	1,880.65	09-30	18,288.79	10-12	14,642.26
09-22	743.11	10-03	18,588.63	10-14	14,102.56
09-23	368.46	10-04	17,973.14		



How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

- 1. List your Account Register/Checkbook Balance here
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement
3. Add any credits not previously recorded that are listed on this statement (for example interest)
4. This is your NEW ACCOUNT REGISTER BALANCE

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here
2. Add any deposits not shown on this statement

SUBTOTAL

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Table with 3 columns: Checks, ATM, Check Card, Electronic Withdrawals. Each column has sub-columns for Date/Check # and Amount.

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time.

Electronic Transfers: In case of errors or questions about your electronic transfers. If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can.

- \* Tell us your name and account number.
\* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
\* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.





**Bank of America**



**Customer  
Receipt**

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law. Payments are accepted when credit is applied to outstanding balances and not upon issuance of this receipt. Transactions received after the Bank's posted cut-off time or Saturday, Sunday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account statement.

Thank you for banking with Bank of America.  
Save time. Save energy. Fast, reliable deposits, withdrawals and  
account management at more than 18,000 convenient ATM locations.

09/29/2011 14:15 NTX T00049 R540740134  
Acct# \*\*\*\*\*9546 CC 0008519 Tlr 00011

Less Cash	\$0.00
Total EDeposit To CHK	\$15,510.00
Credit Pending Posts on	09/29/2011

Member FDIC  
95-14-2005B 05-2009

## Brunsting Family Living Trust

We sent our rent payments with checks from a joint account, and not thinking that those amounts needed to be split between Doyle & Justin -

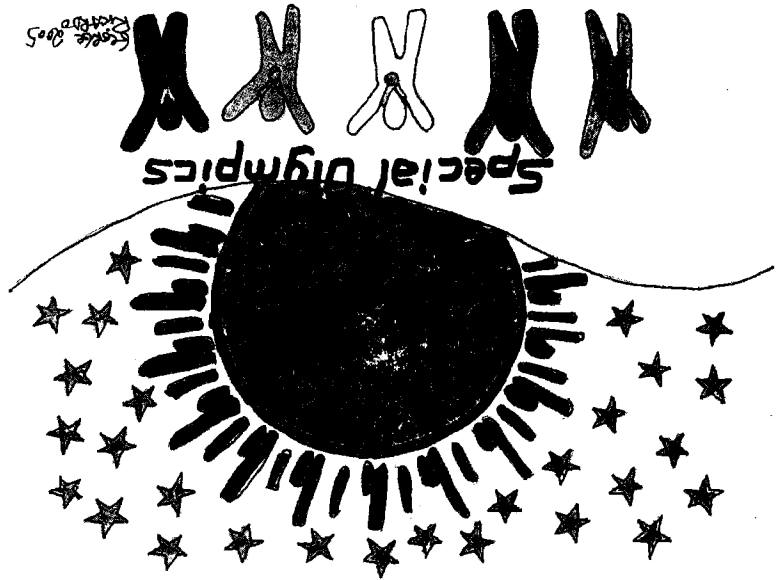
Please use the amounts for 1099's at end of year: rent paid so far is  
\$ 31,020.00

Please put \$ 23,265.00 for Doyle

\$ 7,755.00 for Justin

Sorry for the trouble -

Jan Wissink



**Special Olympics**

Be a fan.

Cover artwork by George Ricardo, Special Olympics athlete

**Important:** Your gift may be **doubled** if your employer has a matching gift program. Please see your Human Resources Department today.

You have been selected to receive these materials because we believe you have expressed an interest in helping our programs and services. If you would prefer not to receive our communications, please let us know by emailing us at [donorservices@specialolympics.org](mailto:donorservices@specialolympics.org).

Your generous contribution supports your local chapter as well as Special Olympics' worldwide programs and initiatives. By participating in a cooperative direct mail effort with Special Olympics International and other state chapters, Special Olympics makes your dollars go further for athletes here and around the world.



**Special Olympics**

Greetings Ms. Brunsting,

I'm writing you this note on behalf of 743,469 very inspiring individuals with intellectual disabilities in Texas, including some in Houston and many more around the world.

Each one has remarkable gifts and abilities. And each one deserves a chance to show the world what he or she can do.

That's why we're conducting our 2011 Annual Fund. We need your help today to give people with intellectual disabilities throughout Texas and the world the opportunity to experience the joy of year-round sports training and competition.

Please ... help us reach out to a person who wants to participate in Special Olympics. Your gift of \$16.29 will help us make a difference. (Attending a competition helps too, because it builds our athletes' self-esteem.)

Your gift will help make a lifetime of difference — and will make you a winner, too!

Thank you so much.

Margaret Larsen  
President and CEO  
Special Olympics Texas

P.S. Attend a Special Olympics Texas competition and help build self-esteem. Call (713) 290-0049 for details.

Special Olympics Texas  
East Region • 10700 Northwest Freeway, Suite 101 • Houston, TX 77092  
www.specialolympicstexas.org  
Accredited by Special Olympics International • www.specialolympics.org

TX143C 09-8751-000146906

## 2011 ANNUAL FUND

Ms. Brunsting, your help is needed today so people with intellectual disabilities in Texas and around the world have the chance to experience the joy of sports training and competition. Please ... send the most generous gift you can today. Thank you!

\$8.15     \$10.86     \$16.29     Other \$ \_\_\_\_\_  
Please respond by August 31st!

Ms Nelva E Brunsting  
13630 Pinerock Ln  
Houston, TX 77079-5914



**Special Olympics**

Please correct your name and address if necessary. Please make your check payable to **Special Olympics** and return this reply slip with your tax-deductible gift in the envelope provided. Many thanks!



Special Olympics Texas  
East Region  
P. O. Box 143806  
Austin, TX 78714-3806

F164857277 AS0DQ1107011755





**From the ground up**  
Center for Congregational Excellence  
5215 Main , Houston, Texas 77002  
713.533.3724

Please make check payable to:  
**FROM THE GROUND UP, Dept 0119**  
PO Box 120119 Dallas TX 75312-0119

**AMOUNT ENCLOSED** \_\_\_\_\_

	Pledged	Paid	Due
FROM THE GROUND UP	100.00	0.00	100.00

NELVA BRUNSTING  
13630 PINEROCK LN  
HOUSTON, TX 77079-5914

Total Due 100.00

ACCT 785

20770187

2011  
2nd call  
REMINDER

**PLEASE RETURN THIS STATEMENT WITH YOUR REMITTANCE**

SENT BY: NELVA E BRUNSTING

SENT TO: NELVA E BRUNSTING

THANK YOU FOR SHOPPING EDDIE BAUER

PERIOD 04  
ID CHUTE 3.179  
SCHTM 1115A  
INVTM E ASSEMP  
STCKR 11-34-16646

### ORDER SUMMARY:

DESCRIPTION	ITEM NUMBER	COLOR NUMBER & NAME	SIZE	LOT	QTY	TOTAL PRICE	SHIP BY	OFFICE USE
W NECKLACE P	0162714907	172 SILVER			1	59.50		410013911154
W NECKLACE P	0162714907	172 SILVER			1	59.50		410013911154
WT LS WR EC	0082717520	500 WHITE	M		1	54.50		410014243070

*Handwritten signature: Sent back*

LAST PAGE-----

PAYMENT METHOD	ITEM TOTAL	DELIVERY	HANDLING	TAX	ORDER TOTAL
VISA	6626 173.50	14.95	3.00	15.83	207.28

ORDER NUMBER	SEQ	PG	DATE
685 171 93	01	01	12/11/09

AMOUNT CHARGED \$ 207.28  
PLEASE DO NOT SEND A PAYMENT.

We're Listening! Your feedback is important. Tell us about your shopping experience. Take our survey online at [www.eddiebauersurvey.com](http://www.eddiebauersurvey.com) or call 1-888-736-0040



**ADDRESS CHANGE FORM**

(please print clearly)

NAME \_\_\_\_\_

STREET \_\_\_\_\_ APT# \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE# (\_\_\_\_) \_\_\_\_\_

MY LEGAL RESIDENT STATE IS: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

7076 10001 XXXXX8905 201 101

GROSS AMOUNT	30.40
DEDUCTIONS/CREDITS	AMOUNT
FEDERAL W/H	0.00

TOTAL DEDUCTIONS	0.00
NET AMOUNT	30.40

TAX REPORTING	AMOUNT
TAXABLE AMT	30.40

**DIRECT DEPOSIT ENROLLMENT FORM**

(please print clearly)

NAME \_\_\_\_\_

BANK NAME \_\_\_\_\_

BANK MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**please make an X for one type of account**

CHECKING or  SAVINGS ACCOUNT # \_\_\_\_\_  
(please enclose a VOIDED check)

ABA #

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(JOINT SIGNATURE IF APPLICABLE)

\*I hereby authorize John Hancock Life Insurance Company (U.S.A.) to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.\*

DUE DATE: 01/31/2011 CHECK NUMBER GB7-001561999

ID NO. 7076 10001 XXXXX8905 201 101

FOR QUESTIONS PLEASE CALL: 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO. (U.S.A.)

PO BOX 9512  
PORTSMOUTH, NH 03802-9512

Date: June 28, 2011

Settlement Contracts Department  
1-800-272-4772

Control Number: 0071512

NELVA E BRUNSTING  
13630 PINEROCK LN  
HOUSTON TX 77079

We have sent your July annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00
	-----
Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

Date: September 27, 2011

Settlement Contracts Department  
1-800-272-4772

Control Number: 0071512

NELVA E BRUNSTING  
13630 PINEROCK LN  
HOUSTON TX 77079

We have sent your October annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00
	-----
Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE



# Take advantage of one or both great offers.

ELECTRONIC SERVICE REQUESTED

44143



Nelva E. Brunsting  
13630 Pinerock Ln.  
Houston, TX 77079-5914



Save money by transferring a balance today.<sup>o</sup> Call **1.800.701.6874** or visit [www.bankofamerica.com/onlinebanking](http://www.bankofamerica.com/onlinebanking) to complete a balance transfer.<sup>ss</sup>

September 6, 2011

RE: Your credit card account number ending in **4254**

Bank of America wants to say thank you for being a valued customer by offering you this limited-time rate on Balance Transfers that can help you pay down your higher rate balances faster. Here's how to make the most of your BankAmericard Cash Rewards™ Visa Signature® credit card account:

Choose an offer that works best for you.

▶ **0% Promotional APR until September 2012.\*** Complete a balance transfer using Offer ID **CMD2-76G82** by **October 22, 2011** to qualify for this offer.

▶ **1.99% Promotional APR until December 2012.\*** Complete a balance transfer using Offer ID **CMD2-76G83** by **October 22, 2011** to qualify for this offer.

**Call, go into a banking center or go online to complete a balance transfer:** When these promotional offers expire, existing balances for Balance Transfers will go to a **8.24%** variable APR. The standard transaction fee applied is 4% of each transaction, with a minimum of \$10.

If you don't have any balances to transfer, you also have the option to use the enclosed checks for any purpose. Use the attached red checks by **October 22, 2011** to qualify for a **0% Promotional APR until September 2012\*** or use the blue check by **October 22, 2011** to qualify for a **1.99% Promotional APR until December 2012.\***

When the promotional offers for these checks expire, any existing balances for Direct Deposit or Check Cash Advances will go to a **15.99%** variable APR. The standard transaction fee applied is 4% of each transaction, with a minimum of \$10.

Call **1.800.701.6874** or visit [www.bankofamerica.com/onlinebanking](http://www.bankofamerica.com/onlinebanking) to take advantage of these great offers.



**This is a great way to start saving by consolidating balances or even completing home improvements**

**Complete a Balance Transfer today by calling 1.800.701.6874**

**Your total credit line is \$11,800**  
Make sure you have enough credit available for transaction(s), interest and any related fees.

Please see left panel for information on how we allocate payments and other important terms and conditions. Use of an attached check or draft will constitute a charge against your credit account.

<sup>st</sup>Over, please.

Nelva E. Brunsting  
13630 Pinerock Ln.  
Houston, TX 77079-5914

Check not valid after 10/22/2011

1084

DATE \_\_\_\_\_ 62-16  
311

Offer ID CMD2-76G82

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

DOLLARS



FIA Card Services, N.A.  
Wilmington, Delaware

Security features included.  
Details on back.

FOR \_\_\_\_\_

⑆03⑆1⑆00⑆160⑆1⑆4⑆160050056224⑆1084

Nelva E. Brunsting  
13630 Pinerock Ln.  
Houston, TX 77079-5914

Check not valid after 10/22/2011

1085

DATE \_\_\_\_\_ 62-16  
311

Offer ID CMD2-76G82

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

DOLLARS



FIA Card Services, N.A.  
Wilmington, Delaware

Security features included.  
Details on back.

FOR \_\_\_\_\_

⑆03⑆1⑆00⑆160⑆1⑆4⑆160050056224⑆1085

Interest and Fee information	
<b>APR for Check Cash Advances</b>	Promotional ID CMD2-76G82 red checks 1084 and 1085 0% Promotional APR through your statement Closing Date in September 2012. Promotional ID CMD2-76G83 blue check 1086 1.99% Promotional APR through your statement Closing Date in December 2012. After your statement Closing Dates above, promotional Check Cash Advance balances will be charged the APR for Check Cash Advances, 15.99%, a variable rate based on the U.S. Prime Rate.
<b>Non-Promotional APR for Check Cash Advances</b>	15.99%. This APR will vary with the market based on the U.S. Prime Rate.
<b>Use by Date</b>	You must use these checks by October 22, 2011 for the promotional APR to apply. Any of these checks used after that date will be declined.
<b>Fee</b>	4% of the amount of each transaction (min. \$10).
<b>Paying Interest</b>	We will begin charging interest on these checks on the transaction date.

Nelva E. Brunsting  
13630 Pinerock Ln.  
Houston, TX 77079-5914

Check not valid after 10/22/2011

1086

DATE \_\_\_\_\_ 62-16  
311

Offer ID CMD2-76G83

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

DOLLARS



FIA Card Services, N.A.  
Wilmington, Delaware

Security features included.  
Details on back.

FOR \_\_\_\_\_

⑆03⑆1⑆00⑆160⑆1⑆4⑆160050056224⑆1086

X \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE**  
▼ RESERVED FOR FINANCIAL INSTITUTION USE ▼

**DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE**  
▼ RESERVED FOR FINANCIAL INSTITUTION USE ▼

**DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE**  
▼ RESERVED FOR FINANCIAL INSTITUTION USE ▼

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

\*FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

\*FEDERAL RESERVE BOARD OF GOVERNORS REG. CC



Security features on this check include a  
Micro-Print Signature Line and Security Screen.  
Absence of these features may indicate alteration.



Security features on this check include a  
Micro-Print Signature Line and Security Screen.  
Absence of these features may indicate alteration.



Security features on this check include a  
Micro-Print Signature Line and Security Screen.  
Absence of these features may indicate alteration.

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§ A promotional Annual Percentage Rate (APR) offer may be assigned a billing cycle. If you are selected for a promotional offer, the selection will

**Promotional Offers:** From time to time we may make Promotional Offer Purchases. Promotional Offers may include limited time introductory or for those features and may be subject to other conditions. Promotional C be lower than the standard fees provided in your Agreement.

† If Check Cash Advances or Direct Deposit Cash Advances are identified and qualify for the promotional offer, then the resulting promotional balance will get the non-promotional APR for Balance Transfer when the promotional addition, these transactions will get the Balance Transfer transaction fee Agreement for a complete listing of transaction fees.

Balance Transfers, Check Cash Advances and Direct Deposits are subject to

There is no grace period for Balance Transfers or Cash Advances. Interest for each Check Cash Advance or Balance Transfer made by check is the first deposits or cashes the check. The Average Balance Method (including Transfers, Cash Advances, and Promotional Offer balances consisting of

◇ You may not use a Balance Transfer, Check Cash Advance or any other credit account issued by FIA Card Services, N.A. Use of these checks as described in your Agreement.

**This program is issued and administered by FIA Card Services, N.A.**

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Visa and Visa Signature are registered trademarks of Visa International Service Center, Inc. license from Visa U.S.A., Inc.

Platinum Plus, WorldPoints, Investment Rewards, Quantum, GoldOptions Services, N.A. All other company and product name and logos are the property of

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VTRD 31-0501

Your account was selected for the following promotional offer(s) based on your account status as of August 22, 2011.

**\*Promotional Offer ID CMD2-76G82:** The Promotional Annual Percentage Rate (Promotional APR) is 0% (0% Daily Periodic Rate ("DPR")). This promotional offer applies to Balance Transfers, Direct Deposit and Check Cash Advances bearing this Offer ID (each an "eligible transaction"). This offer applies to eligible transactions posting to your account beginning on August 27, 2011 through October 22, 2011. This Promotional APR ends on your statement Closing Date in September 2012. The transaction fee for Check Cash Advances, Balance Transfers and Direct Deposits is 4% of the U.S. dollar amount of each transaction, (min. \$10). When this Promotional APR ends, the APR for these Check Cash Advance and Direct Deposit promotional balances will increase to a variable rate based on the U.S. Prime Rate; as of July 31, 2011 this APR is 15.99%. The APR for these Balance Transfer promotional balances will increase to a variable rate based on the U.S. Prime Rate; as of July 31, 2011 this APR is 8.24%.

**Promotional Offer ID CMD2-76G83:** The Promotional Annual Percentage Rate (Promotional APR) is 1.99% (.005452% Daily Periodic Rate ("DPR")). This promotional offer applies to Balance Transfers, Direct Deposit and Check Cash Advances bearing this Offer ID (each an "eligible transaction"). This offer applies to eligible transactions posting to your account beginning on August 27, 2011 through October 22, 2011. This Promotional APR ends on your statement Closing Date in December 2012. The transaction fee for Check Cash Advances, Balance Transfers and Direct Deposits is 4% of the U.S. dollar amount of each transaction, (min. \$10). When this Promotional APR ends, the APR for these Check Cash Advance and Direct Deposit promotional balances will increase to a variable rate based on the U.S. Prime Rate; as of July 31, 2011, this APR is 15.99%. The APR for these Balance Transfer promotional balances will increase to a variable rate based on the U.S. Prime Rate; as of July 31, 2011, this APR is 8.24%.

If your account has balances with different APRs, we will allocate the amount of your payment equal to the Total Minimum Payment Due to the lowest APR balances first. Payment amounts in excess of your Total Minimum Payment Due will be applied to balances with higher APRs before balances with lower APRs. The transaction date for each Check Cash Advance or Balance Transfer made by check is the date you or the person to whom the check is made payable first deposits or cashes the check. Cash Advance transactions and Balance Transfers are subject to authorization and may be limited to the value of your available revolving line.

Minimum Interest Charge \$1.50.

\*Some accounts and services, and the fees that apply to them, vary from state to state. Please review the information for your state in the Personal Schedule of Fees (at [www.bankofamerica.com/feesataglance](http://www.bankofamerica.com/feesataglance) or at your local Banking Center) and in the Online Banking Service Agreement at [www.bankofamerica.com/serviceagreement](http://www.bankofamerica.com/serviceagreement).

Bank of America Rewards and BankAmericard Cash Rewards are trademarks and Bank of America Accolades, BankAmericard, BankAmericard Rewards, Power Rewards, Bank of Opportunity, Bank of America and the Bank of America logo are registered trademarks of Bank of America Corporation.



J87448-V005-APR87448-APR.TXT-012199034-A-6AZP-00118000{EN-N-000000062-AW-00000000-0000000000-CMD276G82-N-Y-1-4-4-000000000-20110827-20111022-00000000-2011022-20120901--039-00000-0000001084-0000001085-CMD276G83-N-Y-1-4-4-000000588-20110827-20111022-00000000-20111022-20121201--039-00000-0000001086-0000001086--VC-20051013-12-L-P--0811R-243-11245

§ A promotional Annual Percentage Rate (APR) offer may be assigned and applied to your account at various times within a given billing cycle. If you are selected for a promotional offer, the selection will be based on your account status as of that date.

**Promotional Offers:** From time to time we may make Promotional Offers on certain Balance Transfers, Cash Advances, and Purchases. Promotional Offers may include limited time introductory or promotional APRs that are lower than the Standard APRs for those features and may be subject to other conditions. Promotional Offers may include limited time transaction fees which may be lower than the standard fees provided in your Agreement.

† If Check Cash Advances or Direct Deposit Cash Advances are identified in a promotional offer as “posting as a Balance Transfer” and qualify for the promotional offer, then the resulting promotional balances will be included in the Balance Transfer balance and will get the non-promotional APR for Balance Transfer when the promotional offer ends, instead of the Cash Advance APR. In addition, these transactions will get the Balance Transfer transaction fee if they qualify for the promotional offer. See your Agreement for a complete listing of transaction fees.

Balance Transfers, Check Cash Advances and Direct Deposits are subject to account status, delinquency, and credit availability.

There is no grace period for Balance Transfers or Cash Advances. Interest accrues from the transaction date. The transaction date for each Check Cash Advance or Balance Transfer made by check is the date you or the person to whom the check is made payable first deposits or cashes the check. The Average Balance Method (including new Balance Transfers and new Cash Advances) as described in your Agreement (and on your periodic statement) is used to compute your balance subject to interest rate for Balance Transfers, Cash Advances, and Promotional Offer balances consisting of Balance Transfers and Cash Advances.

◇ You may not use a Balance Transfer, Check Cash Advance or any other Cash Advance to make a payment on this or any other credit account issued by FIA Card Services, N.A. Use of these checks as repayment will result in a Returned Payment Fee as described in your Agreement.

**This program is issued and administered by FIA Card Services, N.A.**

American Express is a federally registered service mark of American Express, and is used by the issuer pursuant to a license.

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Platinum Plus, WorldPoints, Investment Rewards, Quantum, GoldOption and Gold Reserve are registered trademarks of FIA Card Services, N.A. All other company and product name and logos are the property of others and are used pursuant to license.

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VTRD 31-0501

Page 2

Revised 08-2011



# Now your future is more secure

## Thanks to Credit Protection Plus™

\*\*0853  
 Nelva E Brunsting  
 13630 Pinerock Ln  
 Houston, TX 77079-5914

Dear Nelva E Brunsting,

You have made a wise decision by enrolling in Credit Protection Plus™. Credit Protection Plus provides you with a safety net when you need it the most.

Your enrollment in Credit Protection Plus provides the following:

<p>Can cancel up to 2 times the minimum monthly payment (or outstanding balance, if less) for up to 18 months for each of the following events:</p> <ul style="list-style-type: none"> <li>■ Involuntary Unemployment</li> <li>■ Hospitalization</li> <li>■ Disability</li> <li>■ Leave of Absence</li> </ul>	<p>Can cancel the minimum monthly payment for up to 3 months for each of the following events:</p> <ul style="list-style-type: none"> <li>■ New Residence</li> <li>■ Marriage or Divorce</li> <li>■ Childbirth or Adoption</li> <li>■ Graduation or Entering College</li> <li>■ Retirement<sup>1</sup></li> </ul>	<p>Can cancel up to \$25,000 of outstanding balance in the event of death</p>
---	---	---

<sup>1</sup> Retirement benefits can only be granted one time.

If you have any questions regarding the Plan, or to activate a benefit, please call us at 1.888.668.6938 between the hours of 7 a.m. – 10 p.m. Central, Monday – Friday and 8 a.m. – 4:30 p.m. Central, Saturday. We value your business and look forward to serving you.

Sincerely,

Christina Fagan  
 Senior Vice President

**I'm enrolled - what's next?**

1. Preview your Plan benefits. (See the "At-a-Glance" chart and the Terms and Conditions for details.)
2. Complete and return the Written Acknowledgement Form in the envelope provided.

- Involuntary Unemployment
- Hospitalization & Disability
- Leave of Absence
- Loss of Life
- Marriage
- Divorce
- Child Birth or Adoption
- New Residence
- College
- Retirement
- Credit Bureau
- Identity Theft



### Credit Protection Plus Certificate of Enrollment

Last 4 Digits of the Protected Account:  
 4254

Protected Cardholder:  
 Nelva E Brunsting

Monthly Fee per \$100 of Plan Balance:  
 \$0.85

Waiting Period:  
 60 days after effective date (or 60 days after authorized user is added to account).

Protection Effective Date:  
 June 27, 2011

Maximum Benefit Amount:  
 \$25,000

Maximum Benefit Period:  
 18 Months

You or an authorized user on your account can qualify for benefits (must be listed on the enrolled account at the time of the qualifying event).



## At-a-Glance: Credit Protection Plus™

	Maximum Benefit Period	Benefit Eligibility Requirements	Benefit Exclusions (Not Protected)
<b>Involuntary Unemployment</b>	Can cancel 2 times the minimum monthly payment (or outstanding balance, if less) for up to 18 months.	<ul style="list-style-type: none"> <li>Employed for at least 30 consecutive days prior to unemployment.</li> <li>Qualify and register for state unemployment benefits.</li> <li>Involuntary Unemployment must last at least 30 consecutive days.</li> <li>Must be enrolled at least 60 days prior to the protected event date.</li> <li>If you are Self-Employed, a Full-Time Student, or work for a non-profit employer please review the Terms and Conditions for benefit eligibility and exclusions.</li> </ul>	<ul style="list-style-type: none"> <li>Independent Contractors.</li> <li>Criminal Misconduct or Willful Misconduct.</li> </ul>
<b>Hospitalization</b>	Can cancel 2 times the minimum monthly payment (or outstanding balance, if less) for up to 18 months.	<ul style="list-style-type: none"> <li>Hospitalized for at least a one-night stay in a hospital.</li> <li>Must be enrolled at least 60 days prior to the protected event date.</li> </ul>	<ul style="list-style-type: none"> <li>Attempted suicide or intentionally self-inflicted injury.</li> <li>Criminal Misconduct.</li> </ul>
<b>Life Events</b> <ul style="list-style-type: none"> <li>Marriage</li> <li>Divorce</li> <li>Birth</li> <li>Adoption</li> <li>New Residence</li> <li>Retirement</li> <li>Entering College</li> <li>Graduation</li> </ul>	<p>Can cancel the minimum monthly payment for up to 3 months per event for up to 2 life events per calendar year.</p> <p>Note: Only one retirement event can qualify per Enrolled Account.</p>	<p>Event must occur, and documentation must be issued, on or after the Effective Date.</p> <ul style="list-style-type: none"> <li>Marriage: marriage certificate.</li> <li>Divorce: finalized divorce decree originally issued by a court of competent jurisdiction.</li> <li>Birth or Adoption: birth certificate or adoption documentation.</li> <li>Purchase or Lease of a New Residence: lease or settlement documentation signed by You.</li> <li>Retirement: documentation from employer indicating date of Your retirement.</li> <li>Becoming a Full-Time Student: transcript reflecting Your enrollment in college or university.</li> <li>Graduation: diploma reflecting Your graduation from college or university.</li> </ul>	<ul style="list-style-type: none"> <li>Renewal of existing leases.</li> </ul>
<b>Disability</b>	Can cancel 2 times the minimum monthly payment (or outstanding balance, if less) for up to 18 months.	<ul style="list-style-type: none"> <li>Employed prior to disability. Disabled as a result of injury or sickness and cannot perform job/occupation You performed immediately prior to disability.</li> <li>Under continuous care of a physician. Physician must certify that disability began no earlier than 30 days prior to last day worked and no later than 30 days following last day worked.</li> <li>Disability must last at least 30 consecutive days.</li> <li>Must be enrolled at least 60 days prior to the protected event date.</li> </ul>	<ul style="list-style-type: none"> <li>Attempted suicide or intentionally self-inflicted injury.</li> <li>While receiving wages or profit from employer.</li> <li>Criminal Misconduct.</li> </ul>
<b>Leave of Absence</b>	Can cancel 2 times the minimum monthly payment (or outstanding balance, if less) for up to 18 months.	<ul style="list-style-type: none"> <li>Leave must be unpaid.</li> <li>Employer-approved.</li> <li>Employed prior to leave.</li> <li>Leave must last at least 7 consecutive days.</li> <li>Must be enrolled at least 60 days prior to the protected event date.</li> </ul>	<ul style="list-style-type: none"> <li>Self-Employed.</li> </ul>
<b>Loss of Life</b>	<p>Can cancel up to \$25,000 of your outstanding balance.</p> <p>Note: Only one Loss of Life event can qualify per Enrolled Account.</p>	<ul style="list-style-type: none"> <li>Copy of certified death certificate mailed to the Plan Administrator.</li> <li>Must be enrolled at least 60 days prior to the protected event date (except for accidental death).</li> </ul>	<ul style="list-style-type: none"> <li>Attempted suicide or intentionally self-inflicted injury.</li> <li>Criminal Misconduct.</li> </ul>

**Important note:** Additional eligibility requirements, conditions and exclusions apply. Please see the Credit Protection Plus Terms and Conditions for complete details.



# Credit Protection Plus™ customers also get identity theft protection – at no extra cost.

**Nelva E Brunsting**

## Request your Credit Report with Credit Score today.

Complete the form below and mail it in. Within 7-10 business days after we process your request, you'll get your report with score in the mail – compliments for protecting your credit card.

### THIS NOTICE IS REQUIRED BY LAW.

You have the right to a free credit report from AnnualCreditReport.com or 1.877.322.8228, the ONLY authorized source under federal law.

With Credit Protection Plus™, you can request your Credit Report with Credit Score twice a year at no extra cost.\* This is just another way Bank of America is helping to provide you with a safety net to help protect your account, your good name.

Fill out the form below and mail it back to us in the enclosed postage-paid, security envelope to request your first Credit Report with Credit Score right away. Or, simply call 1.800.839.5022.

We believe it's important to know what's in your credit report and see who's looking at it. Plus, we want to help you access your credit score and find out how it can impact your ability to borrow. (If you request a free credit report from AnnualCreditReport.com, you can also request your credit score – but it will cost you extra there.)

Mortgage companies, credit lenders, employers, landlords and others with legitimate reasons all see your credit information. Identity thieves could be looking at it, too. That's why you should review your Credit Report with Credit Score, check and verify every change, and keep on top of it regularly.

Be the first to know...not the last.



**Credit Report with Credit Score**

You get two easy-to-read, full summary Credit Reports with Credit Scores each year as part of your Credit Protection Plus™ enrollment.\*

Plus, get more services at no extra cost...



**Identity Theft**

If you ever suspect you're a victim of identity theft, you can call an Identity Theft Recovery Unit specialist at 1.800.839.5022 for support.\*

\*Bank of America has contracted with Intersections Inc. to provide these services at no extra cost. See "Frequently Asked Questions" on back. Intersections Inc. is not affiliated with Bank of America.

## Credit Report with Credit Score Request Form

Your personal Credit Report with Credit Score is available for review - at no extra cost. Complete, detach, and mail this form in the enclosed security envelope.

**YES!** Process my request for my Credit Report With Credit Score immediately.

By signing this form, you are providing "written instructions" under the Fair Credit Reporting Act authorizing Intersections Inc. to obtain and monitor information concerning your personal credit file from one or more national credit reporting agencies. You must be enrolled in Credit Protection Plus™ in order to receive your credit report with credit score.

Nelva E Brunsting  
13630 Pinerock Ln  
Houston, TX 77079-5914

32547

Last Four Digits of Protected Credit Card \_\_\_\_\_

Social Security Number --

(Needed to obtain credit information)

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

You can also call 1.800.839.5022 to request your Credit Report with Credit Score.\*

## Frequently Asked Questions

**Q: How do I request my Credit Report with Credit Score?**

**A:** Your enrollment in Credit Protection Plus™ entitles you and any authorized user on the account to receive two Credit Reports with Credit Scores per enrollment year at no extra cost.\* To request your credit information, fill out the form on the other side and mail it in the postage-paid, security envelope provided. You should receive your personal credit report with credit score within 7-10 business days after your request is processed. Note: Authorized users can request their credit information by calling 1.800.839.5022.

**Q: What are the differences between the free credit report available through AnnualCreditReport.com and what I get with Credit Protection Plus™?**

**A:** The Credit Report with Credit Score you can get with Credit Protection Plus™ at no extra cost includes your credit score. If you request a free credit report from AnnualCreditReport.com, you can also request your credit score — but it will cost you extra there. In addition, the Credit Report with Credit Score that you can get with Credit Protection Plus™ offers tips for managing credit as well as access to Credit Education Specialists who can answer any questions about your credit report.\*

**Q: What should I look for once I receive my Credit Report with Credit Score?**

**A:** Reviewing your credit information on a regular basis is a great way to not only ensure it is accurate, but also to help protect you from identity theft. Review your report to ensure your personal information — current and former addresses, employment history, credit account information, etc. — is accurate.

**Q: Will requesting my Credit Report with Credit Score impact my credit score?**

**A:** No. It's considered a "soft inquiry" and does not impact your credit score.

\*Bank of America has contracted with Intersections Inc. to provide these services at no extra cost. Intersections Inc. is not affiliated with Bank of America.

## Important information regarding credit reports

### THIS NOTICE IS REQUIRED BY LAW.

You have the right to a free credit report from AnnualCreditReport.com or 1.877.322.8228, the ONLY authorized source under federal law. The federal Fair Credit Reporting Act (FCRA) gives you specific rights, which are summarized below. You may have additional rights under state law. At any time, you may request and obtain your report from a consumer reporting agency. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identity theft or fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition you are entitled to one free report every twelve months from each of the nationwide credit reporting agencies and from some specialized consumer reporting agencies. You may request your report beginning on December 1, 2004, or on a later date, depending on where in the country you live. Otherwise, the consumer reporting agency may impose a reasonable charge for the disclosure. For a reasonable charge, you may request your credit score from consumer reporting agencies that create and distribute scores used in residential real property loans and in some mortgage transactions receive credit score information for free.

The state of GA permits consumers to obtain two credit reports per credit reporting agency per year, free of charge. The states of MA, VT, CO, NJ, MD and ME permit consumers to obtain one credit report per credit reporting agency per year, free of charge. NOTICE TO IL RESIDENTS: MANY GOVERNMENT RECORDS ARE AVAILABLE FREE OR AT A NOMINAL COST FROM GOVERNMENT AGENCIES. CREDIT REPORTING AGENCIES ARE REQUIRED BY LAW TO GIVE YOU A COPY OF YOUR CREDIT RECORD UPON REQUEST, AT NO CHARGE OR FOR A NOMINAL FEE.

### Terms and conditions for the Credit Reports with Credit Scores and identity theft recovery services, which are provided at no cost.

Your order for a Credit Report with Credit Score, and use of the Identity Theft Recovery Unit, are governed by legal terms and conditions that are binding on you. The Credit Report with Credit Score and identity theft recovery assistance services are available to the protected cardholder indicated on your welcome letter. These terms and conditions will be set forth in your Credit Identity Protection Kit if you order your Credit Report with Credit Score, and in your Fraud First Aid Kit if you call the Identity Theft Recovery Unit to report an identity theft or fraud incident. If you wish to receive the terms and conditions prior to ordering a Credit Report with Credit Score or calling the Identity Theft Recovery Unit, you may call 1.800.839.5022 to request that the terms and conditions be sent to you free of charge. At any time and with 45 days notice to you, we may modify the terms and conditions of these services or cancel the services.

## Important Information about Credit Protection Plus™

Credit Protection Plus ("the Plan") is an optional product. Whether or not You purchase the Plan will not affect Your application for credit or the terms of any existing credit agreement You have with Us. You will receive additional information regarding Credit Protection Plus before you are obligated to pay for the Plan. This information will include a copy of the Terms and Conditions to the Cardholder Agreement, which is the contract containing all the terms of Credit Protection Plus.

**Waiting Period:** After you enroll in the Plan, there is a one-time, 60-day waiting period after the effective date before you can qualify for benefits for Involuntary Unemployment, Hospitalization, Disability, Leave of Absence and Loss of Life (except loss of life due to a protected accident). There is not a waiting period for life events (e.g., marriage/divorce, etc.).

**Benefits:** In return for a monthly Program Fee, the Plan can provide up to 18 Monthly Benefit Amounts in the event You incur an approved Hospitalization, Disability, Involuntary Unemployment, or Leave of Absence. You can also receive up to three (3) Monthly Benefit Amounts for any approved Life Event. In the event of Your Loss of Life, the Plan can cancel a lump sum equal to the outstanding balance on the Date of Loss or \$25,000, whichever is less. The Monthly Benefit Amount is designed to cancel up to two times the Minimum Monthly Payment on your credit card account for Hospitalization, Disability, Involuntary Unemployment and Leave of Absence events and one Minimum Monthly Payment for Life Events. Please refer to the enclosed Terms and Conditions to the Cardholder Agreement for additional details.

**Cost:** The monthly Program Fee is 85¢ per \$100 of Your Monthly Outstanding Balance up to \$25,000. For Your convenience, the fee is automatically billed to Your credit card account. During months when there is no balance and no activity on Your credit card statement, there is no charge for the Plan that month.

**Eligibility Exclusions:** There are eligibility requirements, conditions and exclusions that could prevent You from receiving benefits under the Plan. Please refer to the enclosed Terms and Conditions of Credit Protection Plus to the Credit Card Agreement for a full explanation of all requirements, conditions and exclusions.

**Termination:** If, at any time during the first thirty (30) days after the date Your protection begins, You cancel the optional Plan, all Plan fees billed to Your account will be refunded via a credit to the protected card. You have the right to cancel the Plan at any time by making a telephonic or written request to the Plan Administrator. The Plan will automatically terminate under the following circumstances: You no longer have the Enrolled Account; Your Enrolled Account is closed due to account charge-off; You suffer a loss of life; Your Enrolled Account becomes four (4) payments past due, You enter into a repayment plan for the Enrolled Account, or You conduct or attempt to conduct fraud relating to Plan benefits. We can cancel the Plan at any time.

**The Plan Administrator is CSI Processing, LLC, at Credit Protection Plus, P.O. Box 34888, Omaha, NE 68134-0888; 1.888.668.6938 between the hours of 7 a.m. - 10 p.m. Central, Monday - Friday and 8 a.m. - 4:30 p.m. Central, Saturday.**

Detach here before mailing

### **WRITTEN ACKNOWLEDGEMENT FORM: IMMEDIATE RESPONSE REQUESTED:**

Now that You have enrolled in the *optional* Credit Protection Plus™, Bank of America wants to ensure that You have received the required information for this protection. Please detach, sign and return this portion of the document to acknowledge receipt of the above stated Credit Protection Plus Terms and Conditions. You should carefully read the Terms and Conditions for a full explanation of the terms of Credit Protection Plus.

\_\_\_\_\_  
Protected Cardholder Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Protected Cardholder Name (PLEASE PRINT)

Last four digits of the Protected Account Number: 4254



20110629-563-0898

Form 54122  
80188

Brunsting004367





## Credit Protection Plus ("the Plan") – Terms and Conditions

**These Terms and Conditions are an amendment to Your Credit Card Agreement with FIA Card Services, N.A. Please read this amendment carefully as it explains the Plan details. If there is any conflict between the Credit Card Agreement and these Terms and Conditions, these Terms and Conditions shall control.**

### 1. Enrollment

You have elected to enroll in Credit Protection Plus, an optional product that can provide benefits to an Enrolled Account as further described in these Terms and Conditions. Your enrollment in the Plan is optional and whether or not You enroll in the Plan will not affect Your application for credit or the terms of any existing credit agreement You have with Us. **These Terms and Conditions include a complete explanation of the eligibility requirements, conditions and exclusions, which could prevent You from receiving benefits under the Plan. If You have questions about the Plan, please contact the Plan Administrator at 1.888.668.6938.**

### 2. General Definitions

- a) **"Authorized User"** means an Authorized User as defined in Your Credit Card Agreement.
- b) **"Benefit Activation Period"** means the total duration of time You will receive Monthly Benefit Amounts for any Protected Event, other than Loss of Life, that you incur.
- c) **"Criminal Misconduct"** means behavior committed by You that is unlawful under Federal, State or local law. If You are charged with Criminal Misconduct, eligibility for one or more Monthly Benefit Amounts or the Loss of Life Benefit will be determined upon the conclusion of the proceedings unless You are found guilty of the Criminal Misconduct.
- d) **"Effective Date"** means the date that the Enrolled Account was enrolled in Credit Protection Plus.
- e) **"Employed"** means that Your principal source of income is derived from salary, wages, or other compensation from Your employer as a result of working on a legal basis at least 20 hours per week.
- f) **"Enrolled Account"** means the credit card account noted in the Plan enrollment materials, and any other account that replaces the Enrolled Account due to fraud, a lost or stolen credit card, account conversion, or for security reasons.
- g) **"Full Time Student"** means that You attend college or university for at least 12 credit hours per semester (6 credit hours per semester for graduate students) or the equivalent thereof, in pursuit of at least a 2-year degree.
- h) **"Hospital"** means an establishment that:
  - holds a license as a hospital (if required in the state where located) or is a licensed ambulatory surgical center;
  - operates primarily for the reception, care, and treatment of sick or injured persons as in-patients in such establishment; and
  - has a staff of at least one on-site physician who is available at all times.A "Hospital" does **NOT** include an establishment that:
  - is primarily a clinic, nursing, rest, or convalescent home or a skilled nursing facility; or
  - is, other than incidentally, a place for treatment of alcoholism, drug addiction, or mental or nervous disorders.
- i) **"Independent Contractor"** means a person who exercises an independent business but who is subject to the immediate direction and control of an employer or contract.
- j) **"Monthly Benefit Amount"** means the cancellation of the following amount for each billing cycle during the Benefit Activation Period:
  - Two (2) times the Total Minimum Payment Due or the outstanding balance, whichever is less, will be cancelled as of its payment due date for Involuntary Unemployment, Disability, Hospitalization, and Leave of Absence events.
  - One (1) Total Minimum Payment Due will be cancelled as of its payment due date for Birth or Adoption of a Child, Marriage, Divorce, Retirement, Purchase or Lease of a New Residence, Entering College or Graduation events.
- k) **"Physician"** means any licensed physician other than Yourself or Your immediate family members that is certified to practice medicine in the United States of America or its territories.
- l) **"Plan Administrator"** If you have questions or to apply for benefits, **contact the Plan Administrator at 1.888.668.6938 or at Credit Protection Plus, P.O. Box 34888, Omaha, NE 68134.**
- m) **"Protected Event"** means an Involuntary Unemployment, Disability, Hospitalization, Leave of Absence, Loss of Life, Birth or Adoption of a Child, Marriage, Divorce, Retirement, Purchase or Lease of a New Residence, Entering College or Graduation event, as each is further defined and is eligible for benefits under these Terms and Conditions. A Protected Event ends when You no longer meet the eligibility requirements for the particular event or the maximum benefits have been issued for the event, whichever occurs first.
- n) **"Self-Employed"** means You are working in a business, trade or professional activity conducted with regularity and continuity by You or a legal entity that is owned and operated by You.
- o) **"Total Minimum Payment Due"** means the Total Minimum Payment Due reflected in the Enrolled Account billing statement for the applicable billing cycle.
- p) **"We," "Us" and "Our"** refer to **FIA Card Services, N.A.**
- q) **"Willful Misconduct"** means Your intentional disregard of an employer's interest, or repeated failure to follow established employer policies.
- r) **"You," "Yourself," "Your" and "Yours"** refer to the Protected Cardholder listed on the Plan enrollment materials and the Authorized User(s) listed on the Enrolled Account

### 3. Protected Events

- a. **Involuntary Unemployment** means You suffer a loss of salary or wages as a result of an involuntary loss of employment, layoff, termination, general strike, unionized labor dispute, or lockout. If You are Self Employed, the loss of employment must be caused exclusively by business (not personal) bankruptcy, failure or loss of equipment required to conduct Your business, or damage to Your business premises caused by fire, theft or natural disaster. To be eligible for the Involuntary Unemployment benefit, Your Involuntary Unemployment must meet the Eligibility requirements listed below and must not fall within one of the Exclusions listed below.

#### Eligibility

To be eligible for the Involuntary Unemployment benefit:

- You must have been Employed for at least 30 consecutive days immediately preceding the Involuntary Unemployment.
- The Involuntary Unemployment must begin 60 calendar days or more after the Effective Date and must last for a minimum of 30 consecutive days.
- You must register for state unemployment benefits and qualify for state unemployment benefits if Your state unemployment law applies to You or Your employer, and you must continue to qualify during the Benefit Activation Period.
  - If You qualify for state unemployment benefits but have reached the maximum allowable benefits offered by the state, You

must register with a recognized employment agency and You must submit proof of Your continued registration during the remainder of the Benefit Activation Period to continue Plan benefits.

- If You are a Full Time Student, Self-Employed, or work for a non-profit employer, You must register with a recognized employment agency and You will not be required to qualify for state unemployment benefits. You must submit proof of your continued registration with a recognized employment agency during the Benefit Activation Period to continue Plan benefits.
- If You are an Authorized User that was added to the Enrolled Account after the Effective Date, Your Involuntary Unemployment must begin at least 60 calendar days or more after the date You were added to the Enrolled Account to be considered eligible to receive Involuntary Unemployment benefits.

#### Exclusions

You will **NOT** be eligible for the Involuntary Unemployment benefit if any of the following apply:

- If You are a Full Time Student or You work for a non-profit employer, You will not be eligible for Involuntary Unemployment benefits if the Involuntary Unemployment is caused by voluntary loss of employment, resignation or retirement, or termination resulting from **Willful Misconduct or Criminal Misconduct**.
  - If You are Self-Employed, You will not be eligible for Involuntary Unemployment benefits if the Involuntary Unemployment is the result of business slowdown, maintenance or wear and tear of Your business equipment, or closure of business by a governmental agency.
  - If You are an Independent Contractor, You will not be eligible for Involuntary Unemployment benefits.
- b. **Hospitalization** or Hospitalized means that You are admitted to and remain in a licensed Hospital as a registered bed patient receiving care directed by a Physician. To be eligible for the Hospitalization benefit, Your Hospitalization must meet the Eligibility requirements listed below and must not fall within one of the Exclusions listed below.

#### Eligibility

To be eligible for the Hospitalization benefit:

- You must be Hospitalized for at least one (1) night in a Hospital and **the Hospitalization must begin 60 calendar days or more after the Effective Date**.
- If You are an Authorized User that was added to the Enrolled Account after the Effective Date, Your Hospitalization must begin at least 60 calendar days or more after the date You were added to the Enrolled Account to be considered eligible to receive Hospitalization benefits.

#### Exclusions

Hospitalization and Hospitalized do **NOT** include:

- confinement in a special unit of a Hospital used primarily as a nursing, rest, or convalescent home or skilled nursing facility; or
  - a Hospitalization that directly or indirectly results from any of the following:
    - attempted suicide or intentionally self-inflicted injury; or
    - Criminal Misconduct.
- c. **Disability** or Disabled means that You: (1) are Employed immediately prior to the disability (2) are disabled as the result of your injury or sickness and are unable and remain unable to perform the job or occupation You performed for Your employer immediately before you became disabled; and (3) are not receiving wages or profits for work from Your employer after You stopped working due to the disability. To be eligible for the Disability benefit, Your Disability must meet the Eligibility requirements listed below and must not fall within one of the Exclusions listed below. If you qualify for the Disability benefit, benefits will be issued starting as of the day following Your last day worked.

#### Eligibility

To be eligible for the Disability benefit:

- You must be certified by a Physician as totally Disabled and be under the continuous care of a Physician. **The Physician must certify that Your Disability began no earlier than 30 days prior to Your last day of work and no later than 30 days following Your last day of work.**
- **The Disability must begin 60 calendar days or more after the Effective Date and must last for a minimum of 30 consecutive days.**
- If You are an Authorized User that was added to the Enrolled Account after the Effective Date, Your Disability must begin at least 60 calendar days after the date You were added to the Enrolled Account to be considered eligible to receive Disability benefits.
- If after a Disability ends You return to work but are then unable to work for more than 30 days due to a continuation of the original Disability, We will not require that the new Disability continue for 30 additional days unless the causes of the Disability are different and unrelated. In this event, You may be eligible for additional benefits, which will be subject to the same limitations and eligibility criteria as the original Disability. If You return to work for more than 30 days following the end of a Disability, any subsequent request for a Disability benefit will be subject to all of the limitations, exclusions, and eligibility criteria stated herein.

#### Exclusions

You will **NOT** be eligible for the Disability benefit if the Disability results from any of the following:

- Your attempted suicide or intentionally self-inflicted injury; or
  - Your Criminal Misconduct.
- d. **Leave of Absence** means that You are Employed and You take an employer-approved unpaid leave of absence from Your employment. To be eligible for the Leave of Absence benefit, Your Leave of Absence must meet the Eligibility requirements listed below and must not fall within one of the Exclusions listed below.

#### Eligibility

To be eligible for the Leave of Absence benefit:

- You must have been Employed immediately preceding the Leave of Absence and must be granted an unpaid leave of absence by Your employer.
- **The Leave of Absence must last for a minimum of 7 consecutive calendar days and must begin 60 calendar days or more after the Effective Date.**
- If You are an Authorized User that was added to the Enrolled Account after the Effective Date, Your Leave of Absence must begin at least 60 calendar days after the date You were added to the Enrolled Account to be considered eligible to receive Leave of Absence benefits.

### Exclusions

You will **NOT** be eligible for the Leave of Absence benefit if You are Self-Employed.

- e. **Loss of Life** means that You die as a result of a cause not otherwise excluded in these Terms and Conditions. To be eligible for the Loss of Life Benefit, Your Loss of Life must meet the Eligibility requirements listed below and must not fall within one of the Exclusions listed below. **No more than one Loss of Life Benefit will be credited to the Enrolled Account.**

### Eligibility

To be eligible for the Loss of Life Benefit:

- **The Loss of Life must occur 60 calendar days or more after the Effective Date** and the Plan Administrator must receive a certified copy of the death certificate with the cause of death listed.
- If You are an Authorized User that was added to the Enrolled Account after the Effective Date, Your Loss of Life must occur at least 60 calendar days after the date You were added to the Enrolled Account to be considered eligible for Loss of Life Benefits.
- **If the loss was caused by, or directly related to, an accidental injury, the request for benefit may be considered immediately.**

### Exclusions

You will **NOT** be eligible for the Loss of Life Benefit if the Loss of Life results from any of the following:

- Your attempted suicide or intentionally self-inflicted injury; or
- Your Criminal Misconduct.

- f. **Life Events** means Your Marriage, Birth or Adoption of a Child, Purchase or Lease of a New Residence, Your Retirement, Divorce, if You become a Full Time Student Entering College or in the event of Your Graduation from college or university (undergraduate or graduate). **You are eligible for up to two (2) Life Event benefits each calendar year (from January 1 to December 31), except Retirement. The Enrolled Account is only eligible for one (1) Retirement benefit activation.**

### Eligibility

You will be required to provide the following documentation as satisfactory evidence for the specific Life Event:

- **Divorce:** provide a finalized divorce decree originally issued by a court of competent jurisdiction on or after the Effective Date.
- **Marriage:** provide a marriage certificate originally issued on or after the Effective Date.
- **Birth or Adoption of a Child:** submit birth certificate or adoption documentation originally issued on or after the Effective Date, which lists Your name as a parent or adoptive parent.
- **Purchase or Lease of a New Residence:** provide lease or settlement documentation signed by You on or after the Effective Date.
- **Graduation:** provide copy of Your diploma reflecting Your graduation from college or university (undergraduate or graduate) on or after Effective Date.
- **Entering College:** provide copy of Your transcript reflecting Your enrollment in college or university (undergraduate or graduate) on or after Effective Date.
- **Retirement:** documentation from employer indicating date of Your retirement on or after Effective Date.

Other documentation may be required by the Plan Administrator. The Plan Administrator may waive any of these requirements.

### Exclusions

Renewals of existing leases are **NOT** considered new and are not eligible for the Purchase or Lease of a New Residence benefit.

## 4. Plan Fee

We determine the Plan Fee assessed each billing cycle by multiplying the **monthly rate of \$0.85 per \$100 of the Plan balance** on the Enrolled Account for that billing cycle. **The Plan balance on the Enrolled Account is the greater of:** (1) the New Balance Total shown on the Enrolled Account's monthly billing statement for the billing cycle, less the Plan Fee billed and interest charge in that billing cycle; or, (2) the total of the Balances Subject to Interest Rate shown on the Enrolled Account's monthly billing statement for the billing cycle. No Plan Fee is assessed on the portion of the Enrolled Account Plan balance over \$25,000. The Plan Fee will be shown on the Enrolled Account's monthly billing statement and added to the balance each month. No Plan Fee will be charged in any billing cycle in which there is no balance and no activity on the Enrolled Account.

If You incur a Protected Event, for each billing cycle in the Benefit Activation Period, We will cancel the Plan Fee amount which is attributable to the Enrolled Account balance as of the payment due date for the billing cycle in which You incurred the Protected Event, regardless of whether a Monthly Benefit Amount is also issued in that billing cycle.

## 5. Benefit Amounts and Limitations

You are only eligible to receive one (1) Monthly Benefit Amount for one Protected Event during any Enrolled Account billing cycle. If you are eligible for benefits for more than one Protected Event concurrently, the benefits will apply to only one (1) Protected Event. Benefits will not accrue on the other Protected Events. For example, if you are eligible for Benefits for Disability and Hospitalization during the same three (3) billing cycles, only three (3) Monthly Benefit Amounts will be issued.

- **Monthly Benefit Amounts cancel the Total Minimum Payment Due as of the payment due date for each billing cycle during the Benefit Activation Period, and are based on the type of Protected Event:**
  - **Two (2) times the Total Minimum Payment Due or the outstanding balance, whichever is less, will be cancelled as of its payment due date for Involuntary Unemployment, Disability, Hospitalization, and Leave of Absence events.**
  - **One (1) Total Minimum Payment Due will be cancelled as of its payment due date for Life Events.**
- **Total Monthly Benefit Amounts for any one Protected Event cannot exceed the lesser of \$25,000 or Your New Balance Total as of the payment due date for the billing cycle in which You first incurred the Protected Event.**
- **If You incur an approved Involuntary Unemployment, Hospitalization, Disability or Family Leave of Absence, You will be eligible to receive Monthly Benefit Amounts for as long as the Protected Event continues, up to 18 months from the date that You first incurred the Protected Event.**
- **If You incur an approved Life Event, You are eligible to receive up to three (3) Monthly Benefit Amounts.**
- Any payments You make during an approved Benefit Activation Period will be considered additional payments applied to the Enrolled Account balance.
- If You pay a Total Minimum Payment Due on the Enrolled Account which is later canceled by the Plan, that amount will be credited to the Enrolled Account in the next applicable billing period.
- If applicable, We may also cancel certain late fees, overlimit fees and other interest charges that were applied to the Enrolled Account after You incurred a Protected Event.

- **The Loss of Life Benefit is the cancellation of Your entire Enrolled Account balance as of date of the death, up to a maximum of \$25,000.** If You have experienced any other Protected Event prior to the Loss of Life, You will **NOT** receive Monthly Benefit Amounts for those other Protected Events in addition to the Loss of Life Benefit unless You have already submitted Your request for benefits for those Protected Events and We have already issued the Monthly Benefit Amounts.
- You are not eligible for benefits if the Protected Event occurred before the Effective Date.
- You are not eligible for benefits for any Protected Event that may or is scheduled to happen in the future but which has not yet occurred.
- Any balance or amount due on the Enrolled Account that is not canceled under this Plan is Your responsibility to pay under the terms of Your Credit Card Agreement.

#### 6. Submitting a Request for Benefits

**To receive Plan benefits, Your Enrolled Account must be less than four (4) payments past due on the date of Your Protected Event and You must meet the eligibility requirements outlined in these Terms and Conditions. You will not be eligible to receive benefits if You do not notify the Plan Administrator within 300 days of the start of the Protected Event.**

Before Your request for Plan benefits is approved, You must continue to make at least the Total Minimum Payment Due for Your Enrolled Account each month. Failure to do so may result in the Enrolled Account becoming past due and/or in Your loss of any promotional rate on the Enrolled Account.

**To request benefit activation, please contact the Plan Administrator at 1.888.668.6938 or at Credit Protection Plus, P.O. Box 34888, Omaha, NE 68134.** Upon receipt of Your request, You will be required to submit sufficient documentation, as determined by the Plan Administrator, verifying your Protected Event. If You are deceased or legally incapacitated, Your estate or legal representative will be required to notify the Plan Administrator and submit the required documentation in accordance with these Terms and Conditions. If required, You will authorize Us and the Plan Administrator to contact and obtain information from third parties to verify Your Protected Event.

If You do not provide sufficient documentation to the Plan Administrator within 75 days of any such request, Your request will be closed, but may be reopened and your request for benefits considered upon submission of appropriate documentation.

If We verify that information you provided in connection with your request for benefits is inaccurate, the Enrolled Account may be charged for any cancelled payments, interest charges and fees.

#### 7. Continuation of Benefits

In order to continue to receive benefits for any Protected Event after initial approval, other than for Life Events, You will need to submit the appropriate documentation or proof requested by the Plan Administrator. Failure to do so can result in an interruption or termination of the benefit.

#### 8. Account Availability During Benefit Activation Period

You will be able to use Your Enrolled Account, subject to the Credit Card Agreement, while You are in a Benefit Activation Period. During the Benefit Activation Period, interest charges continue to accrue.

#### 9. Plan Cancellation

**You may cancel enrollment of the Enrolled Account in the Plan at any time by providing verbal or written notice to the Plan Administrator. If You cancel enrollment of the Enrolled Account within 30 days of the Effective Date, any Plan Fees billed will be credited back to the Enrolled Account.** If You re-enroll in the Plan, You will receive a new Effective Date and will be subject to all of the requirements, exclusions and limitations associated with the new Effective Date.

**Your enrollment in the Plan will automatically be cancelled if:**

- the Enrolled Account is closed with a zero balance;
- the Enrolled Account is charged off as a loss by Us;
- You suffer a Loss of Life;
- You enter into a repayment plan for the Enrolled Account; or
- You conduct or attempt to conduct fraud relating to Plan benefits.

Upon cancellation, no further Plan Fee will be charged to the Enrolled Account, and Protected Events that occur after Plan cancellation will not be eligible for benefits.

**Your enrollment in the Plan will automatically be suspended when the Enrolled Account is four (4) payments past due.** You will not be assessed a Plan Fee while the Plan is suspended and You will not be eligible for benefits for any Protected Event that You incur while the Plan is suspended. The Plan will automatically be reinstated on the first day of the billing cycle immediately following a payment that brings the Enrolled Account less than four (4) payments past due.

If We change the Enrolled Account due to fraud on the Enrolled Account, for security reasons, a lost or stolen card, or for account conversion, Your Plan protection will automatically be transferred to Your new credit card account. If You close the Enrolled Account and later reopen that account, the reopened account will **NOT** automatically be enrolled in the Plan.

**We may cancel the Plan at any time for any reason other than what is listed above; on at least 45 days advance written notice to You.**

#### 10. Change to Plan Terms

We may make changes to the Plan at any time. We will provide You with at least 45 days advance written notice of any such change. If any such change does not increase the Plan Fee and is otherwise favorable to You, we may elect not to provide You with notice.

#### 11. Potential Tax Impact

Any Monthly Benefit Amount or cancellation of outstanding balance on the Enrolled Account may be considered taxable income to You or Your estate. If You have any questions about the tax implications of Your enrollment in the Plan or of any benefits You receive, please consult a tax advisor.

#### 12. Arbitration

If claims under Your Credit Card Agreement are subject to an arbitration clause, that clause applies to any claims or disputes regarding the Plan.

#### 13. Waiver

A waiver of one or more Plan requirements by Us or the Plan Administrator does not require Us to waive that same requirement in any other situation, in the same situation in the future, or for any other cardholder or Authorized User, nor does it constitute a waiver of any other Plan requirement.

HUMAN RESOURCES  
SERVICE CENTER  
PO BOX 436  
LITTLE FALLS, NJ 07424



**Return Service Requested**



009953 RKDK6ATA  
NELVA E BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079



FOR INFORMATION CALL  
HUMAN RESOURCES SERVICE CENTER  
1-888-TALK2HR



**PAY ON: 08/31/2011**

**NOTIFICATION OF ELECTRONIC FUNDS TRANSFER**

CHEVRON RETIREMENT PLAN  
CHEVRON  
NELVA E BRUNSTING  
83 028835100  
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$703.78	\$5,630.24
VOLUNTARY SUPP	\$73.03	\$584.24
INTEREST ADJUST		
GROSS BENEFIT	\$776.81	\$6,214.48
MEDICAL	\$176.10	\$1,408.80
NET PAYMENT AMOUNT	\$600.71	\$4,805.68

RD&A1237 009953 237203315053 NNNNN NNNNN NNNNNNNNN 000001

Advice Number: 3301669524  
Pay Date: 08/31/2011



Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	\$600.71

**NON-NEGOTIABLE**

**DEPOSIT ADVICE**

HUMAN RESOURCES  
SERVICE CENTER  
PO BOX 436  
LITTLE FALLS, NJ 07424



**Return Service Requested**



010607 RKDK5ATA  
NELVA E BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079



FOR INFORMATION CALL  
HUMAN RESOURCES SERVICE CENTER  
1-888-TALK2HR



**PAY ON: 01/31/2011**

**NOTIFICATION OF ELECTRONIC FUNDS TRANSFER**

CHEVRON RETIREMENT PLAN  
CHEVRON  
NELVA E BRUNSTING  
83 028835100  
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$703.78	\$703.78
VOLUNTARY SUPP	\$73.03	\$73.03
INTEREST ADJUST		
GROSS BENEFIT	\$776.81	\$776.81
MEDICAL	\$176.10	\$176.10
NET PAYMENT AMOUNT	\$600.71	\$600.71

FEDERAL AND STATE TAX  
TABLES HAVE BEEN UPDATED  
FOR TAX YEAR 2011.  
WITHHOLDINGS MAY DIFFER  
FROM PAST PAYMENTS.

RD5A1025 010607 025171608053 NNNNN NNNNN NNNNNNNN 000001

Advice Number: 3301477963  
Pay Date: 01/31/2011



Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	\$600.71

**NON-NEGOTIABLE**

**DEPOSIT ADVICE**

**IF YOU ARE SATISFIED WITH YOUR PRESENT FEDERAL WITHHOLDING,  
NO FURTHER ACTION IS REQUIRED**

**For Initiating, Changing or Revoking Withholding Election**

You have the right to **change** or **revoke** any election made by you to have or not to have Federal Income Tax withheld from your pension. To change or revoke your election, please call the toll free number reflected on your check or advice.

If you elect not to have withholding apply to your pension payment, or if you do not have enough Federal Income Tax withheld, you may be responsible for the payment of estimated tax. Penalties may apply under the estimated tax rules if your withholding does not meet certain guidelines.

**Please contact your tax advisor for any specific tax related questions.**

**2010 Tax Form Mail Dates**

1099-R, 1099-MISC and W-2 tax forms - by January 31, 2011

1042-S tax forms - by March 15, 2011

480.7C forms (Puerto Rico) - by February 28, 2011

For TY2011

HUMAN RESOURCES  
SERVICE CENTER  
PO BOX 436  
LITTLE FALLS, NJ 07424



**Return Service Requested**

007393 RKDK6ATA



NELVA E BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079



FOR INFORMATION CALL  
HUMAN RESOURCES SERVICE CENTER  
1-888-TALK2HR



**PAY ON: 09/30/2011**

**NOTIFICATION OF ELECTRONIC FUNDS TRANSFER**

CHEVRON RETIREMENT PLAN  
CHEVRON  
NELVA E BRUNSTING  
83 028835100  
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$703.78	\$6,334.02
VOLUNTARY SUPP	\$73.03	\$657.27
INTEREST ADJUST		
GROSS BENEFIT	\$776.81	\$6,991.29
MEDICAL	\$176.10	\$1,584.90
NET PAYMENT AMOUNT	\$600.71	\$5,406.39

RD6A1286 007393 268204027063 NNNNNN NNNNN NNNNNN NNNNNN 000001

Advice Number: 3301696854  
Pay Date: 09/30/2011



Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	\$600.71

**NON-NEGOTIABLE**

**DEPOSIT ADVICE**



HUMAN RESOURCES  
SERVICE CENTER  
PO BOX 436  
LITTLE FALLS, NJ 07424



**Return Service Requested**



009915 RKDK6ATA

NELVA E BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079



FOR INFORMATION CALL  
HUMAN RESOURCES SERVICE CENTER  
1-888-TALK2HR



**PAY ON: 10/31/2011**

**NOTIFICATION OF ELECTRONIC FUNDS TRANSFER**

CHEVRON RETIREMENT PLAN  
CHEVRON  
NELVA E BRUNSTING  
83 028835100  
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$703.78	\$7,037.80
VOLUNTARY SUPP	\$73.03	\$730.30
INTEREST ADJUST		
GROSS BENEFIT	\$776.81	\$7,768.10
MEDICAL	\$176.10	\$1,761.00
NET PAYMENT AMOUNT	\$600.71	\$6,007.10

RD5A1298 009915 298200105063 NNNNN NNNNN NNNNN NNNNN NNNNN 000001

Advice Number: 3301724228  
Pay Date: 10/31/2011



Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	\$600.71

**NON-NEGOTIABLE**

**DEPOSIT ADVICE**



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DALLAS: (214) 389-1500  
TACLA013422E  
MPL 10565  
TECL 17976  
TPCL 12430 PT

PO BOX 79589, HOUSTON, TX 77279-9589

SERVICE REPORT Page \_\_\_\_\_ of \_\_\_\_\_

TICKET NO. 211365

DATE	10-23-09	NAME	Nelva Brunsting
PURCHASE ORDER NO.			
HVAC	PLUMBING <input checked="" type="checkbox"/>	STREET	13630 Pinetock
JOB NO.		CITY	
		ZIP	
		KM#	489A
		ATTN	

INVENTORY NO.  RESIDENTIAL  COMMERCIAL  PARTS ON ORDER  COMPLETE  INCOMPLETE  RESCHEDULE  INSTALL

CD	ID	DESCRIPTION	QTY.	PRICE	DESCRIPTION OF WORK PERFORMED
					PROBLEM REPORTED:
					SERVICE PERFORMED:
					Water leak about 4ft past The meter 450.00 to start upto 11ft of digging
					dug up water line Meter not turning - turned off water
					Water coming up from further under ground appears to be city leak
					Left hole open for inspection
					RECOMMENDATIONS: Marked hole

HRS	RATE	TOTAL			ADDITIONAL INFORMATION:
HRS	RATE	TOTAL	TOTAL MATERIAL		
NAME OF HELPERS			TOTAL LABOR		
START	3:00	COMPLETE	FLAT RATE PRICE	125.00	SP HP SH CA FA SD RD TD BA
START		COMPLETE	RENTAL: EQUIP.		SP HP SH CA CV FA SD RD TD BA BS
SERVICE TECHNICIAN - NAME & TRUCK #			TAX		CUSTOMER SIGNATURE
Robert W 119			FREIGHT, OTHER		<input checked="" type="checkbox"/> I D MAKE
<input type="checkbox"/> CHECK	6405		TOTAL AMOUNT		CAP. MODEL
<input type="checkbox"/> CASH					SERIAL NUMBER
<input type="checkbox"/>					LOCATION
<input type="checkbox"/> VISA	<input type="checkbox"/> M.C.	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMEX		VOLT. CUSTOMER ID

AGREEMENT: The above work has been satisfactorily performed, as described and the above signed agrees to pay for said work. If any outstanding balance remains after the 10th of the month following the date of invoice, purchaser understands and agrees to pay interest at a rate of 1.5% per month. I have read and acknowledge the LIMITED WARRANTY AND TERMS & CONDITIONS ON BACK.

WHITE: FILE YELLOW: CUSTOMER

Thank You

**Mr. Pham Chan**  
 13410 Beechglan Lane  
 Houston, Texas 77083  
 Cell: 832-283-1755

Invoice: .....  
 Date: 4/14/11

NAME: .....

ADDRESS: 13630 Pineroe2 .....

CITY, STATE: .....

PHONE: .....

DESCRIPTION	AMOUNT
Liquid & Dry Lawn Service	
Full Service 3 - 24 - 11	25
Partial Service	
Landscaping 4 - 1 - 11	25
Clean-up	
Mulching 4 - 8 - 11	25
Tree Trimming	
Tree Cutting 4 - 14 - 4	25
Fertilizer	
Planting Bushes	
Planting Flowers	
Labor	
Thank You Apr. 4/14	SUB-TOTAL
	SALES TAX
	<b>TOTAL</b> 100.00

Mr. Pham Chan  
 13410 Beechglan Lane  
 Houston, Texas 77083  
 Cell: 832-283-1755

Invoice: .....

Date: 5/13/11

NAME: .....

ADDRESS: 12630 pinewood

CITY, STATE: .....

PHONE: .....

DESCRIPTION	AMOUNT	
Liquid & Dry Lawn Service		
Full Service 4 21 - 11	25	
Partial Service		
Landscaping 4 28 - 11	25	
Clean-up		
Mulching 5 5 - 11	25	
Tree Trimming		
Tree Cutting 5 13 - 11	25	
Fertilizer		
Planting Bushes		
Planting Flowers		
Labor		
Thank You	SUB-TOTAL	
	SALES TAX	
	<b>TOTAL</b>	100 9
Pd. 5/13 Check # 222		

**Mr. Pham Chan**  
 13410 Beechglan Lane  
 Houston, Texas 77083  
 Cell: 832-283-1755

Invoice: .....

Date: 8/26/11

NAME: .....

ADDRESS: 13630 pinerock

CITY, STATE: .....

PHONE: .....

DESCRIPTION	AMOUNT
Liquid & Dry Lawn Service	
Full Service 7 - 29 - 11	25
Partial Service	
Landscaping 8 - 5 - 11	25
Clean-up	
Mulching 8 - 12 - 11	25
Tree Trimming	
Tree Cutting 8 - 19 - 11	25
Fertilizer	
Planting Bushes 8 - 26 - 11	25
Planting Flowers	
Labor	
<i>Thank You</i>	SUB-TOTAL
	SALES TAX
	TOTAL <u>128 00</u>



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**QUESTIONS OR COMMENTS?**

CenterPoint Energy  
PO BOX 2628  
HOUSTON TX 77252-2628  
Billing & Service:  
In Houston Area 713-659-2111  
Toll Free 1-800-752-8036  
Monday-Friday Call 7 a.m. - 6 p.m.  
CenterPointEnergy.com

**YOUR ACCOUNT IS PAST DUE**  
**YOUR LAST DAY TO PAY THE PAST DUE AMOUNT OF \$265.10 IS ON 04/17/2011 TO AVOID YOUR SERVICE BEING DISCONNECTED.**  
**THIS IS THE ONLY CUT-OFF NOTICE YOU WILL RECEIVE.**

2200

**Keep this part of your bill.**

Customer name **ELMER H BRUNSTING**  
Account number **3850291-0**  
Date mailed **04/07/2011**  
**Date due 04/22/2011**  
**Total amount due \$ 323.62**

**ACCT SUMMARY**

Gas charges  
Previous balance \$265.10  
Payment 0.00  
Balance forward \$ 265.10  
Current billing 58.52  
**Total amount due \$323.62**

*pd. H 12*

**SERVICE ADDRESS**

13630 Pinerock Ln  
Houston TX 77079-5914

**YOUR GAS USAGE**

30 Day billing period 03/01/2011 to 03/31/2011  
Current reading 03/31/2011 933  
Previous reading 03/01/2011 873  
Metered usage 1 CCF = 100 cubic feet of gas 60  
Meter # 3798500640542

**YOUR BILL IN DETAIL**

Customer charge R-2080 \$13.54  
Base amount 60 CCF @ \$0.03080/CCF 1.85  
Gas cost adjustment 60 CCF @ \$0.63550/CCF 38.13  
Rate case surcharge 0.24  
Hurricane cost surcharge 0.12  
Reimbursement of local franchise fee 2.90  
Reimbursement of State GRT 1.16  
City sales tax 1.00% 0.58

**Total current charges \$58.52**

**IMPORTANT NOTICE - TEXAS CUSTOMERS**

The bill for your natural gas service is seriously past due. Please note that your regular bill also serves as a "Disconnect Notice" and should receive your immediate attention.  
If your payment is not received in our office by the specified date for the past due balance, a collection charge may be made or your service may be disconnected without further notice  
If service is disconnected, you must pay your bill in full in addition to a reconnect charge. Your deposit requirement will be re-evaluated and may be increased if necessary to cover payment for future service.



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QUESTIONS OR COMMENTS?

**EL PAGO DE TU CUENTA ESTÁ VENCIDO**  
**EL ÚLTIMO DÍA PARA PAGAR TU MONTO VENCIDO DE \$265.10 ES EL 04/17/2011 PARA EVITAR QUE TU SERVICIO SEA DESCONECTADO.**

**ÉSTE ES EL ÚNICO AVISO DE CORTE QUE RECIBIRÁS.**

2200



Always There.®

Keep this part of your bill.

Customer name	ELMER H BRUNSTING
Account number	3850291-0
Date mailed	04/07/2011
<b>Date due</b>	<b>04/22/2011</b>
<b>Total amount due</b>	<b>\$ 323.62</b>

If you or any permanent occupant of your premises is seriously ill, or may be made seriously ill by discontinuance of service, a limited extension of time may be obtained if requested before the disconnect date shown on the bill and supported by a hand written statement by a licensed physician.

The address, telephone number, and office hours of your local CenterPoint Energy office are shown in the upper left hand corner of your bill.

When service has been disconnected for non-payment, the reconnection of service will be worked on or after the following business day after payment has been received.

If you have already paid the amount noted as past due, please disregard this notice.

### AVISO DE DESCONEXIÓN

### AVISO IMPORTANTE - CLIENTES DE TEXAS

La cuenta de tu servicio de gas natural está seriamente vencida. Por favor ten en cuenta que tu cuenta regular también sirve como un "Aviso de Desconexión" y es importante que lo atiendas de inmediato.

Si tu pago no es recibido en nuestra oficina en la fecha indicada para el saldo vencido, se podrá hacer un cargo por cobranza o tu servicio podrá ser desconectado sin nuevo aviso.

Si el servicio es desconectado será necesario que pagues el total de la cuenta, además de un cargo por reconexión. Tus requisitos de depósito serán re-evaluados y éste podrá ser aumentado si es necesario para cubrir el pago por servicio futuro.

Si tú o cualquier ocupante permanente del inmueble está gravemente enfermo o puede ponerse gravemente enfermo por la suspensión del servicio, se podrá obtener una prórroga limitada si ésta es solicitada antes de la fecha de desconexión que aparece en la cuenta, y es respaldada por un informe escrito a mano proveniente de un médico autorizado.

La dirección, el número de teléfono y horas de oficina de tu oficina local de CenterPoint Energy aparecen en el ángulo superior izquierdo de tu cuenta.

Cuando el servicio ha sido desconectado por la falta de pago, es necesario que pagues todos los saldos pendientes. El servicio será reconectado el siguiente día de trabajo después de que CenterPoint Energy haya recibido el pago.



Always There.®

Keep this part of your bill.

Customer name	ELMER H BRUNSTING
Account number	3850291-0
Date mailed	04/07/2011
<b>Date due</b>	<b>04/22/2011</b>
<b>Total amount due</b>	<b>\$ 323.62</b>

QUESTIONS OR COMMENTS?

CenterPoint Energy  
 PO BOX 2628  
 HOUSTON TX 77252-2628  
 Billing & Service:  
 In Houston Area 713-659-2111  
 Toll Free 1-800-752-8036  
 Monday-Friday Call 7 a.m. - 6 p.m.  
 CenterPointEnergy.com

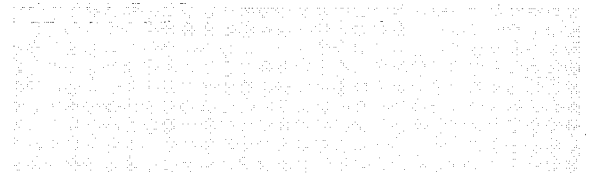
Si ya pagaste la cantidad indicada como vencida, por favor haz caso omiso de este aviso.

2200

Page 3 of 3



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 (281) 580-8899  
 (281) 364-7399 FAX

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 License #20433

CONTRACT/RETAIL INSTALLMENT

168810

489-A

DATE: 01 '04' 11

Brunsting004385

JOB ADDRESS	BILLING ADDRESS IF DIFFERENT	SERVICE ORDER																				
CUSTOMER NAME: <b>NELVA BRUNSTING</b>	CUSTOMER NAME:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:100%;">TYPE</th> <th style="width:10%; text-align: center;">✓</th> </tr> <tr> <td>SERVICE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>PREV MAINT</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>ADVANTAGE PLAN™ MEMBER</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>ESTIMATE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>OPPORTUNITY CALL</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>OWNER</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>TENANT</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>RESIDENTIAL</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>COMMERCIAL</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	TYPE	✓	SERVICE	<input type="checkbox"/>	PREV MAINT	<input type="checkbox"/>	ADVANTAGE PLAN™ MEMBER	<input type="checkbox"/>	ESTIMATE	<input type="checkbox"/>	OPPORTUNITY CALL	<input type="checkbox"/>	OWNER	<input type="checkbox"/>	TENANT	<input type="checkbox"/>	RESIDENTIAL	<input type="checkbox"/>	COMMERCIAL	<input type="checkbox"/>
TYPE	✓																					
SERVICE	<input type="checkbox"/>																					
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OWNER	<input type="checkbox"/>																					
TENANT	<input type="checkbox"/>																					
RESIDENTIAL	<input type="checkbox"/>																					
COMMERCIAL	<input type="checkbox"/>																					
ADDRESS: <b>13630 PINE ROCK</b>	ADDRESS:																					
CITY: <b>HOUSTON TX</b> ZIP: <b>77079</b> JOB PHONE:	CITY: ST: ZIP: OTHER PHONE:																					
EMAIL:	TECHNICIAN (S): <b>196</b> CONTACT:																					

<input checked="" type="checkbox"/> PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> BILLED <input type="checkbox"/> AE <input type="checkbox"/> MC <input checked="" type="checkbox"/> DI CREDIT CARD # <b>4037 6600 1389 6626</b> EXP DATE <b>10/11</b> AUTH CODE	<input checked="" type="checkbox"/> EQUIPMENT <input type="checkbox"/> H/ SCRUB (SMALL) <input type="checkbox"/> H/ SCRUB (TRAILER) <input type="checkbox"/> CAMERA <input type="checkbox"/> PIPE LOCATOR <input type="checkbox"/> CABLE MACHINE <input type="checkbox"/> BACKHOE <input type="checkbox"/> TRENCHLESS <input type="checkbox"/> OTHER
---	--

**SERVICE AUTHORIZATION** I AGREE THAT INITIAL PRICE QUOTED PRIOR TO START OF WORK DOES NOT INCLUDE ANY ADDITIONAL OR UNFORESEEN TASKS, NOR MATERIALS WHICH MAY BE FOUND TO BE NECESSARY TO COMPLETE REPAIRS OR REPLACEMENTS. I ALSO AGREE TO HOLD MR. ROOTER OR ITS ASSIGNS HARMLESS FOR PARTS DEEMED CORRODED, UNUSABLE OR UNRELIABLE FOR COMPLETION OF STATED WORK TO BE DONE. I HEREBY AUTHORIZE MR. ROOTER TO PERFORM PROPOSED WORK AND AGREE TO ALL AGREEMENT CONDITIONS AS DISPLAYED ON THE FACE AND REVERSE SIDES OF THIS DOCUMENT AND FURTHER ACKNOWLEDGE THAT THIS INVOICE IS DUE UPON RECEIPT.

An Independently Owned and Operated Franchise AUTHORIZED SIGNATURE **X Melva Brunsting** \$268.17

**DIAGNOSIS** **WC CLEAR MAIN TOILET IN HALL**

TASK #	WARRANTY	DESCRIPTION OF PRODUCTS AND SERVICES	APPROVAL INITIAL	STANDARD RATE	MEMBER RATE	YOU SAVE
SVC001	N/A	DIAGNOSTIC ANALYSIS (waived when service performed)		\$49.95	complimentary	
CO0510T	30 DAY	CLEAR REMOVING WATER CLOSET	X NB	315.49	268.17	47.32
		<b>TASK (s) TOTAL</b>		\$	\$ 268.17	

<b>RECOMMENDATIONS</b>	<b>Advantage Plan™ Members save money!</b>
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <b>ADVANTAGE PLAN™</b> <input type="checkbox"/> \$
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <b>SUB TOTAL</b> \$
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <b>TAX</b> \$
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <b>TOTAL</b> \$ 268.17

ACCEPTANCE OF WORK PERFORMED: I FIND THE SERVICE AND MATERIALS PERFORMED AND INSTALLED HAVE BEEN COMPLETED IN ACCORDANCE WITH THIS AGREEMENT. I AGREE TO PAY REASONABLE ATTORNEY FEES, COLLECTION FEES AND COURT COSTS IN THE EVENT OF LEGAL ACTION PURSUANT TO COLLECTION OF AMOUNT DUE.

I DO HEREBY STATE THAT THE ABOVE WORK HAS BEEN DONE IN A WORKMANLIKE MANNER AND TO APPLICABLE CODES.

CUSTOMER SIGNATURE **X Melva Brunsting**  
 TECHNICIAN SIGNATURE **X [Signature]**



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 (281) 364-7399 FAX

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 License #20433

CONTRACT/RETAIL INSTALLMENT

168523

DATE: 01/09/11

JOB ADDRESS				BILLING ADDRESS IF DIFFERENT				SERVICE ORDER							
CUSTOMER NAME: <i>Nelva Bronsting</i>				CUSTOMER NAME:											
ADDRESS: <i>13630 Pine rock</i>				ADDRESS:				<b>TYPE</b> <input checked="" type="checkbox"/>							
CITY: <i>Houston</i>		ST:		ZIP: <i>77079</i>		JOB PHONE:		CITY:		ST:		ZIP:		OTHER PHONE:	
EMAIL:				TECHNICIAN(S): <i>Victor M</i>				CONTACT:				<input type="checkbox"/> SERVICE <input type="checkbox"/> PREV MAINT <input type="checkbox"/> ADVANTAGE PLAN™ MEMBER <input type="checkbox"/> ESTIMATE <input checked="" type="checkbox"/> OPPORTUNITY CALL <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL			
<input checked="" type="checkbox"/> PAYMENT								<input checked="" type="checkbox"/> EQUIPMENT							
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> BILLED <input type="checkbox"/> AE <input type="checkbox"/> MC <input type="checkbox"/> VI <input type="checkbox"/> DI CREDIT CARD #				EXP DATE				AUTH CODE				<input type="checkbox"/> H/ SCRUB (SMALL) <input type="checkbox"/> H/ SCRUB (TRAILER) <input type="checkbox"/> CAMERA <input type="checkbox"/> PIPE LOCATOR <input type="checkbox"/> CABLE MACHINE <input type="checkbox"/> BACKHOE <input type="checkbox"/> TRENCHLESS <input type="checkbox"/> OTHER			
<b>SERVICE AUTHORIZATION</b> I AGREE THAT INITIAL PRICE QUOTED PRIOR TO START OF WORK DOES NOT INCLUDE ANY ADDITIONAL OR UNFORESEEN TASKS, NOR MATERIALS WHICH MAY BE FOUND TO BE NECESSARY TO COMPLETE REPAIRS OR REPLACEMENTS. I ALSO AGREE TO HOLD MR. ROOTER OR ITS ASSIGNS HARMLESS FOR PARTS DEEMED CORRODED, UNUSABLE OR UNRELIABLE FOR COMPLETION OF STATED WORK TO BE DONE. I HEREBY AUTHORIZE MR. ROOTER TO PERFORM PROPOSED WORK AND AGREE TO ALL AGREEMENT CONDITIONS AS DISPLAYED ON THE FACE AND REVERSE SIDES OF THIS DOCUMENT AND FURTHER ACKNOWLEDGE THAT THIS INVOICE IS DUE UPON RECEIPT.												An Independently Owned and Operated Franchise <b>AUTHORIZED SIGNATURE</b> <i>X</i>			
DIAGNOSIS				<i>Main line is stop previous tech cable line thru toilet join (146845)</i>											
TASK #	WARRANTY	DESCRIPTION OF PRODUCTS AND SERVICES						APPROVAL INITIAL	STANDARD RATE	MEMBER RATE	YOU SAVE				
SVC001	N/A	DIAGNOSTIC ANALYSIS (waived when service performed)							\$49.95	complimentary					
00510T	N/A	<i>clear Removing water closet            we pull toilet in Hall Bathroom.            run cable 50-60 ft. pull baby wipes            we recommend the use of baby wipe.</i>							315.49	269.17					
<b>TASK (s) TOTAL</b>								\$	\$	\$					
<b>RECOMMENDATIONS</b>								<b>Advantage Plan™ Members save money!</b> <input type="checkbox"/> ADVANTAGE PLAN™ \$ <input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <b>SUB TOTAL</b> \$ <input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <b>TAX</b> \$ <input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <b>TOTAL</b> \$							
ACCEPTANCE OF WORK PERFORMED: I FIND THE SERVICE AND MATERIALS PERFORMED AND INSTALLED HAVE BEEN COMPLETED IN ACCORDANCE WITH THIS AGREEMENT. I AGREE TO PAY REASONABLE ATTORNEY FEES, COLLECTION FEES AND COURT COSTS IN THE EVENT OF LEGAL ACTION PURSUANT TO COLLECTION OF AMOUNT DUE.								<b>CUSTOMER SIGNATURE</b> <i>X</i> <i>Ronald Cant</i>							
I DO HEREBY STATE THAT THE ABOVE WORK HAS BEEN DONE IN A WORKMANLIKE MANNER AND TO APPLICABLE CODES.								<b>TECHNICIAN SIGNATURE</b> <i>X</i> <i>[Signature]</i>							

MR 331 Type 2-without notice of cancellation  
 Rev. 11/06

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Bloomington IL 61702-2329

AT1 1012-3220-25 3502-F109 53

013342  
BRUNSTING, ELMER H & NELVA  
13630 PINEROCK LN  
HOUSTON TX 77079-5914



ST 0101-C00S08

**\*\* POLICIES ON ACCOUNT \*\***

2000 BUICK 073 1538-C07-53D	66.29
PERSONAL UMBRELLA 53-85-8985-5	20.50
HOMEOWNERS 53-08-8074-0	202.25
CURRENT INSTALLMENT	<u>\$289.04</u>

**\*\* CURRENT CHANGES \*\***

HOMEOWNERS  
53-08-8074-0  
Renewal premium changed.

**NOTICE OF PAYMENT DUE**

ACCOUNT NUMBER 1012-3220-25  
Monthly Account

DATE DUE SEP 1, 2011 PLEASE PAY THIS AMOUNT SEE NOTE

**\*\* BILLING SUMMARY \*\***

Last Amount Billed	\$300.62
Last Amount Paid AUG 1, 2011	-300.62
Difference	0.00
Current Installment	289.04
Service Charge	1.00
Total Amount Due By SEP 1, 2011	<u>\$290.04</u>

Changes completed after 8-01-11 will appear on the next notice.

**NOTE: Recurring payment of \$290.04 will be entered SEP 1, 2011 through your financial institution.**

**Future notices will only be mailed if your amount due changes. Please continue to account for this amount in your financial records each month.**

**Elect paperless billing for your SFPP account. Login at statefarm.com® and click the "Turn off SFPP Paper Bills" link under your listed insurance policies. You will receive an e-mail when your bill is available for viewing at statefarm.com**

*Thanks for letting us serve you...*

Agent Telephone Darrell Williams 281-496-3360

87 4566 0834

Prepared Date AUG 1 2011

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT.

NAME	BRUNSTING, ELMER H & NELVA	
ACCOUNT NUMBER	1012-3220-25	Monthly Account

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM.

DATE DUE SEP 1, 2011 PLEASE PAY THIS AMOUNT SEE NOTE

Please contact your State Farm agent to make any policy changes.

2500109201  
Insurance Support Center  
P.O. Box 680001  
Dallas, TX 75368-0001



107702.18 08-31-2010 (01a0801k)

(01v080pa)  
01v0803a

For office use only Prepared AUG 1 2011 15014 3502-F109 53

SFPP BILL SEE NOTE 0920

100126300029004 200101232202511325>

Brunsting004387



**State Farm Fire and Casualty Company**

8900 Amberglen Boulevard  
Austin, TX 78729-1110

AT1 P-25- 3502-F109 L F  
001663  
**BRUNSTING, ELMER H & NELVA E**  
13630 PINEROCK LN  
HOUSTON TX 77079-5914

**RENEWAL CERTIFICATE**

**POLICY NUMBER** 53-85-8985-5

Personal Liability Umbrella Policy  
MAR 06 2011 to MAR 06 2012

**BILLED THROUGH SFPP**

**COVERAGES AND LIMITS**

L Personal Liability \$2,000,000  
Self-Insured Retention 1,000

**UNDERLYING EXPOSURES**

Our records show the following underlying information. This information was used in determining the rate of the policy.

**AUTOMOBILE EXPOSURES**

Automobile(s) 1  
Automobile Operator(s) 1

**OTHER LIABILITY EXPOSURES**

Personal Residential

**Annual Premium \$246.00**

SFPP No:1012322025

**Forms and Endorsements**

Personal Liability Umbrella FP-7950.2  
Amendatory Endorsement FE-7643.5  
Fuel Oil Exclusion FE-5837

**\*Notify your agent immediately if the above listed Coverages and/or Underlying Exposures are incorrect. Your Coverages and/or bill can be affected if this information is not correct.**

**The Class 50 Discount has reduced the premium on your policy by \$62.00**

**Required Underlying Insurance on reverse side**

138-3076 f.B 10-11-2010 (01F3085B)

*Thanks for letting us serve you...*

**Agent DARRELL WILLIAMS**  
Telephone (281) 496-3360

*Moving? See your State Farm agent.  
See reverse for important information.*

Prepared JAN 20 2011

**CONTINUED FROM FRONT**

**Required Underlying Insurance**

(Terms in Bold in this section are defined in the policy)

Minimum Underlying Limits

<u>Type of Policy</u>	<u>Combined Limits (Bodily Injury and Property Damage)</u>	or	<u>Split Limits</u>
<b>Automobile Liability</b>	<b>\$ 325,000</b>	Bodily Injury-	<b>\$ 100,000</b> Per Person <b>\$ 300,000</b> Per Accident
		Property Damage-	<b>\$ 25,000</b> Per Accident
<b>Recreational Motor Vehicle Liability</b> Including Passenger Bodily Injury	<b>\$ 325,000</b>	Bodily Injury-	<b>\$ 100,000</b> Per Person <b>\$ 300,000</b> Per Accident
		Property Damage-	<b>\$ 25,000</b> Per Accident
<b>Personal Residential Liability</b>	<b>\$ 100,000</b>		
<b>Watercraft Liability</b>	<b>\$ 100,000</b>		

**NOTICE TO POLICYHOLDER:**

Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Effective Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Effective Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.

Please keep this with your policy.



## IMPORTANT NOTICE

To obtain information or make a complaint:

You may call State Farm®'s toll-free telephone number for information or to make a complaint at:

**1-800-252-7645**

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

**1-800-252-3439**

You may write the Texas Department of Insurance:

P.O. Box 149104  
Austin, TX 78714-9104  
Fax: (512) 475-1771  
Web: <http://www.tdi.state.tx.us>  
E-mail: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

To obtain price and policy form comparisons and other information relating to residential property insurance and personal automobile insurance, you may visit the Texas Department of Insurance/ Office of Public Insurance Counsel website:

**[www.helpinsure.com](http://www.helpinsure.com)**

### **PREMIUM OR CLAIM DISPUTES:**

Should you have a dispute concerning your premium or about a claim you should contact the agent first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

### **ATTACH THIS NOTICE TO YOUR POLICY:**

This notice is for information only and does not become a part or condition of the attached document.

3/08 (C)

## AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de State Farm® para informacion o para someter una queja al:

**1-800-252-7645**

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

**1-800-252-3439**

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104  
Austin, TX 78714-9104  
Fax: (512) 475-1771  
Web: <http://www.tdi.state.tx.us>  
E-mail: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

Para obtener formas de comparacion de precios y poliza y otra informacion acerca del seguro de propiedad residencial y del seguro de autom6vil, visite el sitio web del Departamento de Seguros de Texas y la Oficina del Asesor Publico de Seguros:

**[www.helpinsure.com](http://www.helpinsure.com)**

### **DISPUTAS SOBRE PRIMAS O RECLAMOS:**

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el agente primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

### **UNA ESTE AVISO A SU POLIZA:**

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

153-5433 TX.1



# Medicare Summary Notice

June 22, 2011

## CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-8905D

If you have questions, call  
**1-800-MEDICARE**  
**(1-800-633-4227) (#04402)**  
 TX

**Ask for Doctor Services**  
 TTY for hearing impaired: 1-877-486-2048

NELVA E BRUNSTING  
 13630 PINEROCK  
 HOUSTON TX 77079-5914

**BE INFORMED:** You may see some claims that have been adjusted. For an explanation see the General Information section.

This is a summary of claims processed from 04/11/2011 through 06/22/2011.

## PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 28-11152-237-060						
Acs Primary Care Physicians, P O Box 636018, Cincinnati, OH 45263-6018						
Dr. Wade, Shawna						
05/16/11	1.0 Emergency dept visit (99285)	\$860.00	\$171.85	\$137.48	\$34.37	
05/16/11	1.0 Electrocardiogram report (93010)	78.00	8.93	7.14	1.79	
	<b>Claim Total</b>	<b>\$938.00</b>	<b>\$180.78</b>	<b>\$144.62</b>	<b>\$36.16</b>	
Claim number 22-11159-357-060						
Amrit N Achari MD PA, 8915 Gaylord St, Houston, TX 77024-2903						
Referred by: Szema, Robert Scott						
Dr. Achari, M.						
06/06/11	1.0 Initial hospital care (99223)	\$450.00	\$196.45	\$157.16	\$39.29	
Dr. Achari, M.						
06/07/11	1.0 Subsequent hospital care (99233)	250.00	100.68	80.54	20.14	
	<b>Claim Total</b>	<b>\$700.00</b>	<b>\$297.13</b>	<b>\$237.70</b>	<b>\$59.43</b>	

**THIS IS NOT A BILL - Keep this notice for your records.**

547769265

**IMPORTANT INFORMATION**  
**You Should Know About Your Medicare Part B Benefits**

**For more information about services covered by Medicare, please see your Medicare Handbook.**

**MEDICARE PART B MEDICAL INSURANCE:**

**Medicare Part B** helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment and other health care services. **Medicare Part A Hospital Insurance** helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

**MEDICARE ASSIGNMENT:** Medicare Part B claims may be **assigned or unassigned**. Providers who **accept assignment** agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the telephone number in the Customer Service Information box on the front of this notice for a list of **participating providers** who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit **unassigned** claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80 percent of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115 percent of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

**YOUR RESPONSIBILITY:** The amount in the **You May Be Billed** column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
- **coinsurance:** 20 percent of the Medicare approved amount after the deductible has been met for the year,
- the amount billed, up to the **limiting charge**, for unassigned claims and
- charges for services/supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental

benefits from another insurance company, make a copy for your records.

**WHEN OTHER INSURANCE PAYS FIRST: All**

Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice five days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want **help with your appeal**, a friend or someone else can help you. Also, groups, such as legal aid services, may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
  - telephone or door to door offers of free medical services or items and
  - claims for Medicare services or items you did not receive.
- If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

**INSURANCE COUNSELING AND ASSISTANCE:**

Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

*Centers for Medicare & Medicaid Services*



**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**



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0002 of 0004

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 22-11160-428-590 Amrit N Achari MD PA, 8915 Gaylord St, Houston, TX 77024-2903 Referred by: Szema, Robert Scott Dr. Achari, M.						
06/07/11	1.0 Eeg awake and drowsy (95816-26) professional charge	\$300.00	\$75.23	\$44.18	\$11.05	
06/07/11	1.0 EEG digital analysis (95957-26) professional charge	300.00	101.25	81.00	20.25	
Dr. Achari, M. 06/08/11 1.0 Subsequent hospital care (99233) <b>Claim Total</b>						
		<b>\$850.00</b>	<b>\$257.16</b>	<b>\$205.72</b>	<b>\$51.44</b>	
<hr/> Claim number 58-10093-521-670 Digestive And Liver Speciali, Suite 850, 915 Gessner , Houston, TX 77024-0000 Dr. Mauk, Paul M.						
04/06/10	1.0 Office/outpatient visit est (99214)	\$129.00	\$99.26	\$79.41	\$19.85	
<hr/> Claim number 58-10138-215-450 Digestive And Liver Speciali, Suite 850, 915 Gessner , Houston, TX 77024-0000 Dr. Mauk, Paul M.						
05/17/10	1.0 Office/outpatient visit est (99213)	\$83.00	\$66.31	\$53.05	\$13.26	
<hr/> Claim number 58-10097-180-480 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Marconi, Andrea Dr. Govea, C. M.D.						
04/04/10	1.0 Chest x-ray (71010-26) professional charge	\$38.00	\$9.24	\$7.39	\$1.85	

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 58-10129-426-160 <b>Houston Progress Radio Assoc, 350,            5301 Hollister , Houston, TX 77040-0000</b> Referred by: Mauk, Paul Martin Dr. Huynh, Khanh D. M.D.						
04/26/10	1.0 Ct thorax w/o & w/dye (71270-26) professional charge	\$284.00	\$70.94	\$56.75	\$14.19	
Claim number 58-10129-426-170 <b>Houston Progress Radio Assoc, 350,            5301 Hollister , Houston, TX 77040-0000</b> Referred by: Mauk, Paul Martin Dr. Huynh, Khanh D. M.D.						
04/26/10	1.0 Ct pelvis w/o & w/dye (72194-26) professional charge	\$284.00	\$62.93	\$50.34	\$12.59	
Claim number 58-10129-426-180 <b>Houston Progress Radio Assoc, 350,            5301 Hollister , Houston, TX 77040-0000</b> Referred by: Mauk, Paul Martin Dr. Huynh, Khanh D. M.D.						
04/26/10	1.0 Ct abdomen w/o & w/dye (74170-26) professional charge	\$319.00	\$72.52	\$58.02	\$14.50	
Claim number 29-11116-428-020 <b>Houston Progress Radio Assoc, 350,            5301 Hollister , Houston, TX 77040-0000</b> Referred by: Cheng, Thanh Chi Dr. Lee, Stephen						
01/16/11	1.0 Chest x-ray (71010-26) professional charge	\$38.00	\$8.93	\$7.14	\$1.79	

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**



771023 021651  
0003 OF 0004

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 28-11145-526-480 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Wade, Shawna Dr. Lee, Stephen						
05/16/11	1.0 Chest x-ray (71010-26) professional charge	\$38.00	\$8.93	\$7.14	\$1.79	
Claim number 22-11154-281-280 Medical Chest Associates PA, Ste 188, 902 Frostwood Dr , Houston, TX 77024-2402 Dr. Jain, Ajay						
05/16/11	1.0 Initial observation care (99218-AI)	\$115.00	\$64.95	\$51.96	\$12.99	a
05/17/11	1.0 Observation care discharge (99217)	150.00	70.00	56.00	14.00	
	<b>Claim Total</b>	<b>\$265.00</b>	<b>\$134.95</b>	<b>\$107.96</b>	<b>\$26.99</b>	
Claim number 58-10234-144-170 Memorial Heramnn Hosp, PO Box 201367, Houston, TX 77216-0000 Referred by: Mauk, Paul Martin						
04/26/10	150.0 LOCM 300-399mg/ml iodine,1ml (Q9967)	\$520.00	\$26.55	\$21.02	\$5.53	b
04/26/10	1.0 Ct abdomen w/o & w/dye (74170-TC) technical charge	3,328.25	331.50	265.20	66.30	c
04/26/10	1.0 Ct thorax w/o & w/dye (71270-TC51) technical charge	2,996.00	225.50	180.40	45.10	c
04/26/10	1.0 Ct pelvis w/o & w/dye (72194-TC51) technical charge	2,540.25	226.30	181.04	45.26	c
	<b>Claim Total</b>	<b>\$9,384.50</b>	<b>\$809.85</b>	<b>\$647.66</b>	<b>\$162.19</b>	
Claim number 22-11089-662-250 Oncology Consultants, P. A., PO Box 4418, Houston, TX 77210-4418 Referred by: Dr. Mauk, Paul M. Dr. Miro Quesada, Miguel V. M.D.						
03/28/11	1.0 Office/outpatient visit est (99213)	\$135.00	\$69.41	\$55.53	\$13.88	

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
03/28/11	1.0 Complete cbc w/auto diff wbc (85025)	38.00	10.94	10.94	0.00	d
03/28/11	1.0 Routine venipuncture (36415)	15.00	3.00	3.00	0.00	d
	<b>Claim Total</b>	<b>\$188.00</b>	<b>\$83.35</b>	<b>\$69.47</b>	<b>\$13.88</b>	
<hr/> <p>Claim number 58-10185-046-160 Rosewood Family Physicians, Suite B, 2405 South Gessner , Houston, TX 77063-2005 Dr. White, Robert E. M.D.</p>						
01/22/10	1.0 Office/outpatient visit est (99213-25)	\$115.00	\$66.31	\$0.00	\$66.31	e
01/22/10	1.0 Routine venipuncture (36415)	10.00	3.00	3.00	0.00	d
	<b>Claim Total</b>	<b>\$125.00</b>	<b>\$69.31</b>	<b>\$3.00</b>	<b>\$66.31</b>	
<hr/> <p>Claim number 58-10192-239-080 Rosewood Family Physicians, Suite B, 2405 South Gessner , Houston, TX 77063-2005 Dr. White, Robert E. M.D.</p>						
03/19/10	1.0 Office/outpatient visit est (99213)	\$115.00	\$66.31	\$0.00	\$66.31	e

**Notes Section:**

- a The name or Medicare number was incorrect or missing. Ask your provider to use the name or number shown on this notice for future claims.
- b \$ 0.28 of this approved amount has been applied toward your deductible.
- c The approved amount is based on a special payment method.
- d This service is paid at 100 percent of the Medicare approved amount.
- e This approved amount has been applied toward your deductible.

**Deductible Information:**

You have now met \$155.00 of your \$155.00 Part B deductible for 2010.

You have met the Part B deductible for 2011.

**General Information:**

You have the right to request an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

**Appeals Information - Part B**

**If you disagree with any claims decision on this notice, your appeal must be received by October 25, 2011. Follow the instructions below:**

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address: Medicare Part B, P.O. Box 660156, Dallas, TX 75266-0156. (You may also send any additional information you may have about your appeal.)
- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_
- 4) Medicare Number \_\_\_\_\_



771023 021651  
0004 OF 0004



NELVA E. BRUNSTING  
13630 PINEROCK  
HOUSTON TX 77079-5914

842905 003044  
0001 OF 0003

**CUSTOMER SERVICE INFORMATION**

**Your Medicare Number: XXX-XX-8905D**

If you have questions, call 1-800-Medicare  
(1-800-633-4227)(#04001)

**Ask for Hospital Services**

TTY for Hearing Impaired:1-877-486-2048

**BE INFORMED:** You may see claims that have been adjusted. For an explanation see the General Information section.

This is a summary of claims processed from 06/21/2011 through 08/17/2011.

**PART A HOSPITAL INSURANCE - INPATIENT CLAIMS**

Dates of Service	Benefit Days Used	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Control number 21117100910204TXA Memorial Hermann Hospital Syste 921 Gessner Rd Memorial Hermann Memorial City Houston, TX 77024-2501 Referred by: Robert S. Szema					
06/06/11-06/11/11	5 days	\$0.00	\$1,132.00	\$1,132.00	b,c
Control number 21120200543404TXA Memorial Hermann Hospital Syste 921 Gessner Rd Memorial Hermann Memorial City Houston, TX 77024-2501 Referred by: Monta K. Pattison					
07/11/11-07/15/11	4 days	\$0.00	\$0.00	\$0.00	b
Control number 21118701337404TXA Memorial Hermann Rehabilitation 21720 Kingsland Blvd #102 Memorial Hermann Rehabilitation Katy, TX 77450-2550 Referred by: Mubarak A. Khawaja					
06/11/11-06/25/11	14 days	\$0.00	\$0.00	\$0.00	b

**THIS IS NOT A BILL - Keep this notice for your records.**

## IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT YOUR MEDICARE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

### **PART A HOSPITAL INSURANCE (INPATIENT)**

helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. Inpatient services are measured in benefit periods. A benefit period begins the first time you receive Medicare covered inpatient hospital care and ends when you have been out of the hospital or skilled nursing facility for 60 consecutive days. There is no limit to the number of benefit periods you may have.

**THE AMOUNT YOU MAY BE BILLED** for Part A services includes:

- an **inpatient hospital deductible** once during each benefit period,
- a **coinsurance amount for the 61st through the 90th days** of a hospital stay during each benefit period,
- a **coinsurance amount for each Lifetime Reserve Day**, which can be used if you have to stay in the hospital more than 90 days in one benefit period. Lifetime Reserve Days may be used only once.
- a **blood deductible** for the first three pints of unreplaced blood furnished to you in a calendar year in some states,
- an **inpatient coinsurance for the 21st through the 100th days** of a Medicare covered stay in a **skilled nursing facility**,
- charges for services or supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

**PART B MEDICAL INSURANCE (OUTPATIENT FACILITIES)** helps pay for care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers.

**THE AMOUNT YOU MAY BE BILLED** for Part B services includes:

- an **annual deductible**, taken from the first Medicare Part B charges each year;
- after the deductible has been met for the year, depending on services received, a **coinsurance** amount (20 percent of the amount charged), or a **fixed copayment** for each service; and
- charges for services or supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a note on the front will tell you.

If you have supplemental insurance, it may help to pay the amounts you may be billed. If you use this notice to claim supplemental benefits from another insurance company,

make a copy for your records.

### **WHEN OTHER INSURANCE PAYS FIRST:**

All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and worker's compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of this notice. If you want **help with your appeal**, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number
- telephone or door to door offers of free medical services or items, and
- claims for Medicare services/items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

### **INSURANCE COUNSELING AND ASSISTANCE:**

Insurance Counseling and Assistance programs are located in every state. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap, and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

**CENTERS for MEDICARE & MEDICAID SERVICES**

**PART A HOSPITAL INSURANCE - INPATIENT CLAIMS (continued)**

Dates of Service	Benefit Days Used	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Control number 21122701115204TXA Memorial Hermann Rehabilitation 21720 Kingsland Blvd #102 Memorial Hermann Rehabilitation Katy, TX 77450-2550 Referred by: Mubarak A. Khawaja 06/11/11-06/25/11					
	14 days	\$0.00	\$0.00	\$0.00	f,g b
Control number 21122402271501TXA The Concierge 2310 S Eldridge Pkwy Houston, TX 77077 Referred by: Jasmin Baleva 07/08/11-07/11/11					
	3 days	\$0.00	\$0.00	\$0.00	h,i



842905 003044  
0002 OF 0003

**PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS**

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Control number 21122101254004TXA Memorial Hermann Hospital Syste 921 Gessner Rd Memorial Hermann Memorial City Houston, TX 77024-2501 Referred by: Miguel V. Miro Quesada						
08/01/11	Ct thorax w/dye (71260)	\$2,263.75	\$0.00	\$124.99	\$124.99	k
	Ct abd&pelv 1+ section/regns (74178)	5,435.50	0.00	0.00	0.00	l
	LOCM 300-399mg/ml iodine,1ml (Q9967)	424.00	0.00	0.00	0.00	l
	<b>Claim Total</b>	<b>\$8,123.25</b>	<b>\$0.00</b>	<b>\$124.99</b>	<b>\$124.99</b>	

**Notes Section:**

- a The amount Medicare paid the provider for this claim is \$5,673.14.
- b Days are being subtracted from your total inpatient hospital benefits for this benefit period.
- c \$1,132.00 was applied to your inpatient deductible.

(continued)



**Notes Section: (continued)**

- d The amount Medicare paid the provider for this claim is \$4,264.36.
- e The amount Medicare paid the provider for this claim is \$17,361.40.
- f The amount Medicare paid the provider for this claim is \$18,380.25.
- g This is an adjustment to a previously processed claim and/or deductible record.
- h You have 97 day(s) remaining of your total 100 days of skilled nursing facility benefits for this benefit period.
- i The amount Medicare paid the provider for this claim is \$649.86.
- j The amount Medicare paid the provider for this claim is \$499.92.
- k The following policies L26732 were used when we made this decision.
- l Payment is included in another service received on the same day.

**Deductible Information:**

You have met the Part A deductible for this benefit period.

You have met the Part B deductible for 2011.

**General Information:**

If the coinsurance amount you paid is more than the amount shown on your notice, you are entitled to a refund, please contact your provider.

Glaucoma may cause blindness. Medicare helps pay for a yearly dilated eye exam for people at high risk for Glaucoma. African-Americans over 50 and people with diabetes or a family history of glaucoma are at higher risk. Talk to your doctor to learn if this exam is right for you.

Medicare covers benefits to help control diabetes. Benefits include your diabetes self-testing equipment and supplies, diabetes self-management training and medical nutrition therapy.

**General Information (continued):**

If you have not received your flu vaccine it is not too late. Please contact your health care provider about getting the flu vaccine.

Want to see your latest claims? Visit [MyMedicare.gov](http://MyMedicare.gov) on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

Please send written appeal requests to: Medicare Part A  
P.O. Box 660155 Dallas, TX 75266-0155.  
Send routine written inquiries to: General Medicare-BIC, P.O. Box 100297,  
Columbia, SC 29202-3297.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Electronic prescribing can save you time at the pharmacy, Reduce the chance of getting the wrong medication or dose, and save money. When you go to the doctor, ask "Do you e-prescribe?"

Caring for someone with Medicare? We know it's not easy. Visit "Ask Medicare" at [medicare.gov/caregivers](http://medicare.gov/caregivers) for up-to-the-minute information, resources, and tips on making the most of Medicare.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

During this flu season, get your flu shot. Contact your health care provider for the flu shot. Get the flu shot, not the flu. You pay nothing if your health care provider accepts Medicare assignment.



842905 003044  
0003 OF 0003

**General Information (continued):**

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

Prostate cancer is the second leading cause of cancer deaths in men. Medicare covers prostate screening tests once every 12 months for men with Medicare who are over age 50.

**Appeals Information - Part A (Inpatient) and Part B (Outpatient)**

**If you disagree with any claims decision on either PART A or PART B of this notice, your appeal must be received by January 26, 2012.**

Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address:

**TRAILBLAZER HEALTH ENTERPRISES, LLC  
PO BOX 660155  
DALLAS, TX 75266-0155**

(You may also send any additional information you may have about your appeal.)

- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_)\_\_\_\_\_
- 4) Medicare Number: \_\_\_\_\_



# Medicare Summary Notice

September 29, 2011

## CUSTOMER SERVICE INFORMATION

Your Medicare Number: **XXX-XX-8905D**

If you have questions, call:

Call: **1-800-MEDICARE**  
**(1-800-633-4227) (18003)**  
 Ask for Medical Supplies

**TTY (tele-typewriter) and TDD users only**  
 should call: **1-877-486-2048**

  
**NELVA BRUNSTING**  
**13630 PINEROCK LN**  
**HOUSTON TX 77079-5914**

**BE INFORMED:** Beware of telemarketers or advertisements offering free or discounted Medicare items and services.

This is a summary of claims processed from 07/01/2011 through 09/29/2011.

### PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 11202715906000 <b>DUKE MEDICAL EQUIPMENT, L, 4305 HUGH ECHOLS BLVD,</b> <b>BAYTOWN, TX 77521-3366</b> Referred by: RICHARD J POHIL						
07/20/11	1.0 Nebulizer with compression (E0570-RRKJX) Rental	\$25.00	\$12.67	\$10.14	\$2.53	a
Claim number 11234767175000 <b>DUKE MEDICAL EQUIPMENT, L, 4305 HUGH ECHOLS BLVD,</b> <b>BAYTOWN, TX 77521-3366</b> Referred by: RICHARD J POHIL						
08/20/11	1.0 Nebulizer with compression (E0570-RRKJ) Rental	\$25.00	\$12.67	\$10.14	\$2.53	
Claim number 11178818584000 <b>MED - CONNECT, 2200 CENTRAL PKWY,</b> <b>STE D, HOUSTON, TX 77092-7710</b> Referred by: ROBERT E WHITE						
06/22/11	1.0 Oxygen concentrator (E1390-RR) Rental	\$276.20	\$173.31	\$138.65	\$34.66	b
06/22/11	1.0 Portable gaseous O2 (E0431-RR) Rental	43.43	28.74	22.99	5.75	b
<b>Claim Total</b>		<b>\$319.63</b>	<b>\$202.05</b>	<b>\$161.64</b>	<b>\$40.41</b>	

**THIS IS NOT A BILL - Keep this notice for your records.**

0786744

12723699284

Brunsting004404

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS**

(continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 11206816762000 <b>MED - CONNECT, 2200 CENTRAL PKWY,                      STE D, HOUSTON, TX 77092-7710</b> Referred by: ROBERT E WHITE						
07/22/11	1.0 Portable gaseous O2 (E0431-RR) Rental	\$43.43	\$28.74	\$22.99	\$5.75	b
07/22/11	1.0 Oxygen concentrator (E1390-RR) Rental	276.20	173.31	138.65	34.66	b
<b>Claim Total</b>		<b>\$319.63</b>	<b>\$202.05</b>	<b>\$161.64</b>	<b>\$40.41</b>	
Claim number 11234820178000 <b>MED-CONNECT, INC., 2200 CENTRAL PKWY,                      STE D, HOUSTON, TX 77092-7710</b> Referred by: ROBERT E WHITE						
08/22/11	1.0 Oxygen concentrator (E1390-RR) Rental	\$276.20	\$173.31	\$138.65	\$34.66	b
08/22/11	1.0 Portable gaseous O2 (E0431-RR) Rental	43.43	28.74	22.99	5.75	b
<b>Claim Total</b>		<b>\$319.63</b>	<b>\$202.05</b>	<b>\$161.64</b>	<b>\$40.41</b>	
Claim number 11269824481000 <b>MED-CONNECT, INC., 2200 CENTRAL PKWY,                      STE D, HOUSTON, TX 77092-7710</b> Referred by: ROBERT E WHITE						
09/22/11	1.0 Portable gaseous O2 (E0431-RR) Rental	\$43.43	\$0.00	\$0.00	\$0.00	c,d
09/22/11	1.0 Oxygen concentrator (E1390-RR) Rental	276.20	0.00	0.00	0.00	c,d
<b>Claim Total</b>		<b>\$319.63</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
Claim number 11241841359000 <b>ONCOLOGY CONSULTANTS, P.A, PO BOX 4827,                      HOUSTON, TX 77210-4827</b> Referred by: ALEX P NGUYEN						
08/25/11	1.0 Sup fee antiem,antica,immuno (Q0511)	\$24.00	\$24.00	\$19.20	\$4.80	
08/25/11	120.0 Medical service (WW093)	6,654.95	2,924.64	2,339.71	584.93	e
<b>Claim Total</b>		<b>\$6,678.95</b>	<b>\$2,948.64</b>	<b>\$2,358.91</b>	<b>\$589.73</b>	
Claim number 11251714283000 <b>SUN OPTIMUM SUPPLIES, 12834 MURPHY RD,                      STAFFORD, TX 77477-3902</b> Referred by: AJAY JAIN						
08/21/11	1.0 Hosp bed semi-electr w/ matt (E0260-RRKIKX) Rental	\$150.00	\$126.99	\$101.59	\$25.40	f

Your Medicare Number: XXX-XX-8905D

Page 3 of 4  
September 29, 2011**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS**

(continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 11251714451000 SUN OPTIMUM SUPPLIES, 12834 MURPHY RD, STAFFORD, TX 77477-3902 Referred by: AJAY JAIN						
07/21/11	1.0 Hosp bed semi-electr w/ matt (E0260-RRKHKX) Rental	\$150.00	\$126.99	\$101.59	\$25.40	f

**Notes Section:**

- a Payment is reduced by 25 percent beginning the 4th month of rental.
- b Medicare will pay for you to rent this equipment for up to 36 months (or until you no longer need the equipment). After the 36 month rental period, Medicare will continue to pay for delivery of liquid and gaseous contents, as long as it is still medically necessary.
- c This item cannot be paid without a new, revised or renewed certificate of medical necessity.
- d You should not be billed for this service. You are only responsible for any deductible and coinsurance amounts listed in the "You may be billed" column.
- e The approved amount is based on a special payment method.
- f Monthly rental payments can be made for up to 13 months from the first paid rental month or until the equipment is no longer needed; whichever comes first. After the 13 month of rental is paid, your supplier must transfer title of this equipment to you.

**Deductible Information:**

You have met the Part B deductible for 2011.

**General Information:**

You have the right to make a request in writing for an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

Want to see your latest claims? Visit [MyMedicare.gov](http://MyMedicare.gov) on the web any time, day or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

(continued)



**General Information: (continued)**

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

During this flu season, get your flu shot. Contact your health care provider for the flu shot. Get the flu shot, not the flu. You pay nothing if your health care provider accepts Medicare assignment.

**Appeals Information - Part B**

**If you disagree with any claims decisions on this notice, your appeal must be received by February 1, 2012.**  
Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address: CGS - DME MAC Jurisdiction C, Attn: Redetermination Dept, P. O. Box 20009, Nashville, TN 37202.

(You may also send any additional information you may have about your appeal.)

- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_
- 4) Medicare Number \_\_\_\_\_

## IMPORTANT INFORMATION ABOUT YOUR MEDICARE PART B MEDICAL INSURANCE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

**MEDICARE PART B MEDICAL INSURANCE:** Medicare Part B helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment, and other health care services. Medicare Part A Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

**MEDICARE ASSIGNMENT:** Medicare Part B claims may be assigned or unassigned. Providers who accept assignment agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the address or telephone number in the Customer Service Information box on the front of this notice for a list of participating providers who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit unassigned claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80% of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115% of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

**YOUR RESPONSIBILITY:** The amount in the **You May Be Billed** column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
- **coinsurance:** 20% of the Medicare approved amount, after the deductible has been met for the year,
- the amount billed, up to the limiting charge, for unassigned claims, and
- charges for services/supplies that are not covered by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental benefits

from another insurance company, make a copy for your records.

**WHEN OTHER INSURANCE PAYS FIRST:** All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers' compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

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- telephone or door-to-door offers of free medical services or items, and
- claims for Medicare services or items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

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*Centers for Medicare & Medicaid Services*



**Spring Branch Medical Supply**  
 8700 Longpoint Rd. Suite #106  
 Houston, Tx, 77055  
 713-465-2200

**I N V O I C E**

Ship To: MR. ROBERT LEE CANTU  
 HOUSTON, TX 77064-

Bill To: MR. ROBERT LEE CANTU  
 HOUSTON, TX 77064-

Ph:(281) 382-9451

ATTN: R. CANTU

ATTN: R. CANTU

INVOICE NO. 114895 MCA #134226 10:18 am 07/02/11 Page # 1

SKU	DESCRIPTION	QTY	Per/Unit PRICE	TOTAL
ALE501312	BED WEDGE 12" 7-2-11 CUST MAYRETURN BY TUESDAY 6-5-11 AS LONG AS NOT OPENED .MCA	1.00	47.95	47.95

SPRING BRANCH MEDICAL  
 8700 LONG POINT RD 106  
 HOUSTON, TX 77055

07/02/2011 10:18:43  
 Merchant ID: 000000001116190  
 Terminal ID: 02010851  
 455502350990

CREDIT CARD  
 VISA SALE

CARD # XXXXXXXXXXXXX6258  
 INVOICE 0001  
 Batch #: 000586  
 Approval Code: 031811  
 Entry Method: Swiped  
 Approved: Online

SALE AMOUNT \$51.91

.T.

Master/Visa	\$ 51.91	Subtotal:	\$47.95
		Tax:	\$3.96
		Amount Charged:	\$0.00
		TOTAL:	\$51.91

Mail Your Payment To:



DENTEX DENTAL PLAN, INC.

9099 Katy Freeway, Suite 100  
Houston, TX 77024

Account Number: 7008830

Due Date: 10/13/2011

Statement Date: 8/3/2011

Customer Service Phone: 713-467-4241

NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON, TX 77029

### Renewal Invoice

## Dentex Dental Plan

For Coverage

From: 10/13/2011 To: 10/13/2012

Your dental coverage with Dentex Dental Plan, Inc. will expire soon!

*OK 323*

If payment is not received by renewal date a registration fee may apply to renew.

Please pay the Annual or Monthly Premium Due to continue your coverage. Send your payment, bank draft or credit card information as listed below.



Annual Premium	\$155.40
----------------	----------

Renew Online - [www.dentex.net](http://www.dentex.net)

Tell a friend about your great dental plan! DENTEX

Return the bottom part of this page with your payment to Dentex Dental Plan, Inc.

NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON, TX 77029

#### I WANT TO PAY MY MONTHLY MEMBERSHIP BY:

Bank Draft

Credit Card

(Attached voided check)

I authorize Dentex to deduct my monthly membership fee on the third business day of each month in the amount of \$12.95

Dentex will continue drafting until notified of cancellation in writing.

Signature

Signature line

Account #	Credit Card Number	Expires	Signature	Amount Paid
7008830		/		

AN APPOINTMENT HAS BEEN RESERVED FOR

M. Delva Brunsting

MON  TUES  WED  THURS  FRI  SAT

DATE 2/28/2011 AT 2:45 AM  
P.M.

IF UNABLE TO KEEP APPOINTMENT, PLEASE CALL TO CANCEL

MEDICAL CHEST ASSOCIATES, P.A.

AJAY JAIN, M.D

902 FROSTWOOD, SUITE 188  
HOUSTON, TEXAS 77024  
PHONE (713) 467-8888

701 FRY ROAD, SUITE 116  
KATY, TEXAS 77450  
FAX (713) 467-5569

SALE RECEIPT  
 Store #37552 tko 03/31/11 12:46:55  
 Trans# 92 Clerk 22 Dwr 1 TRDT 033111  
 Receipt # 0000215471 Reg-ID REG-MAIN  
 Sales Tx 0.64 Tax B 0.00  
 Tax C 0.00 Tax D 0.00  
 Tax E 0.00 Tax F 0.00  
 \*\*TOTAL 8.43  
 AMT TEND 8.43 CHANGE DUE 0.00  
 CHANGE DUE\$ 0.00

Approval No: 211388  
 Reference No: 211388  
 Account No: \*\*\*\*\*6626  
 Card Issuer: VISA  
 Amount: \$8.43

Take our 1-minute Survey at  
[www.tellsubway.com](http://www.tellsubway.com) and receive a free  
 cookie. Keep your receipt and write  
 your unique coupon code  
 here \_\_\_\_\_.

Host Order ID: 0717.tseE





Date	ICPT & Reason	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Amount
Patient: Nelva Brunsting						
Voucher: 2690140						
10/20/10	99214	Office/outpatient Visit	152.50			
10/20/10	94760	Measure Blood Oxygen Le	15.50			
10/20/10	71020	Chest X-Ray	57.00			
11/05/10	888546636	Medicare Payment			-106.14	
11/05/10	888546636	Medicare Adjustment			-76.83	
11/05/10	888546636	Medicare Payment			0.00	
11/05/10	888546636	Medicare Adjustment			-15.50	
11/05/10	888546636	Medicare Transfer				
12/07/10	1041187587	Commercial Insurance Pa			-21.22	
12/07/10	1041187587	Commercial Insurance Tr				
		---- Visit Total				5.31
Voucher: 2789760						
11/11/10	99213	Office/outpatient Visit	102.00			
11/30/10	888727019	Medicare Payment			-54.22	
11/30/10	888727019	Medicare Adjustment			-34.23	
11/30/10	888727019	Medicare Transfer				
12/21/10	10G90026431	Commercial Insurance Pa			-10.84	
12/21/10	10G90026431	Commercial Insurance Tr				
		---- Visit Total				2.71

*fd, 11/13/11*

MEMORIAL CLINICAL ASSOCIATES  
 1201 DAIRY ASHFORD STE 200  
 HOUSTON, TX 77079-3023

Account Number: 969650  
 Office Phone Number: (713)407-3000

Patient Balance: 8.02  
 92096S11028

01836 7800893 001837 001837 00001/00001 920966912

DATE	INVOICE	QUANTITY	U/M	DESCRIPTION	PRICE	CASH	BUDGET BILLING	DEFERRED	PREPAID	CHARGE
12/06	15095B	150.00	GAL	LP-FARM USE-T/W Tank:BARN 121874 100)ORDER#: 0001589 50.00% of Total Ticket Split with: 00010900 BEYER, RICHARD 00026200 BRUNSTING, E.H.	1.5900					238.50
					*** Ticket total:					238.50
Category Summary		Quantity	Amount							
-----		-----	-----							
PROPANE:		150.0000	238.50							
-----		-----	-----							
Total:		150.0000	238.50							
This summary may not be all-inclusive. Amount due is listed below.										

*pd 1/13/11*

AGING	CURRENT	30 - 60	60 - 90	OVER 90
BUDGET	.00	.00	.00	.00
DEFERRED	.00	.00	.00	.00
PREPAID	.00	.00	.00	.00
CHARGE	238.50	.00	.00	.00

	BUDGET BILLING	DEFERRED	PREPAID	CHARGE
ACCOUNT BALANCE	.00	.00	.00	238.50
AMOUNT DUE	.00	.00	.00	238.50

PLEASE PAY THIS AMOUNT BY 01/10/11      238.50

THANK YOU FOR KEEPING YOUR ACCOUNT CURRENT  
REMEMBER TO CHECK THE CONDITION OF YOUR STORED GRAIN.

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS  
Hull Cooperative Association \* PO Box 811 \* Hull, IA 51239



AMRIT N ACHARI MD PA  
 MADHUREETA ACHARI M D  
 8915 GAYLORD ST  
 HOUSTON TX 77024

NELVA E BRUNSTING  
 13630 PINEROCK LN  
 HOUSTON TX 77079

PD  
 8-02 - G office  
 check # 285

Statement

07/15/2011

Card Number	
Signature	
Amount	Exp. Date

Amount Due	Amount Paid
24.98	

For assistance please call (713) 780-8144

Please (x) box if above address information is incorrect, and indicate changes on reverse side

Please return this portion of statement with payment

Please  box if above address information is incorrect & indicate changes on reverse side.

Date	Description of Service	Name	Balance	Patient
06/06/11	99223 HOSP CARE/INITIAL/NEW OR ESTABLISH	BRUNSTING NELVA E	450.00	0.00
06/07/11	99233 HOSP/SUBSEQUENT	BRUNSTING NELVA E	250.00	0.00
06/22/11	MEDICARE PAYMENT	BRUNSTING NELVA E	-237.70	0.00
06/22/11	ADJUSTMENT	BRUNSTING NELVA E	-402.87	0.00
06/22/11	CO-INSURANCE TO SECONDARY	BRUNSTING NELVA E		
07/14/11	UNITED HEALTHCARE PAYMENT	BRUNSTING NELVA E	-47.54	0.00
07/14/11	CO-INSURANCE TO PATIENT: \$11.89	BRUNSTING NELVA E	-11.89	11.89
06/07/11	95816 EEG AWAKE AND DROWSY	BRUNSTING NELVA E	300.00	0.00
06/07/11	95957 EEG SPIKE ANALYSIS/ DETECTION	BRUNSTING NELVA E	300.00	0.00
06/08/11	99233 HOSP/SUBSEQUENT	BRUNSTING NELVA E	250.00	0.00
06/23/11	MEDICARE PAYMENT	BRUNSTING NELVA E	-205.72	0.00
06/23/11	ADJUSTMENT	BRUNSTING NELVA E	-592.84	0.00
06/23/11	CO-INSURANCE TO SECONDARY	BRUNSTING NELVA E		
07/14/11	UNITED HEALTHCARE PAYMENT	BRUNSTING NELVA E	-41.15	0.00
07/14/11	CO-INSURANCE TO PATIENT: \$10.29	BRUNSTING NELVA E	-10.29	10.29
06/09/11	99232 HOSP/SUBSEQUENT	BRUNSTING NELVA E	200.00	0.00
06/28/11	MEDICARE PAYMENT	BRUNSTING NELVA E	-56.06	0.00
06/28/11	ADJUSTMENT	BRUNSTING NELVA E	-129.92	0.00
06/28/11	CO-INSURANCE TO SECONDARY	BRUNSTING NELVA E		
07/14/11	UNITED HEALTHCARE PAYMENT	BRUNSTING NELVA E	-11.22	0.00

Statement

AMRIT N ACHARI MD PA  
 MADHUREETA ACHARI M D  
 8915 GAYLORD ST  
 HOUSTON TX 77024

NELVA E BRUNSTING  
 13630 PINEROCK LN  
 HOUSTON TX 77079

Account Number      Date

07/15/2011

Card Number	
Signature	
Amount	Exp. Date

Amount Due	Amount Paid
24.98	

For assistance please call (713) 780-8144

Please (x) box if above address information is incorrect, and indicate changes on reverse side

Please return this portion of statement with payment

Please  box if above address information is incorrect & indicate changes on reverse side.

Date	Description of Service	Name	Insurance	Patient
07/14/11	CO-INSURANCE TO PATIENT: \$2.80	BRUNSTING NELVA E	-2.80	2.80
07/11/11	99223 HOSP CARE/INITIAL/NEW OR ESTABLISH	BRUNSTING NELVA E	450.00	0.00
07/12/11	99233 HOSP/SUBSEQUENT	BRUNSTING NELVA E	250.00	0.00
07/12/11	95816 EEG AWAKE AND DROWSY	BRUNSTING NELVA E	300.00	0.00
07/12/11	95957 EEG SPIKE ANALYSIS/ DETECTION	BRUNSTING NELVA E	300.00	0.00

Total      1,300.00      24.98

Please Pay This Amount	24.98
------------------------	-------

PLEASE REMIT PAYMENT! THANKS!! (if paying by credit card, we accept MC and Visa)

Tax ID

742127802

Thank you for choosing Memorial Hermann for your healthcare needs. Your insurance company has informed us that the balance listed below is your responsibility. If you have any questions about how your claim was processed, call your insurance company. Please send payment in full within 15 days. Thank you.

**CT SCAN** 7,635.50  
**PHARMACY** 424.00  
**SUPPLIES** 97.25

PD CL 324

PATIENT NAME		ACCOUNT NUMBER	ADMIT/SERVICE DATE	DISCHARGE DATE	SERVICE
BRUNSTING, NELVA E		0343169228500	08/01/11	08/01/11	OUTPATIENT
TOTAL CHARGES	TOTAL INSURANCE PAYMENTS	TOTAL PATIENT PAYMENTS		TOTAL ADJUSTMENTS	BALANCE DUE
\$8,156.75	\$-599.91	\$0.00		\$-7,531.84	\$25.00

Our Customer Service Department is available:  
 Monday-Friday 8:00a.m. to 8:00p.m. cst  
 Saturday 8:00a.m. - 12:00 Noon

Memorial Hermann Hospital System  
 P.O. BOX 4370  
 Houston, TX 77210-4370

patient.billing@memorialhermann.org

Pay your bill on-line at: [www.memorialhermann.org](http://www.memorialhermann.org)  
 Para la ayuda en español, llame (713)448-5502.

Local Phone:  
 (713)448-5502

Toll Free:  
 (800)526-2121

<b>BALANCE LAST STATEMENT</b>	\$25.00
<b>PAYMENTS SINCE LAST STATEMENT</b>	\$0.00
<b>STATEMENT DATE</b>	08/31/11
<b>DUE DATE</b>	09/17/11

PAYMENTS POSTED TO YOUR ACCOUNT AFTER THIS STATEMENT DATE WOULD NOT BE REFLECTED IN THE CURRENT BALANCE DUE

MEMORIAL  
 HERMANN

↑ Detach Here ↑

DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
05/16/11	101335671	EMERGENCY DEPT VISIT	WADE DO, SHAWNA N	\$860.00	
05/16/11	101335671	ELECTROCARDIOGRAM REPORT	WADE DO, SHAWNA N	\$78.00	
06/18/11	101335671	EDI AUTOMATIC MEDICARE/RR PAYMENT			\$144.62
06/18/11	101335671	CONTRACTUAL ADJUSTMENT			\$757.22
07/14/11	101335671	EDI AUTOMATIC MANAGED CARE PAYMENT			\$28.93
07/11/11	102750529	EMERGENCY DEPT VISIT	PATTISON MD, MONTA K	\$860.00	
08/10/11	102750529	EDI AUTOMATIC MEDICARE/RR PAYMENT			\$137.48
08/10/11	102750529	CONTRACTUAL ADJUSTMENT			\$688.15
08/24/11	102750529	EDI AUTOMATIC MANAGED CARE PAYMENT			\$27.50
08/16/11		SELF PAY LOCKBOX NO DOC PT PAY			\$7.23

OK 32

THIS IS YOUR PHYSICIAN SERVICES BILL AND IS SEPARATE FROM THE HOSPITAL BILL

ACCOUNT NUMBER: 32622571-106-2667    STATEMENT DATE: 08/28/11    TOTAL NOW DUE: \$6.87

For Billing Inquiries, call 1-888-952-6772 on Monday through Friday, from 8am to 8pm and Saturday from 10am to 3pm Eastern Time.  
**SEND US YOUR INFORMATION OVER THE WEB!**  
 You may now provide insurance information and make credit card payments at [www.teamhealth.com](http://www.teamhealth.com)

↓ Detach Here ↓

**PAYMENT COUPON - RETURN WHEN PAYING BY CHECK OR MONEY ORDER**

PATIENT NAME: NELVA E BRUNSTING    ACCT#: 32622571-106-2667    CHECK#: \_\_\_\_\_    AMT PAID: \_\_\_\_\_

PHYSICIAN SERVICES RENDERED AT: MEMORIAL HERMANN MEMORIAL CITY

DO NOT STAPLE OR TAPE YOUR CHECK OR MONEY ORDER TO THIS COUPON

CHECK HERE FOR CHANGE OF ADDRESS

MAKE CHECKS PAYABLE TO:

32622571-106-2667  
 Nelva E Brunsting  
 13630 Pinerock Ln  
 Houston TX 77079-5914

106  
 ACS PRIMARY CARE PHYS SW PA  
 PO BOX 740021  
 CINCINNATI OH 45274-0021  
 [Barcode]

018000326225711018106333380266700000068746

**STATEMENT**

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

PATIENT NAME		
Nelva E Brunsting		
BILL DATE	ACCOUNT NO.	AMOUNT PAID
09/06/2011	17324	

*pd  
ok 320*

Nelva E Brunsting  
13630 Pinerock Ln.  
Houston TX 77079

THIS IS A STATEMENT OF SERVICES RENDERED BY PHYSICIAN(S) WHO ARE MEMBERS OF:

Dr Mubarak Khawaja PA  
707 S Fry Rd Suite 375  
Katy, TX 774502259  
281-599-8070

DATE OF SERVICE	DESCRIPTION OF SERVICE	AMOUNT
06/13/2011	Claim:34700, Provider: Mubarak, Khawaja, MD	
06/13/2011	99232 HOSP SUB CARE-MOD CPLX (06/13/2011 - 06/18/2011) 726.00	
07/25/2011	Medicare Payment 336.38	
07/25/2011	Medicare Adjustment 305.52	
08/16/2011	United Health Care Medco Payment 67.28	
09/06/2011	Coinsurance Amount	
09/06/2011	Your Payment is now due. Thank you for your prompt response. <b>Your Balance Due On These Services ...</b>	16.82
06/20/2011	Claim:34712, Provider: Mubarak, Khawaja, MD	
06/20/2011	99232 HOSP SUB CARE-MOD CPLX 121.00	
06/20/2011	99232 HOSP SUB CARE-MOD CPLX (06/21/2011) 121.00	
06/20/2011	99232 HOSP SUB CARE-MOD CPLX (06/23/2011) 121.00	

DATE 09/06/2011	PATIENT NAME Nelva E Brunsting	ACCOUNT NO. 17324	PAY THIS AMOUNT 28.04
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**MAKE CHECK PAYABLE TO: Dr Mubarak Khawaja PA**

**IMPORTANT MESSAGE REGARDING YOUR ACCOUNT**

*[Faint, mostly illegible text in the bottom section]*

**STATEMENT**

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

PATIENT NAME		
Nelva E Brunsting		
BILL DATE	ACCOUNT NO.	AMOUNT PAID
09/06/2011	17324	

Nelva E Brunsting  
13630 Pinerock Ln.  
Houston TX 77079

**THIS IS A STATEMENT OF SERVICES RENDERED BY PHYSICIAN(S) WHO ARE MEMBERS OF:**  
Dr Mubarak Khawaja PA  
707 S Fry Rd Suite 375  
Katy, TX 774502259  
281-599-8070

DATE OF SERVICE	DESCRIPTION OF SERVICE	AMOUNT
06/20/2011	99232 HOSP SUB CARE-MOD CPLX (06/24/2011)	121.00
07/25/2011	Medicare Payment	224.24
07/25/2011	Medicare Adjustment	203.68
08/16/2011	United Health Care Medco Payment	44.86
09/06/2011	Coinsurance Amount	
09/06/2011	Your Payment is now due. Thank you for your prompt response. <b>Your Balance Due On These Services ...</b>	11.22

<b>DATE</b> 09/06/2011	<b>PATIENT NAME</b> Nelva E Brunsting	<b>ACCOUNT NO.</b> 17324	<b>PAY THIS AMOUNT</b> 28.04
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**MAKE CHECK PAYABLE TO: Dr Mubarak Khawaja PA**

**IMPORTANT MESSAGE REGARDING YOUR ACCOUNT**

# Any Lab Test Now

Any Lab Test Now  
 9742 Katy Freeway  
 Suite 200  
 Houston, TX 77055

713-461-2121

## Sales Receipt

DATE	SALE #
04/19/2011	13979

<b>SOLD TO</b>
Brunsting, Carle

Service	Activity	Quantity	Rate	Amount	PMT METHOD	Heard about us?
					Visa	friend
Culture	<b>April 2011</b> • UA  ANY LAB TEST NOW 9742 KATY FREEWAY STE D 200 HOUSTON, TX 77055 7134612121 41399800988021 Merchant ID: 399800988021 Ref #: 001  <b>Sale</b> XXXXXXXXXXXXX6626 VISA Entry Method: Swiped Total: \$ 59.00 04/19/11 16:17:57 Inv #: 000013 Appr Code: 619178 Apprvd: Online Batch#: 000342  Customer Copy THANK YOU	1	59.00	59.00		
				<b>TOTAL</b>		\$59.00
				<b>AMOUNT RECEIVED</b>		\$59.00
				<b>BALANCE DUE</b>		\$0.00

Thank you for using Any Lab Test Now! Please bring this receipt in for \$10.00 off your next test.

AKRON BILLING CENTER  
 2620 RIDGEWOOD RD STE 300  
 AKRON OH 44313-3527

**DETACH AND RETURN THIS COUPON WITH  
 THE REVERSE SIDE COMPLETED TO PAY BY  
 CREDIT CARD, TO PROVIDE INSURANCE  
 INFORMATION OR FOR CHANGE OF ADDRESS.**

Patient Name: NELVA E BRUNSTING AMT DUE: \$7.23

Credit card charges will appear as "Team Health"

PHYSICIAN SERVICES RENDERED AT: MEMORIAL HERMANN MEMORIAL CITY



32622571-106-2667  
 NELVA E BRUNSTING T152 P1 PS/041172  
 13630 PINEROCK LN  
 HOUSTON TX 77079-5914



106  
 ACS PRIMARY CARE PHYS SW PA  
 DEPT: A  B  C  (check one - see reverse)  
 2620 RIDGEWOOD RD STE 300  
 AKRON OH 44313-3527



018000326225711018106333380266700000072379

↑ Detach Here ↑

DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
11/30/10	97046610	EMERGENCY DEPT VISIT	MARCONI DO,ANDREA	\$748.00	
11/30/10	97046610	ELECTROCARDIOGRAM REPORT	MARCONI DO,ANDREA	\$68.00	
01/12/11	97046610	EDI AUTOMATIC MEDICARE/RR PAYMENT			\$151.27
01/12/11	97046610	CONTRACTUAL ADJUSTMENT			\$626.91
02/07/11	97046610	EDI AUTOMATIC MANAGED CARE PAYMENT			\$30.26
01/16/11	98211454	EMERGENCY DEPT VISIT	CHENG MD,THANH CHI	\$860.00	
01/16/11	98211454	ELECTROCARDIOGRAM REPORT	CHENG MD,THANH CHI	\$78.00	
03/08/11	98211454	EDI AUTOMATIC MEDICARE/RR PAYMENT			\$144.62
03/08/11	98211454	CONTRACTUAL ADJUSTMENT			\$757.22
04/04/11	98211454	EDI AUTOMATIC MANAGED CARE PAYMENT			\$28.93
03/14/11		EDI AUTOMATIC SELF PAY PAYMENT			\$7.56

*AA.*

THIS IS YOUR PHYSICIAN SERVICES BILL AND IS SEPARATE FROM THE HOSPITAL BILL

ACCOUNT NUMBER: 32622571-106-2667 STATEMENT DATE: 04/10/11 TOTAL NOW DUE: \$7.23



For Billing Inquiries, call 1-888-952-6772 on Monday through Friday, from 8am to 8pm and Saturday from 10am to 3pm Eastern Time.



Date	CPT	Description	Total Fee	Insurance	Patient
Patient Nelva Brun Account #:11426 Doctor: Mark A Yeoman MD Code:MC034429 Location:Memorial Hermann Memorial City Hospital					
12/04/2010	99232	Subsequent hospital care, per day, moderate complexity	\$95.00	\$95.00	\$ .00
12/30/2010		Insurance Adjustment from Medicare	\$ .00	\$-23.46	\$ .00
12/30/2010		Insurance payment Payment from Medicare	\$ .00	\$-57.23	\$ .00
01/19/2011		Insurance payment Payment from United Healthcare PPO Options	\$ .00	\$-11.45	\$ .00
01/19/2011		Transfer from Insurance	\$ .00	\$-2.86	\$2.86
This balance was due to your co-insurance not met for this visit.					
02/03/2011		Conveyance Payment from Brunsting, Nelva	\$ .00	\$ .00	\$-2.47
			BALANCE:	\$ .00	\$ .39
Patient Nelva Brun Account #:11426 Doctor: Harold A Condara Jr Code:OFC13360 Location:Cardiology Associates of Houston P A					
12/20/2010	99214	Established Patient Detailed	\$145.00	\$145.00	\$ .00
01/10/2011		Insurance Adjustment from Medicare	\$ .00	\$-43.55	\$ .00
01/10/2011		Insurance payment Payment from Medicare	\$ .00	\$-81.16	\$ .00
01/31/2011		Insurance payment Payment from United Healthcare Choice/Select	\$ .00	\$-16.23	\$ .00
01/31/2011		Transfer from Insurance	\$ .00	\$-4.06	\$4.06
This balance was due to your co-insurance not met for this visit.					
			BALANCE:	\$ .00	\$4.06
Patient Nelva Brun Account #:11426 Doctor: Charles H Caplan MD Code:MC035192 Location:Memorial Hermann Memorial City					
01/16/2011	99220	Initial observation care, high complexity	\$245.00	\$245.00	\$ .00
02/11/2011		Insurance Adjustment from Medicare	\$ .00	\$-93.05	\$ .00
02/11/2011		Insurance payment Payment from Medicare	\$ .00	\$-121.56	\$ .00
03/09/2011		Insurance payment Payment from United Healthcare PPO Options	\$ .00	\$-21.50	\$ .00
03/09/2011		Transfer from Insurance	\$ .00	\$-8.89	\$8.89
This balance was due to your co-insurance not met for this visit.					
			BALANCE:	\$ .00	\$8.89
Patient Nelva Brun Account #:11426 Doctor: Harold A Condara Jr Code:MC035204 Location:Memorial Hermann Memorial City					

CONTINUED on next page

Page 1

Deposit	0-30	31-60	61-90	91-120	Total Balance	Ins. Balance	Patient Balance

# Patient Statement

**MAKE CHECKS PAYABLE TO:**

**CARDIOLOGY ASSOCIATES OF HOUSTON PA**  
 925 GESSNER  
 SUITE 400  
 HOUSTON, TX 77024-2545



**RETURN SERVICE REQUESTED**

FOR BILLING INQUIRIES, PLEASE CALL: 713-467-0605



**Nelva Brunsting**  
 13630 PINEROCK LN  
 HOUSTON, TX 77079-5914

1 14 *BB*

**IF PAYING BY CREDIT CARD, FILL OUT BELOW**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
CARD NUMBER		EXP. DATE
SIGNATURE		PRINT NAME
STATEMENT DATE 03/31/2011	PAY THIS AMOUNT \$28.60	ACCT. # 11426
SHOW AMOUNT PAID HERE		\$

**CARDIOLOGY ASSOCIATES OF HOUSTON PA**  
 925 GESSNER  
 STE 400  
 HOUSTON TX 77024-2545



Detach at perforation and return above portion with payment.  
 Make address and insurance changes on reverse side and return entire statement.

Date	CPT	Description	Total Fee	Insurance	Patient
01/17/2011	99226	Subsequent observation care, per day, for the evaluation and manage	\$110.00	\$110.00	\$ .00
02/11/2011		Insurance Adjustment from Medicare	\$.00	\$-35.50	\$.00
02/11/2011		Insurance payment Payment from Medicare	\$.00	\$-59.60	\$.00
03/08/2011		Insurance payment Payment from United Healthcare PPO Options	\$.00	\$.00	\$.00
03/08/2011		Transfer from Insurance	\$.00	\$-14.90	\$14.90
This charge was applied to your yearly deductible. Please forward your payment.					
<b>BALANCE:</b>				\$.00	\$14.90
Patient: Nelva Brunsting Account #: 11426 Doctor: Jon E Heine MD Code: MC035289 Location: Memorial Hermann Memorial City					
01/17/2011	93010	Ekg Interpretation & Reporting Hospital IP or OP	\$15.00	\$15.00	\$.00
02/18/2011		Insurance Adjustment from Medicare	\$.00	\$-6.07	\$.00
02/18/2011		Insurance payment Payment from Medicare	\$.00	\$-7.14	\$.00
03/09/2011		Insurance payment Payment from United Healthcare PPO Options	\$.00	\$-1.43	\$.00
03/09/2011		Transfer from Insurance	\$.00	\$-.36	\$.36
This balance was due to your co-insurance not met for this visit.					
<b>BALANCE:</b>				\$.00	\$.36

PLEASE PAY BALANCE DUE IN PATIENT COLUMN. THANK YOU

Deposit	0-30	31-60	61-90	91-120	Total Balance	Ins. Balance	Patient Balance
	\$24.15	\$4.07	\$.39	\$.00	\$28.60	\$.00	\$28.60

# Duke Medical Equipment

Toll Free: 888-329-1338

281-420-2311

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

HT: \_\_\_\_\_ WT: \_\_\_\_\_

**Call Type:**       **Delivery**       **Service**       **Pickup**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

ID#: \_\_\_\_\_ GP#: \_\_\_\_\_ Payor: \_\_\_\_\_

2nd Ins. ID#: \_\_\_\_\_ GP#: \_\_\_\_\_ Payor: \_\_\_\_\_

Phone#: \_\_\_\_\_ Address: \_\_\_\_\_

**Equipment Information**

Trans (R/P)*	HCPCS-Item Code	D S P	Description	Manufacturer's Brand	Serial/Asset #	Qty

\* Trans type: R=Rental P=Purchase

**By signing below, I acknowledge that:**

**I understand the supplier will bill my insurance claim Assigned, unless I otherwise indicate by checking this box:**  **Non-Assigned.**

1. I have received the equipment/supplies listed above, in good working condition.
2. I have read, understand, and agree to be bound by the terms and conditions of this agreement, including those on the reverse side of this document, **OR:**
3. I acknowledge that the above equipment, listed as picked-up, was picked up per my request or the request of my physician. Reason for pickup: \_\_\_\_\_
4. I have received written and verbal instruction on the safe use, storage, and handling related to oxygen therapy, if applicable. I understand that smoking or open flames are not allowed within 8 feet of the oxygen equipment of my person while oxygen therapy is used because oxygen supports combustion. Any use of either is at my own risk and considered a safety hazard.

Beneficiary/Third Party Signor      Date      Employee/Lessor

If Beneficiary is unable to sign, complete the following section: (may be completed by employee)

BY: \_\_\_\_\_

Beneficiary Name      Name of Signor      Date      Relationship to Beneficiary

Address of Signor (If not signed by Beneficiary)      Telephone Number of Signor

Why Beneficiary Cannot Sign

# Duke Medical Equipment Patient Agreement and Consent (281-420-2311)

## REQUEST FOR PROVISION OF SERVICES

The undersigned, being the above-named patient (the "Patient") or the guardian or representative payee of the Patient, understands that signing this *Patient Agreement and Consent* indicates his/her desire to purchase health care products or services or both from Duke Medical Equipment or its affiliates.

## ACKNOWLEDGMENT OF MEDICAL RESPONSIBILITY

The undersigned, as or on behalf of the Patient, understands that (A) Patient is under the supervision and control of his/her attending physician; (B) Patient's physician has prescribed the therapy noted as part of Patient's treatment; (C) Duke Medical Equipment services do not include diagnostic, prescriptive or other functions typically performed by licensed physicians and (D) Patient's physician is solely responsible for diagnosing and prescribing drugs and therapy for Patient's condition and otherwise supervising and controlling Patient's medical condition.

## AGREEMENT TO PAY

In consideration of Duke Medical Equipment undertaking to supply Patient with any products and/or services ordered by or on behalf of the Patient, the undersigned agrees that he/she is responsible for payment to Duke Medical Equipment for all such products and/or services provided to Patient. In addition, the undersigned understands that the monthly balance due will be the portion of applicable charges that is unpaid by Patient's insurance, including copayment and deductible amounts. The undersigned agrees to pay the balance due in full upon receipt of and invoice therefor from Duke Medical Equipment. If payment is not made, the undersigned understands that Duke Medical Equipment will pursue its normal collection policy with respect thereto.

## RELEASE OF INFORMATION

Patient's Insurer(s) and any other third party payor(s) which provided Patient with coverage are hereby authorized by or on behalf of Patient to disclose to Duke Medical Equipment any information regarding such coverage, including but not limited to (A) payment made by such insured or third party payor(s) to Patient or the undersigned for products and/or services rendered to Patient by Duke Medical Equipment (B) the scope and extent of coverage from time to time. All medical personnel are hereby authorized by or on behalf of Patient to disclose information to Duke Medical Equipment concerning Patient's medical history as it may relate to the therapy rendered to Patient by Duke Medical Equipment.

In signing the *Patient Agreement and Consent*, the undersigned, as or on behalf of Patient, authorizes any holder of medical or other information about Patient to release to the Social Security Administration, its intermediaries or carriers, or to any third party payor(s), including without limitation Medicare, Medicaid, OCHAMPUS or private payors and their agents any information need to determine applicable benefits and process claims for these or related services.

## CREDIT CHECK AUTHORIZATION

Duke Medical Equipment is hereby authorized to verify any information disclosed by Patient or the undersigned and to perform a credit investigation for the purposes of extending credit for the purchase or rental of medical equipment. In addition, Duke Medical Equipment, is authorized to answer any questions from other creditors about Patient's credit and account experience with Duke Medical Equipment.

## ASSIGNMENT OF BENEFITS

The undersigned, as or on behalf of Patient, hereby authorizes, Duke Medical Equipment to request on Patient's behalf, and to collect directly, all of public and private insurance coverage benefits due for products and/or services supplied to Patient by Duke Medical Equipment. In the event payments for insurance benefits are made directly to Patient or the undersigned, the payee will endorse to Duke Medical Equipment all checks for such payments. **Responsibilities for overpayments accepted per statement.**

## EXTENDED ASSIGNMENT OF MEDICARE AND OTHER BENEFITS

The undersigned certifies that the information provided to Duke Medical Equipment by or on behalf of Patient for payment under Medicare (title XVIII of the Social Security Act) and/or any other medical insurance is correct.

1. Patient, if physically and mentally competent, must sign on his/her own behalf. If Patient cannot sign for himself/herself, a representative payee as designated by Social Security Administration or a legally appointed guardian may sign on behalf of the Patient. The source of the signatory's authority **must** be stated.
2. This *Patient Agreement and Consent* is used in lieu of the Patient's or his/her representative's signature on the "Request for Payment" HCFA-1500 (I-84) and is therefore an extension of that form. Anyone who misrepresents or falsifies essential information in making a Medicare claim may, upon conviction, be subjected to a fine and imprisonment under Federal Law. Penalties may also result from falsification or misrepresentation of other medical insurance claims. The undersigns, as or on behalf of Patient agrees that a copy of this *Patient Agreement and Consent* may be used in place of the original.
3. On assigned Medicare claims, Duke Medical Equipment agrees to accept the applicable Medicare carrier's allowable amount as payment in full for services. The undersigned is responsible for the payment of deductibles, copayments and co-insurance and for non-covered services. The agreements contained in this paragraph may be canceled by mutual agreement of Duke Medical Equipment and the undersigned, as or on behalf of Patient, and any time by written notice to the applicable Medicare carrier.

**A copy of this *Patient Agreement and Consent* shall be considered the same as original.**

The undersigned certifies that he/she has read the foregoing and received a copy of this *Patient Agreement and Consent*, including a copy of the *Patient Responsibilities*, as well as a copy of the *Patient Bill of Rights*. The undersigned further certifies that he/she is the Patient or is duly authorized to execute this *Patient Agreement and Consent* and accepts its terms on behalf of the Patient.

# STATEMENT OF SERVICES RENDERED

Schleicher-Read Dental, PLLC  
 9099 Katy Freeway Ste.180  
 Houston, TX 77024

(713)932-0441

CHART NO. BR0017	PAGE NO. 1
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BILLING DATE 08/26/2010
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**GUARANTOR NAME AND MAILING ADDRESS**

Elmer H Brunsting  
 13630 Pinerock  
 Houston, TX 77029

PATIENT	TOOTH	SURF	DESCRIPTION	CHARGE	CREDIT
Nelva			Periodontal maintenance	75.00	
Nelva			Inf.Control/Routine Office Vis	10.00	
Nelva			Check Payment - Thank You Ch # 6632		-85.00

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE	DENTAL INS. EST.	PLEASE PAY
0.00	85.00	85.00	0.00	0.00	0.00

PATIENT	DATE	TIME	REASON
Nelva	Wednesday - February 2, 2011	11:00 am	PerioM ex

YOUR INSURANCE DID NOT PAY FULL AMOUNT OF CLAIM

Chevron HRSC  
PO Box 436  
Little Falls, NJ 07424-0436

**Medco Medicare Prescription Plan®(PDP)**



August 21, 2011

Your member numbers are:

Member ID: 358657422574

Group Number: #CMD3896

031696104181//6056//3896//  
Cyc4572//0003875//0269



Nelva E Brunsting  
13630 Pinerock Ln  
Houston, TX 77079-5914

MD07026900387501040000

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## Your Monthly Prescription Drug Summary

For July, 2011

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is not a bill.)

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which "drug payment stage" are you in?
- SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
- SECTION 4. Updates to the plan's Drug List that will affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what should you do?
- SECTION 6. Important things to know about your drug coverage and your rights

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### Need large print or another format?

To get this material in other formats, or ask for language translation services, call Medco Medicare Prescription Plan for Chevron (PDP) Member Services (the number is on this page).

### For languages other than English:

Español 1-800-935-6215 (Spanish)

Medco Medicare Prescription Plan for Chevron (PDP) is operated by Medco Medicare Prescription Plan

### Member Services

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

**1-800-935-6215**

TTY users call: 1-800-716-3231

On the Web at: [www.medco.com](http://www.medco.com)

## SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- **Please look over this information about your prescriptions to be sure it is correct.** If you have any questions or think there is a mistake, Section 5 tells what you should do.

<b>CHART 1.</b> Your prescriptions for covered Part D drugs July 2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<b>AVELOX 400 MG TABLET</b> 7/15/2011, WALGREENS #3328 Rx# 000001564926, 5 day supply	\$0.00	\$21.00	\$42.78 (paid by "Medicare Coverage Gap Discount Program") \$22.77 (paid by "Commercial Wrap")
<b>MEGESTROL ACET 40 MG/ML SUSP</b> 7/15/2011, WALGREENS #3328 Rx# 000001564925, 30 day supply	\$60.05	\$5.00	\$0.00
<b>Totals for the month of July 2011</b>  <b>Your "out-of-pocket costs" amount is \$68.78.</b> (This is the amount you paid this month (\$26.00) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$42.78). See definitions in Section 3.)  <b>Your "total drug costs" amount is \$151.60.</b> (This is the total for this month of all payments made for your drugs by the plan (\$60.05) and you (\$26.00) plus "other payments" (\$65.55).)	\$60.05 (total for the month)	\$26.00 (total for the month)  (Of this amount, \$26.00 counts toward your out-of-pocket costs.)	\$65.55 (total for the month)  (Of this amount, \$42.78 counts toward your "out-of-pocket costs". See definitions in Section 3.)



Year-to-date totals 1/1/2011 through 7/31/2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p><b>Your year-to-date amount for "out-of-pocket costs" is \$817.48.</b></p> <p><b>Your year-to-date amount for "total drug costs" is \$3,551.05.</b></p> <p>For more about "out-of-pocket costs" and "total drug costs", see Section 3.</p>	<p>\$2,585.99 (year-to-date total)</p>	<p>\$624.88 (year-to-date total)</p> <p>(Of this amount, \$624.88 counts toward your "out-of-pocket costs".)</p>	<p>\$340.18 (year-to-date total)</p> <p>(Of this amount, \$192.60 counts toward your "out-of-pocket costs." See definitions in Section 3.)</p>



## SECTION 2. Which "drug payment stage" are you in?

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

You are in this stage:			
<p><b>STAGE 1</b> Yearly Deductible</p> <ul style="list-style-type: none"> <li>• During this payment stage, you (or others on your behalf) pay the full cost of your brand-name drugs.</li> <li>• You generally pay the full cost of your brand-name drugs until you (or others on your behalf) have paid \$310.00 for your brand-name drugs (\$310.00 is the amount of your brand name deductible).</li> </ul>	<p><b>STAGE 2</b> Initial Coverage</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.</li> <li>• You generally stay in this stage <b>until the amount of your year-to-date "total drug costs" reaches \$2,840.00.</b> Then you move to payment stage 3, Coverage Gap.</li> </ul>	<p><b>STAGE 3</b> Coverage Gap</p> <ul style="list-style-type: none"> <li>• Once you reach this Stage, manufacturer discounts apply when you purchase brand drugs so that when coupled with the amount the Plan pays, the amount you pay is similar to what you pay prior to entry into the Coverage Gap stage.</li> <li>• You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches \$4,550.00. As of 07/31/2011 your year-to-date "out-of-pocket costs" was \$817.48 (see Section 3).</li> </ul>	<p><b>STAGE 4</b> Catastrophic Coverage</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays <b>most</b> of the cost for your covered drugs.</li> <li>• You generally stay in this stage for the rest of the calendar year (through December 31, 2011).</li> </ul>
What happens next?			
<ul style="list-style-type: none"> <li>• Once you (or others on your behalf) have paid <b>an additional \$3,732.52 in "out-of-pocket costs"</b>, you move to the next payment stage (stage 4, Catastrophic Coverage).</li> </ul>			



## SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

We're including this Section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

### Your "out-of-pocket costs"

**\$68.78 month of July 2011**

**\$817.48 year-to-date** (since January 2011)

#### DEFINITION:

#### "Out-of-pocket costs" includes:

- What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)
- Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

#### It does not include:

- Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs covered by our plan's Supplemental Drug Coverage, e) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.
- Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.

### Your "total drug costs"

**\$151.60 month of July 2011**

**\$3,551.05 year-to-date** (since January 2011)

#### DEFINITION:

**"Total drug costs" is the total of all payments made for your covered Part D drugs. It includes:**

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.

**NOTE:** Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do not count toward your out-of-pocket costs or total drug costs.

**Learn More:** Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs". The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs", see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).

## SECTION 4. Updates to the plan's Drug List that will affect drugs you take

At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of **drugs you take**. (By "drugs you take", we mean any plan-covered drugs for which you filled prescriptions in 2011 as a member of our plan.)

## SECTION 5. If you see mistakes on this summary or have questions, what should you do?

### If you have questions, call us

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: [www.medco.com](http://www.medco.com).

### What about possible fraud?

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

- Call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

## SECTION 6. Important things to know about your drug coverage and your rights

### Your "Evidence of Coverage" has the details about your drug coverage and costs

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

### What if you have problems related to coverage or payments for your drugs?

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.
- Chapter 7. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).

Here are things to keep in mind:

- When we decide whether a drug is covered and how much you pay, it's called a "coverage decision". If you disagree with our coverage decision, you can appeal our decision (see Chapter 7 of the *Evidence of Coverage*).
- Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be done if your doctor tells us that your



health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at Medco Medicare Prescription Plan for Chevron Member Services (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

**Did you know there are programs to help people pay for their drugs?**

- **"Extra Help" from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program

is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 3 of your *Medicare & You 2011* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

Chevron HRSC  
PO Box 436  
Little Falls, NJ 07424-0436

**Medco Medicare Prescription Plan® (PDP)**



September 15, 2011

Your member numbers are:

Member ID: 358657422574

Group Number: #CMD3896

031798801805//6056//3896//  
Cyc4574//0003998//0066



Nelva E Brunsting  
13630 Pinerock Ln  
Houston, TX 77079-5914

MD08006600399801040000

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## Your Monthly Prescription Drug Summary

For August, 2011

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is not a bill.)

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
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- SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
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- SECTION 5. If you see mistakes on this summary or have questions, what should you do?
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**1-800-935-6215**

TTY users call: 1-800-716-3231

On the Web at: [www.medco.com](http://www.medco.com)

## SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- **Please look over this information about your prescriptions to be sure it is correct.** If you have any questions or think there is a mistake, Section 5 tells what you should do.

### CHART 1.

Your prescriptions for covered Part D drugs  
August 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<b>BROVANA 15 MCG/2 ML SOLUTION</b> 7/11/2011, LEGENDS PHARMACY II Rx# 000006048463, 15 day supply	\$0.00	\$42.00	\$102.79 (paid by "Medicare Coverage Gap Discount Program") \$62.79 (paid by "Commercial Wrap")
<b>LEVOTHYROXINE 50 MCG TABLET</b> 8/1/2011, WALGREENS #3328 Rx# 000001569523, 30 day supply	\$1.36	\$2.50	\$2.50 (paid by "Medicare Coverage Gap Discount Program")
<b>PLAVIX 75 MG TABLET</b> 8/5/2011, WALGREENS #3328 Rx# 000001570740, 30 day supply	\$0.00	\$21.00	\$95.63 (paid by "Medicare Coverage Gap Discount Program") \$75.62 (paid by "Commercial Wrap")
<b>AMLODIPINE BESYLATE 5 MG TAB</b> 8/5/2011, WALGREENS #3328 Rx# 000001570739, 30 day supply	\$10.37	\$5.00	\$0.00

**CHART 1.**

Your prescriptions for covered Part D drugs  
August 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<b>ALENDRONATE SODIUM 70 MG TAB</b> 8/11/2011, WALGREENS #3328 Rx# 000001550332, 28 day supply	\$20.06	\$5.00	\$0.00
<b>SPIRIVA 18 MCG CP-HANDIHALER</b> 8/11/2011, WALGREENS #3328 Rx# 000001540089, 30 day supply	\$0.00	\$21.00	\$115.86 (paid by "Medicare Coverage Gap Discount Program") \$95.86 (paid by "Commercial Wrap")
<b>HYDROCODON-ACETAMINOPHEN 5-500</b> 8/22/2011, WALGREENS #3328 Rx# 000001575622, 7 day supply	\$3.64	\$5.00	\$0.00
<b>METOPROLOL TARTRATE 50 MG TAB</b> 8/23/2011, WALGREENS #3328 Rx# 000001575953, 30 day supply	\$0.00	\$4.38	\$0.00
<b>MEGESTROL ACET 40 MG/ML SUSP</b> 8/30/2011, WALGREENS #3328 Rx# 000001578099, 30 day supply	\$60.05	\$5.00	\$0.00
<b>AMLODIPINE BESYLATE 5 MG TAB</b> 8/30/2011, WALGREENS #3328 Rx# 000001570739, 30 day supply	\$10.37	\$5.00	\$0.00

## CHART 1.

Your prescriptions for covered Part D drugs  
August 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p><b>Totals for the month of August 2011</b></p> <p><b>Your "out-of-pocket costs" amount is \$432.66.</b> (This is the amount you paid this month (\$115.88) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$316.78). See definitions in Section 3.)</p> <p><b>Your "total drug costs" amount is \$772.78.</b> (This is the total for this month of all payments made for your drugs by the plan (\$105.85) and you (\$115.88) plus "other payments" (\$551.05).)</p>	<p>\$105.85 (total for the month)</p>	<p>\$115.88 (total for the month)</p> <p>(Of this amount, \$115.88 counts toward your out-of-pocket costs.)</p>	<p>\$551.05 (total for the month)</p> <p>(Of this amount, \$316.78 counts toward your "out-of-pocket costs". See definitions in Section 3.)</p>

Year-to-date totals 1/1/2011 through 8/31/2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p><b>Your year-to-date amount for "out-of-pocket costs" is \$1,250.14.</b></p> <p><b>Your year-to-date amount for "total drug costs" is \$4,323.83.</b></p> <p>For more about "out-of-pocket costs" and "total drug costs", see Section 3.</p>	<p>\$2,691.84 (year-to-date total)</p>	<p>\$740.76 (year-to-date total)</p> <p>(Of this amount, \$740.76 counts toward your "out-of-pocket costs".)</p>	<p>\$891.23 (year-to-date total)</p> <p>(Of this amount, \$509.38 counts toward your "out-of-pocket costs." See definitions in Section 3.)</p>





## SECTION 2. Which "drug payment stage" are you in?

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

<p><b>STAGE 1</b> Yearly Deductible</p> <ul style="list-style-type: none"> <li>• During this payment stage, you (or others on your behalf) pay the full cost of your brand-name drugs.</li> <li>• You generally pay the full cost of your brand-name drugs until you (or others on your behalf) have paid \$310.00 for your brand-name drugs (\$310.00 is the amount of your brand name deductible).</li> </ul>	<p><b>STAGE 2</b> Initial Coverage</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.</li> <li>• You generally stay in this stage <b>until the amount of your year-to-date "total drug costs" reaches \$2,840.00.</b> Then you move to payment stage 3, Coverage Gap.</li> </ul>	<p><b>You are in this stage:</b></p> <p><b>STAGE 3</b> Coverage Gap</p> <ul style="list-style-type: none"> <li>• Once you reach this Stage, manufacturer discounts apply when you purchase brand drugs so that when coupled with the amount the Plan pays, the amount you pay is similar to what you pay prior to entry into the Coverage Gap stage.</li> <li>• You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches \$4,550.00. As of 08/31/2011 your year-to-date "out-of-pocket costs" was \$1,250.14 (see Section 3).</li> </ul> <p><b>What happens next?</b></p> <ul style="list-style-type: none"> <li>• Once you (or others on your behalf) have paid an <b>additional \$3,299.86 in "out-of-pocket costs"</b>, you move to the next payment stage (stage 4, Catastrophic Coverage).</li> </ul>	<p><b>STAGE 4</b> Catastrophic Coverage</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays <b>most</b> of the cost for your covered drugs.</li> <li>• You generally stay in this stage for the rest of the calendar year (through December 31, 2011).</li> </ul>
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## SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

We're including this Section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

### Your "out-of-pocket costs"

**\$432.66 month of August 2011**

**\$1,250.14 year-to-date** (since January 2011)

#### DEFINITION:

#### "Out-of-pocket costs" includes:

- What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)
- Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

#### It does not include:

- Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs covered by our plan's Supplemental Drug Coverage, e) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.
- Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.

### Your "total drug costs"

**\$772.78 month of August 2011**

**\$4,323.83 year-to-date** (since January 2011)

#### DEFINITION:

#### "Total drug costs" is the total of all payments made for your covered Part D drugs. It includes:

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.

**NOTE:** Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do not count toward your out-of-pocket costs or total drug costs.

**Learn More:** Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs". The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs", see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).



## SECTION 4. Updates to the plan's Drug List that will affect drugs you take

At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of **drugs you take**. (By "drugs you take", we mean any plan-covered drugs for which you filled prescriptions in 2011 as a member of our plan.)

## SECTION 5. If you see mistakes on this summary or have questions, what should you do?

### If you have questions, call us

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: [www.medco.com](http://www.medco.com).

### What about possible fraud?

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

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- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

## SECTION 6. Important things to know about your drug coverage and your rights

### Your "Evidence of Coverage" has the details about your drug coverage and costs

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

### What if you have problems related to coverage or payments for your drugs?

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.
- Chapter 7. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).

Here are things to keep in mind:

- When we decide whether a drug is covered and how much you pay, it's called a "coverage decision". If you disagree with our coverage decision, you can appeal our decision (see Chapter 7 of the *Evidence of Coverage*).
- Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be done if your doctor tells us that your

health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at Medco Medicare Prescription Plan for Chevron Member Services (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

**Did you know there are programs to help people pay for their drugs?**

- **"Extra Help" from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program

is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 3 of your *Medicare & You 2011* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

Medco Health Solutions, Inc.  
P.O. Box 14235  
Lexington, KY 40512

**Medco Medicare Prescription Plan® (PDP)**

September 30, 2011

0042127-00-01831  
31791503704//9999//3896//EME8513//9999//09/21/2011//CHE1//CMDMPP

NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON, TX 77079



Dear NELVA BRUNSTING:

**2011 Chevron Evidence of Coverage (EOC)—Notice of Errata (Correction)**

We are writing to provide you with important information about your EOC document, which explains your Chevron Medicare prescription drug plan costs.

**Catastrophic copayment maximum correction**

Page 74 of the 2011 **Medco Medicare Prescription Plan® (PDP)** for Chevron EOC displays the incorrect *Brand Drug* Catastrophic Coverage stage maximum copayment amounts. **Please note:** The copayments you have been paying are correct.

In 2011, you enter the Catastrophic Coverage stage when your total out-of-pocket costs reach \$4,550. **Your maximum copayments for the 2011 plan year while in the Catastrophic Coverage stage have not changed and remain consistent with prior plan years.** The intent of the maximums is to ensure that your costs do not exceed your standard copayments in the Initial Coverage stage.

The correct Catastrophic Coverage stage maximums for all drugs for the 2011 plan year are listed below:

**At retail:**

**Generic Drugs**

For a 34-day supply: 5% coinsurance with a \$5 maximum  
For a 90-day supply: 5% coinsurance with a \$15 maximum

**Preferred Brand Drugs**

For a 34-day supply: 5% coinsurance with a \$21 maximum  
For a 90-day supply: 5% coinsurance with a \$63 maximum

**Non-Preferred Brand Drugs**

For a 34-day supply: 5% coinsurance with a \$42 maximum  
For a 90-day supply: 5% coinsurance with a \$126 maximum

LT42067I

Brunsting004445

**Specialty Tier Drugs**

For a 34-day supply of a drug: 5% coinsurance with a \$50 maximum

For a 90-day supply of a drug: 5% coinsurance with a \$150 maximum

**At mail:**

For up to a 90-day supply of a **Generic Drug**: 5% coinsurance with a \$10 maximum

For up to a 90-day supply of a **Preferred Brand Drug**: 5% coinsurance with a \$42 maximum

For up to a 90-day supply of a **Non-Preferred Brand Drug**: 5% coinsurance with an \$84 maximum


For up to a 90-day supply of a **Specialty Tier Drug**: 5% coinsurance with a \$100 maximum

**Please note:** This error affects only the dollar amounts listed in the Catastrophic Coverage stage and the remainder of the EOC document remains in effect as is.

We apologize for any inconvenience this error may have caused.

If you have any questions or concerns, please call Customer Service toll-free at **1-800-935-6215**. TTY/TDD users should call **1-800-716-3231**. Customer Service is available 24 hours a day, 7 days a week. Customer Service is available in English and other languages.

Sincerely,



Ellie Gilbert  
Vice President/General Manager  
Medicare Customer Service  
Medco

A Medicare-approved Part D sponsor

Chevron HRSC  
PO Box 436  
Little Falls, NJ 07424-0436

**Medco Medicare Prescription Plan®(PDP)**



October 20, 2011

Your member numbers are:

Member ID: 358657422574

Group Number: #CMD3896

031813401809//6056//3896//  
Cyc4576//0003925//0309



Nelva E Brunsting  
13630 Pinerock Ln  
Houston, TX 77079-5914

MD09030900392501040000

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## Your Monthly Prescription Drug Summary

For September, 2011

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is not a bill.)

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which "drug payment stage" are you in?
- SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
- SECTION 4. Updates to the plan's Drug List that will affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what should you do?
- SECTION 6. Important things to know about your drug coverage and your rights

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### Need large print or another format?

To get this material in other formats, or ask for language translation services, call Medco Medicare Prescription Plan for Chevron (PDP) Member Services (the number is on this page).

### For languages other than English:

Español 1-800-935-6215 (Spanish)

Medco Medicare Prescription Plan for Chevron (PDP) is operated by Medco Medicare Prescription Plan

### Member Services

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

**1-800-935-6215**

TTY users call: 1-800-716-3231

On the Web at: [www.medco.com](http://www.medco.com)

## SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- **Please look over this information about your prescriptions to be sure it is correct.** If you have any questions or think there is a mistake, Section 5 tells what you should do.

<b>CHART 1.</b> Your prescriptions for covered Part D drugs September 2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<b>LEVOTHYROXINE 50 MCG TABLET</b> 9/6/2011, WALGREENS #3328 Rx# 000001569523, 30 day supply	\$1.36	\$2.50	\$2.50 (paid by "Medicare Coverage Gap Discount Program")
<b>PLAVIX 75 MG TABLET</b> 9/6/2011, WALGREENS #3328 Rx# 000001570740, 30 day supply	\$0.00	\$21.00	\$95.63 (paid by "Medicare Coverage Gap Discount Program") \$75.62 (paid by "Commercial Wrap")
<b>SPIRONOLACTONE 100 MG TABLET</b> 9/13/2011, WALGREENS #3328 Rx# 000001582039, 30 day supply	\$20.95	\$5.00	\$0.00
<b>FUROSEMIDE 40 MG TABLET</b> 9/14/2011, WALGREENS #3328 Rx# 000001582564, 30 day supply	\$0.00	\$2.69	\$1.69 (paid by "Medicare Coverage Gap Discount Program")
<b>WARFARIN SODIUM 5 MG TABLET</b> 9/19/2011, WALGREENS #13142 Rx# 000000075984, 30 day supply	\$7.46	\$5.00	\$0.00



**CHART 1.**

Your prescriptions for covered Part D drugs  
September 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<b>CARTIA XT 120 MG CAPSULE</b> 9/19/2011, WALGREENS #13142 Rx# 000000075983, 30 day supply	\$19.73	\$5.00	\$0.00
<b>POTASSIUM CL ER 20 MEQ TABLET</b> 9/20/2011, WALGREENS #3328 Rx# 000001584402, 30 day supply	\$10.11	\$5.00	\$0.00
<b>SPIRIVA 18 MCG CP-HANDIHALER</b> 9/22/2011, WALGREENS #3328 Rx# 000001584751, 30 day supply	\$0.00	\$21.00	\$115.86 (paid by "Medicare Coverage Gap Discount Program") \$95.86 (paid by "Commercial Wrap")
<b>WARFARIN SODIUM 2 MG TABLET</b> 9/28/2011, O C PHARMACY Rx# 000006014189, 30 day supply	\$7.27	\$5.00	\$0.00

**CHART 1.**

Your prescriptions for covered Part D drugs  
September 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p><b>Totals for the month of September 2011</b></p> <p>Your "out-of-pocket costs" amount is <b>\$287.87</b>. (This is the amount you paid this month (\$72.19) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$215.68). See definitions in Section 3.)</p> <p>Your "total drug costs" amount is <b>\$526.23</b>. (This is the total for this month of all payments made for your drugs by the plan (\$66.88) and you (\$72.19) plus "other payments" (\$387.16).)</p>	<p>\$66.88 (total for the month)</p>	<p>\$72.19 (total for the month)</p> <p>(Of this amount, \$72.19 counts toward your out-of-pocket costs.)</p>	<p>\$387.16 (total for the month)</p> <p>(Of this amount, \$215.68 counts toward your "out-of-pocket costs". See definitions in Section 3.)</p>

Year-to-date totals 1/1/2011 through 9/30/2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p>Your year-to-date amount for "out-of-pocket costs" is <b>\$1,538.01</b>.</p> <p>Your year-to-date amount for "total drug costs" is <b>\$4,850.06</b>.</p> <p>For more about "out-of-pocket costs" and "total drug costs", see Section 3.</p>	<p>\$2,758.72 (year-to-date total)</p>	<p>\$812.95 (year-to-date total)</p> <p>(Of this amount, \$812.95 counts toward your "out-of- pocket costs".)</p>	<p>\$1,278.39 (year-to-date total)</p> <p>(Of this amount, \$725.06 counts toward your "out-of-pocket costs." See definitions in Section 3.)</p>



## SECTION 2. Which "drug payment stage" are you in?

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

You are in this stage:			
<p><b>STAGE 1</b> Yearly Deductible</p> <ul style="list-style-type: none"> <li>• During this payment stage, you (or others on your behalf) pay the full cost of your brand-name drugs.</li> <li>• You generally pay the full cost of your brand-name drugs until you (or others on your behalf) have paid \$310.00 for your brand-name drugs (\$310.00 is the amount of your brand name deductible).</li> </ul>	<p><b>STAGE 2</b> Initial Coverage</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.</li> <li>• You generally stay in this stage <b>until the amount of your year-to-date "total drug costs" reaches \$2,840.00</b>. Then you move to payment stage 3, Coverage Gap.</li> </ul>	<p><b>STAGE 3</b> Coverage Gap</p> <ul style="list-style-type: none"> <li>• Once you reach this Stage, manufacturer discounts apply when you purchase brand drugs so that when coupled with the amount the Plan pays, the amount you pay is similar to what you pay prior to entry into the Coverage Gap stage.</li> <li>• You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches \$4,550.00. As of 09/30/2011 your year-to-date "out-of-pocket costs" was \$1,538.01 (see Section 3).</li> </ul>	<p><b>STAGE 4</b> Catastrophic Coverage</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays <b>most</b> of the cost for your covered drugs.</li> <li>• You generally stay in this stage for the rest of the calendar year (through December 31, 2011).</li> </ul>
What happens next?			
<ul style="list-style-type: none"> <li>• Once you (or others on your behalf) have paid <b>an additional \$3,011.99 in "out-of-pocket costs"</b>, you move to the next payment stage (stage 4, Catastrophic Coverage).</li> </ul>			

### SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

We're including this Section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

Your "out-of-pocket costs"

**\$287.87 month of September 2011**

**\$1,538.01 year-to-date** (since January 2011)

**DEFINITION:**

**"Out-of-pocket costs" includes:**

- What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)
- Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

**It does not include:**

- Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs covered by our plan's Supplemental Drug Coverage, e) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.
- Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.

Your "total drug costs"

**\$526.23 month of September 2011**

**\$4,850.06 year-to-date** (since January 2011)

**DEFINITION:**

**"Total drug costs" is the total of all payments made for your covered Part D drugs. It includes:**

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.

**NOTE:** Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do not count toward your out-of-pocket costs or total drug costs.

**Learn More:** Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs". The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs", see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).



## SECTION 4. Updates to the plan's Drug List that will affect drugs you take

At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of **drugs you take**. (By "drugs you take", we mean any plan-covered drugs for which you filled prescriptions in 2011 as a member of our plan.)

## SECTION 5. If you see mistakes on this summary or have questions, what should you do?

### If you have questions, call us

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: [www.medco.com](http://www.medco.com).

### What about possible fraud?

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

- Call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

## SECTION 6. Important things to know about your drug coverage and your rights

### Your "Evidence of Coverage" has the details about your drug coverage and costs

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

### What if you have problems related to coverage or payments for your drugs?

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.
- Chapter 7. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).

Here are things to keep in mind:

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## **Medco Medicare Prescription Plan®(PDP)**

As a Medicare Part D prescription drug plan approved by the Centers for Medicare & Medicaid Services, Medco is required to detect, correct, and prevent fraud, waste, and abuse. We take this responsibility seriously and are asking for your help in this important matter.

### **Examples of fraud, waste, and abuse:**

- A Medicare Part D card is stolen or is used illegally.
- A Medicare plan member is asked for money or for his/her personal information (e.g., Medicare or Social Security numbers, bank account number, credit card number, etc.) by someone pretending to represent Medicare, Social Security, and/or the plan sponsor.
- A plan member is asked to use his/her Medicare prescription drug card to obtain drugs for another person.
- A plan member is asked to sell his/her Medicare prescription drug card.
- Several payers, including Medicare Part D, are billed for the entire cost of the same prescription.
- The Explanation of Benefits statement lists prescriptions for medications the member is not taking.

### **What you should do if you suspect fraud, waste, or abuse**

If you suspect any instances of fraud, waste, or abuse, we urge you to call Medco's Medicare Fraud, Waste, and Abuse Hotline toll-free at **1-800-303-9373**. This hotline is available 24 hours a day, 7 days a week.

When you call the hotline, you may leave your name and number or choose to remain anonymous. The information you provide will be treated in the strictest confidence.

Thank you for your attention to this important matter. Your help is greatly appreciated.

## **Medco Medicare Prescription Plan® (PDP)**

En su condición de plan de medicamentos recetados Medicare Parte D aprobado por los Centers for Medicare & Medicaid Services, se le requiere a Medco detectar, corregir e impedir el fraude, desperdicio y abuso. Nos tomamos esta responsabilidad en serio y solicitamos su ayuda en este asunto importante.

### **Ejemplos de fraude, desperdicio y abuso:**

- Alguien roba una tarjeta de Medicare Parte D o la usa ilegalmente.
- Alguien le pide a un miembro de un plan Medicare dinero o su información personal (por ejemplo, el número de Medicare o de Social Security, el número de su cuenta bancaria, el número de su tarjeta de crédito, etc.) y tal persona finge representar a Medicare, a la agencia Social Security y/o al patrocinador del plan.
- Alguien le pide a un miembro del plan que use su tarjeta de medicamentos recetados Medicare para obtener medicamentos para otra persona.
- Alguien le pide a un miembro del plan que venda su tarjeta de medicamentos recetados Medicare.
- Varias entidades a cargo de los pagos, inclusive Medicare Parte D, reciben una factura por el costo total de la misma receta.
- El informe de Explicación de beneficios enumera los medicamentos recetados que el miembro no está tomando.

### **Lo que debe hacer si sospecha que hay un fraude, desperdicio o abuso**

Si sospecha cualquier instancia de fraude, desperdicio o abuso, lo instamos a comunicarse con la línea telefónica gratuita de Medco sobre fraude, desperdicio y abuso en relación con Medicare al **1-800-303-9373**. Esta línea gratuita está disponible las 24 horas del día, los 7 días de la semana.

Cuando se comunique con la línea gratuita, puede declarar su nombre y número o puede optar por permanecer en el anonimato. La información que provee será considerada en forma estrictamente confidencial.

Agradecemos su atención con respecto a este asunto importante. Valoramos enormemente su ayuda.

BS41319G

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Un programa de patrocinio de Medicare Parte D aprobado por Medicare



# YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location  
12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

PATIENT NELVA BRUNSTING  
BIRTH DATE 10/08/26  
MEDICATION BROVANA 15MCG/2ML INH SOL 30X2ML  
QUANTITY 120  
DIRECTIONS INHALE 1 VIAL VIA NEBULIZER  
TWICE DAILY

DOCTOR A. JAIN, MD  
PATIENT ALLERGIES

DRUG DESCRIPTION  
LIQUID

**INGREDIENT NAME:** ARFORMOTEROL (ar-for-MOE-ter-ole)

**COMMON USES:** This medicine is a long-acting beta-agonist bronchodilator used for long-term treatment of chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** WARNING: LONG-ACTING BETA-AGONISTS SUCH AS THIS MEDICINE HAVE BEEN RARELY ASSOCIATED WITH AN INCREASED RISK OF ASTHMA-RELATED DEATH. Long-acting beta-agonists should not be used in asthma patients without another long-term asthma-control medicine (eg, inhaled corticosteroids). This medicine has not been approved to treat asthma. Safety and effectiveness of this medicine in patients with asthma have not been confirmed. SOME MEDICINES MAY INTERACT with this medicine. DO NOT TAKE THIS MEDICINE if you are using another medicine that has a long-acting beta-agonist (eg, salmeterol) in it. TELL YOUR HEALTH CARE PROVIDER if you are taking any other medicines, especially any of the following: corticosteroids (eg, prednisone), diuretics (eg, furosemide, hydrochlorothiazide), xanthines (eg, theophylline), catechol-O-methyltransferase (COMT) inhibitors (eg, entacapone), monoamine oxidase inhibitors (MAOIs) (eg, phenelzine), tricyclic antidepressants (eg, amitriptyline), or beta-blockers (eg, propranolol). His may not be a complete list of all interactions that may occur. Ask your health care provider if this medicine may interact with other medicines you take. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including a history of other breathing problems (eg, asthma), diabetes, heart problems (eg, fast or irregular heartbeat, heart blood vessel problems), liver problems, high blood pressure, low blood potassium levels, seizures, an overactive thyroid, or you have high blood or urine ketone levels, allergies, pregnancy, or breast-feeding. Tell your doctor if you have recently been to an emergency room for breathing problems; have a history of frequent hospitalizations for breathing problems; have ever had life-threatening breathing problems; or have had an unusual reaction to a sympathomimetic medicine (eg, albuterol, pseudoephedrine), such as fast or irregular heartbeat, overexcitement, or severe trouble sleeping. Tell your doctor if you have taken a MAOI (eg, phenelzine) or a tricyclic antidepressant (eg, amitriptyline) within the last 14 days. USE OF THIS MEDICINE IS NOT RECOMMENDED if you are having severe breathing problems (eg, sudden, severe onset or worsening of COPD symptoms such as chest tightness, cough, shortness of breath, wheezing), you have asthma and you are not currently using a long-term asthma-control medicine (eg, inhaled corticosteroids), or if you have asthma that is already well controlled with the use of a long-term asthma-control medicine. THIS MEDICINE SHOULD NOT BE USED IN CHILDREN; safety and effectiveness in children have not been confirmed. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. This medicine comes with a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully each time you refill this medicine. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. THIS MEDICINE SHOULD ONLY BE INHALED USING A NEBULIZER. Do NOT inject or swallow it. A health care provider will teach you how to use the nebulizer. Be sure you know what type of nebulizer to use with this medicine, and how to use it. Follow the procedures you are taught when you use a dose. Contact your health care provider if you have any questions. STORE THIS MEDICINE in the original foil pouch in a dry place. Do not remove from the foil pouch or the vial until right before use. IF THE MEDICINE CONTAINS PARTICLES, is cloudy or discolored, or if the vial is cracked or damaged in any way, do not use it. DO NOT MIX THIS MEDICINE WITH OTHER MEDICINES in your nebulizer machine. TO USE THIS MEDICINE, twist open the top of the vial and pour the entire contents into the nebulizer reservoir. CONNECT THE NEBULIZER RESERVOIR to the mouthpiece or face mask. CONNECT THE NEBULIZER to the compressor. Sit in a comfortable, upright position. PLACE THE MOUTHPIECE in your mouth (or put on the face mask) and turn on the nebulizer. BREATHE AS USUALLY, deeply and evenly, as you breathe. The mist is formed in the nebulizer chamber (about 5 to 10 minutes). CLEAN THE NEBULIZER according to the instructions. Failure to properly clean the nebulizer could lead to bacteria entering the medicine. This may lead to an infection. To avoid bacteria entering the medicine, use the entire contents right after opening the vial for the first time. STORE THIS MEDICINE IN THE REFRIGERATOR, between 36 and 46 degrees F (2 and 8 degrees C). Do not freeze. UNOPENED POUCHES MAY BE STORED at room temperature between 68 and 77 degrees F (20 and 25 degrees C) for up to 6 weeks. Store away from heat, moisture, and light. If this medicine is stored at room temperature, throw away after 6 weeks. DO NOT USE this medicine if it is past the expiration date on the container. KEEP THIS MEDICINE out of the reach of children and away from pets. CONTINUE TO USE THIS MEDICINE even if you feel well. Do not miss any doses. If you miss a dose of this medicine, skip the missed dose and go back to your regular dosing schedule. Do not use 2 doses at once.

**CAUTIONS:** DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to formoterol. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. LAB TESTS, including lung function and blood potassium levels, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. THIS MEDICINE MAY CAUSE DIZZINESS. This effect may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. THIS MEDICINE WILL NOT STOP SUDDEN SYMPTOMS OF COPD ONCE THEY HAVE ALREADY STARTED. Be sure to carry a short-acting bronchodilator inhaler (eg, albuterol) with you at all times to treat any breathing problems that may occur between doses of this medicine (eg, severe or sudden onset of wheezing or shortness of breath). If you have any questions about which medicines stop sudden symptoms, check with your doctor or pharmacist. IF YOU HAVE BEEN REGULARLY USING A SHORT-ACTING BRONCHODILATOR INHALER, talk with your doctor about how to use it with this medicine. Short-acting bronchodilators are normally used with this medicine to treat breathing problems that may occur between doses. THE RISK OF SERIOUS SIDE EFFECTS (eg, irregular heartbeat) may be greater if you use this medicine in high doses. Do NOT use more than recommended dose or use more often than prescribed. TELL YOUR DOCTOR AT ONCE if you notice that your short-acting bronchodilator inhaler does not work as well, if you need to use it often, or if your breathing problems get worse. CONTACT YOUR DOCTOR OR SEEK MEDICAL CARE RIGHT AWAY if you have breathing problems that worsen quickly, or if you use your short-acting bronchodilator and do not get relief. TALK WITH YOUR DOCTOR OR PHARMACIST about all of your breathing medicines and how to use them. Do not start, stop, or change the dose of any

breathing medicine unless your doctor tells you to. THE MEDICINE MAY CAUSE SEVERE BREATHING PROBLEMS RIGHT AFTER YOU USE A DOSE. If this happens, use your short-acting bronchodilator. Contact your doctor or seek other medical care at once. THIS MEDICINE MAY RAISE YOUR BLOOD SUGAR. High blood sugar may make you feel confused, drowsy, or thirsty. It can also make you flush, breathe faster, or have a fruit-like breath odor. If these symptoms occur, tell your doctor right away. PREGNANCY and BREAST-FEEDING: If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. It is not known if this medicine is found in breast milk. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS that may occur while taking this medicine include: back pain; diarrhea; dry mouth; headache; nausea; nervousness; stuffy nose; tiredness; tremor; trouble sleeping; vomiting. If they continue or are bothersome, check with your doctor. SEEK MEDICAL ATTENTION RIGHT AWAY if any of these SEVERE side effects occur: chest pain; fast or irregular heartbeat; fever, chills, or persistent sore throat; leg swelling; new or worsening breathing problems (eg, increased chest tightness, coughing, shortness of breath, wheezing); severe or persistent headache, dizziness, tremor, or nervousness; severe or persistent muscle pain or cramps; symptoms of high blood sugar (eg, increased thirst, urination, or hunger; unusual weakness or drowsiness; confusion); trouble speaking. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, tongue, or throat; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include chest pain; fast or irregular heartbeat; severe or persistent dizziness, dry mouth, fatigue, headache, muscle pain or cramps, nausea, nervousness, trouble sleeping, or tremors; severe or persistent symptoms of high blood sugar (eg, increased thirst, urination, or hunger; drowsiness; flushing of the skin; confusion; fruit-like breath odor).

**ADDITIONAL INFORMATION:** If your symptoms do not improve or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

RX # 1540088-03328

DATE: 04/21/11

BROVANA 15MCG/2ML INH SOL 30X2ML

QTY: 120 2 REFILLS BEFORE 04/21/12

Copy NDC:63402-0911-30

\$ 527.99

A. JAIN, MD  
MFG:SEPRACOR  
XXX/RJW/KHT/ /PBP



12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Customer Receipt

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

RX # 1540088-03328

DATE: 04/21/11

BROVANA 15MCG/2ML INH SOL 30X2ML

QTY: 120 2 REFILLS BEFORE 04/21/12

Copy NDC:63402-0911-30

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A. JAIN, MD  
MFG:SEPRACOR  
XXX/RJW/KHT/ /PBP



12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Duplicate Receipt

Pharmacy use only

BROVANA 15MCG/2ML INH SOL 30X2ML

QTY 120

LIQUID

THU 5:16PM

63402-0911-30

Copy

REFRIG

XXX/RJW/KHT/ /PBP

Med Guide

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# Save up to 30% on your prescriptions

Enroll today for only \$19.95!

The AARP® Prescription Discount Program from Walgreens saves you up to 30 percent on all your FDA-approved prescriptions. This includes generic, brand name and specialty medications.

**AARP** Prescription Discount Program  
from *Walgreens*



## How Does It Work?

Your AARP Prescription Discount Program card can be used for drugs not covered by your insurance plan or if you have no prescription insurance. Simply present your AARP Prescription Discount Program card to your Walgreens pharmacist — after any other insurance card you may also have — when you fill or refill a prescription.

Note: This program is not a prescription drug insurance plan or a Medicare Part D plan, and does not replace such coverage.

## How Do I Enroll?

You must be an AARP member to enroll. We can enroll you into both programs with one easy call. Just dial 1-877-4AARP19 (1-877-422-7719). You can also enroll online by visiting us at [www.aarppharmacy.com](http://www.aarppharmacy.com).

## What If I Have Questions?

Visit [aarppharmacy.com](http://aarppharmacy.com) or call the Walgreens Customer Care Center toll free, 24/7 at 1-877-4AARP19 (1-877-422-7719), or TTY 1-800-925-0178.

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THU 5:16PM  
\$527.99  
EXPRESS PAY

NELVA BRUNSTING

13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

- PAIDMPP: Prior Authorization Required
- Prescription Savings Club could save you \$117.29! Ask if you qualify.

04/21/11  
Copy

REFRIGERATE  
MED GUIDE



## Personal Prescription Information

### LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Touch Tone Refills**  
Save time by using our automated system for a refill. Just dial the number on your prescription label.
- **Auto Refills**  
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

**Walgreens**  
The Pharmacy America Trusts • Since 1901™

Visit us online at [Walgreens.com](http://Walgreens.com)

**Thank you for choosing Walgreens!**

OPT: 2875 677 116 0935995

INFO: 0916 63402091130

57616

# YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location  
12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

**PATIENT** NELVA BRUNSTING  
**BIRTH DATE** 10/08/26  
**MEDICATION** METOPROLOL TARTRATE 50MG TABLETS  
**QUANTITY** 60  
**DIRECTIONS** TAKE 1 TABLET BY MOUTH EVERY 12 HOURS

**DOCTOR** A. JAIN, MD

**DRUG DESCRIPTION**



PINK  
FRONT: m 32

**INGREDIENT NAME:** METOPROLOL (me-TOE-proe-ole)

**COMMON USES:** This medicine is a beta-adrenergic blocking agent (beta-blocker) used to treat high blood pressure. It may be used alone or with other medicines. It is also used for the long-term treatment of chest pain (angina) and to reduce the risk of death due to heart problems in certain patients who have had a heart attack. It may also be used for other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** **WARNING:** Do not suddenly stop taking this medicine; sharp chest pain, irregular heartbeat, and sometimes heart attack may occur. The risk may be greater if you have certain types of heart disease. Your doctor should slowly lower your dose over several weeks if you need to stop taking it, even if you only take it for high blood pressure. Heart disease is common and you may not know you have it. Limit physical activity while you are lowering your dose. If new or worsened chest pain or other heart problems occur, contact your doctor right away. You may need to start taking this medicine again. Tell your doctor or dentist that you take this medicine before you receive any medical or dental care, emergency care, or surgery. Tell your doctor if you have a history of diabetes or take medicine to lower your blood sugar (eg, glyburide, insulin). This medicine may hide signs of low blood sugar such as fast heartbeat. Tell your doctor right away if you notice other signs of low blood sugar such as anxiety, chills, dizziness, drowsiness, fainting, headache, tremor, unusual sweating, vision changes, or weakness. This medicine should not usually be used by patients who have a history of certain lung or breathing problems (eg, asthma) or a certain type of adrenal gland tumor (pheochromocytoma). It may worsen these conditions. Tell your doctor if you have a history of these conditions; your doctor may need to adjust your dose or prescribe additional medicine to reduce the risk of side effects.

Tell your doctor if you have a history of overactive thyroid. This medicine may hide symptoms of overactive thyroid (eg, fast heartbeat). Do not suddenly stop taking this medicine; suddenly stopping this medicine could worsen your condition. Your doctor should slowly lower your dose over several weeks if you need to stop taking it. Check with your doctor for more information. Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are taking mifepradil. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking amiodarone, bupropion, certain HIV protease inhibitors (eg, ritonavir), certain selective serotonin reuptake inhibitors (SSRIs) (eg, fluoxetine, paroxetine), cimetidine, digoxin, diphenhydramine, disopyramide, flecainide, hormonal contraceptives (eg, birth control pills), hydralazine, hydroxychloroquine, ketanserin, mefloquine, phenothiazines (eg, thioridazine), propafenone, quinazolines (eg, alfuzosin), quinidine, terbinafine, propylthiouracil, verapamil, barbiturates (eg, phenobarbital), indomethacin, phenylpropanolamine, bupivacaine, lidocaine, or clonidine. **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions including lung or breathing problems (eg, asthma, bronchitis, chronic obstructive pulmonary disease [COPD]), diabetes, low blood pressure, thyroid problems, or adrenal gland tumor (pheochromocytoma), allergies, pregnancy, or breastfeeding. Tell your doctor if you have a history of heart attack, slow or irregular heartbeat, heart failure, or other heart problems; chest pain or angina; blood vessel or circulation problems; liver disease; or if you will be having surgery or receiving anesthesia. **USE OF THIS MEDICINE IS NOT RECOMMENDED** if you have a very slow heartbeat (eg, bradycardia), certain types of irregular heartbeat (eg, atrioventricular [AV] block, sick sinus syndrome), moderate to severe heart failure, very low systolic blood pressure (less than 100 mm Hg), or severe blood circulation problems. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for taking this medicine provided by your doctor. **TAKE THIS MEDICINE BY MOUTH WITH FOOD** or immediately following a meal at the same time each day. **STORE THIS MEDICINE** at room temperature, between 59 and 86 degrees F (15 and 30 degrees C). Store away from heat, moisture, and light. Do not store in the bathroom. **IF YOU MISS A DOSE OF THIS MEDICINE**, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:** **DO NOT USE THIS MEDICINE** if you are allergic to any ingredient in this medicine or to another beta-blocker (eg, propranolol). **IF YOU HAVE A HISTORY OF ANY SEVERE ALLERGIC REACTION**, talk with your doctor. You may be at risk for an even more severe allergic reaction if you come into contact with the substance that caused your allergy. Some medicines used to treat

severe allergies may also not work as well while you are using this medicine. **LAB TESTS**, including liver and kidney function, blood pressure, and complete blood cell counts, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. **THIS MEDICINE MAY CAUSE DROWSINESS, DIZZINESS, OR LIGHTEADEDNESS.** These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. This medicine may cause dizziness, lightheadedness, or fainting; alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. **PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE** often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal." Tell your doctor if you develop any new symptoms. **DO NOT SUDDENLY STOP TAKING THIS MEDICINE** without first consulting your doctor. If your doctor decides you should no longer use this medicine, you will need to stop this medicine gradually according to your doctor's instructions. **IF YOUR DOCTOR HAS INSTRUCTED YOU TO CHECK YOUR BLOOD PRESSURE** and heart rate regularly, be sure to do so. **TELL YOUR DOCTOR OR DENTIST** that you take this medicine before you receive any medical or dental care, emergency care, or surgery. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINES**, either prescription or over-the-counter, check with your doctor or pharmacist. Do not take any medicines used to treat colds or congestion without first talking with your doctor or pharmacist. **FOR WOMEN:** If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. This medicine is found in breast milk. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby. **DIABETES PATIENTS:** this medicine may hide signs of low blood sugar, such as rapid heartbeat. Be sure to watch for other signs or low blood sugar. Low blood sugar may make you anxious, sweaty, weak, dizzy, drowsy, or faint. It may also make your vision change; give you a headache, chills, or tremors; or make you more hungry. Check blood sugar levels closely. Ask your doctor before you change the dose of your diabetes medicine.

**POSSIBLE SIDE EFFECTS:** **SIDE EFFECTS** that may occur while taking this medicine include constipation, diarrhea, dizziness, dry mouth/eyes, gas, headache, heartburn, lightheadedness, mild drowsiness, muscle aches, nausea, stomach pain, trouble sleeping, unusual tiredness or weakness, or vomiting. If they continue or are bothersome, check with your doctor. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience blue or unusually cold hands or feet; chest pain; fainting; hallucinations; mood or mental changes (eg, confusion, depression); pounding in the chest; severe dizziness or lightheadedness; shortness of breath; slow or irregular heartbeat; swelling of the arms, hands, and feet; vision changes; wheezing; yellowing of the skin or eyes. **AN ALLERGIC REACTION** to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include chest pain, seizures, very slow heart beat, severe dizziness, fainting, and difficult or slowed breathing.

**ADDITIONAL INFORMATION:** **DO NOT SHARE THIS MEDICINE** with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE** out of the reach of children and pets. **IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME**, obtain refills before your supply runs out. **CHECK WITH YOUR PHARMACIST** about how to dispose of unused medicine.

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

**RX # 1534699-03328**

DATE: 04/29/11

**METOPROLOL TARTRATE 50MG TABLETS**

QTY: 60 1 REFILL BEFORE 04/05/12

Refill NDC:00378-0032-10

Retail Price: \$16.66 Your Insurance Saved You: \$12.28

\$ 4.38

A. JAIN, MD  
MFG:MYLAN  
XXX/PBP/PBP/ /PBP

PLAN: PAIDMPD  
GROUP# CMD3896  
CLAIM REF# SLQMDCCX

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Customer  
Receipt

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

**RX # 1534699-03328**

DATE: 04/29/11

**METOPROLOL TARTRATE 50MG TABLETS**

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Refill NDC:00378-0032-10

Retail Price: \$16.66 Your Insurance Saved You: \$12.28

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A. JAIN, MD  
MFG:MYLAN  
XXX/PBP/PBP/ /PBP

PLAN: PAIDMPD  
GROUP# CMD3896  
CLAIM REF# SLQMDCCX

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

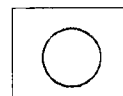
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Pharmacy use only

SUN 11:00AM  
Refill

METOPROLOL TARTRATE 50MG TABLETS  
00378-0032-10  
CELL 138

QTY 60  
20 DRAM



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XXX/PBP/PBP/ /PBP

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# Cold or flu? Antibiotics aren't for you.

Antibiotics kill bacteria,  
not viruses.

- Antibiotics can cure most bacterial infections, such as sore throats caused by strep and bacterial sinus infections.
- Using antibiotics for viral illness, like the common cold, will not help you feel better or prevent spreading it.

Please follow your healthcare provider's advice. And to learn more about antibiotics, visit [www.cdc.gov/getsmart](http://www.cdc.gov/getsmart) today.

57495



# When you're sick, antibiotics aren't always the answer.

To avoid antibiotic-resistant infections and adverse drug events, avoid seeking an antibiotic prescription for colds, coughs and sniffles.

- Taking antibiotics when they are not needed causes some bacteria to become resistant to the antibiotic.
- Resistant bacteria are stronger and make future bacterial illnesses harder to treat.

To learn more, talk with your  
Walgreens pharmacist today.

OPT: 2875 677 119 0963941

INFO: 0917 00378003210

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PAIDMPD

\*1534699 0302 3 0000438 5\*

SUN 11:00AM

\$4.38

EXPRESS PAY

04/29/11

Refill


NELVA BRUNSTING

13630 Pinerock

Houston, TX 770797517

(713)464-4391

- Store TT 2 of 5
- Your Insurance Saved You: \$12.28



**Personal  
Prescription  
Information**

## LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of this convenient service:

- **Auto Refills**  
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.



The Pharmacy America Trusts • Since 1901™

Visit us online at [Walgreens.com](http://Walgreens.com)

**Thank you for choosing Walgreens!**

# YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location  
 12850 Memorial Drive  
 Houston, TX 77024  
 (713)722-7247

**PATIENT** NELVA BRUNSTING  
**BIRTH DATE** 10/08/26  
**MEDICATION** ETHAMBUTOL 400MG TABLETS  
**QUANTITY** 90  
**DIRECTIONS** TAKE 3 TABLETS BY MOUTH EVERY DAY

**DOCTOR** A. JAIN, MD

**DRUG DESCRIPTION**



WHITE  
 FRONT: L U  
 BACK: C32

**PATIENT ALLERGIES**

**INGREDIENT NAME:** ETHAMBUTOL  
 (e-THAM-byoo-tole)

**COMMON USES:** This medicine is an antibacterial used to treat tuberculosis (TB).

**BEFORE USING THIS MEDICINE:** INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:** DO NOT STOP USING THIS MEDICINE without first checking with your doctor. THIS MEDICINE MAY CAUSE dizziness. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. HAVE REGULAR EYE EXAMINATIONS while you are taking this medicine even if you do not notice changes in your vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS, that may go away during

treatment, include nausea, headache, or dizziness. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience changes in vision, vomiting, skin rash, itching, fever, confusion, or numbness or tingling of extremities. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately.

**ADDITIONAL INFORMATION:** If your symptoms do not improve within 2 to 3 weeks, or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

**NELVA BRUNSTING**  
 13630 Pinerock, Houston, TX 770797517  
 (713)464-4391

**RX # 1534700-03328**

DATE: 04/29/11

**ETHAMBUTOL 400MG TABLETS**

QTY: 90 1 REFILL BEFORE 04/05/12

Refill NDC: 68180-0281-01

Retail Price: \$153.59 Your Insurance Saved You: \$148.59

\$ 5.00

A. JAIN, MD  
 MFG: LUPIN  
 XXX/PBP/PBP /PBP

PLAN: PAID/MPD  
 GROUP# CMD3896  
 CLAIM REF# 7C1HH79

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
 PH: (713)722-7247

Customer Receipt

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 770797517  
 (713)464-4391

**RX # 1534700-03328**

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**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
 PH: (713)722-7247

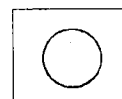
Duplicate Receipt

Pharmacy use only

SUN 11:00AM  
 Refill

ETHAMBUTOL 400MG TABLETS  
 68180-0281-01  
 ALPHA

QTY 90



WHITE  
 FRONT: L U  
 BACK: C32

XXX/PBP/PBP /PBP

Brunsting004461



# Take your antibiotics the right way.

- Precisely follow usage directions.
- Do not skip doses.
- Do not share them with others.
- Finish the prescription even if you feel better.
- Do not save them for future use.

## Why is this checklist so important?

Using an antibiotic the wrong way can make infections stronger and harder to treat. You can prevent this problem by getting smart about antibiotics.

For more information talk to your Walgreens pharmacist. Or call 1-800-CDC-INFO or visit [www.cdc.gov/getsmart](http://www.cdc.gov/getsmart).

# Do you have a higher risk of getting pneumonia?

## Are you:

- Age 19 through 64 and smoke or have asthma?
- Age 64 or younger and have diabetes, heart disease, lung disease, leukemia, lymphoma, Hodgkin's disease, kidney problems, HIV or other condition that lowers the body's resistance to infection?
- Age 64 or younger and are taking a drug or treatment that lowers the body's resistance to infection, such as long-term steroids, certain cancer drugs or radiation therapy?
- Age 65 or older?

If you answered, "yes" to any of these questions, the Centers for Disease Control & Prevention (CDC) recommends that you receive a pneumonia vaccination.

**Talk to your Walgreens pharmacist  
to get vaccinated today!**

No out-of-pocket cost for Medicare Part B beneficiaries\*!

# Walgreens

There's a way to stay well.

\*Medicare Part B generally covers the pneumonia vaccine once per beneficiary. Vaccine subject to availability. State, age and health condition-related restrictions may apply. See pharmacy for details.

8  
BR



PAIDMPD

\*1534700 0302 3 0000500 1\*

SUN 11:00AM

\$5.00

EXPRESS PAY

04/29/11

Refill

NELVA BRUNSTING


13630 Pinerock

Houston, TX 770797517

(713)464-4391

• Store TT 1 of 5

• Your Insurance Saved You: \$148.59



**Personal  
Prescription  
Information**

## LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of this convenient service:

• **Auto Refills**

We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

# Walgreens

The Pharmacy America Trusts • Since 1901™

Visit us online at [Walgreens.com](http://Walgreens.com)

**Thank you for choosing Walgreens!**

# YOUR PERSONAL PRESCRIPTION INFORMATION

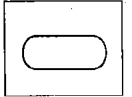
## Your Walgreens Pharmacy Location

12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

**PATIENT** NELVA BRUNSTING  
**BIRTH DATE** 10/08/26  
**MEDICATION** SERTRALINE 50MG TABLETS  
**QUANTITY** 30  
**DIRECTIONS** TAKE 1 TABLET BY MOUTH EVERY DAY

**DOCTOR** A. JAIN, MD

**DRUG DESCRIPTION**



BLUE  
FRONT: G 4900  
BACK: 50MG

**INGREDIENT NAME:** SERTRALINE (SER-tra-leen)

**COMMON USES:** This medicine is a selective serotonin reuptake inhibitor (SSRI) used to treat depression, panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), social anxiety disorder (social phobia), and a severe form of premenstrual syndrome called premenstrual dysphoric disorder (PMDD). It may also be used for other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE: WARNING:** Antidepressants may increase the risk of suicidal thoughts or actions in children, teenagers, and young adults. However, depression and certain other mental problems may also increase the risk of suicide. Talk with the patient's doctor to be sure that the benefits of using this medicine outweigh the risks. Family and caregivers must closely watch patients who take this medicine. It is important to keep in close contact with the patient's doctor. Tell the doctor right away if the patient has symptoms like worsened depression, suicidal thoughts, or changes in behavior. Discuss any questions with the patient's doctor. Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are taking a fenfluramine derivative (eg, dexfenfluramine); nefazodone; pimozone; sibutramine; or thioridazine. **DO NOT TAKE THIS MEDICINE** if you are taking or have taken a monoamine oxidase inhibitor (MAOI) (eg, phenelzine, selegiline, or St. John's wort) within the last 14 days. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking anorexiant (eg, phentermine); linezolid; metoclopramide; serotonin 5-HT<sub>1</sub> receptor agonists (eg, sumatriptan); trazodone; anticoagulants (eg, warfarin); aspirin; nonsteroidal anti-inflammatory drugs (NSAIDs) (eg, ibuprofen); diuretics (eg, furosemide, hydrochlorothiazide); tramadol; phenothiazines (eg, chlorpromazine); carbamazepine; cyproheptadine; aripiprazole; clozapine; digoxin; flecainide; lithium; phenytoin; propafenone; risperidone; tricyclic antidepressants (eg, amitriptyline); or valproate (eg, valproic acid). **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including if you have a history of seizures; heart problems; liver problems; stomach or bowel bleeding; metabolism problems; allergies; pregnancy; or breast-feeding. Tell your doctor if you or a family member has a history of bipolar disorder (manic-depression), other mental or mood problems, suicidal thoughts or attempts, or alcohol or substance abuse. Tell your doctor if you are dehydrated, have low blood sodium levels, drink alcohol, or if you will be having electroconvulsive therapy (ECT). Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for taking this medicine provided by your doctor. This medicine has a **MEDICATION GUIDE** approved by the U.S. Food and Drug Administration. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. **TAKE THIS MEDICINE** by mouth with or without food. **STORE THIS MEDICINE** at 77 degrees F (25 degrees C) away from heat, moisture, and light. Brief storage at temperatures between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. **CONTINUE TO TAKE THIS MEDICINE** even if you feel well. Do not miss any doses. Taking this medicine at the same time each day will help you remember to take it. **DO NOT SUDDENLY STOP TAKING THIS MEDICINE** without checking with your doctor. Side effects may occur. They may include mental or mood changes, numbness or tingling of the skin, dizziness, confusion, headache, trouble sleeping, or unusual tiredness. You will be closely monitored when you start this medicine and whenever a change in dose is made. **IF YOU MISS A DOSE OF THIS MEDICINE**, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. **DO NOT take 2 doses at once.**

**CAUTIONS:** **DO NOT USE THIS MEDICINE** if you are allergic to any ingredient in this medicine. **THIS MEDICINE MAY CAUSE DROWSINESS OR DIZZINESS.** These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. **DO NOT DRIVE OR PERFORM OTHER POSSIBLY UNSAFE TASKS** until you know how you react to it. **DO NOT DRINK ALCOHOL** while you are taking this medicine. Check with your doctor before you use medicines that may cause drowsiness (eg, sleep aids, muscle relaxers) while you are taking this medicine; it may add to their effects. Ask your pharmacist if you have questions about which medicines may cause drowsiness. Several weeks may pass before your symptoms improve. **DO NOT TAKE MORE THAN THE RECOMMENDED DOSE**, change your dose, or use this medicine for longer than prescribed without checking with your doctor. **IF YOUR DOCTOR**

**TELLS YOU TO STOP TAKING THIS MEDICINE**, you will need to wait for several weeks before beginning to take certain other medicines (eg, MAOIs, nefazodone). Ask your doctor when you should start to take your new medicines after you have stopped taking this medicine. **SEROTONIN SYNDROME and NEUROLEPTIC MALIGNANT SYNDROME (NMS)** are possibly fatal syndromes that can be caused by this medicine. Your risk may be greater if you take this medicine with certain other medicines (eg, "triptans", MAOIs, antipsychotics). Symptoms of these syndromes may include blood pressure changes; agitation; confusion; hallucinations; other mental or mood changes; coma; fever; fast or irregular heartbeat; tremor; excessive sweating; rigid muscles; and nausea, vomiting, or diarrhea. Contact your doctor at once if you have any of these symptoms. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINES**, either prescription or over-the-counter, check with your doctor or pharmacist. Caution is advised when using this medicine in the **ELDERLY**; they may be more sensitive to its effects, especially low blood sodium levels. Caution is advised when using this medicine in **CHILDREN**; they may be more sensitive to its effects, especially increased risk of suicidal thoughts or actions. **THIS MEDICINE MAY CAUSE WEIGHT CHANGES.** **CHILDREN AND TEENAGERS** may need regular weight and growth checks while they take this medicine. **FOR MEN: THIS MEDICINE MAY RARELY CAUSE** a prolonged, painful erection. This could happen even when you are not having sex. If this is not treated right away, it could lead to permanent sexual problems such as impotence. Contact your doctor right away if this happens. **FOR WOMEN: THIS MEDICINE MAY CAUSE HARM TO THE FETUS** if it is used during the last 3 months of pregnancy. **IF YOU BECOME PREGNANT**, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. **IT IS NOT KNOWN IF THIS MEDICINE IS FOUND in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING** while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

**POSSIBLE SIDE EFFECTS: SIDE EFFECTS** that may occur while taking this medicine include anxiety; constipation; decreased sexual desire or ability; diarrhea; dizziness; drowsiness; dry mouth; increased sweating; loss of appetite; nausea; nervousness; stomach upset; tiredness; trouble sleeping; vomiting; or weight loss. If they continue or are bothersome, check with your doctor. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience bizarre behavior; black or bloody stools; chest pain; decreased bladder control; exaggerated reflexes; fast or irregular heartbeat; fever; hallucinations; loss of coordination; new or worsening agitation, panic attacks, aggressiveness, impulsiveness, irritability, hostility, exaggerated feeling of well-being, restlessness, or inability to sit still; persistent or severe ringing in the ears; persistent, painful erection; red, swollen, blistered, or peeling skin; seizures; severe or persistent anxiety or trouble sleeping; stomach pain; suicidal thoughts or attempts; tremor; unusual bruising or bleeding; unusual or severe mental or mood changes; vision changes; or worsening of depression. **AN ALLERGIC REACTION** to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE: IF OVERDOSE IS SUSPECTED**, contact your local poison control center or emergency room immediately. Symptoms may include coma; fainting; fast, slow, or irregular heartbeat; hair loss; hallucinations; seizures; severe or persistent dizziness, drowsiness, diarrhea, nausea, or vomiting; or tremor.

**ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE** with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE** out of the reach of children and pets. **IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME**, obtain refills before your supply runs out.

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

**RX # 1515376-03328**

DATE: 03/02/11

**SERTRALINE 50MG TABLETS**

QTY: 30 1 REFILL BEFORE 02/02/12

Refill NDC: 59762-4900-05

Retail Price: \$29.99 Your Insurance Saved You: \$24.99

\$ 5.00

A. JAIN, MD  
MFG: GREENSTONE  
XXX/KMN/KMN/ /KMN

PLAN: PAIDMPD  
GROUP# CMD3896  
CLAIM REF# OXHXT3

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Customer Receipt

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

**RX # 1515376-03328**

DATE: 03/02/11

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XXX/KMN/KMN/ /KMN

PLAN: PAIDMPD  
GROUP# CMD3896  
CLAIM REF# OXHXT3

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

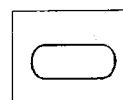
Duplicate Receipt

Pharmacy use only

WED 1:30PM  
Refill

SERTRALINE 50MG TABLETS  
59762-4900-05  
CELL 29

QTY 30  
20 DRAM



BLUE  
FRONT: G 4900  
BACK: 50MG

XXX/KMN/KMN/ /KMN

Med Guide

Brunsting004463



Ask if grapefruit juice affects your medication.

From the breakfast table.



# New Pharmacy Chat at Walgreens.com

helps you find immediate answers anytime, anywhere.

Chat live with an expert from our pharmacy team about:

- Your personal prescription questions
- Over-the-counter product and prescription interactions
- Treatments for common ailments



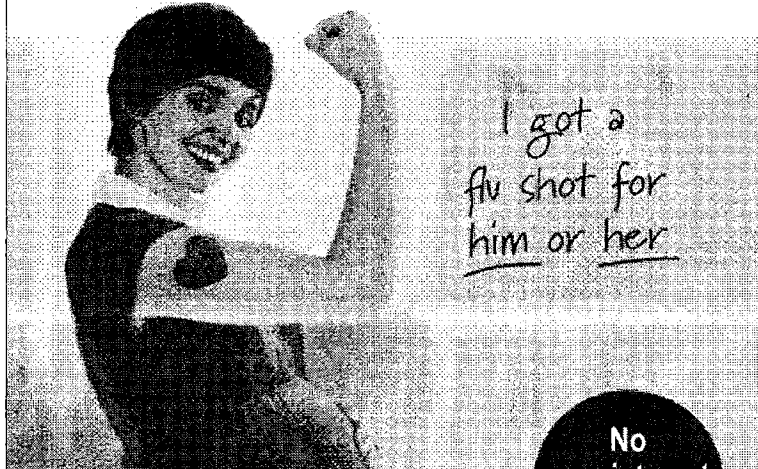
Go to [Walgreens.com/pharmacychat](http://Walgreens.com/pharmacychat) today.

It's confidential and secure!

*Walgreens*

53842

## Arm yourself<sup>®</sup> for the ones you love



No appointment necessary.

# Flu shots\* every day.

Register for your flu shot today at [Walgreens.com/flu](http://Walgreens.com/flu).

We bill many insurance plans directly, including Medicare.

\*Prices may vary for certain forms of the flu vaccine. Vaccines subject to availability. State, age and health condition-related restrictions may apply. See pharmacy for details.

*Walgreens*

OPT: 2875 677 061 0615664 INFO: 0908 59762490005

53838

8 BR




NELVA BRUNSTING  
13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

- Store TT 5 of 6
- Your Insurance Saved You: \$24.99

WED 1:30PM  
\$5.00  
EXPRESS PAY

03/02/11  
Refill  
MED GUIDE



## Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of this convenient service:

- **Auto Refills**  
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

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Visit us online at [Walgreens.com](http://Walgreens.com)

Thank you for choosing Walgreens!



# YOUR PERSONAL PRESCRIPTION INFORMATION

**Your Walgreens Pharmacy Location**  
 12850 Memorial Drive  
 Houston, TX 77024  
 (713)722-7247

**PATIENT** NELVA BRUNSTING  
**BIRTH DATE** 10/08/26  
**MEDICATION** AZITHROMYCIN 250MG TABLETS  
**QUANTITY** 30  
**DIRECTIONS** TAKE 1 TABLET BY MOUTH EVERY DAY

**DOCTOR** A. JAIN, MD

**DRUG DESCRIPTION**

**PATIENT ALLERGIES**



PINK  
 FRONT: 93  
 BACK: 7146

**INGREDIENT NAME:** AZITHROMYCIN  
 (ay-ZITH-roe-MYE-sin)

**COMMON USES:** This medicine is a macrolide antibiotic used to treat bacterial infections.

**BEFORE USING THIS MEDICINE:** Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking dofetilide, nilotinib, propafenone, pimozide, or tetrabenazine. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking antiarrhythmics (eg, disopyramide), anticoagulants (eg, warfarin), arsenic, astemizole, carbamazepine, cisapride, digoxin, domperidone, maprotiline, methadone, nelfinavir, cyclosporine, ergot alkaloids (eg, ergotamine), paliperidone, phenytoin, quinolones (eg, levofloxacin), rifampin, terfenadine, theophylline, triazolam, tyrosine kinase inhibitors (eg, dasatinib), or medicines that may affect your heartbeat. Ask your doctor if you are unsure if any of the medicines you are taking may affect your heartbeat. Inform your doctor of any other medical conditions including irregular heartbeat, kidney problems, liver problems, myasthenia gravis, allergies, pregnancy or breastfeeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. This medicine may be taken on an empty stomach or with food. DO NOT TAKE THIS MEDICINE within 1 hour before or 2 hours after aluminum- or magnesium-containing antacids. STORE THIS MEDICINE at room temperature, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment even if you feel better in a few days. Do not miss any doses. Taking this medicine at the same time each day will make it easier to remember. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. If you miss a dose, do not take 2 doses at once.

**CAUTIONS:** DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it, to other macrolide antibiotics (such as erythromycin), to ketolide antibiotics (such as telithromycin), or if you are allergic to any ingredient in this product. DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to erythromycin or any macrolide or ketolide antibiotic. A severe reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine, contact your doctor or pharmacist. IF YOU EXPERIENCE difficulty breathing; tightness of chest; swelling of eyelids, face, or lips; or if you develop a rash or hives, tell your doctor immediately. Do not take any more of this medicine unless your doctor tells you to do so. This medicine may cause drowsiness, dizziness, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS

MEDICINE MAY CAUSE increased sensitivity to the sun. Avoid exposure to the sun, sunlamps, or tanning booths until you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period. MILD DIARRHEA IS COMMON with antibiotic use. However, a more serious form of diarrhea (pseudomembranous colitis) may rarely occur. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe diarrhea, or bloody stools occur. Do not treat diarrhea without first checking with your doctor. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS, that may go away during treatment, include mild diarrhea, headache, nausea, or stomach pain or upset. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, changes in hearing, or ringing in the ears. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain; swelling of your hands, legs, face, lips, eyes, throat, or tongue; difficulty swallowing, speaking, or breathing; eye or vision problems; fainting; hearing loss; irregular heartbeat; muscle weakness; reddened, blistered, or swollen skin; seizures; severe stomach pain, cramps, or diarrhea; bloody stools; unusual vaginal itching, odor, or discharge; or yellowing of the eyes or skin. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, trouble breathing, or unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include nausea, vomiting, stomach upset, and diarrhea.

**ADDITIONAL INFORMATION:** DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets.

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 77079517  
 (713)464-4391

**RX # 1494789-03328**

DATE: 03/02/11

**AZITHROMYCIN 250MG TABLETS**

QTY: 30 NO REFILLS - DR. AUTH REQUIRED

Refill NDC: 00093-7146-56

Retail Price: \$195.79 Your Insurance Saved You: \$190.79

\$ 5.00

A. JAIN, MD  
 MFG: TEVA  
 XXXI / / KMN/KMN

PLAN: PAIDMPD  
 GROUP# CMD3896  
 CLAIM REF# FKRWQHL

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
 PH: (713)722-7247

Customer Receipt

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 77079517  
 (713)464-4391

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 XXXI / / KMN/KMN

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 GROUP# CMD3896  
 CLAIM REF# FKRWQHL

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
 PH: (713)722-7247

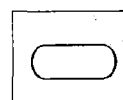
Duplicate Receipt

Pharmacy use only

WED 1:30PM  
 Refill

AZITHROMYCIN 250MG TABLETS  
 00093-7146-56  
 ALPHA

QTY 30  
 10 DRAM



PINK  
 FRONT: 93  
 BACK: 7146

XXXI / / KMN/KMN

Brunsting004465

Ask if an antibiotic  
is causing her  
diaper rash.

*Without leaving her side.*



# New Pharmacy Chat at Walgreens.com

helps you *find immediate answers anytime, anywhere.*

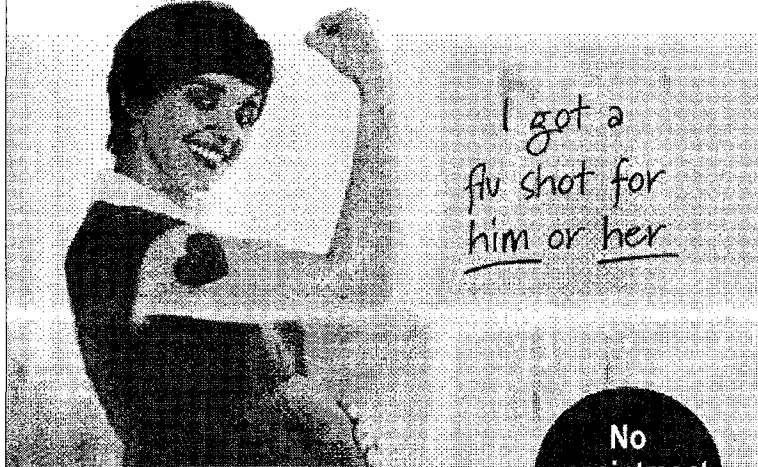
Chat live with an expert from  
our pharmacy team about:

- Your personal prescription questions
- Over-the-counter product and prescription interactions
- Treatments for common ailments

Go to  
[Walgreens.com/pharmacychat](http://Walgreens.com/pharmacychat)  
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Arm yourself<sup>®</sup>  
for the ones you love



Flu shots\*  
every day.

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appointment  
necessary.

Register for your flu shot today  
at [Walgreens.com/flu](http://Walgreens.com/flu).

We bill many insurance plans directly,  
including Medicare.

\*Prices may vary for certain forms of the flu vaccine. Vaccines subject to availability.  
State, age and health condition-related restrictions may apply. See pharmacy for details.

*Walgreens*

8  
BR



NELVA BRUNSTING  
13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

- Store TT 3 of 6
- Your Insurance Saved You: \$190.79

WED 1:30PM  
\$5.00  
EXPRESS PAY

03/02/11  
Refill

**Personal  
Prescription  
Information**

**LOOK INSIDE FOR IMPORTANT INFORMATION  
ABOUT YOUR MEDICATION.**

**Take advantage of this convenient service:**

- **Auto Refills**  
We'll automatically refill your prescription before  
it's due to run out. Sign up in the pharmacy.

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The Pharmacy America Trusts • Since 1901™

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**Thank you for choosing Walgreens!**

# YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location  
12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

**PATIENT** NELVA BRUNSTING  
**BIRTH DATE** 10/08/26  
**MEDICATION** BROVANA 15MCG/2ML INH SOL 30X2ML  
**QUANTITY** 120  
**DIRECTIONS** INHALE 1 VIAL VIA NEBULIZER  
TWICE DAILY

**DOCTOR** A. JAIN, MD

**DRUG DESCRIPTION**

LIQUID

**INGREDIENT NAME:** ARFORMOTEROL (ar-for-MOE-ter-ole)

**COMMON USES:** This medicine is a long-acting beta-agonist bronchodilator used for long-term treatment of chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** WARNING: LONG-ACTING BETA-AGONISTS SUCH AS THIS MEDICINE HAVE BEEN RARELY ASSOCIATED WITH AN INCREASED RISK OF ASTHMA-RELATED DEATH. Long-acting beta-agonists should not be used in asthma patients without another long-term asthma-control medicine (eg, inhaled corticosteroids). This medicine has not been approved to treat asthma. Safety and effectiveness of this medicine in patients with asthma have not been confirmed. **SOME MEDICINES MAY INTERACT** with this medicine. **DO NOT TAKE THIS MEDICINE** if you are using another medicine that has a long-acting beta-agonist (eg, salmeterol) in it. **TELL YOUR HEALTH CARE PROVIDER** if you are taking any other medicines, especially any of the following: corticosteroids (eg, prednisone), diuretics (eg, furosemide, hydrochlorothiazide), xanthines (eg, theophylline), catechol-O-methyltransferase (COMT) inhibitors (eg, entacapone), monoamine oxidase inhibitors (MAOIs) (eg, phenelzine), tricyclic antidepressants (eg, amitriptyline), or beta-blockers (eg, propranolol). This may not be a complete list of all interactions that may occur. Ask your health care provider if this medicine may interact with other medicines you take. **DO NOT START OR STOP ANY MEDICINE** without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including a history of other breathing problems (eg, asthma), diabetes, heart problems (eg, fast or irregular heartbeat, heart blood vessel problems), liver problems, high blood pressure, low blood potassium levels, seizures, an overactive thyroid, or you have high blood or urine ketone levels, allergies, pregnancy, or breast-feeding. Tell your doctor if you have recently been to an emergency room for breathing problems; have a history of frequent hospitalizations for breathing problems; have ever had life-threatening breathing problems; or have had an unusual reaction to a sympathomimetic medicine (eg, albuterol, pseudoephedrine), such as fast or irregular heartbeat, overexcitement, or severe trouble sleeping. Tell your doctor if you have taken a MAOI (eg, phenelzine) or a tricyclic antidepressant (eg, amitriptyline) within the last 14 days. **USE OF THIS MEDICINE IS NOT RECOMMENDED** if you are having severe breathing problems (eg, sudden, severe onset or worsening of COPD symptoms) such as chest tightness, cough, shortness of breath, wheezing), you have asthma and you are not currently using a long-term asthma-control medicine (eg, inhaled corticosteroids), or if you have asthma that is already well controlled with the use of a long-term asthma-control medicine. **THIS MEDICINE SHOULD NOT BE USED IN CHILDREN;** safety and effectiveness in children have not been confirmed. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. This medicine comes with a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully each time you refill this medicine. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. **THIS MEDICINE SHOULD ONLY BE INHALED USING A NEBULIZER.** Do NOT inject or swallow it. A health care provider will teach you how to use the nebulizer. Be sure you know what type of nebulizer to use with this medicine, and how to use it. Follow the procedures you are taught when you use a nebulizer. Contact your doctor or pharmacist if you have any questions. **STORE THIS MEDICINE** in the original foil pouch in a dry place. Do not remove from the foil pouch or the vial until right before use. **IF THE MEDICINE CONTAINS PARTICLES,** is cloudy or discolored, or if the vial is cracked or damaged in any way, do not use it. **DO NOT MIX THIS MEDICINE WITH OTHER MEDICINES** in your nebulizer machine. **TO USE THIS MEDICINE,** twist open the top of the vial and pour the entire contents into the nebulizer reservoir. **CONNECT THE NEBULIZER RESERVOIR** to the mouthpiece or face mask. **CONNECT THE NEBULIZER** to the compressor. Sit in a comfortable, upright position. **PLACE THE MOUTHPIECE** in your mouth or put on the face mask on the nebulizer. **BREATHE AS CALMLY,** deeply, and evenly as possible until no more mist is formed in the nebulizer chamber (about 5 to 10 minutes). **CLEAN THE NEBULIZER** according to the instructions. Failure to properly clean the nebulizer could lead to bacteria entering the medicine. This may lead to an infection. To avoid bacteria entering the medicine, use the entire contents right after opening the vial for the first time. **STORE THIS MEDICINE IN THE REFRIGERATOR,** between 36 and 46 degrees F (2 and 8 degrees C). Do not freeze. **UNOPENED POUCHES MAY BE STORED** at room temperature between 68 and 77 degrees F (20 and 25 degrees C) for up to 6 weeks. Store away from heat, moisture, and light. If this medicine is stored at room temperature, throw it away after 6 weeks. **DO NOT USE THIS MEDICINE** if it is past the expiration date on the container. **KEEP THIS MEDICINE** out of the reach of children and away from pets. **CONTINUE TO USE THIS MEDICINE** even if you feel well. Do not miss any doses. If you miss a dose of this medicine, skip the missed dose and go back to your regular dosing schedule. Do not use 2 doses at once.

**CAUTIONS:** DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to formoterol. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINES,** either prescription or over-the-counter, check with your doctor or pharmacist. **LAB TESTS,** including lung function and blood potassium levels, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. **THIS MEDICINE MAY CAUSE DIZZINESS.** This effect may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. **THIS MEDICINE WILL NOT STOP SUDDEN SYMPTOMS OF COPD ONCE THEY HAVE ALREADY STARTED.** Be sure to carry a short-acting bronchodilator inhaler (eg, albuterol) with you at all times to treat any breathing problems that may occur between doses of this medicine (eg, severe or sudden onset of wheezing or shortness of breath). If you have any questions about which medicines stop sudden symptoms, check with your doctor or pharmacist. **IF YOU HAVE BEEN REGULARLY USING A SHORT-ACTING BRONCHODILATOR INHALER,** talk with your doctor about how to use it with this medicine. Short-acting bronchodilators are normally used with this medicine to treat breathing problems that may occur between doses. **THE RISK OF SERIOUS HEARING PROBLEMS** (eg, irregular heartbeat) may be greater if you use this medicine in high doses. Do NOT use more than recommended dose or use more often than prescribed. **TELL YOUR DOCTOR AT ONCE** if you notice that your short-acting bronchodilator inhaler does not work as well, if you need to use it often, or if your breathing problems get worse. **CONTACT YOUR DOCTOR OR SEEK MEDICAL CARE RIGHT AWAY** if you have breathing problems that worsen quickly, or if you use your short-acting bronchodilator and do not get relief. **TALK WITH YOUR DOCTOR OR PHARMACIST** about all of your breathing medicines and how to use them. Do not start, stop, or change the dose of any

breathing medicine unless your doctor tells you to. **THE MEDICINE MAY SOMETIMES CAUSE SEVERE BREATHING PROBLEMS RIGHT AFTER YOU USE A DOSE.** If this happens, use your short-acting bronchodilator. Contact your doctor or seek other medical care at once. **THIS MEDICINE MAY RAISE YOUR BLOOD SUGAR.** High blood sugar may make you feel confused, drowsy, or thirsty. It can also make you flush, breathe faster, or have a fruit-like breath odor. If these symptoms occur, tell your doctor right away. **PREGNANCY** and **BREAST-FEEDING:** If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. It is not known if this medicine is found in breast milk. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS that may occur while taking this medicine include: back pain; diarrhea; dry mouth; headache; nausea; nervousness; stuffy nose; tiredness; tremor; trouble sleeping; vomiting. If they continue or are bothersome, check with your doctor. **SEEK MEDICAL ATTENTION RIGHT AWAY** if any of these SEVERE side effects occur: chest pain; fast or irregular heartbeat; fever, chills, or persistent sore throat; leg swelling; new or worsening breathing problems (eg, increased chest tightness, coughing, shortness of breath, wheezing); severe or persistent headache, dizziness, tremor, or nervousness; severe or persistent muscle pain or cramps; symptoms of high blood sugar (eg, increased thirst, urination, or hunger; unusual weakness or drowsiness; confusion); trouble speaking. **AN ALLERGIC REACTION** to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, tongue, or throat; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include chest pain; fast or irregular heartbeat; severe or persistent dizziness, dry mouth, fatigue, headache, muscle pain or cramps, nausea, nervousness, trouble sleeping, or tremors; severe or persistent symptoms of high blood sugar (eg, increased thirst, urination, or hunger; drowsiness; flushing of the skin; confusion; fruit-like breath odor).

**ADDITIONAL INFORMATION:** If your symptoms do not improve or if they become worse, check with your doctor. **DO NOT SHARE THIS MEDICINE** with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME** obtain refills before your supply runs out. **CHECK WITH YOUR PHARMACIST** about how to dispose of unused medicine.

Call your doctor for medical advice about side effects.  
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WICH-957918

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 77079517  
(713)464-4391

**RX # 1496587-03328**

DATE: 02/18/11

**BROVANA 15MCG/2ML INH SOL 30X2ML**

QTY: 120 1 REFILL BEFORE 12/05/11

Refill NDC:63402-0911-30

\$ 527.99

A. JAIN, MD  
MFG:SEPRACOR  
HMC/ / / /KDM

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Customer  
Receipt

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 77079517  
(713)464-4391

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PH: (713)722-7247

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Receipt

Pharmacy use only

TUE 12:00PM  
Refill

BROVANA 15MCG/2ML INH SOL 30X2ML  
63402-0911-30  
REFRIG

QTY 120

LIQUID

HMC/ / / /KDM

Med Guide

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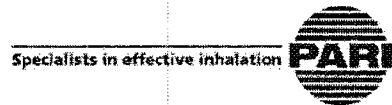
Don't take a chance with your lungs — get a PARI Nebulizer cup now.



Did you know a PARI nebulizer was used to prove safety and efficacy of your inhaled medication? PARI nebulizers are the clinical choice, make them your choice.

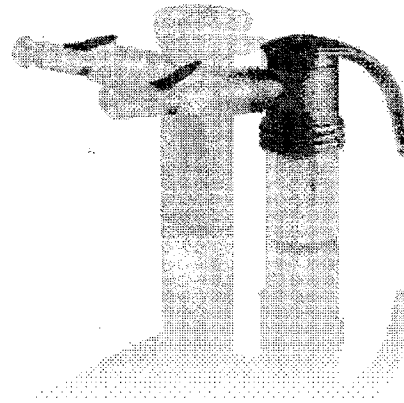
**The Benefits of PARI Reusable Nebulizers**

- Short treatment times
- Consistent, efficient delivery of medication to the lungs
- Reusable, designed to last 6 months
- Easy to clean: boilable and dishwasher safe
- Cost effective



PARI LO® Plus used in clinical trial.

55444



**Continue to effectively manage your COPD by using a PARI Nebulizer.**

Chronic obstructive pulmonary disease (COPD) is with you all of the time, even when you don't have symptoms. That is why it's important to use the PARI Nebulizer system, to deliver your medication to you effectively.

**If you're not using a PARI nebulizer cup, you may not be getting the most benefit from your aerosol medication.**

PARI reusable nebulizers feature breath enhanced technology resulting in increased aerosol delivery with decreased medication waste.

For more information contact PARI at 1.800.FAST.NEB (327.8632) or your Walgreens pharmacist. Visit [www.PARI.com](http://www.PARI.com).

**Talk to your doctor or pharmacist today about the PARI Reusable Nebulizer cup.**

This message was developed and paid for by PARI Respiratory Equipment, Inc.

OPT: 2875 677 049 0537281 INFO: 0906 63402091130

55444

8 BR



\*1496587 2203 3 0052799 0\*

NELVA BRUNSTING

13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

- MEDICARE: Patient Not Eligible- Use New Plan or charge Cash
- Store TT 1 of 1
- Prescription Savings Club could save you \$117.29! Ask if you qualify.

TUE 12:00PM  
\$527.99  
EXPRESS PAY

02/18/11  
Refill

REFRIGERATE  
MED GUIDE



Personal  
Prescription  
Information

**LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.**

**Take advantage of these convenient services:**

- **Auto Refills**  
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.
- **Touch Tone Refills**  
Save time by using our automated system for a refill. Just dial the number on your prescription label.



Visit us online at [Walgreens.com](http://Walgreens.com)

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To stop receiving sponsored info at this pharmacy, call 888-336-5744 or visit [remove-me.net](http://remove-me.net) Use code:2875677 049 0537281

Brunsting004468

# YOUR PERSONAL PRESCRIPTION INFORMATION

## Your Walgreens Pharmacy Location

12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

<b>PATIENT</b> NELVA BRUNSTING	<b>DOCTOR</b> A. JAIN, MD	<b>DRUG DESCRIPTION</b>
<b>BIRTH DATE</b> 10/08/26		
<b>MEDICATION</b> SPIRIVA CAPS 30'S & HANDIHALER	<b>PATIENT ALLERGIES</b>	
<b>QUANTITY</b> 30		
<b>DIRECTIONS</b> INHALE CONTENTS OF ONE CAPSULE ONCE DAILY USING HANDIHALER		

**INGREDIENT NAME:** TIOTROPIUM BROMIDE (TYE-oh-TROE-pee-um BROE-mide)

**COMMON USES:** This medicine is an anticholinergic agent used to treat the symptoms of chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are taking another anticholinergic (eg, ipratropium). Ask your doctor if you are unsure if any of your medicines are anticholinergics. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including if you have trouble urinating; an enlarged prostate; bladder blockage; glaucoma; kidney problems; allergies (including milk proteins); pregnancy; or breast-feeding. Tell your doctor if you are having an asthma attack or increased difficulty breathing. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. An additional patient information leaflet is available with this medicine. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have before using this medicine. DO NOT SWALLOW THE CAPSULES. THE CAPSULES ARE USED WITH A SPECIAL INHALER. DO NOT remove a capsule from the packaging until you are ready to use it. To remove a capsule from the packaging, carefully peel the foil back to expose the capsule, then tip the capsule out of the blister. Do NOT cut the foil or use sharp objects to remove the capsule from the blister. If a second capsule is exposed to the air when you are removing a capsule for use, it must be discarded. Do not save the capsule for later. Place the capsule in the special inhaler device immediately. The device will puncture the capsule so that the medicine inside may be inhaled into the lungs through the mouthpiece. Exhale slowly and deeply. DO NOT breathe into the mouthpiece of the inhaler. Position the inhaler mouthpiece between your lips and try to rest your tongue flat. Keep your head upright. Do not block the air vents on the inhaler. TAKE A SLOW, DEEP BREATH. You should hear or feel the capsule vibrate inside the inhaler. Hold your breath as long as it feels comfortable, then exhale slowly through pursed lips. Breathe out completely. To be sure all of the medicine has been inhaled from the capsule, inhale from the mouthpiece a second time following the same process. ASK YOUR DOCTOR OR PHARMACIST if you are unclear on how to use this device or inhale the medicine. CLEAN THE INHALER DEVICE once a month according to the instructions in the patient leaflet. Each inhaler device may be used for up to 1 year and then should be replaced. STORE THIS MEDICINE at room temperature at 77 degrees F (25 degrees C), away from heat, moisture, and light. Brief storage between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. This medicine will work best if used regularly. Taking your dose at the same time each day will help you to remember. IF YOU MISS A DOSE OF THIS MEDICINE, use it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do NOT use 2 doses at once. DO NOT use this medicine more often than 1 time every 24 hours.

**CAUTIONS:** DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to atropine or related medicines (eg, ipratropium). THIS MEDICINE WILL NOT STOP AN ASTHMA ATTACK once one has started. IF YOU ARE ALSO USING A RESCUE INHALER (eg, albuterol), be sure to always carry the bronchodilator inhaler with you to use during asthma attacks. DO NOT EXCEED THE RECOMMENDED DOSE without checking with your doctor. DO NOT STOP USING THIS MEDICINE without first checking with your doctor. This medicine may cause dizziness or blurred vision. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. AVOID GETTING THIS MEDICINE IN YOUR EYES. If you get the medicine in your eyes and eye pain, blurred vision, or other vision changes occur, contact your doctor immediately. THIS MEDICINE MAY SOMETIMES CAUSE SEVERE BREATHING PROBLEMS right after you use a dose. If this happens, use your short-acting bronchodilator inhaler. Contact your doctor or seek other medical care at once. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. USE THIS MEDICINE WITH CAUTION IN THE ELDERLY; they may be more sensitive to its effects, especially constipation and urinary tract infections. FOR WOMEN: IF YOU

PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS NOT KNOWN IF THIS MEDICINE IS FOUND in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS that may occur while using this medicine include dry mouth, constipation, sinus inflammation, throat irritation, stomach pain, vomiting, blurred vision, or mild nosebleed. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience irritation, pain, or white patches in your mouth or on your tongue; mouth sores; severe or persistent nosebleeds; severe or persistent constipation; difficult or painful urination; eye pain or discomfort; vision changes (eg, halos, colored images); chest pain; fast or irregular heartbeat; difficulty swallowing; new or worsened breathing problems; or wheezing. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include mental changes; severe constipation; stomach pain; or tremors.

**ADDITIONAL INFORMATION:** DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

**RX # 1496586-03328**

DATE: 01/01/11

**SPIRIVA CAPS 30'S & HANDIHALER**

QTY: 30 2 REFILLS BEFORE 12/05/11

Refill NDC:00597-0075-41

Retail Price: \$260.99 Your Insurance Saved You: \$44.45

\$ 216.54

A. JAIN, MD  
MFG:BOEHRINGER  
XXX/JIC/JIC /RJW

PLAN: PAID/MPD  
GROUP# CMD3896  
CLAIM REF# MRVHDC

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Customer Receipt

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

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XXX/JIC/JIC /RJW

PLAN: PAID/MPD  
GROUP# CMD3896  
CLAIM REF# MRVHDC

**Walgreens**

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PH: (713)722-7247

Duplicate Receipt

Pharmacy use only

SUN 12:00PM  
Refill

SPIRIVA CAPS 30'S & HANDIHALER  
QTY 30  
00597-0075-41  
ALPHA

XXX/JIC/JIC /RJW

Brunsting004469

Get a **FREE** one-on-one  
**Medicare Part D**  
review session!

Your pharmacist will:

- Review your medications and look for ways to help save you money
- Talk about other things you can do to stay well
- Check for potential drug interactions



*Make your appointment today!*

**Walgreens**

There's a way to stay well.

Information provided by Walgreens is not a substitute for your own research concerning your healthcare, including Medicare.

**Don't take  
chances with  
your health.**

*Fill all your prescriptions  
at one pharmacy.*

Walgreens automatically screens for drug interactions, including any over-the-counter medicines or supplements you tell us about.



**Play it safe. Fill all your  
prescriptions at Walgreens.**

8  
BR



SUN 12:00PM  
**\$216.54**  
EXPRESS PAY

NELVA BRUNSTING  
13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

**01/01/11**  
Refill

- Store TT 5 of 5
- Your Insurance Saved You: \$44.45

**Personal  
Prescription  
Information**

**LOOK INSIDE FOR IMPORTANT INFORMATION**

**ABOUT YOUR MEDICATION.**

Take advantage of this convenient service:

• **Auto Refills**

We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

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Visit us online at [Walgreens.com](http://Walgreens.com)

**Thank you for choosing Walgreens!**

# YOUR PERSONAL PRESCRIPTION INFORMATION

## Your Walgreens Pharmacy Location

12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

**PATIENT** NELVA BRUNSTING  
**BIRTH DATE** 10/08/26  
**MEDICATION** BROVANA 15MCG/2ML INH SOL 30X2ML  
**QUANTITY** 120  
**DIRECTIONS** INHALE 1 VIAL VIA NEBULIZER  
TWICE DAILY

**DOCTOR** A. JAIN, MD

**DRUG DESCRIPTION**

LIQUID

**INGREDIENT NAME:** ARFORMOTEROL (ar-for-MOE-ter-ole)

**COMMON USES:** This medicine is a long-acting beta agonist bronchodilator used for long-term treatment of chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** **WARNING: LONG-ACTING BETA-AGONISTS SUCH AS THIS MEDICINE HAVE BEEN ARELY ASSOCIATED WITH AN INCREASED RISK OF ASTHMA-RELATED DEATH.** Long-acting beta-agonists should not be used in asthma patients without another long-term asthma-control medicine (eg, inhaled corticosteroids). This medicine has not been approved to treat asthma. Safety and effectiveness of this medicine in patients with asthma have not been confirmed. **SOME MEDICINES MAY INTERACT** with this medicine. **DO NOT TAKE THIS MEDICINE** if you are using another medicine that has a long-acting beta-agonist (eg, salmeterol) in it. **TELL YOUR HEALTH CARE PROVIDER** if you are taking any other medicines, especially any of the following: corticosteroids (eg, prednisone), diuretics (eg, furosemide, hydrochlorothiazide), xanthines (eg, theophylline), catechol-O-methyltransferase (COMT) inhibitors (eg, entacapone), monoamine oxidase inhibitors (MAOIs) (eg, phenelzine), tricyclic antidepressants (eg, amitriptyline), or beta-blockers (eg, propranolol). This may not be a complete list of all interactions that may occur. Ask your health care provider if this medicine may interact with other medicines you take. **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including a history of other breathing problems (eg, asthma), diabetes, heart problems (eg, fast or irregular heartbeat, heart blood vessel problems), liver problems, high blood pressure, low blood potassium levels, seizures, an overactive thyroid, or you have high blood or urine ketone levels, allergies, pregnancy, or breast-feeding. Tell your doctor if you have recently been to an emergency room for breathing problems; have a history of frequent hospitalizations for breathing problems; have ever had life-threatening breathing problems; or have had an unusual reaction to a sympathomimetic medicine (eg, albuterol, pseudoephedrine), such as fast or irregular heartbeat, overexcitement, or severe trouble sleeping. Tell your doctor if you have taken a MAOI (eg, phenelzine) or a tricyclic antidepressant (eg, amitriptyline) within the last 14 days. **USE OF THIS MEDICINE IS NOT RECOMMENDED** if you are having severe breathing problems (eg, sudden, severe onset or worsening of COPD symptoms such as chest tightness, cough, shortness of breath, wheezing), you have asthma and you are not currently using a long-term asthma-control medicine (eg, inhaled corticosteroids), or if you have asthma that is already well controlled with the use of a long-term asthma-control medicine. **THIS MEDICINE SHOULD NOT BE USED IN CHILDREN;** safety and effectiveness in children have not been confirmed. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. This medicine comes with a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully each time you refill this medicine. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. **THIS MEDICINE SHOULD ONLY BE INHALED USING A NEBULIZER.** Do NOT inject or swallow it. A health care provider will teach you how to use the nebulizer. Be sure you know what type of nebulizer to use with this medicine, and how to use the procedure as directed when you use a dose. Contact your health care provider if you have any questions. **STORE THIS MEDICINE** in the original foil pouch in a dry place. Do not remove from the foil pouch or the vial until right before use. **IF THE MEDICINE CONTAINS PARTICLES,** is a color of discoloration, if the vial is cracked or damaged in any way, do not use it. **DO NOT MIX THIS MEDICINE WITH OTHER MEDICINES** in your nebulizer machine. **TO USE THIS MEDICINE,** twist open the top of the vial and pour the entire contents into the nebulizer reservoir. **CONNECT THE NEBULIZER RESERVOIR** to the mouthpiece or face mask. **CONNECT THE NEBULIZER** to the compressor. Sit in a comfortable, upright position. **PLACE THE MOUTHPIECE** in your mouth (or put on the face mask) and turn on the nebulizer. **BREATHE AS CALMLY,** deeply, and evenly as possible until no more mist is formed in the nebulizer chamber (about 5 to 10 minutes). **CLEAN THE NEBULIZER** according to the instructions. Failure to properly clean the nebulizer could lead to bacteria entering the medicine. This may lead to an infection. To avoid bacteria entering the medicine, use the entire contents right after opening the vial for the first time. **STORE THIS MEDICINE IN THE REFRIGERATOR,** between 36 and 46 degrees F (2 and 8 degrees C). Do not freeze. **UNOPENED POUCHES MAY BE STORED** at room temperature between 68 and 77 degrees F (20 and 25 degrees C) for up to 6 weeks. Store away from heat, moisture, and light. If this medicine is stored at room temperature, throw it away after 6 weeks. **DO NOT USE** this medicine if it is past the expiration date on the container. **KEEP THIS MEDICINE** out of the reach of children and away from pets. **CONTINUE TO USE THIS MEDICINE** even if you feel well. Do not miss any doses. If you miss a dose of this medicine, skip the missed dose and go back to your regular dosing schedule. Do not use 2 doses at once.

**CAUTIONS:** **DO NOT USE THIS MEDICINE** if you are allergic to any ingredient in this medicine or to formoterol. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINES,** either prescription or over-the-counter, check with your doctor or pharmacist. **LAB TESTS,** including lung function and blood potassium levels, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. **THIS MEDICINE MAY CAUSE DIZZINESS.** This effect may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. **THIS MEDICINE WILL NOT STOP SUDDEN SYMPTOMS OF COPD ONCE THEY HAVE ALREADY STARTED.** Be sure to carry a short-acting bronchodilator inhaler (eg, albuterol) with you at all times to treat any breathing problems that may occur between doses of this medicine (eg, severe or sudden onset of wheezing or shortness of breath). If you have any questions about which medicines stop sudden symptoms, check with your doctor or pharmacist. **IF YOU HAVE BEEN REGULARLY USING A SHORT-ACTING BRONCHODILATOR INHALER,** talk with your doctor about how to use it with this medicine. Short-acting bronchodilators are normally used with this medicine to treat breathing problems that may occur between doses. **THE RISK OF SERIOUS HEART PROBLEMS** (eg, irregular heartbeat) may be greater if you use this medicine in high doses. Do NOT use more than recommended dose or use more often than prescribed. **TELL YOUR DOCTOR AT ONCE** if you notice that your short-acting bronchodilator inhaler does not work as well, if you need to use it often, or if your breathing problems get worse. **CONTACT YOUR DOCTOR OR SEEK MEDICAL CARE RIGHT AWAY** if you have breathing problems that worsen quickly, or if you use your short-acting bronchodilator and do not get relief. **TALK WITH YOUR DOCTOR OR PHARMACIST** about all of your breathing medicines and how to use them. Do not start, stop, or change the dose of any

breathing medicine unless your doctor tells you to. **THE MEDICINE MAY SOMETIMES CAUSE SEVERE BREATHING PROBLEMS RIGHT AFTER YOU USE A DOSE.** If this happens, use your short-acting bronchodilator. Contact your doctor or seek other medical care at once. **THIS MEDICINE MAY RAISE YOUR BLOOD SUGAR.** High blood sugar may make you feel confused, drowsy, or thirsty. It can also make you flush, breathe faster, or have a fruit-like breath odor. If these symptoms occur, tell your doctor right away. **PREGNANCY and BREAST-FEEDING:** If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. It is not known if this medicine is found in breast milk. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS that may occur while taking this medicine include: back pain; diarrhea; dry mouth; headache; nausea; nervousness; stuffy nose; tiredness; tremor; trouble sleeping; vomiting. If they continue or are bothersome, check with your doctor. **SEEK MEDICAL ATTENTION RIGHT AWAY** if any of these SEVERE side effects occur: chest pain; fast or irregular heartbeat; fever, chills, or persistent sore throat; leg swelling; new or worsening breathing problems (eg, increased chest tightness, coughing, shortness of breath, wheezing); severe or persistent headache, dizziness, tremor, or nervousness; severe or persistent muscle pain or cramps; symptoms of high blood sugar (eg, increased thirst, urination, or hunger; unusual weakness or drowsiness; confusion); trouble speaking. **AN ALLERGIC REACTION** to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, tongue, or throat; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include chest pain; fast or irregular heartbeat; severe or persistent dizziness, dry mouth, fatigue, headache, muscle pain or cramps, nausea, nervousness, trouble sleeping, or tremors; severe or persistent symptoms of high blood sugar (eg, increased thirst, urination, or hunger; drowsiness; flushing of the skin; confusion; fruit-like breath odor).

**ADDITIONAL INFORMATION:** If your symptoms do not improve or if they become worse, check with your doctor. **DO NOT SHARE THIS MEDICINE** with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME,** obtain refills before your supply runs out. **CHECK WITH YOUR PHARMACIST** about how to dispose of unused medicine.

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

Call your doctor for medical advice about side effects.  
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 959810

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

**RX # 1496587-03328**

DATE: 01/13/11

**BROVANA 15MCG/2ML INH SOL 30X2ML**

QTY: 120 2 REFILLS BEFORE 12/05/11

Refill NDC: 63402-0911-30

\$ 527.99

A. JAIN, MD  
MFG:SEPRACOR  
JDC/SSH/SSH/ /KSC

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Customer Receipt

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

**RX # 1496587-03328**

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JDC/SSH/SSH/ /KSC

**Walgreens**

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PH: (713)722-7247

Duplicate Receipt

Pharmacy use only

THU 4:15PM  
Refill

BROVANA 15MCG/2ML INH SOL 30X2ML  
63402-0911-30  
REFRIG

QTY 120

LIQUID

JDC/SSH/SSH/ /KSC

Med Guide

Brunsting004471



Don't take a chance with your lungs — get a PARI Nebulizer cup now.



Did you know a PARI nebulizer was used to prove safety and efficacy of your inhaled medication? PARI nebulizers are the clinical choice, make them your choice.

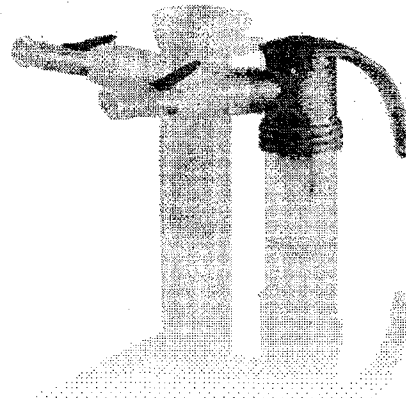
**The Benefits of PARI Reusable Nebulizers**

- Short treatment times
- Consistent, efficient delivery of medication to the lungs
- Reusable, designed to last 6 months
- Easy to clean: boilable and dishwasher safe
- Cost effective



PARI LC® Plus used in clinical trial.

5544



Continue to effectively manage your COPD by using a PARI Nebulizer.

Chronic obstructive pulmonary disease (COPD) is with you all of the time, even when you don't have symptoms. That is why it's important to use the PARI Nebulizer system, to deliver your medication to you effectively.

If you're not using a PARI nebulizer cup, you may not be getting the most benefit from your aerosol medication.

PARI reusable nebulizers feature breath enhanced technology resulting in increased aerosol delivery with decreased medication waste.

For more information contact PARI at 1.800.FAST.NEB (327.8632) or your Walgreens pharmacist. Visit [www.PARI.com](http://www.PARI.com).

Talk to your doctor or pharmacist today about the PARI Reusable Nebulizer cup.

This message was developed and paid for by PARI Respiratory Equipment, Inc.

OPT: 2875 677 013 0320825

INFO: 0901 63402091130

5544

8 BR



\*1496587 0902 3 0052799 0\*


NELVA BRUNSTING  
13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

- MEDICARE: Patient Not Eligible- Use New Plan or charge Cash
- Store TT 1 of 1
- Prescription Savings Club could save you \$117.29! Ask if you qualify.

THU 4:15PM  
\$527.99  
EXPRESS PAY

01/13/11  
Refill

REFRIGERATE



## Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Touch Tone Refills**  
Save time by using our automated system for a refill. Just dial the number on your prescription label.
- **Auto Refills**  
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.



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To stop receiving sponsored info at this pharmacy, call 888-336-5744 or visit [remove-me.net](http://remove-me.net) Use code:2875677 013 0320825

Brunsting004472



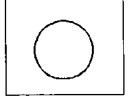
# YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location  
 12850 Memorial Drive  
 Houston, TX: 77024  
 (713)722-7247

**PATIENT** NELVA BRUNSTING  
**BIRTH DATE** 10/08/26  
**MEDICATION** ETHAMBUTOL 400MG TABLETS  
**QUANTITY** 90  
**DIRECTIONS** TAKE 3 TABLETS BY MOUTH EVERY DAY

**DOCTOR** A. JAIN, MD

**DRUG DESCRIPTION**



WHITE  
 FRONT: L U  
 BACK: C32

**PATIENT ALLERGIES**

**INGREDIENT NAME:** ETHAMBUTOL  
 (e-THAM-byoo-tole)

**COMMON USES:** This medicine is an antibacterial used to treat tuberculosis (TB).

**BEFORE USING THIS MEDICINE:** INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:** DO NOT STOP USING THIS MEDICINE without first checking with your doctor. THIS MEDICINE MAY CAUSE dizziness. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. HAVE REGULAR EYE EXAMINATIONS while you are taking this medicine even if you do not notice changes in your vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS, that may go away during

treatment, include nausea, headache, or dizziness. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience changes in vision, vomiting, skin rash, itching, fever, confusion, or numbness or tingling of extremities. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately.

**ADDITIONAL INFORMATION:** If your symptoms do not improve within 2 to 3 weeks, or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

**NELVA BRUNSTING**  
 13630 Pinerock, Houston, TX 770797517  
 (713)464-4391

**RX # 1494792-03328**

DATE: 01/01/11

**ETHAMBUTOL 400MG TABLETS**

QTY: 90 2 REFILLS BEFORE 11/29/11

Refill NDC: 68180-0281-01

Retail Price: \$153.59 Your Insurance Saved You: \$148.59

\$ 5.00

A. JAIN, MD  
 MFG: LUPIN  
 XXX/JIC/JIC/ /RJW

PLAN: PAIDMPD  
 GROUP# CMD3896  
 CLAIM REF# SQA93NQ

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
 PH: (713)722-7247

Customer Receipt

**NELVA BRUNSTING**  
 13630 Pinerock, Houston, TX 770797517  
 (713)464-4391

**RX # 1494792-03328**

DATE: 01/01/11

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 CLAIM REF# SQA93NQ

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
 PH: (713)722-7247

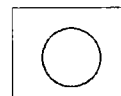
Duplicate Receipt

Pharmacy use only

SUN 12:00PM  
 Refill

ETHAMBUTOL 400MG TABLETS  
 68180-0281-01  
 ALPHA

QTY 90



WHITE  
 FRONT: L U  
 BACK: C32

XXX/JIC/JIC/ /RJW

Brunsting004473

# Get a **FREE** one-on-one **Medicare Part D** review session!

## Your pharmacist will:

- Review your medications and look for ways to help save you money
- Talk about other things you can do to stay well
- Check for potential drug interactions



*Make your appointment today!*

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# Fever at 3 a.m.?

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For the 24-hour Walgreens nearest you, call **1-800-WALGREENS** or visit **Walgreens.com/findastore**.

Another great service from

# Walgreens

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8  
BR



NELVA BRUNSTING  
13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

- Store TT 2 of 5
- Your Insurance Saved You: \$148.59

SUN 12:00PM

**\$5.00**

EXPRESS PAY

**01/01/11**

Refill



## Personal Prescription Information

**LOOK INSIDE FOR IMPORTANT INFORMATION**

**ABOUT YOUR MEDICATION.**

Take advantage of this convenient service:

- Auto Refills

We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

# Walgreens

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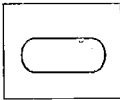
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***Thank you for choosing Walgreens!***

# YOUR PERSONAL PRESCRIPTION INFORMATION

## Your Walgreens Pharmacy Location

12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

<b>PATIENT</b> NELVA BRUNSTING	<b>DOCTOR</b> A. JAIN, MD	<b>DRUG DESCRIPTION</b>
<b>BIRTH DATE</b> 10/08/26		
<b>MEDICATION</b> AZITHROMYCIN 250MG TABLETS	<b>PATIENT ALLERGIES</b>	
<b>QUANTITY</b> 30		
<b>DIRECTIONS</b> TAKE 1 TABLET BY MOUTH EVERY DAY		
		PINK FRONT: 93 BACK: 7146

**INGREDIENT NAME:** AZITHROMYCIN  
(ay ZITH roo MYE-sin)

**COMMON USES:** This medicine is a macrolide antibiotic used to treat bacterial infections.

**BEFORE USING THIS MEDICINE:** Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking dofetilide, nilotinib, propafenone, pimozide, or tetrabenazine. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking antiarrhythmics (eg, disopyramide), anticoagulants (eg, warfarin), arsenic, astemizole, carbamazepine, cisapride, digoxin, domperidone, maprotiline, methadone, nelfinavir, cyclosporine, ergot alkaloids (eg, ergotamine), paliperidone, phenytoin, quinolones (eg, levofloxacin), rifampin, terfenadine, theophylline, triazolam, tyrosine kinase inhibitors (eg, dasatinib), or medicines that may affect your heartbeat. Ask your doctor if you are unsure if any of the medicines you are taking may affect your heartbeat. Inform your doctor of any other medical conditions including irregular heartbeat, kidney problems, liver problems, myasthenia gravis, allergies, pregnancy or breastfeeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. This medicine may be taken on an empty stomach or with food. DO NOT TAKE THIS MEDICINE within 1 hour before or 2 hours after aluminum- or magnesium-containing antacids. STORE THIS MEDICINE at room temperature, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment even if you feel better in a few days. Do not miss any doses. Taking this medicine at the same time each day will make it easier to remember. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. If you miss a dose, do not take 2 doses at once.

**CAUTIONS:** DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it, to other macrolide antibiotics (such as erythromycin), to ketolide antibiotics (such as telithromycin), or if you are allergic to any ingredient in this product. DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to erythromycin or any macrolide or ketolide antibiotic. A severe reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine, contact your doctor or pharmacist. IF YOU EXPERIENCE difficulty breathing; tightness of chest; swelling of eyelids, face, or lips; or if you develop a rash or hives, tell your doctor immediately. Do not take any more of this medicine unless your doctor tells you to do so. This medicine may cause drowsiness, dizziness, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS

MEDICINE MAY CAUSE increased sensitivity to the sun. Avoid exposure to the sun, sunlamps, or tanning booths until you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period. MILD DIARRHEA IS COMMON with antibiotic use. However, a more serious form of diarrhea (pseudomembranous colitis) may rarely occur. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe diarrhea, or bloody stools occur. Do not treat diarrhea without first checking with your doctor. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS, that may go away during treatment, include mild diarrhea, headache, nausea, or stomach pain or upset. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, changes in hearing, or ringing in the ears. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain; swelling of your hands, legs, face, lips, eyes, throat, or tongue; difficulty swallowing, speaking, or breathing; eye or vision problems; fainting; hearing loss; irregular heartbeat; muscle weakness; reddened, blistered, or swollen skin; seizures; severe stomach pain, cramps, or diarrhea; bloody stools; unusual vaginal itching, odor, or discharge; or yellowing of the eyes or skin. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, trouble breathing, or unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include nausea, vomiting, stomach upset, and diarrhea.

**ADDITIONAL INFORMATION:** DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

### NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

RX # 1494789-03328

DATE: 01/01/11

#### AZITHROMYCIN 250MG TABLETS

QTY: 30 2 REFILLS BEFORE 11/29/11

Refill NDC:00093-7146-56

Retail Price: \$195.79 Your Insurance Saved You: \$190.79

\$ 5.00

A. JAIN, MD

PLAN: PAIDMPD

MFG: TEVA

GROUP# CMD3896

XXX/KHN/KHN/KHN/RJW

CLAIM REF# SQA93N1

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Customer  
Receipt

### NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

RX # 1494789-03328

DATE: 01/01/11

#### AZITHROMYCIN 250MG TABLETS

QTY: 30 2 REFILLS BEFORE 11/29/11

Refill NDC:00093-7146-56

Retail Price: \$195.79 Your Insurance Saved You: \$190.79

\$ 5.00

A. JAIN, MD

PLAN: PAIDMPD

MFG: TEVA

GROUP# CMD3896

XXX/KHN/KHN/KHN/RJW

CLAIM REF# SQA93N1

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

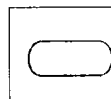
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Pharmacy use only

SUN 12:00PM  
Refill

AZITHROMYCIN 250MG TABLETS  
00093-7146-56  
ALPHA

QTY 30  
10 DRAM



PINK  
FRONT: 93  
BACK: 7146

XXX/KHN/KHN/KHN/RJW



## Are you getting the most from your Medicare Part D plan?

We can help you find out with a **FREE one-on-one plan review session** with your pharmacist. We'll review your medications, look for ways to help save you money and more.

*Make your appointment today!*

# Walgreens

There's a way to stay well.

Information provided by Walgreens is not a substitute for your own research concerning your healthcare, including Medicare.

49776

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**Just show your AARP card at time of purchase** to receive exclusive offers on everyday products — available only to AARP members.

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\*AARP card must be presented at time of purchase. For complete program terms and conditions, visit [Walgreens.com/aarpcard](http://Walgreens.com/aarpcard). AARP receives a royalty for the use of its intellectual property. Amounts paid are used for the general purposes of AARP and its members.

OPT: 2875 677 002 0240067 INFO: 0900 0000371 4656

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BR




SUN 12:00PM  
\$5.00  
EXPRESS PAY

01/01/11  
Refill

NELVA BRUNSTING  
13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

- Store TT 3 of 5
- Your Insurance Saved You: \$190.79



## Personal Prescription Information

### LOOK INSIDE FOR IMPORTANT INFORMATION

**ABOUT YOUR MEDICATION.**  
Take advantage of this convenient service:

- **Auto Refills**  
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

**Walgreens**  
The Pharmacy America Trusts • Since 1901™  
Visit us online at [Walgreens.com](http://Walgreens.com)

**Thank you for choosing Walgreens!**

# YOUR PERSONAL PRESCRIPTION INFORMATION

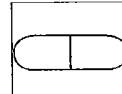
## Your Walgreens Pharmacy Location

12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

**PATIENT** NELVA BRUNSTING  
**BIRTH DATE** 10/08/26  
**MEDICATION** RIFAMPIN 300MG CAPSULES  
**QUANTITY** 60  
**DIRECTIONS** TAKE 2 CAPSULES BY MOUTH EVERY DAY

**DOCTOR** A. JAIN, MD

### DRUG DESCRIPTION



DARK REDDISH-BROWN  
FRONT: LANNETT  
BACK: 1315

**PATIENT ALLERGIES**

#### INGREDIENT NAME: RIFAMPIN (rif-AM-pin)

**COMMON USES:** This medicine is a rifamycin antibiotic used to treat tuberculosis (TB), as well as to treat those who have been exposed to meningitis-causing bacteria before they become sick. This drug does not treat acute meningitis. It may also be used to treat other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are also taking HIV protease inhibitors, pyrazinamide, or birth control pills. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking anticoagulants, cyclosporine, digitoxin, isoniazid, itraconazole, macrolide antibiotics, mexiletine, nevirapine, quinidine, progestins, theophylline, tocainide, verapamil, or medicine for anxiety, sleep, or seizures. **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. Take this medicine on an empty stomach at least 1 hour before or 2 hours after eating. **THIS MEDICINE MAY BE TAKEN WITH FOOD** if it upsets your stomach. **STORE THIS MEDICINE** at room temperature in a tightly-closed container, away from heat and light. **TO CLEAR UP YOUR INFECTION COMPLETELY**, continue taking this medicine for the full course of treatment. Do not miss any doses. **IF YOU MISS A DOSE OF THIS MEDICINE**, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:** IT MAY TAKE SEVERAL WEEKS for this medicine to work. Do not stop using this medicine without checking with your doctor. **DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS** until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. **THIS MEDICINE MAY CAUSE** urine, feces, saliva, sweat, and tears to turn orange or red. **THIS MEDICINE MAY PERMANENTLY STAIN** soft contact lenses. **KEEP ALL DOCTOR AND LABORATORY**

**APPOINTMENTS** while you are using this medicine. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE**, either prescription or over-the-counter, check with your doctor or pharmacist. **USING THIS MEDICINE** while you are taking birth control pills may decrease the effectiveness of your birth control pills. To prevent pregnancy, use an additional form of birth control. **FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT**, discuss with your doctor the benefits and risks of using this medicine during pregnancy.

**POSSIBLE SIDE EFFECTS:** **SIDE EFFECTS**, that may go away during treatment, include stomach upset, heartburn, loss of appetite, nausea, gas, abdominal cramping, headache, drowsiness, dizziness, menstrual changes, joint pain, or leg cramps. If they continue or are bothersome, check with your doctor. **CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE** if you experience vomiting, diarrhea, fever, chills, changes in vision, or confusion. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience severe stomach pain, dark urine, or yellowing of eyes or skin. **AN ALLERGIC REACTION** to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, severe dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include swelling of face or around eyes, itching over the entire body, orange or red discoloration of skin or eyes, nausea, vomiting, drowsiness, and loss of consciousness.

**ADDITIONAL INFORMATION:** **DO NOT SHARE THIS MEDICINE** with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE** out of the reach of children. **IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME**, obtain refills before your supply runs out.

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

### NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

**RX # 1494790-03328**

DATE: 01/01/11

#### RIFAMPIN 300MG CAPSULES

QTY: 60 2 REFILLS BEFORE 11/29/11  
Refill NDC: 00527-1315-30  
Retail Price: \$113.89 Your Insurance Saved You: \$108.89

\$ 5.00

A. JAIN, MD  
MFG: LANNETT  
XXX/KHN/KHN/KHN/RJW

PLAN: PAIDMPD  
GROUP#: CMD3896  
CLAIM REF#: ONA1TWP

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Customer Receipt

Pharmacy use only

SUN 12:00PM  
Refill

RIFAMPIN 300MG CAPSULES  
00527-1315-30  
ALPHA

### NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

**RX # 1494790-03328**

DATE: 01/01/11

#### RIFAMPIN 300MG CAPSULES

QTY: 60 2 REFILLS BEFORE 11/29/11  
Refill NDC: 00527-1315-30  
Retail Price: \$113.89 Your Insurance Saved You: \$108.89

\$ 5.00

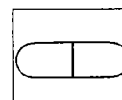
A. JAIN, MD  
MFG: LANNETT  
XXX/KHN/KHN/KHN/RJW

PLAN: PAIDMPD  
GROUP#: CMD3896  
CLAIM REF#: ONA1TWP

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Duplicate Receipt



DARK REDDISH-BROWN  
FRONT: LANNETT  
BACK: 1315

QTY 60  
20 DRAM

XXX/KHN/KHN/KHN/RJW

Brunsting004477



## Are you getting the most from your Medicare Part D plan?

We can help you find out with a **FREE one-on-one plan review session** with your pharmacist. We'll review your medications, look for ways to help save you money and more.

*Make your appointment today!*

**Walgreens**

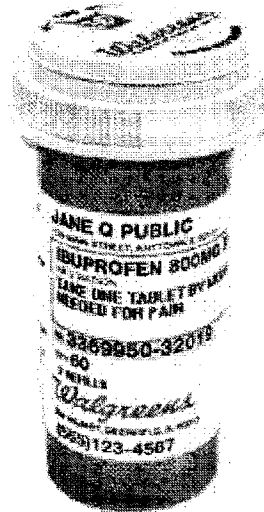
There's a way to stay well.

Information provided by Walgreens is not a substitute for your own research concerning your healthcare, including Medicare.

49770

## Prescription Transfers Easy as 1-2-3

1. Gather your prescription bottles.
2. Call or visit your local Walgreens.
3. We'll take care of the rest!



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call 1-800-WALGREENS  
or visit Walgreens.com/findastore.**

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OPT: 2875 677 002 0240080 INFO: 0900 00527131530

35640

8  
BR




NELVA BRUNSTING  
13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

- Store TT 4 of 5
- Your Insurance Saved You: \$108.89

SUN 12:00PM  
\$5.00  
EXPRESS PAY

01/01/11  
Refill



## Personal Prescription Information

### LOOK INSIDE FOR IMPORTANT INFORMATION

**ABOUT YOUR MEDICATION.**  
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**Thank you for choosing Walgreens!**



# YOUR PERSONAL PRESCRIPTION INFORMATION

## Your Walgreens Pharmacy Location

12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

**PATIENT** NELVA BRUNSTING  
**BIRTH DATE** 10/08/26  
**MEDICATION** METOPROLOL TARTRATE 50MG TABLETS  
**QUANTITY** 60  
**DIRECTIONS** TAKE 1 TABLET BY MOUTH EVERY 12 HOURS

**DOCTOR** A. JAIN, MD

**DRUG DESCRIPTION**

**PATIENT ALLERGIES**



PINK  
FRONT: m 32

**INGREDIENT NAME:** METOPROLOL (me-TOE-proe-ole)

**COMMON USES:** This medicine is a beta-adrenergic blocking agent (beta-blocker) used to treat high blood pressure. It may be used alone or with other medicines. It is also used for the long-term treatment of chest pain (angina) and to reduce the risk of death due to heart problems in certain patients who have had a heart attack. It may also be used for other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** WARNING: Do not suddenly stop taking this medicine; sharp chest pain, irregular heartbeat, and sometimes heart attack may occur. The risk may be greater if you have certain types of heart disease. Your doctor should slowly lower your dose over several weeks if you need to stop taking it, even if you only take it for high blood pressure. Heart disease is common and you may not know you have it. Limit physical activity while you are lowering your dose. If new or worsened chest pain or other heart problems occur, contact your doctor right away. You may need to start taking this medicine again. Tell your doctor or dentist that you take this medicine before you receive any medical or dental care, emergency care, or surgery. Tell your doctor if you have a history of diabetes or take medicine to lower your blood sugar (eg, glyburide, insulin). This medicine may hide signs of low blood sugar such as fast heartbeat. Tell your doctor right away if you notice other signs of low blood sugar such as anxiety, chills, dizziness, drowsiness, fainting, headache, tremor, unusual sweating, vision changes, or weakness. This medicine should not usually be used by patients who have a history of certain lung or breathing problems (eg, asthma) or a certain type of adrenal gland tumor (pheochromocytoma). It may worsen these conditions. Tell your doctor if you have a history of these conditions; your doctor may need to adjust your dose or prescribe additional medicine to reduce the risk of side effects. Tell your doctor if you have a history of overactive thyroid. This medicine may hide symptoms of overactive thyroid (eg, fast heartbeat). Do not suddenly stop taking this medicine; suddenly stopping this medicine could worsen your condition. Your doctor should slowly lower your dose over several weeks if you need to stop taking it. Check with your doctor for more information. Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are taking mibefradil. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking amiodarone, bupropion, certain HIV protease inhibitors (eg, ritonavir), certain selective serotonin reuptake inhibitors (SSRIs) (eg, fluoxetine, paroxetine), cimetidine, digoxin, diphenhydramine, disopyramide, flecainide, hormonal contraceptives (eg, birth control pills), hydralazine, hydroxychloroquine, ketanserin, mefloquine, phenothiazines (eg, thioridazine), propafenone, quinazolines (eg, alfuzosin), quinidine, terbinafine, thiamines (eg, propylthiouracil), verapamil, barbiturates (eg, phenobarbital), indomethacin, phenylpropranolamine, bupivacaine, lidocaine, or clonidine. **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions including lung or breathing problems (eg, asthma, bronchitis, chronic obstructive pulmonary disease [COPD]), diabetes, low blood pressure, thyroid problems, or adrenal gland tumor (pheochromocytoma), allergies, pregnancy, or breastfeeding. Tell your doctor if you have a history of heart attack, slow or irregular heartbeat, heart failure, or other heart problems; chest pain or angina; blood vessel or circulation problems; liver disease; or if you will be having surgery or receiving anesthesia. **USE OF THIS MEDICINE IS NOT RECOMMENDED** if you have a very slow heartbeat (eg, bradycardia), certain types of irregular heartbeat (eg, atrioventricular [AV] block, sick sinus syndrome), moderate to severe heart failure, very low systolic blood pressure (less than 100 mm Hg), or severe blood circulation problems. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for taking this medicine provided by your doctor. **TAKE THIS MEDICINE BY MOUTH WITH FOOD** or immediately following a meal at the same time each day. **STORE THIS MEDICINE** at room temperature, between 59 and 86 degrees F (15 and 30 degrees C). Store away from heat, moisture, and light. Do not store in the bathroom. **IF YOU MISS A DOSE OF THIS MEDICINE**, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:** **DO NOT USE THIS MEDICINE** if you are allergic to any ingredient in this medicine or to another beta-blocker (eg, propranolol). **IF YOU HAVE A HISTORY OF ANY SEVERE ALLERGIC REACTION**, talk with your doctor. You may be at risk for an even more severe allergic reaction if you come into contact with the substance that caused your allergy. Some medicines used to treat

severe allergies may also not work as well while you are using this medicine. **LAB TESTS**, including liver and kidney function, blood pressure, and complete blood cell counts, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. **THIS MEDICINE MAY CAUSE DROWSINESS, DIZZINESS, OR LIGHTEADEDNESS.** These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. This medicine may cause dizziness, lightheadedness, or fainting; alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. **PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE** often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal." Tell your doctor if you develop any new symptoms. **DO NOT SUDDENLY STOP TAKING THIS MEDICINE** without first consulting your doctor. If your doctor decides you should no longer use this medicine, you will need to stop this medicine gradually according to your doctor's instructions. **IF YOUR DOCTOR HAS INSTRUCTED YOU TO CHECK YOUR BLOOD PRESSURE** and heart rate regularly, be sure to do so. **TELL YOUR DOCTOR OR DENTIST** that you take this medicine before you receive any medical or dental care, emergency care, or surgery. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINES**, either prescription or over-the-counter, check with your doctor or pharmacist. Do not take any medicines used to treat colds or congestion without first talking with your doctor or pharmacist. **FOR WOMEN:** If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. This medicine is found in breast milk. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby. **DIABETES PATIENTS:** this medicine may hide signs of low blood sugar, such as rapid heartbeat. Be sure to watch for other signs or low blood sugar. Low blood sugar may make you anxious, sweaty, weak, dizzy, drowsy, or faint. It may also make your vision change; give you a headache, chills, or tremors; or make you more hungry. Check blood sugar levels closely. Ask your doctor before you change the dose of your diabetes medicine.

**POSSIBLE SIDE EFFECTS:** **SIDE EFFECTS** that may occur while taking this medicine include constipation, diarrhea, dizziness, dry mouth/eyes, gas, headache, heartburn, lightheadedness, mild drowsiness, muscle aches, nausea, stomach pain, trouble sleeping, unusual tiredness or weakness, or vomiting. If they continue or are bothersome, check with your doctor. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience blue or unusually cold hands or feet; chest pain; fainting; hallucinations; mood or mental changes (eg, confusion, depression); pounding in the chest; severe dizziness or lightheadedness; shortness of breath; slow or irregular heartbeat; swelling of the arms, hands, and feet; vision changes; wheezing; yellowing of the skin or eyes. **AN ALLERGIC REACTION** to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include chest pain, seizures, very slow heart beat, severe dizziness, fainting, and difficult or slowed breathing.

**ADDITIONAL INFORMATION:** **DO NOT SHARE THIS MEDICINE** with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE** out of the reach of children and pets. **IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME**, obtain refills before your supply runs out. **CHECK WITH YOUR PHARMACIST** about how to dispose of unused medicine.

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC #957918

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

**RX # 1496588-03328**

DATE: 01/01/11

**METOPROLOL TARTRATE 50MG TABLETS**

QTY: 60 2 REFILLS BEFORE 12/05/11  
Refill NDC:00378-0032-10  
Retail Price: \$14.99 Your Insurance Saved You: \$10.61

\$ 4.38

A. JAIN, MD PLAN: PAIDMPD  
MFG:MYLAN GROUP# CMD3896  
XXX/JIC/JIC /RJW CLAIM REF# YXEP3F1

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Customer Receipt

Pharmacy use only

SUN 12:00PM  
Refill

METOPROLOL TARTRATE 50MG TABLETS  
00378-0032-10  
CELL 138

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

**RX # 1496588-03328**

DATE: 01/01/11

**METOPROLOL TARTRATE 50MG TABLETS**

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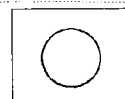
A. JAIN, MD PLAN: PAIDMPD  
MFG:MYLAN GROUP# CMD3896  
XXX/JIC/JIC /RJW CLAIM REF# YXEP3F1

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Duplicate Receipt

QTY 60  
20 DRAM



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XXX/JIC/JIC /RJW

Brunsting004479

# Educate Yourself About Stroke

Stroke kills more women than breast cancer, cervical cancer, uterine cancer, and ovarian cancer combined<sup>1</sup>

## Be Prepared...

### ACT F.A.S.T!

### Stroke risk factors

<b>FACE</b>	Facial droop Uneven smile	High blood pressure High cholesterol Heart disease Diabetes Smoking Heavy alcohol use Physical inactivity and obesity Atrial fibrillation (irregular heartbeat) Family history of stroke
<b>ARM</b>	Arm numbness Arm weakness	
<b>SPEECH</b>	Slurred speech Difficulty speaking or understanding	
<b>TIME</b>	Call 911 and get to the hospital immediately.	

### Check out National Stroke Association's Virtual Health Fair, January 19, 2011 and beyond

- Register now and get comprehensive, accurate, and up-to-date education on and resources for stroke prevention and recovery
- Visit [www.stroke.org/catalina](http://www.stroke.org/catalina), hosted by National Stroke Association

For more information on stroke,  
visit [www.getstrokeinfo.com](http://www.getstrokeinfo.com)

Reference: 1. Heron M, Hoyert DL, Murphy SL, Xu J, Kochanek KD, Tejada-Vera B. Deaths: final data for 2008. *Natl Vital Stat Rep*. 2009;57(14):1-134.

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# You're taking action

by managing the most important part of your life, your health.



Having your prescriptions refilled on time is a positive step towards managing your condition, but it's just one part of managing it. Eating healthy foods and getting proper exercise are also important factors for total health. If you don't already have a diet and exercise regimen, then talk to your doctor about the best plan for you.

You are taking **metoprolol** to help control your high blood pressure. Below are some key points to remember about **metoprolol**.

- Follow the directions on your prescription bottle carefully.
- Take your medicine exactly as your doctor prescribed.
- Continue to take it even if you feel well. Give your body time to adjust to the medicine.
- To help you remember, take it around the same time(s) every day.
- Check your blood pressure regularly.
- If you have any questions, ask one of our pharmacists on the pharmacy team or call your doctor. It's important for you to keep all scheduled appointments for lab testing.
- Talk to your doctor about how you feel and about any symptoms you have during the starting of this medicine.

The information above is brought to you as a courtesy from your pharmacist.

8  
BR



SUN 12:00PM

\$4.38

EXPRESS PAY


NELVA BRUNSTING

13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

- Store TT 1 of 5
- Your Insurance Saved You: \$10.61

01/01/11

Refill



## Personal Prescription Information

### LOOK INSIDE FOR IMPORTANT INFORMATION

#### ABOUT YOUR MEDICATION.

Take advantage of this convenient service:

#### • Auto Refills

We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

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**Thank you for choosing Walgreens!**

To stop receiving sponsored info at this pharmacy, call 888-336-5744 or visit [remove-me.net](http://remove-me.net) Use code:2875677 002 0240051

Brunsting004480



# YOUR PERSONAL PRESCRIPTION INFORMATION

## Your Walgreens Pharmacy Location

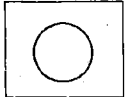
12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

**PATIENT** NELVA BRUNSTING  
**BIRTH DATE** 10/08/26  
**MEDICATION** METOPROLOL TARTRATE 50MG TABLETS  
**QUANTITY** 60  
**DIRECTIONS** TAKE 1 TABLET BY MOUTH EVERY 12 HOURS

**DOCTOR** A. JAIN, MD

**DRUG DESCRIPTION**

**PATIENT ALLERGIES**



PINK

FRONT: m 32

9 am 3 9 pm

**INGREDIENT NAME:** METOPROLOL (me-TOE-proe-lole)

**COMMON USES:** This medicine is a beta-adrenergic blocking agent (beta-blocker) used to treat high blood pressure. It may be used alone or with other medicines. It is also used for the long-term treatment of chest pain (angina) and to reduce the risk of death due to heart problems in certain patients who have had a heart attack. It may also be used for other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** WARNING: Do not suddenly stop taking this medicine; sharp chest pain, irregular heartbeat, and sometimes heart attack may occur. The risk may be greater if you have certain types of heart disease. Your doctor should slowly lower your dose over several weeks if you need to stop taking it, even if you only take it for high blood pressure. Heart disease is common and you may not know you have it. Limit physical activity while you are lowering your dose. If new or worsened chest pain or other heart problems occur, contact your doctor right away. You may need to start taking this medicine again. Tell your doctor or dentist that you take this medicine before you receive any medical or dental care, emergency care, or surgery. Tell your doctor if you have a history of diabetes or take medicine to lower your blood sugar (eg, glyburide, insulin). This medicine may hide signs of low blood sugar such as fast heartbeat. Tell your doctor right away if you notice other signs of low blood sugar such as anxiety, chills, dizziness, drowsiness, fainting, headache, tremor, unusual sweating, vision changes, or weakness. This medicine should not usually be used by patients who have a history of certain lung or breathing problems (eg, asthma) or a certain type of adrenal gland tumor (pheochromocytoma). It may worsen these conditions. Tell your doctor if you have a history of these conditions; your doctor may need to adjust your dose or prescribe additional medicine to reduce the risk of side effects. Tell your doctor if you have a history of overactive thyroid. This medicine may hide symptoms of overactive thyroid (eg, fast heartbeat). Do not suddenly stop taking this medicine; suddenly stopping this medicine could worsen your condition. Your doctor should slowly lower your dose over several weeks if you need to stop taking it. Check with your doctor for more information. Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE IF you are taking mifepridil. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking amiodarone, bupropion, certain HIV protease inhibitors (eg, ritonavir), certain selective serotonin reuptake inhibitors (SSRIs) (eg, fluoxetine, paroxetine), cimetidine, digoxin, diphenhydramine, disopyramide, flecainide, hormonal contraceptives (eg, birth control pills), hydralazine, hydroxychloroquine, ketanserin, mefloquine, phenothiazines (eg, thioridazine), propafenone, quinazolines (eg, alfuzosin), quinidine, terbinafine, thiamines (eg, propylthiouracil), verapamil, barbiturates (eg, phenobarbital), indomethacin, phenylpropanolamine, bupivacaine, lidocaine, or clonidine. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions including lung or breathing problems (eg, asthma, bronchitis, chronic obstructive pulmonary disease [COPD]), diabetes, low blood pressure, thyroid problems, or adrenal gland tumor (pheochromocytoma), allergies, pregnancy, or breastfeeding. Tell your doctor if you have a history of heart attack, slow or irregular heartbeat, heart failure, or other heart problems; chest pain or angina; blood vessel or circulation problems; liver disease; or if you will be having surgery or receiving anesthesia. USE OF THIS MEDICINE IS NOT RECOMMENDED if you have a very slow heartbeat (eg, bradycardia), certain types of irregular heartbeat (eg, atrioventricular [AV] block, sick sinus syndrome), moderate to severe heart failure, very low systolic blood pressure (less than 100 mm Hg), or severe blood circulation problems. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for taking this medicine provided by your doctor. TAKE THIS MEDICINE BY MOUTH WITH FOOD or immediately following a meal at the same time each day. STORE THIS MEDICINE at room temperature, between 59 and 86 degrees F (15 and 30 degrees C). Store away from heat, moisture, and light. Do not store in the bathroom. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:** DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to another beta-blocker (eg, propranolol). IF YOU HAVE A HISTORY OF ANY SEVERE ALLERGIC REACTION, talk with your doctor. You may be at risk for an even more severe allergic reaction if you come into contact with the substance that caused your allergy. Some medicines used to treat

severe allergies may also not work as well while you are using this medicine. LAB TESTS, including liver and kidney function, blood pressure, and complete blood cell counts, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. THIS MEDICINE MAY CAUSE DROWSINESS, DIZZINESS, OR LIGHTEADEDNESS. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. This medicine may cause dizziness, lightheadedness, or fainting; alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal." Tell your doctor if you develop any new symptoms. DO NOT SUDDENLY STOP TAKING THIS MEDICINE without first consulting your doctor. If your doctor decides you should no longer use this medicine, you will need to stop this medicine gradually according to your doctor's instructions. IF YOUR DOCTOR HAS INSTRUCTED YOU TO CHECK YOUR BLOOD PRESSURE and heart rate regularly, be sure to do so. TELL YOUR DOCTOR OR DENTIST that you take this medicine before you receive any medical or dental care, emergency care, or surgery. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. Do not take any medicines used to treat colds or congestion without first talking with your doctor or pharmacist. FOR WOMEN: If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. This medicine is found in breast milk. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby. DIABETES PATIENTS: this medicine may hide signs of low blood sugar, such as rapid heartbeat. Be sure to watch for other signs or low blood sugar. Low blood sugar may make you anxious, sweaty, weak, dizzy, drowsy, or faint. It may also make your vision change; give you a headache, chills, or tremors; or make you more hungry. Check blood sugar levels closely. Ask your doctor before you change the dose of your diabetes medicine.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS that may occur while taking this medicine include constipation, diarrhea, dizziness, dry mouth/eyes, gas, headache, heartburn, lightheadedness, mild drowsiness, muscle aches, nausea, stomach pain, trouble sleeping, unusual tiredness or weakness, or vomiting. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience blue or unusually cold hands or feet; chest pain; fainting; hallucinations; mood or mental changes (eg, confusion, depression); pounding in the chest; severe dizziness or lightheadedness; shortness of breath; slow or irregular heartbeat; swelling of the arms, hands, and feet; vision changes; wheezing; yellowing of the skin or eyes. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include chest pain, seizures, very slow heart beat, severe dizziness, fainting, and difficult or slowed breathing.

**ADDITIONAL INFORMATION:** DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

### NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

RX # 1496588-03328

DATE: 12/05/10

#### METOPROLOL TARTRATE 50MG TABLETS

QTY: 60 3 REFILLS BEFORE 12/05/11

New NDC:00378-0032-10

Retail Price: \$14.99 Your Insurance Saved You: \$10.61

\$ 4.38

A. JAIN, MD  
MFG:MYLAN  
TPL/RJW/RJW/ /RJW

PLAN: PAIDMPD  
GROUP#: CMD3896  
CLAIM REF#: YRKMEWD

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Customer  
Receipt

### NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

RX # 1496588-03328

DATE: 12/05/10

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A. JAIN, MD  
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PLAN: PAIDMPD  
GROUP#: CMD3896  
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**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

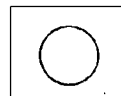
Duplicate  
Receipt

Pharmacy use only

SUN 1:29PM  
New

METOPROLOL TARTRATE 50MG TABLETS  
00378-0032-10  
CELL 138

QTY 60  
20 DRAM



PINK  
FRONT: m 32

TPL/RJW/RJW/ /RJW

Brunsting004481

# Educate Yourself About Stroke

Stroke kills more women than breast cancer, cervical cancer, uterine cancer, and ovarian cancer combined<sup>1</sup>

## Be Prepared...

### ACT F.A.S.T!

### Stroke risk factors

**FACE** Facial droop  
Uneven smile

**ARM** Arm numbness  
Arm weakness

**SPEECH** Slurred speech  
Difficulty speaking  
or understanding

**TIME** Call 911 and get to the  
hospital immediately.

High blood pressure  
High cholesterol  
Heart disease  
Diabetes  
Smoking  
Heavy alcohol use  
Physical inactivity and obesity  
Atrial fibrillation  
(irregular heartbeat)  
Family history of stroke

### Check out National Stroke Association's Virtual Health Fair, January 19, 2011 and beyond

- Register now and get comprehensive, accurate, and up-to-date education on and resources for stroke prevention and recovery
- Visit [www.stroke.org/catalina](http://www.stroke.org/catalina), hosted by National Stroke Association

For more information on stroke,  
visit [www.getstrokeinfo.com](http://www.getstrokeinfo.com)

Reference: 1. Heron M, Hoyert DL, Murphy SL, Xu J, Kochanek KD, Tejada-Vera B. Deaths: final data for 2006. *Natl Vital Stat Rep*. 2009;57(14):1-134.

Brought to you by **Genentech**  
A Member of the Roche Group

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# You're taking action

by managing the most important part of your life, your health.



Having your prescriptions refilled on time is a positive step towards managing your condition, but it's just one part of managing it. Eating healthy foods and getting proper exercise are also important factors for total health. If you don't already have a diet and exercise regimen, then talk to your doctor about the best plan for you.

You are taking **metoprolol** to help control your high blood pressure. Below are some key points to remember about **metoprolol**.

- Follow the directions on your prescription bottle carefully.
- Take your medicine exactly as your doctor prescribed.
- Continue to take it even if you feel well. Give your body time to adjust to the medicine.
- To help you remember, take it around the same time(s) every day.
- Check your blood pressure regularly.
- If you have any questions, ask one of our pharmacists on the pharmacy team or call your doctor. It's important for you to keep all scheduled appointments for lab testing.
- Talk to your doctor about how you feel and about any symptoms you have during the starting of this medicine.

The information above is brought to you as a courtesy from your pharmacist.

8  
BR




SUN 1:29PM  
\$4.38  
EXPRESS PAY

NELVA BRUNSTING

13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

• Your Insurance Saved You: \$10.61

12/05/10  
New



## Personal Prescription Information

OPT: 2875 677 339 0223746

INFO: 0896 00378003210

### LOOK INSIDE FOR IMPORTANT INFORMATION

#### ABOUT YOUR MEDICATION.

#### Take advantage of these convenient services:

- **Touch Tone Refills**  
Save time by using our automated system for a refill. Just dial the number on your prescription label.
- **Auto Refills**  
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

**Walgreens**  
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Visit us online at [Walgreens.com](http://Walgreens.com)

**Thank you for choosing Walgreens!**

To stop receiving sponsored info at this pharmacy, call 888-336-5744 or visit [remove-me.net](http://remove-me.net) Use code:2875677 339 0223746

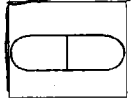
# YOUR PERSONAL PRESCRIPTION INFORMATION

**Your Walgreens Pharmacy Location**  
 12850 Memorial Drive  
 Houston, TX 77024  
 (713)722-7247

**PATIENT** NELVA BRUNSTING  
**BIRTH DATE** 10/08/26  
**MEDICATION** RIFAMPIN 300MG CAPSULES  
**QUANTITY** 60  
**DIRECTIONS** TAKE 2 CAPSULES BY MOUTH EVERY DAY  
 Evening

**DOCTOR** A. JAIN, MD  
  
**PATIENT ALLERGIES**

**DRUG DESCRIPTION**



DARK REDDISH-BROWN  
 FRONT: LANNETT  
 BACK: 1315

**INGREDIENT NAME:** RIFAMPIN (rif-AM-pin)

**COMMON USES:** This medicine is a rifamycin antibiotic used to treat tuberculosis (TB), as well as to treat those who have been exposed to meningitis-causing bacteria before they become sick. This drug does not treat acute meningitis. It may also be used to treat other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking HIV protease inhibitors, pyrazinamide, or birth control pills. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking anticoagulants, cyclosporine, digitoxin, isoniazid, itraconazole, macrolide antibiotics, mexiletine, nevirapine, quinidine, progestins, theophylline, tocainide, verapamil, or medicine for anxiety, sleep, or seizures. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. Take this medicine on an empty stomach at least 1 hour before or 2 hours after eating. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment. Do not miss any doses. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:** IT MAY TAKE SEVERAL WEEKS for this medicine to work. Do not stop using this medicine without checking with your doctor. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE MAY CAUSE urine, feces, saliva, sweat, and tears to turn orange or red. THIS MEDICINE MAY PERMANENTLY STAIN soft contact lenses. KEEP ALL DOCTOR AND LABORATORY

APPOINTMENTS while you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. USING THIS MEDICINE while you are taking birth control pills may decrease the effectiveness of your birth control pills. To prevent pregnancy, use an additional form of birth control. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS, that may go away during treatment, include stomach upset, heartburn, loss of appetite, nausea, gas, abdominal cramping, headache, drowsiness, dizziness, menstrual changes, joint pain, or leg cramps. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, diarrhea, fever, chills, changes in vision, or confusion. CONTACT YOUR DOCTOR IMMEDIATELY if you experience severe stomach pain, dark urine, or yellowing of eyes or skin. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, severe dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include swelling of face or around eyes, itching over the entire body, orange or red discoloration of skin or eyes, nausea, vomiting, drowsiness, and loss of consciousness.

**ADDITIONAL INFORMATION:** DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

W/C# 957918

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 770797517  
 (713)464-4391

**RX # 1494790-03328**

DATE: 11/29/10

**RIFAMPIN 300MG CAPSULES**

QTY: 60 3 REFILLS BEFORE 11/29/11  
 New NDC:00527-1315-30  
 Retail Price: \$113.89 Your Insurance Saved You: \$108.89

\$ 5.00

A. JAIN, MD  
 MFG:LANNETT  
 KKP/KKP/KKP/NFH

PLAN: PAIDMPD  
 GROUP# CMD3896  
 CLAIM REF# XML13FK

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
 PH: (713)722-7247

Customer Receipt

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 770797517  
 (713)464-4391

**RX # 1494790-03328**

DATE: 11/29/10

**RIFAMPIN 300MG CAPSULES**

QTY: 60 3 REFILLS BEFORE 11/29/11  
 New NDC:00527-1315-30  
 Retail Price: \$113.89 Your Insurance Saved You: \$108.89

\$ 5.00

A. JAIN, MD  
 MFG:LANNETT  
 KKP/KKP/KKP/NFH

PLAN: PAIDMPD  
 GROUP# CMD3896  
 CLAIM REF# XML13FK

**Walgreens**

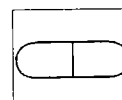
12850 MEMORIAL DRIVE HOUSTON, TX 77024  
 PH: (713)722-7247

Duplicate Receipt

**Pharmacy use only**

RIFAMPIN 300MG CAPSULES  
 00527-1315-30  
 ALPHA

QTY 60  
 20 DRAM



DARK REDDISH-BROWN  
 FRONT: LANNETT  
 BACK: 1315

KKP/KKP/KKP/NFH

Brunsting004483



Don't take chances with your health:

# Fill ALL your prescriptions at one pharmacy.

At Walgreens we'll automatically screen for drug interactions and may be able to offer advice on money-saving alternatives.

For details, speak to our pharmacy staff.

# Walgreens

There's a way to stay well.

51695



## If your prescription needs to be refilled, Walgreens can help with **Auto Refills**

We'll automatically refill your prescription before it runs out, then call or e-mail when it's ready. This free service can help you stay on track with your medications and reduce the chances of missed doses.

Speak to our pharmacy staff or visit [Walgreens.com/pharmacy](http://Walgreens.com/pharmacy) to see if your prescription is eligible for Auto Refills.

# Walgreens

There's a way to stay well.

OPT: 2875 677 333 0193642 INFO: 0895 00527131530

51696

8  
BR




NELVA BRUNSTING  
13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

• Your Insurance Saved You: \$108.89

MON 5:55PM  
\$5.00  
EXPRESS PAY

11/29/10  
New



## Personal Prescription Information

### LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Auto Refills**  
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.
- **Touch Tone Refills**  
Save time by using our automated system for a refill. Just dial the number on your prescription label.

# Walgreens

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Thank you for choosing Walgreens!

# YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location  
 12850 Memorial Drive  
 Houston, TX 77024  
 (713)722-7247

**PATIENT** NELVA BRUNSTING  
**BIRTH DATE** 10/08/26  
**MEDICATION** ETHAMBUTOL 400MG TABLETS  
**QUANTITY** 90  
**DIRECTIONS** TAKE 3 TABLETS BY MOUTH EVERY DAY

**DOCTOR** A. JAIN, MD

**DRUG DESCRIPTION**



WHITE  
 FRONT: L U  
 BACK: C32

*3 @ once / w food*

**INGREDIENT NAME:** ETHAMBUTOL  
 (e-THAM-byoo-tole)

**COMMON USES:** This medicine is an antibacterial used to treat tuberculosis (TB).

**BEFORE USING THIS MEDICINE:** INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:** DO NOT STOP USING THIS MEDICINE without first checking with your doctor. THIS MEDICINE MAY CAUSE dizziness. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. HAVE REGULAR EYE EXAMINATIONS while you are taking this medicine even if you do not notice changes in your vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS, that may go away during

treatment, include nausea, headache, or dizziness. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience changes in vision, vomiting, skin rash, itching, fever, confusion, or numbness or tingling of extremities. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately.

**ADDITIONAL INFORMATION:** If your symptoms do not improve within 2 to 3 weeks, or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 770797517  
 (713)464-4391

**RX # 1494792-03328**

DATE: 11/29/10

**ETHAMBUTOL 400MG TABLETS**

QTY: 90 3 REFILLS BEFORE 11/29/11

New NDC: 68180-0281-01

Retail Price: \$153.59 Your Insurance Saved You: \$148.59

\$ 5.00

A. JAIN, MD  
 MFG: LUPIN  
 KKP/KKP/KKP/ /NFH

PLAN: PAIDMPD  
 GROUP# CMD3896  
 CLAIM REF# RCFCF1F

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
 PH: (713)722-7247

Customer Receipt

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 770797517  
 (713)464-4391

**RX # 1494792-03328**

DATE: 11/29/10

**ETHAMBUTOL 400MG TABLETS**

QTY: 90 3 REFILLS BEFORE 11/29/11

New NDC: 68180-0281-01

Retail Price: \$153.59 Your Insurance Saved You: \$148.59

\$ 5.00

A. JAIN, MD  
 MFG: LUPIN  
 KKP/KKP/KKP/ /NFH

PLAN: PAIDMPD  
 GROUP# CMD3896  
 CLAIM REF# RCFCF1F

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
 PH: (713)722-7247

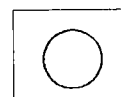
Duplicate Receipt

Pharmacy use only

MON 5:55PM  
 New

ETHAMBUTOL 400MG TABLETS  
 68180-0281-01  
 ALPHA

QTY 90



WHITE  
 FRONT: L U  
 BACK: C32

KKP/KKP/KKP/ /NFH

Brunsting004485



## If your prescription needs to be refilled, Walgreens can help with **Auto Refills**

We'll automatically refill your prescription before it runs out, then call or e-mail when it's ready. This free service can help you stay on track with your medications and reduce the chances of missed doses.

Speak to our pharmacy staff or visit [Walgreens.com/pharmacy](http://Walgreens.com/pharmacy) to see if your prescription is eligible for Auto Refills.

**Walgreens**  
There's a way to stay well.



## Are you getting the most from your **Medicare Part D** plan?

We can help you find out with a **FREE one-on-one plan review session** with your pharmacist. We'll review your medications, look for ways to help save you money and more.

*Make your appointment today!*

**Walgreens**  
There's a way to stay well.

Information provided by Walgreens is not a substitute for your own research concerning your healthcare, including Medicare.

8  
BR



PAIDMPD

\*1494792 0101 3 0000500 1\*

MON 5:55PM

\$5.00

EXPRESS PAY

NELVA BRUNSTING

13630 Pinerock


Houston, TX 770797517

(713)464-4391

• Your Insurance Saved You: \$148.59

11/29/10

New



## Personal Prescription Information

### LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Auto Refills**  
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.
- **Touch Tone Refills**  
Save time by using our automated system for a refill. Just dial the number on your prescription label.

**Walgreens**  
The Pharmacy America Trusts • Since 1901™  
Visit us online at [Walgreens.com](http://Walgreens.com)

Thank you for choosing Walgreens!


OPT: 2875 677 333 0192835

INFO: 0895 681 80028101

249770

# YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location  
12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

<b>PATIENT</b> NELVA BRUNSTING	<b>DOCTOR</b> A. JAIN, MD	<b>DRUG DESCRIPTION</b>
<b>BIRTH DATE</b> 10/08/26		
<b>MEDICATION</b> AZITHROMYCIN 250MG TABLETS	<b>PATIENT ALLERGIES</b>	
<b>QUANTITY</b> 30		
<b>DIRECTIONS</b> TAKE 1 TABLET BY MOUTH EVERY DAY Ⓢ At Lunch		
		<b>PINK</b> FRONT: 93 BACK: 7146

**INGREDIENT NAME:** AZITHROMYCIN  
(ay-ZITH-roe-MYE-sin)

**COMMON USES:** This medicine is a macrolide antibiotic used to treat bacterial infections.

**BEFORE USING THIS MEDICINE:** Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking dofetilide, nilotinib, propafenone, pimozide, or tetrabenazine. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking antiarrhythmics (eg, disopyramide), anticoagulants (eg, warfarin), arsenic, astemizole, carbamazepine, cisapride, digoxin, domperidone, maprotiline, methadone, nelfinavir, cyclosporine, ergot alkaloids (eg, ergotamine), paliperidone, phenytoin, quinolones (eg, levofloxacin), rifampin, terfenadine, theophylline, triazolam, tyrosine kinase inhibitors (eg, dasatinib), or medicines that may affect your heartbeat. Ask your doctor if you are unsure if any of the medicines you are taking may affect your heartbeat. Inform your doctor of any other medical conditions including irregular heartbeat, kidney problems, liver problems, myasthenia gravis, allergies, pregnancy or breastfeeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. This medicine may be taken on an empty stomach or with food. DO NOT TAKE THIS MEDICINE within 1 hour before or 2 hours after aluminum- or magnesium-containing antacids. STORE THIS MEDICINE at room temperature, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment even if you feel better in a few days. Do not miss any doses. Taking this medicine at the same time each day will make it easier to remember. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. If you miss a dose, do not take 2 doses at once.

**CAUTIONS:** DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it, to other macrolide antibiotics (such as erythromycin), to ketolide antibiotics (such as telithromycin), or if you are allergic to any ingredient in this product. DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to erythromycin or any macrolide or ketolide antibiotic. A severe reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine, contact your doctor or pharmacist. IF YOU EXPERIENCE difficulty breathing; tightness of chest; swelling of eyelids, face, or lips; or if you develop a rash or hives, tell your doctor immediately. Do not take any more of this medicine unless your doctor tells you to do so. This medicine may cause drowsiness, dizziness, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS

MEDICINE MAY CAUSE increased sensitivity to the sun. Avoid exposure to the sun, sunlamps, or tanning booths until you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period. MILD DIARRHEA IS COMMON with antibiotic use. However, a more serious form of diarrhea (pseudomembranous colitis) may rarely occur. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe diarrhea, or bloody stools occur. Do not treat diarrhea without first checking with your doctor. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS, that may go away during treatment, include mild diarrhea, headache, nausea, or stomach pain or upset. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, changes in hearing, or ringing in the ears. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain; swelling of your hands, legs, face, lips, eyes, throat, or tongue; difficulty swallowing, speaking, or breathing; eye or vision problems; fainting; hearing loss; irregular heartbeat; muscle weakness; reddened, blistered, or swollen skin; seizures; severe stomach pain, cramps, or diarrhea; bloody stools; unusual vaginal itching, odor, or discharge; or yellowing of the eyes or skin. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, trouble breathing, or unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include nausea, vomiting, stomach upset, and diarrhea.

**ADDITIONAL INFORMATION:** DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets.

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

**RX # 1494789-03328**

DATE: 11/29/10

**AZITHROMYCIN 250MG TABLETS**

QTY: 30 3 REFILLS BEFORE 11/29/11

New NDC:00093-7146-56

Retail Price: \$195.79 Your Insurance Saved You: \$190.79

\$ 5.00

A. JAIN, MD  
MFG:TEVA  
KKP/KKP/KKP/KKP/NFH

PLAN: PAIDMPD  
GROUP# CMD3896  
CLAIM REF# H3AEA7R

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Customer Receipt

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

**RX # 1494789-03328**

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GROUP# CMD3896  
CLAIM REF# H3AEA7R

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Duplicate Receipt

**Pharmacy use only**

AZITHROMYCIN 250MG TABLETS  
00093-7146-56  
ALPHA  
MON 5:55PM  
New

QTY 30  
10 DRAM



PINK  
FRONT: 93  
BACK: 7146

KKP/KKP/KKP/KKP/NFH

Brunsting004487





## If your prescription needs to be refilled, Walgreens can help with **Auto Refills**

We'll automatically refill your prescription before it runs out, then call or e-mail when it's ready. This free service can help you stay on track with your medications and reduce the chances of missed doses.

Speak to our pharmacy staff or visit [Walgreens.com/pharmacy](http://Walgreens.com/pharmacy) to see if your prescription is eligible for Auto Refills.

**Walgreens**  
There's a way to stay well.

## Get a **FREE** one-on-one **Medicare Part D** review session!

### Your pharmacist will:

- Review your medications and look for ways to help save you money
- Talk about other things you can do to stay well
- Check for potential drug interactions



*Make your appointment today!*

**Walgreens**  
There's a way to stay well.

Information provided by Walgreens is not a substitute for your own research concerning your healthcare, including Medicare.

8  
BR



PAIDMPD

\*1494789 0101 3 0000500 9\*

MON 5:55PM

**\$5.00**

EXPRESS PAY

NELVA BRUNSTING

13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

• Your Insurance Saved You: \$190.79

**11/29/10**

New  
CAP



## Personal Prescription Information

### LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Auto Refills**  
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.
- **Touch Tone Refills**  
Save time by using our automated system for a refill. Just dial the number on your prescription label.

**Walgreens**  
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Visit us online at [Walgreens.com](http://Walgreens.com)

***Thank you for choosing Walgreens!***

OPT: 2875 577 333 0193635

INFO: 0895 00093714656

49770



# YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location  
12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

<b>PATIENT</b> NELVA BRUNSTING	<b>DOCTOR</b> A. JAIN, MD	<b>DRUG DESCRIPTION</b>
<b>BIRTH DATE</b> 10/08/26		
<b>MEDICATION</b> SPIRIVA CAPS 30'S & HANDIHALER	<b>PATIENT ALLERGIES</b>	
<b>QUANTITY</b> 30		
<b>DIRECTIONS</b> INHALE CONTENTS OF ONE CAPSULE ONCE DAILY USING HANDIHALER		

⑤ Lunch

**INGREDIENT NAME:** TIOTROPIUM BROMIDE (TYE-oh-TROE-pee-um BROE-mide)

**COMMON USES:** This medicine is an anticholinergic agent used to treat the symptoms of chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are taking another anticholinergic (eg, ipratropium). Ask your doctor if you are unsure if any of your medicines are anticholinergics. **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including if you have trouble urinating; an enlarged prostate; bladder blockage; glaucoma; kidney problems; allergies (including milk proteins); pregnancy; or breast-feeding. Tell your doctor if you are having an asthma attack or increased difficulty breathing. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. An additional patient information leaflet is available with this medicine. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have before using this medicine. **DO NOT SWALLOW THE CAPSULES. THE CAPSULES ARE USED WITH A SPECIAL INHALER.** Do NOT remove a capsule from the packaging until you are ready to use it. To remove a capsule from the packaging, carefully peel the foil back to expose the capsule, then tip the capsule out of the blister. Do NOT cut the foil or use sharp objects to remove the capsule from the blister. If a second capsule is exposed to the air when you are removing a capsule for use, it must be discarded. Do not save the capsule for later. Place the capsule in the special inhaler device immediately. The device will puncture the capsule so that the medicine inside may be inhaled into the lungs through the mouthpiece. Exhale slowly and deeply. Do NOT breathe into the mouthpiece of the inhaler. Position the inhaler mouthpiece between your lips and try to rest your tongue flat. Keep your head upright. Do not block the air vents on the inhaler. **TAKE A SLOW, DEEP BREATH.** You should hear or feel the capsule vibrate inside the inhaler. Hold your breath as long as it feels comfortable, then exhale slowly through pursed lips. Breathe out completely. To be sure all of the medicine has been inhaled from the capsule, inhale from the mouthpiece a second time following the same process. **ASK YOUR DOCTOR OR PHARMACIST** if you are unclear on how to use this device or inhale the medicine. **CLEAN THE INHALER DEVICE** once a month according to the instructions in the patient leaflet. Each inhaler device may be used for up to 1 year and then should be replaced. **STORE THIS MEDICINE** at room temperature at 77 degrees F (25 degrees C), away from heat, moisture, and light. Brief storage between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. This medicine will work best if used regularly. Taking your dose at the same time each day will help you to remember. **IF YOU MISS A DOSE OF THIS MEDICINE**, use it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do NOT use 2 doses at once. Do NOT use this medicine more often than 1 time every 24 hours.

**CAUTIONS:** DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to atropine or related medicines (eg, ipratropium). **THIS MEDICINE WILL NOT STOP AN ASTHMA ATTACK** once one has started. **IF YOU ARE ALSO USING A RESCUE INHALER** (eg, albuterol), be sure to always carry the bronchodilator inhaler with you to use during asthma attacks. **DO NOT EXCEED THE RECOMMENDED DOSE** without checking with your doctor. **DO NOT STOP USING THIS MEDICINE** without first checking with your doctor. This medicine may cause dizziness or blurred vision. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. **DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS** until you know how you react to this medicine. **AVOID GETTING THIS MEDICINE IN YOUR EYES.** If you get the medicine in your eyes and eye pain, blurred vision, or other vision changes occur, contact your doctor immediately. **THIS MEDICINE MAY SOMETIMES CAUSE SEVERE BREATHING PROBLEMS** right after you use a dose. If this happens, use your short-acting bronchodilator inhaler. Contact your doctor or seek other medical care at once. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE**, either prescription or over-the-counter, check with your doctor or pharmacist. **USE THIS MEDICINE WITH CAUTION IN THE ELDERLY;** they may be more sensitive to its effects, especially constipation and urinary tract infections. **FOR WOMEN: IF YOU**

**PLAN ON BECOMING PREGNANT,** discuss with your doctor the benefits and risks of using this medicine during pregnancy. **IT IS NOT KNOWN IF THIS MEDICINE IS FOUND** in breast milk. **IF YOU ARE OR WILL BE BREAST-FEEDING** while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS that may occur while using this medicine include dry mouth, constipation, sinus inflammation, throat irritation, stomach pain, vomiting, blurred vision, or mild nosebleed. If they continue or are bothersome, check with your doctor. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience irritation, pain, or white patches in your mouth or on your tongue; mouth sores; severe or persistent nosebleeds; severe or persistent constipation; difficult or painful urination; eye pain or discomfort; vision changes (eg, halos, colored images); chest pain; fast or irregular heartbeat; difficulty swallowing; new or worsened breathing problems; or wheezing. **AN ALLERGIC REACTION** to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include mental changes; severe constipation; stomach pain; or tremors.

**ADDITIONAL INFORMATION:** DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

**NELVA BRUNSTING**

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

**RX # 1496586-03328**

DATE: 12/05/10

**SPIRIVA CAPS 30'S & HANDIHALER**

QTY: 30 3 REFILLS BEFORE 12/05/11

New NDC: 00597-0075-41

Retail Price: \$236.99 Your Insurance Saved You: \$215.99

\$ 21.00

A. JAIN, MD  
MFG: BOEHRINGER  
TPL/RJW/RJW/RJW/RJW

PLAN: PAIDMPD  
GROUP# CMD3896  
CLAIM REF# RDC9TAQ

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Customer Receipt

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13630 Pinerock, Houston, TX 770797517  
(713)464-4391

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CLAIM REF# RDC9TAQ

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Duplicate Receipt

Pharmacy use only

SUN 1:29PM  
New

SPIRIVA CAPS 30'S & HANDIHALER  
00597-0075-41  
ALPHA

QTY 30

TPL/RJW/RJW/RJW/RJW

Brunsting004489

# Get a **FREE** one-on-one **Medicare Part D** review session!

## Your pharmacist will:

- Review your medications and look for ways to help save you money
- Talk about other things you can do to stay well
- Check for potential drug interactions



*Make your appointment today!*

# Walgreens

There's a way to stay well.

Information provided by Walgreens is not a substitute for your own research concerning your healthcare, including Medicare.

49770



Don't take chances with your health:

# Fill ALL your prescriptions at one pharmacy.

At Walgreens we'll automatically screen for drug interactions and may be able to offer advice on money-saving alternatives.

**For details, speak to our pharmacy staff.**

# Walgreens

There's a way to stay well.

OPT: 2875 677 339 023751

INFO: 0896 00597007541

50695

8  
BR




NELVA BRUNSTING  
13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

• Your Insurance Saved You: \$215.99

SUN 1:29PM  
\$21.00  
EXPRESS PAY

12/05/10  
New



## Personal Prescription Information

### LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

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We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.
- **Touch Tone Refills**  
Save time by using our automated system for a refill. Just dial the number on your prescription label.

# Walgreens

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Visit us online at [Walgreens.com](http://Walgreens.com)

***Thank you for choosing Walgreens!***

# TIME SHEET

Employee Name: Robert Antu Title: \_\_\_\_\_

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
1.31.11	6:30 pm			
2.1.11		9 am	14.5	
2.1.11	6:30 pm			
2.2.11		9 am	14.5	
WEEKLY TOTALS:			29 hrs.	435. <sup>00</sup>

$$\begin{array}{r}
 25.00 \\
 \hline
 \$ 460.00
 \end{array}$$

Employee Signature: Robert Antu

Date: Feb.

Supervisor Signature: \_\_\_\_\_

Date: 2/2/11

Walgreens 14.00

Kroger 11.00

---

25.00

MEMORIAL COLLISION CENTER



Right Store. Right Price.

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Arthur

KROGER PLUS CUSTOMER	*****2679
PROP DRNG JC [ + ]	2.48 F
SHOP CANDY PC	1.00 B
SC KROGER SAVINGS	0.29
CHRMN BTH TS	7.57 T
3 @ 3/1.00	
APL RED DEL	1.00 F
TAX	0.71
**** BALANCE	12.76

034 KROGER #161  
14344 MEMORIAL  
HOUSTON TX 77004  
VISA #066258  
\*\*\*\*\*6258  
TOTAL: 12.76  
REF#: 063120

VISA	12.76
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	6

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*  
 KROGER PLUS SAVINGS \$ 0.29  
 TOTAL COUPONS \$ 0.29  
 TOTAL SAVINGS (2 pct.) \$ 0.29  
 \*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

# Walgreens

There's a way™

521 10 3877 05094 028

RFN# 0509-4283-8776-1102-0120

ALEVE TABS 24S	1	5.29	
EXCDRN X/S TAB 50S	1	7.49	
GIL FUSION PWR RZR	1A	9.99	SALE
HALLMARK	1A	2.59	
H/MARK CARD	1A	1.99	
H/MARK CARD CROWN	1A	2.59	
CAFE W YGRT PRTZ4Z	1A	1.00	
J/L BF/JRKY 3.25OZ		3.99	SALE
COKE DT 20OZ	A	1.59	
DUCK DUCT TAPE	1A	3.79	
SUBTOTAL		40.31	

A=8.25% SALES TAX	1.94
TOTAL	42.25

VISA	42.25
ACCT#*****6258	
CHANGE	.00

WAG ADVERTISED SAVINGS:	4.00
YOUR TOTAL SAVINGS:	4.00



14616 Memorial Drive Houston, TX  
STORE (281)493-3043

OPEN 24 HOURS  
THANK YOU

# TIME SHEET

Employee Name: FAUSTINE VAQUERA Title: \_\_\_\_\_

Week: Feb 02 - Feb 04, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2/02 Wed	8:30 am	3:00 pm	6.5	
↓	5:30 pm	12 am	6.5	
2/03 Thur	12 am	10:30	10.5	
↓	11:30 am	12 am	12.5	
2/04 Frid	12 am	2:30 pm	14.5	
WEEKLY TOTALS:			50.5	

+ receipts  
 Grocery & Food = ~~74.64~~ 84.64  
~~+ 10.00~~  
 84.64

Employee Signature: [Signature] Date: 2-04-2011

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

50.5 (hours)  
 x 15.00  
 -----  
 757.50 +  
 Receipt = 84.64

842.14



STORE MGR MARC BROCHSTEIN 713-365-6700  
THANK YOU FOR SHOPPING WITH US!

REFRIG/FROZEN

HORSE MIP CRM HWY 3.29 F

GEN MERCHANDISE

MUFFIN PAN 12 CUP 7.

DELI

BAKED POTATO/BACON 1.99 F  
SW COCONUT/RD CRRY 3.99 F  
F/W BAL DUE 11.27  
\*\*\*\* TAX .63 BAL 19.59  
VF VS XXXXXXXXXXXX0307 19.59

CHANGE 0.

2/03/11 11:05 1066 53 0035 8853

Welcome Club Member! 2457

YOUR CASHIER TODAY WAS SELF

10% Back-To-School

Thank you for supporting the 10%  
Back-to-School Program.  
Process your donation at  
[www.backtoschools.escrip.com](http://www.backtoschools.escrip.com)  
ENTER THIS NUMBER  
0000000200014424203  
or bring in your receipt to your local  
school. Must redeem by 2/28/2011.

LET US HEAR FROM YOU!  
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1066  
12850 MEMORIAL DR.  
HOUSTON, TX  
713-365-6700

EFT CREDIT SALE 02/03/11 11:05  
CARD # XXXXXXXXXXXX0307  
REF:1102031 AUTH:190957

PAYMENT AMOUNT 19.59



STORE MGR GEORGE KALLUS 281-497-0630  
THANK YOU FOR SHOPPING WITH US!

GROCERY

DR CAKE MIX 1.99 F

REFRIG/FROZEN

LUCERNE LRG EGGS 2.13 F  
LUG WHIP CREAM 1.99 F

GEN MERCHANDISE

203.00 WINDEX GLASS CLNR 6.00 T  
Reg Price 7.58 Card Sav 1.58  
\*\*\*\* TAX .50 BAL 12.61  
VF DEBIT CARD 12.61

CHANGE .00

TOTAL SAVINGS 1.58

2/02/11 17:09 1011 05 0054 4380

Welcome Club Member! 2457

Remarkable Savings \$ 1.58  
Total Savings Value 12% \$ 1.58

YOUR CASHIER TODAY WAS NILOOFAR

10% Back-To-Schools

Thank you for supporting the 10%  
Back-to-School Program.  
Process your donation at  
[www.backtoschools.escrip.com](http://www.backtoschools.escrip.com)  
ENTER THIS NUMBER  
0000000200014424203  
or bring in your receipt to your local  
school. Must redeem by 2/28/2011.



LET US HEAR FROM YOU!  
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1011  
14810 MEMORIAL DR.  
HOUSTON, TX  
281-497-0630

EFT DEBIT SALE 02/02/11 17:09  
CARD # 0307 PRIMARY  
TOTAL TRANSACTION AMOUNT 12.61

REF:110202170912

Luby's  
Houston #06 (85)  
825 Town & Country Center  
Houston, TX 77024  
713-461-9404

Check # :17265

Claudia D  
18:15:48 02/03/2011

-----  
1 Angus Chopped Steak Combo 8.99  
1 Mashed Potato  
1 Corn  
1 White Roll  
1 Glass of Water  
Tray#1 Subtotal 8.99  
-----

ID #85 0341 7265

For 10 CHANCES TO WIN \$1,000 daily  
A \$100 Lubys Gift Card weekly and  
INSTANTLY WIN an iPod  
Take our survey @  
[www.lubys-survey.com](http://www.lubys-survey.com)

Or 1 chance to win  
cash prize and gift card  
by calling 1-866-724-7146

Please retain this receipt  
for use during the survey

Visit [www.lubys-survey.com](http://www.lubys-survey.com)  
complete rules and regulations

No purchase necessary  
(OFFER EXPIRES Feb 10, 2011)

-----  
Subtotal 8.99  
Sales Tax .74  
-----

Please pay this amount  
Total 9.73

Dine In

-----  
Power Meals  
Monday - Friday  
All Day  
\$5.99 / \$6.99  
-----



Luby's  
Houston #06 (85)  
825 Town & Country Center  
Houston, TX 77024  
713-461-9404

Check # :14229

Maria G  
18:10:17 01/30/2011  
Transaction #:38160

-----  
Card Number Auth  
\*\*\*\*\*0307 1  
jr/faustino vaquera

Amount 11

Total 1

Tip .....

Total .....

X  
Cardmember agrees to pay total in  
accordance with agreement governing  
use of such card.

BLOCKBUSTER INC  
MEMORIAL AND DAIRY ASHFORD  
720 DAIRY ASHFORD ROAD  
HOUSTON, TX 77079  
(281) 589-7598

\*\*\*\*\*

WE WELCOME YOUR QUESTIONS AND COMMENTS.  
CALL YOUR LOCAL STORE MANAGER  
AT THE NUMBER ABOVE.

Your satisfaction is important to us.  
Customer Care - (800)406-6843  
Sun-Thur 8:00am - 8:00pm (CST)  
Friday & Saturday 8am to midnight

\*\*\*\*\*

Your Opinion matters to us.

We invite you to complete our  
CUSTOMER SATISFACTION SURVEY

YOU COULD WIN A \$200 BLOCKBUSTER  
GIFTCARD(R)!

Visit:

<http://blockbuster.iwrsurvey.com>

No purchase necessary. A purchase  
will not increase your chances  
of winning.

Open to legal residents of the U.S.  
and D.C. 18 years and older.  
Void where prohibited. Ends 02/28/2011.  
ARV of prize: \$200.00.  
Odds depend on eligible  
entries received.

53

Visit:  
<http://blockbuster.iwrsurvey.com>  
for Official Rules.

Store: 48071 Employee: 71097

\*\*\*\*\*

Balance - \$ 0.00

SEABISCUIT-WS

Due Date: SATURDAY 02/05/11  
Rental \$ 2.99  
Own It 02/15/11 For Only \$9.99 More

CHARIOTS OF FIRE

Due Date: SATURDAY 02/05/11



Rental - \$ 2.99  
Own It 02/5/11 For Only \$14.99 More

TRUE GRIT

Due Date: SATURDAY 02/05/11  
Rental - \$ 2.99  
Own It 02/5/11 For Only \$9.99 More

Subtotal \$ 8.97  
Tax \$ 0.74  
Total amount due \$ 9.71

Tendered VISA \$ 9.71  
Card #: XXXXXXXXXXXX0307  
Approval: 83334  
Trace #: S

By signing the Blockbuster  
PINpad or this receipt, I  
have authorized you to charge  
my card and agree to pay the  
total amount shown on this  
receipt according to the card  
issuer or merchant agreement.

Change Due \$ 0.00  
Balance - \$ 0.00

Cust #: 24807595259  
Name : VAQUERA, FAUSTINO

\*\*\*\*\*

All Rentals due by store close  
on the due date on this receipt.

NOTICE:

Starting March 1, 2010 in select  
stores, including this store, the  
rental terms have changed as follows:

MOVIE AND GAME RENTALS:

All movie and game rentals are due  
back at the date and time printed on  
the transaction receipt (the "Initial  
Rental Period"). An additional daily  
rate (each, an "Additional Daily Rate")  
plus tax will be charged for each day  
the member chooses to keep the rental  
product beyond the Initial Rental  
Period. All rental product kept more  
than 10 days beyond the end of the  
Initial Rental Period is converted to  
an automatic sale. Sale may be  
reversed for a refund by returning  
the rental product to this store  
within 10 days of the sale or for  
credit to the membership account by  
returning the rental product to this  
store within 30 days of the sale.  
Rental product may not be returned  
after 30 days of the automatic sale.  
If automatic sale is reversed, member  
must still pay accrued Additional  
Daily Rates (if applicable).

\*\*\*\*\*

48071-02-02/02/11 18:36



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Barbara

KROGER PLUS CUSTOMER \*\*\*\*\*9869
GLAD PL WRAP 3.19 T
SNSW PRUNES PC 2.99 F
SC KROGER SAVINGS 2.00
MBRD BREAD 2.69 F
3 @ 0.29
GLCR WATER 0.87 F
TAX 0.26
\*\*\*\* BALANCE 10.00
\*\*\*\*\*0307
REF#: 000000
PURCHASE: 10.00
CASHBACK: 0.00
TOTAL: 10.00

DEBIT 10.00
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 6

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*
KROGER PLUS SAVINGS \$ 2.00
TOTAL COUPONS \$ 2.00
TOTAL SAVINGS (17 pct.) \$ 2.00
\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

02/04/11 01:04pm 161 85 59 #
\*\*\*\*\*
Fuel Points Expiring 02/28/11 = 212
Points under 100 do not carry over.
Months' points do not combine.
\*\*\*\*\*

\*\*\*\*\*
ENTER TO WIN
ONE OF 30
\$100 GIFT CARDS
\*\*\*\*\*

You are invited to complete a survey
about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

You need this receipt to respond

\*\*\*\*\*
\*\*\*\*\*
Save \$0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Order = 10
Fuel Points Expiring 03/31/11 = 36
Points under 100 do not carry over.
Months' points do not combine.



11441 Katy Fwy
Houston, TX 77079
Store# 20143 Phone# (713) 935-9076

Reg 4 - DRIVE THRU
Order 286282 2/2/2011 5:48:21 PM
Employee: 51776 Name: Daniel

P2-CHZ Ench 4.99
1 RICE
1 REFR
1 SF Tort 2
P2-CK Ench 4.99
1 RICE
1 REFR
1 SF Tort 2
3oz GUAC 0.99

SubTotal 10.97
Tax 0.91
Total 11.88
Visa 11.88
Change 0.00

Acct: xxxxxxxxxxxx0307
Authorization: 144587

ORDER# 482-----

We would like your feedback.
Participe en nuestra encuesta.

Visit www.cabanacares.com
Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00
off next food purchase excluding alcohol.
Not valid with any other discount.

Coupon # (PLU117)

Join our eClub at tacocabana.com
Sea parte de nuestro eClub en tacocabana.com
I.D. 26217 14802 88202 51776

# TIME SHEET

Employee Name: Robert L Conte Title: \_\_\_\_\_  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Sat				
2.12.11	2 pm			
Sun				
2.13.11		5 pm		
WEEKLY TOTALS:			27.	

Employee Signature: Robert L Conte Date: 2.13.11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

405.00  
 25.00  
 -----  
 \$ 430.00



Right Store. Right Price.

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Jennifer

KROGER PLUS CUSTOMER		*****2679
	ROTEL TOMATO	0.86 F
	TROP HRNG JC	2.48 F
	DAISY SR CRM	1.59 F
	MSSN TORTILLA	PC 1.88 F
SC	KROGER SAVINGS	0.81
	KRO EGGS LRG	1.43 F
	GROUND BEEF	3.62 F
	RSTA RFRD BN	0.82 F
	KRFT CHS LF	4.99 F
	PRML WHT MLK	3.49 F
	KRO TORTILLA	1.00 F
	0.48 lb @ 0.88 /lb	
WT	ROMA TOMATO	PC 0.42 F
SC	KROGER SAVINGS	0.06
	ARTIFICIAL	2.49 F
	TAX	0.00
	**** BALANCE	25.07
	CASH	100.00
		74.73
TOTAL NUMBER OF ITEMS SOLD		12

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*  
 KROGER PLUS SAVINGS \$ 0.87  
 TOTAL COUPONS \$ 0.87  
 TOTAL SAVINGS (3 pct) \$ 4.87  
 \*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

02/12/11 05:25pm

TIME SHEET					
WEEK OF:		2/11/11			
EMPLOYEE NAME:			TITLE:		
Robert Cantu					
DATE	START TIME	END TIME	START TIME	END TIME	TOTAL
2.7.11	6 pm				
2.8.11		12 pm			18
2.10.11	6 pm				
2.11.11		3 pm			21
WEEKLY TOTALS:					39
					585.00
EMPLOYEE SIGNATURE: Robert R Cantu			DATE: 2.11.11		
SUPERVISOR SIGNATURE:			DATE:		

*rice* 11.27  
 15.57  
*Jasm deli.* 20.30  
 14.47  
 2.07  


---

 52.41

\$ 637.41 / x4

*Pl. 2/11/11*

148

148

130

(NUMBER)

07/10/2011

8.14 PM

700.8

9999

1.87

1.00

1.00

1.00

1.00

1.00

1.00

1.00

1.00

1.00

1.00

Subtotal

14.47

Subtotal

14.47

Tax

0.00

Tax

0.00

To Cash

14.47

Total

14.47

CASH

21.00

Vendor

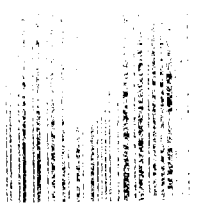
21.00

Change

6.53

CALL OR  
DOWNTOWN  
www.tec  
Erie  
Write  
For phone

PHONE 419  
419-419-419  
419-419-419  
419-419-419  
419-419-419  
419-419-419





**Right Store. Right Price.**

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Barbara

	KRO SPINACH	PC	0.69 F
SC	KROGER SAVINGS	0.06	
	KROGER PLUS CUSTOMER	*****2679	
	KRO SPINACH	PC	0.69 F
SC	KROGER SAVINGS	0.06	
	KRO SPINACH	PC	0.69 F
SC	KROGER SAVINGS	0.06	
	TAX		0.00
	**** BALANCE		2.07

\*\*\*\*\*6258  
REF#: 000000  
PURCHASE: 2.07  
CASHBACK: 0.00  
TOTAL: 2.07

	DEBIT	2.07
	CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =		3

***** KROGER SAVINGS *****	
KROGER PLUS SAVINGS	\$ 0.18
TOTAL COUPONS	\$ 0.18
TOTAL SAVINGS (8 pct.)	\$ 0.18
***** KROGER SAVINGS *****	

02/08/11 11:21 14344 00 10



Rice Epicurean Markets # 204  
12516 Memorial Drive  
www.riceepicurean.com  
(713) 468-4323

Your Checker today is JUSTINE JEFFERSON

PF VERY THIN	3.99 F
PIMENTO SPRE	5.83 F
FRESH MEAT	5.75 F
TAX	0.00
**** BALANCE	15.57
Cash	20.00

CHANGE 4.43

TOTAL NUMB. OF ITEMS SOLD = 3  
02/11/11 10:41am 204 2 67 118

# TIME SHEET

Employee Name: Robert L Cantu Title: \_\_\_\_\_  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2.14.11	6 pm			
2.15.11		8:30 am		14.5
2.16.11	6 pm			
2.17.11		8:30 am		14.5
2.17.11	6 pm			
2.18.11		3:00 pm		21.0
WEEKLY TOTALS:				<del>40.00</del> 50.00

Employee Signature: Robert L Cantu Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pd. 2/17/11  
 Popeyes Chicken 10.00  
 Jason Deli 11.23  


---

~~600.00~~ | 750  
 10.00 | 10.00  
 11.23 | 11.23  


---

 621.23 | 771.23



14000 Memorial Dr.  
Houston, TX 77079  
(281) 531-1999

14000 Memorial Dr.  
Houston, TX 77079  
(281) 531-1999

586

ROBERT

Host: FOREMAN  
586

02/16/2011  
6:23 PM  
50088

Order Type: Dine In

Grab&Go Brownie Explosion

2.49

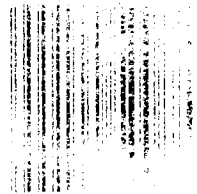
Tax

Tip

Total

123

--- Check



Host: NICK  
ROBERT

02/16/2011  
6:18 PM  
60184

Order Type: To Go

Big Salad Sandwich  
Wheat

4.99

Onions & Pickle  
no Beverage

Big Mac & Cheese  
To Go Fountain

2.89

Tax

7.88

Tip

0.65

To Go Total

15.3

TOTAL

SIGNATURE

Employee Name: Faustino Vaquera

Title: \_\_\_\_\_

Week: Feb 11 -

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2-11 Fri	4:00pm	5:30 pm	1.5	
↓	6:30 pm	12:00am	5.5	- 7
2-12 Sat	12:00 am	11:00 am	11	
↓	1:00 pm	2:00pm	1	
2-13 Sun	6:00 pm	12:00 am	6	
2-14 Mon	12:00 am	1:00 pm	13	
↓	2:00 pm	6:00 pm	4	
2-15 Tues	8:30 am	4:30 pm	8	- 50
↓	5:30 pm	12:00 am	6.5	
2-16 Wed	12:00 am	3:30 pm	14.5	
↓	4:30 pm	6:30 pm	2.	- 73
2-17 Thurs	8:30 am	6:30 pm	10	
WEEKLY TOTALS:				83

Employee Signature: Faustino Vaquera

Date: 2-18-11

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

2/2/11

83 x 15.00  
= 1245  
+  
Groceries & Food  
209.42  
= 1454.42

Luby's  
Houston #06 (85)  
825 Town & Country Center  
Houston, TX 77024  
713-461-9404

Check # :12487

Maria G  
18:38:13 02/11/2011

1 Chopped Steak Lu Ann 7.69  
1 New Potatoes  
1 Mac and Cheese  
1 White Roll  
1 No Drink  
Tray#1 Subtotal 7.69

1 Chicken Fried Steak Lu Ann 7.69  
1 Mac and Cheese  
1 Fried Okra  
1 White Roll  
1 No Drink  
1 Mashed Potato 1.89  
1 Cole Slaw 2.19  
Tray#2 Subtotal 11.77

ID #85 0421 2487

For 10 CHANCES TO WIN \$1,000 daily  
A \$100 Luby's Gift Card weekly and  
INSTANTLY WIN an iPod  
Take our survey <sup>TM</sup>  
[www.lubys-survey.com](http://www.lubys-survey.com)

Or 1 chance to win  
cash prize and gift card  
by calling 1-866-724-7146

Please retain this receipt  
for use during the survey

Visit [www.lubys-survey.com](http://www.lubys-survey.com) for  
complete rules and regulations

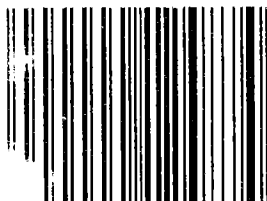
No purchase necessary  
(OFFER EXPIRES Feb 18, 2011)

Subtotal 19.46  
Sales Tax 1.61

Please pay this amount  
Total 21.07

### Food To Go

Power Meals  
Monday - Friday  
All Day  
\$5.99 / \$6.99



Total 209.42



2025 FM 1900 West  
Houston, TX 77090  
Store# 20177 Phone# (281) 893-8450

Reg 3 - 1N  
Order 337481 2/10/2011 10:50:20 PM  
Employee: 20447 Name: Mary

P2-CK Ench 1.99  
1 RICE  
1 REFR  
1 SF Tort 2  
Sm COKE  
2 @ 1.49 2.98  
P2-SF CKFD Taco 5.89  
1 RICE  
1 BORR  
1 SF Tort 2

SubTotal 13.86  
Tax 1.14  
Total 15.00  
Visa 15.00  
Change 0.00

Acct: xxxxxxxxxxxxxx0307  
Authorization: 175507

ORDER# 394

We would like your feedback.  
Participe en nuestra encuesta.

Visit [www.cabanecares.com](http://www.cabanecares.com)  
call 1-800-360-3246

Respond within 3 days, and receive \$1.00  
off next food purchase excluding alcohol.  
Not valid with any other discount.

Coupon # \_\_\_\_\_ (PLU117)

Join our eClub at [tacocabana.com](http://tacocabana.com)

Sea parte de nuestro eClub en [tacocabana.com](http://tacocabana.com)  
I.D. 37422 1771C 39402 20447



Right Store. Right Price.

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Arthur

10321 A Katy Frwy  
Houston, TX 77024  
(713) 467-2007

SC	QLTN BATH TS	PC	8.99	T
	KROGER SAVINGS	0.50		
	KRO PPR TWLS		2.78	T
	QKER OATMEAL		3.99	F
	PONR CRNMEAL		1.19	F
	DAWN DSH DTG		2.99	T
	WIMN WIPES		3.99	T
	BLUEBERRIES	PC	2.99	F
SC	KROGER SAVINGS	1.00		
	CSCD RNS AID		3.29	T
	LYSL DIS SPR	PC	4.49	T
SC	KROGER SAVINGS	0.20		
	KROGER PLUS CUSTOMER	*****9869		
	TAX		<del>2.19</del>	
	**** BALANCE		36.89	
	*****0307			
	REF#: 000000			
	PURCHASE: 36.89			
	CASHBACK: 40.00			
	TOTAL: 76.89			

DEBIT ~~76.89~~  
CHANGE 40.00  
TOTAL NUMBER OF ITEMS SOLD = 9

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*  
KROGER PLUS SAVINGS \$ 1.70  
TOTAL COUPONS \$ 1.70  
TOTAL SAVINGS (4 pct.) \$ 1.70  
\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

02/13/11 07:31pm 161 82 221 #  
\*\*\*\*\*  
Fuel Points Expiring 02/28/11 = 212  
Points under 100 do not carry over.  
Months' points do not

FOR ADVERTISING CALL 281-206-2510 6080

MEMORIAL COLLISION CENTER

ESTIMATES • ALL INSURANCE CLAIMS ACCIDENTS

ADD BACON 80¢

14450 Memorial Dr.  
1/4 Mile E of Dairy Ashford  
Expires 3/31/11  
Weight before cooking (13.4g)  
NOT valid with any other coupon or discount offer.

JUNIOR

Host: PAIGE  
JUNIOR

02/12/2011  
1:00 PM  
60033

Order Type: To Go

Egg Salad Sandwich	4.99
Wheat	
Lettuce & Tomato	
(N)Chips & Pickle	
No Beverage	
Bowl Broccoli Cheese	3.59
Kid's Mac & Cheese	2.89
No Beverage	

Subtotal 11.47  
Tax 0.95

To Go Total 12.42

12.42

Luby's  
Houston #06 (85)  
825 Town & Country Center  
Houston, TX 77024  
713-461-9404

Check # :13964

Maria G  
18:05:51 02/13/2011

1 Whole Raspberry Cheesecake 10.99  
Tray#1 Subtotal 10.99

1 Roast Chicken Lu Ann 7.69  
1 New Potatoes  
1 Mac and Cheese  
1 White Roll  
1 No Drink  
Tray#2 Subtotal 7.69

1 Mushroom Chicken Madeira Combo 8.69  
1 Broccoli  
1 Fried Okra  
1 White Roll  
1 No Drink  
1 Cucumber Salad 2.19  
Tray#3 Subtotal 10.88

ID #85 0441 3964

For 10 CHANCES TO WIN \$1,000 daily  
A \$100 Luby's Gift Card weekly and  
INSTANTLY WIN an iPod  
Take our survey @  
www.lubys-survey.com

Or 1 chance to win  
cash prize and gift card  
by calling 1-866-724-7146

Please retain this receipt  
for use during the survey

Visit www.lubys-survey.com for  
complete rules and regulations

No purchase necessary  
(OFFER EXPIRES Feb 20, 2011)

Subtotal 29.56  
Sales Tax 1.53

Please pay this amount  
Total ~~31.09~~  
- 10.88

Food To Go

Power Meals  
Monday - Friday  
All Day  
\$5.99 / \$6.99



20.21



Right Store. Right Price.

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Jennifer

KROGER PLUS CUSTOMER \*\*\*\*\*9869  
VAPOSTREAM 10.49  
SNSW PRUNES PC 2.99 F  
SC KROGER SAVINGS 2.00  
BKRY STRWBRY - 5.99  
TAX 0.49  
\*\*\* BALANCE 19.96

034 KROGER #161  
14344 MEMORIAL  
HOUSTON TX 77079  
VISA Purchase  
\*\*\*\*\*0307  
TOTAL: 19.96  
REF#: 115112

- 5.99  
13.97

VISA 19.96  
CHANGE 0.00  
TOTAL NUMBER OF ITEMS SOLD = 3

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*  
KROGER PLUS SAVINGS \$ 2.00  
TOTAL COUPONS \$ 2.00  
TOTAL SAVINGS (9 pct.) \$ 2.00  
\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

02/14/11 04:52pm 161 83 151 #  
\*\*\*\*\*  
Fuel Points Expiring 02/28/11 = 212  
Points under 100 do not carry over.  
Months' points do not combine.  
\*\*\*\*\*

\*\*\*\*\*  
Save \$0.10 off per gallon on 1 fillup  
for every 100 Fuel Points

Fuel Points This Order = 19  
Fuel Points Expiring 03/31/11 = 162  
Points under 100 do not carry over.  
Months' points do not combine.

See Store for Details & Restrictions  
Or Visit www.kroger.com  
\*\*\*\*\*

\*\*\*\*\*  
YOU SAVED \$2.00  
WITH YOUR PLUS CARD  
\*\*\*\*\*

Thank you for shopping Kroger

Panda Express  
HOUSTON, TX  
(713)463-977

2/15/2011 6:39:49 PM  
Order: 416233 Server: RAUL M  
1 PANDA BOWL 4.99  
STEAMED  
BEIJING BEEF  
1 PANDA BOWL 4.99  
STEAMED  
BROCCOLI BF  
1 CKN EGG RLS 1.50  
SubTotal 11.48  
Tax 0.95  
  
Total 12.43  
  
Visa 12.43  
Acct:XXXXXXXX0307  
AuthCode:183999

Outdoor Lawn Cushions<sup>72</sup>



MANAGER CHRIS MAXWELL  
(281) 558-5570  
2700 S. KIRKWOOD DR. HOUSTON, TX 77077  
ST# 3295 OP# 00004148 TEN 22 TR# 04284  
CADET HAT 084655629821 5.00 X  
FTL MUSCLE 088530602005 4.00 X  
CHAIR CUSHN 003464825996 25.00 X  
CHAIR CUSHN 003464825996 25.00 X  
FTL MUSCLE 007603118820 4.00 X  
SUBTOTAL 63.00  
SNAPPLE 007618316357 F 1.00 N  
SUBTOTAL 64.00  
TAX I 8.250 % 5.20  
TOTAL 69.20  
DEBIT TEND 69.20  
CHANGE DUE 0.00

Questions or Comments?  
pandaexpress.com or (800) 877-8988

\*\*\*\*\*  
\* FREE ENTREE ITEM! \*  
\* WE VALUE YOUR OPINION! \*  
\* \*  
\* Call 1-888-51-PANDA(72632) or \*  
\* Visit pandaexpress.com/guest \*  
\* \*  
\* Complete our Guest Survey for \*  
\* a FREE entree item with the \*  
\* purchase of any 2-Entree Plate \*  
\* \*  
\* Survey Code: 1833-0215-6715-4162 \*  
\*\*\*\*\*

EFT DEBIT PAY FROM PRIMARY 50.00  
ACCOUNT : 0307  
69.20 TOTAL PURCHASE  
REF # 104600615769  
NETWORK ID: 0076 APPR CODE 342356  
02/15/11 12:18:17

# ITEMS SOLD 6

TC# 2119 8526 7261 8796 6496



We gladly accept valid  
manufacturer & internet coupons.  
02/15/11 12:18:19

Drive Thru  
\* Customer Copy \*

131.99

122.69

# Walgreens

There's a way™

475 10 2400 03328 027

RFN# 0332-8272-4001-1102-1520

C.L.R. 280Z	1A	7.99
NEUT PAD 603	1	<del>8.99</del>
SUBTOTAL		16.98

A=8.25% SALES TAX	.66
TOTAL	17.64

DEBIT CARD	<del>17.64</del>
CASH BACK	.00

Au Bon Pain  
929 Gessner Road, Suite 150  
Houston, TX 77024  
713-464-2525

Date: Feb15'11 12:48PM  
Card Type: VISA  
Acct #: XXXXXXXXXXXX0307  
Card Entry: SWIPED  
Trans Type: PURCHASE  
Trans Key: CIC003840564318  
Auth Code: 144580  
Check: 1744  
Server: 408 HEIDY R

Total ~~19.43~~



12850 Memorial Dr Houston, TX ~~8.00~~  
STORE (713)722-7247

Total

THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING  
WALGREENS PRESCRIPTION SAVINGS CLUB  
SEE PHARMACY FOR DETAILS

FEBRUARY 15, 2011 8:25 PM

## HOW ARE WE DOING?

ENTER OUR MONTHLY CASH SWEEPSTAKES  
THIS MONTH THE PRIZE IS

**\$3,000 CASH**

PLEASE VISIT  
[www.walgreensfeedback.com](http://www.walgreensfeedback.com)  
OR CALL TOLL FREE

**1-800-763-0547**

WITHIN 72 HOURS TO COMPLETE A  
SHORT SURVEY ABOUT YOUR RECENT  
VISIT TO THIS WALGREENS.

SURVEY#  
**0332-8272-400**

PASSWORD  
**1110-2152-016**

FOR CONTEST RULES, SEE STORE OR  
[www.walgreensfeedback.com](http://www.walgreensfeedback.com)

WALGREENS #3328  
SEQ # 332827230 PAYMENT FROM PRIMARY  
CARD# \*\*\*\*\*0307

RETAIN THIS RECEIPT FOR YOUR RECORDS

FEBRUARY 15, 2011 8:25 PM

# TIME SHEET

Employee Name: Faustino Vaquera Title: \_\_\_\_\_  
 Week: Feb 22 — Feb 24 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Feb 22, Tues	9:00 am	1:00 pm	4	
↓	4:00 pm	12:00 am	8	- 12
Feb 23, Wed	12:00 am	7:00 am	7	
↓	8:00 am	4:00 pm	8	
↓	5:00 pm	12:00 am	7	- 22
Feb 24, Thur	12:00 am	7:00 am	7	
↓	8:00 am	3:30 pm	7.5	
↓	5:30 pm	8:00 pm	2.5	- 17
<b>WEEKLY TOTALS:</b>			51	

51  
 x 15.00  
 765.00

Employee Signature: [Signature] Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

765.00  
 ↓  
 765.00  
 21.72  
 Groceries & Food  
Total  
 826.72



Unit # 7687  
925 North Wilcrest Rd.  
Houston, Texas 77079  
(713) 461 - 7934

Date: Feb22'11 6:23PM  
Card Type: Visa  
Acct #: XXXXXXXXXXXX0307  
Trans Key: AIA004657059970  
Exp Date: XX/XX  
Auth Code: 172836  
Check: 2073  
Table: 88/1  
Check ID: K  
Server: 3507 CASH CA

Subtotal: 10.58

Tip: \_\_\_\_\_

Total: \_\_\_\_\_

Signature \_\_\_\_\_

I agree to pay above total  
according to my card issuer  
agreement.



Right Store. Right Price.

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Arthur

HMK CARD	1.99 T
HMK CARD	3.69 T
KROGER PLUS CUSTOMER	*****8568
TAX	0.47
**** BALANCE	6.15
*****0307	
REF#: 000000	
PURCHASE: 6.15	
CASHBACK: 40.00	
TOTAL: 46.15	

*B-Dad  
Cards  
for Haley*

DEBIT	46.15
CHANGE	40.00

TOTAL NUMBER OF ITEMS SOLD =  
02/22/11 08:05pm 161 83 182 #  
\*\*\*\*\*  
Fuel Points Expiring 02/28/11 = 232  
Points under 100 do not carry over.  
Months' points do not combine.  
\*\*\*\*\*

\*\*\*\*\*  
ENTER TO WIN  
ONE OF 30  
\$100 GIFT CARDS

You are invited to complete a survey  
about your recent visit to Kroger  
Answer by Internet @  
[www.tellkroger.com](http://www.tellkroger.com)

You need this receipt to respond

\*\*\*\*\*

Welcome to Chick-fil-A

Memorial City Mall (#00181)  
(713) 467-6862  
Operator: Mike Fecht  
Online Catering  
www.chick-fil-a.com/memorialcity

CUSTOMER COPY  
2/22/2011 11:38:15 AM  
EAT IN

Order Number: 871779

1 CFA Sand	2.95
1 SM Fry	1.45
1 Senior Drink	0.23

Sub. Total:	\$4.63
Tax:	\$0.38
Total:	\$5.01

Change	\$0.00
Exact Dollar	\$5.01
Register:5	Tran Seq No: 871779
Cashier:Julie	

It was a pleasure serving you!  
Have a wonderful day.

Welcome to Chick-fil-A

Memorial City Mall (#00181)  
(713) 467-6862  
Operator: Mike Fecht  
Online Catering  
www.chick-fil-a.com/memorialcity

CUSTOMER COPY  
2/22/2011 11:37:07 AM  
EAT IN

Order Number: 871774

1 CSS Meal	5.14
+ Slaw -Fry	
1 Dt Dr Ppr MD	1.55

Sub. Total:	\$6.69
Tax:	\$0.55
Total:	\$7.24

Change	\$0.76
Cash	\$8.00
Register:5	Tran Seq No: 871774
Cashier:Julie	

It was a pleasure serving you!  
Have a wonderful day.



11441 Katy Fwy  
Houston, TX 77079  
Store# 20148 Phone# (713) 935-9076

Quiznos Sub Store #1043  
Phone(713)647-9966  
Fax (713) 9467

Reg 4 - DRIVE THRU  
Order # 202162 2/20/2011 6:28:27 PM  
Employee: 64655 Name: Mike

ORDER # 01048

P2-CHZ Ench	4.99
1 RICE	
1 REFR	
1 SF Tort 2	
P2-CK Ench	4.99
1 RICE	
1 REFR	
1 SF Tort 2	
3oz GUAC	0.99
SubTotal	10.97
Tax	0.91
Total	11.88
Visa	11.88
Change	0.00

4 CHKN RNCH SAMMIE	12.00
CHIPS	
MED DRINK	.59
2 CHOOSE 2	00
1 COOKIE/CHP COMBO	.49

EAT-IN

TAX TOTAL	\$	13.29
TOTAL	\$	14.39

VISA	\$	14.39
CHARGE TIP	\$	0.00
ACCOUNT#		
AUTH#		

Acct: xxxxxxxxxxxx0307  
Authorization: 172388

2911 COUNTER FEB.21,2011  
REG1-AM 12:41

ORDER# 462-----

Try our catering.

We would like your feedback.  
Participe en nuestra encuesta.

Visit [www.cabanacares.com](http://www.cabanacares.com)  
Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00  
off next food purchase excluding alcohol.  
Not valid with any other discount.

Coupon # \_\_\_\_\_ (PLU117)

Join our eClub at [tacocabana.com](http://tacocabana.com)

Sea parte de nuestro eClub en [tacocabana.com](http://tacocabana.com)

I.D. 22118 14820 96202 64655

6172



11441 Katy Fwy  
Houston, TX 77079  
Store# 20143 Phone# (713) 935-9076

Reg 4 - DRIVE THRU  
Order 293160 2/23/2011 6:32:31 PM  
Employee: 51776 Name: Daniel

P2-CHZ Ench	4.99
1 RICE	
1 REFR	
1 SF Tort 2	
3oz GUAC	0.99
SubTotal	5.98
Tax	0.49
Total	6.47
Cash	10.00
Change	3.53

ORDER# 460-----

We would like your feedback.  
Participe en nuestra encuesta.

Visit [www.cabanacares.com](http://www.cabanacares.com)

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00  
off next food purchase excluding alcohol.  
Not valid with any other discount.

Coupon # \_\_\_\_\_ (PLU117)

Join our eClub at [tacocabana.com](http://tacocabana.com)

Sea parte de nuestro eClub en [tacocabana.com](http://tacocabana.com)

I.D. 23118 14823 96002 51776

# TIME SHEET

Employee Name: Faustino Vaquera

Title: \_\_\_\_\_

Week: Feb 18 —

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Feb 18 Frid	3:00pm	12:00am	9	
2-19 Sat	12:00am	11:30am	11	
↓	12:30pm	3:30pm	3	
↓	4:30pm	12:00am	7 1/2	
2-20 Sun	12:00am	11:00am	11	
↓	12:30pm	3:30pm	3	
↓	5:30pm	12am	6 1/2	
2-21 Mon	12:00am	1:00pm	13	
↓	2:00pm	5:00pm	3	
<b>WEEKLY TOTALS:</b>			<b>67</b>	

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

00  
#7/62

67 x 15.00  
1005.  
+ Gross Pay Feed 62.57  
-----  
total 1067.57

62.57



Right Store. Right Price.

SALE RECEIPT  
 Store #37552 tko 02/20/11 12:44:22  
 Trans# 32 Clerk 24 Dwr 1 TRDT 022011  
 Receipt # 0000209707 Reg-ID REG-MAIN  
 Sales Tx 0.33 Tax B 0.00  
 Tax C 0.00 Tax D 0.00  
 Tax E 0.00 Tax F 0.00  
 \*\*TOTAL 4.33  
 AMT TEND 4.33 CHANGE DUE 0.00  
 CHANGE DUE\$ 0.00

Approval No: 154876  
 Reference No: 154876  
 Account No: \*\*\*\*\*0307  
 Card Issuer: VISA  
 Amount: \$4.33

Take our 1-minute Survey at  
 www.tellsurvey.com and receive a free  
 cookie. Keep your receipt and write  
 your unique coupon code  
 here \_\_\_\_\_  
 Host Order ID: 05Z.6FAo

14344 MEMORIAL  
 (281) 493-1702  
 YOUR CASHIER WAS Jakela

NTRO BREAD 2.79 F  
 3 @ 0.29  
 GLCR WATER 0.87 F  
 KRO GARB BAG 1.99 T  
 KRO GARB BAG 1.99 T  
 NATSG SUET 0.99  
 BIRD FEEDER 6.69 T  
 SNSW JUICE 3.89 F  
 NATSG SUET 1.99  
 CAMP CNDSSOUP 1.39 F  
 CAMP CNDSSOUP 1.39 F  
 KROGER PLUS CUSTOMER \*\*\*\*\*9869  
 TAX 0.88  
 \*\*\*\* BALANCE 24.86  
 \*\*\*\*\*0307  
 REF#: 000000  
 PURCHASE: 24.86  
 CASHBACK: 40.00  
 TOTAL: 64.86

DEBIT 64.86  
 CHANGE 40.00  
 TOTAL NUMBER OF ITEMS SOLD = 12  
 02/20/11 07:48pm 161 9 216 177  
 \*\*\*\*\*  
 Fuel Points Expires 02/28/11 = 212  
 Points under 100 do not carry over.  
 Months' points do not combine.  
 \*\*\*\*\*

\*\*\*\*\*  
 ENTER TO WIN  
 ONE OF 20



11441 Katy Fwy  
Houston, TX 77079  
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU  
Order 291571 2/18/2011 6:17:38 PM  
Employee: 13522 Name: Lucio

P2-CHZ Ench	4.99
1 RICE	
1 REFR	
1 SF Tort 2	
3oz GUAC	0.99
Per BF Nacho	1.64
1 w/ CHEESE	
-----	
SubTotal	7.62
Tax	0.63
Total	8.25
Visa	8.25
Change	0.00

Acct: xxxxxxxxxxxx0307  
Authorization: 141577

ORDER# 471-----

We would like your feedback.

Participe en nuestra encuesta.

Visit [www.cabanacares.com](http://www.cabanacares.com)

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00  
off next food purchase excluding alcohol.

Not valid with any other discount.

Coupon # \_\_\_\_\_ (PLU117)

Join our eClub at [tacocabana.com](http://tacocabana.com)

Sea parte de nuestro eClub en [tacocabana.com](http://tacocabana.com)

I.D. 21518 14818 97102 13522

Welcome to Chick-fil-A

Memorial City Mall (#00181)  
(713) 467-6862

Operator: Mike Fecht  
Online Catering

[www.chick-fil-a.com/memorialcity](http://www.chick-fil-a.com/memorialcity)  
CUSTOMER COPY

2/17/2011 11:40:18 AM  
EAT IN

Order Number: 864349

1 CFA Meal	4.24
+ Upsize Fry	0.20
1 Ckn Soup MD	2.39
1 SM ColeSlaw	1.39
1 Dt Dr Ppr LG	1.79

Sub. Total:	\$10.01
Tax:	\$0.83
Total:	\$10.84

Change	\$0.00
Visa:	\$10.84

Register:4 Tran Seq No: 864349  
Cashier:Anabel P.

It was a pleasure serving you!  
Have a wonderful day.

Visa

Card Num : XXXXXXXXXXXX0307

Terminal : KA13521575001

Approval : 144809

Sequence : 019489



Date: Feb 19, 2011 12:36:44

TableTransId: 1047258

Server: Danny

Current Term: pos1

1 Combo To Go	8.49
1 Pint Upgrade	0.99
1 Soup Pint	4.29
1 Grilled Chicken	1.25
1 Grilled Chicken	1.25

Subtotal	16.27
Sales Tax	1.34
Total	17.61
VISA(Completed)(X0307)	-17.61
Balance	0.00

*Total* 9.12

*-8.49*

Store 059 Houston I  
 Comments or Suggestions?  
 Call 888-374-8360



Right Store. Right Price.

14344 MEMORIAL  
 (281) 493-1702  
 YOUR CASHIER WAS Hillary

1.73 lb @ 0.49 /lb	0.85 F
WT BANANAS	
0.72 lb @ 1.99 /lb	1.43 F
WT NECTARINES Y	2.89 F
BBELL SHERBT	0.00
TAX	5.17
**** BALANCE	20.25
CASH	18.08
CHANGE	3

TOTAL NUMBER OF ITEMS SOLD =  
 02/18/11 07:48pm 161 6 323 157

\*\*\*\*\*  
 ENTER TO WIN  
 ONE OF 30  
 \$100 GIFT CARDS

You are invited to complete a survey  
 about your recent visit to Kroger  
 Answer by internet @  
[www.talkkroger.com](http://www.talkkroger.com)

You need this receipt to respond.

Participe para ganar una de las  
 30 tarjetas de regalo de \$100

Le invitamos a llenar una encuesta  
 sobre su reciente visita a la tienda  
 Kroger Responda por Internet  
 en [www.talkkroger.com](http://www.talkkroger.com)  
 Usted necesitara este  
 recibo para responder

\*\*\*\*\*  
 Survey Entry Code - 034 999  
 \*\*\*\*\*

THANK YOU FOR SHOPPING KROGER





*Robert*



**Right Store. Right Price.**

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Arthur

KROGER PLUS CUSTOMER \*\*\*\*\*2679  
TROP ORNG JC [+] 2.48 F  
TAX 0.00  
\*\*\*\* BALANCE 2.48

034 KROGER #161  
14344 MEMORIAL  
HOUSTON TX 77079  
VISA Purchase  
\*\*\*\*\*6258  
TOTAL: 2.48  
REF#: 012522

VISA 2.48  
CHANGE 0.00  
TOTAL NUMBER OF ITEMS SOLD = 1  
02/17/11 09:26pm 161 82 203 #  
\*\*\*\*\*  
Fuel Points Expiring 02/28/11 = 184  
Points under 100 do not carry over.  
Months' points do not combine.  
\*\*\*\*\*

\*\*\*\*\*  
[+] = 1  
\*\*\*\*\*  
\*\*\*\*\*  
Save \$0.10 off per gallon on 1 fillup  
for every 100 Fuel Points

Fuel Points This Order = 2  
Fuel Points Expiring 03/31/11 = 38  
Points under 100 do not carry over.  
Months' points do not combine.

See Store for Details & Restrictions  
Or Visit [www.kroger.com](http://www.kroger.com)  
\*\*\*\*\*

aina Kroger

14604 Memorial Dr.  
Houston, TX 77079  
(281) 531-1999

624

Post: 02/17/2011  
624 6:19 PM  
60126

Order Type: Dine In

Short Cake Bowl 2.99

Subtotal 2.99  
Tax 0.25

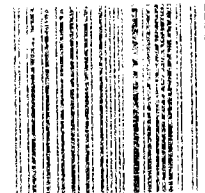
Dine In Total 3.24

CASH 5.25

Change 2.01

TAKE THE SURVEY, PICK A PRIZE!  
\$10 or \$2 OFF delivery  
[www.kroger.com/feedback.com](http://www.kroger.com/feedback)  
Enter Tell Number: 026  
write redemption code:  
for phone survey 800-537-5441

--- Check Closed ---



**PAPA JOE'S BBQ**  
**12310 Kingsride**  
**Houston, TX 77024**

Taqueria El Rey  
 (832)358-8100  
 9742 Katy Frwy Suite 100  
 Houston, TX  
 832-358-8100

SAT FEBRUARY 26, 2011  
**CHECK #504088-1**

Host: AM  
 L11  
 02/25/2011  
 2:27 PM  
 20211

Mexican Rice	1.50
Charro Beans	1.99
Subtotal	3.49
Tax	0.29
<b>To Go Total</b>	<b>3.78</b>
Cash	4.00
Change	0.22

1 Chop Beef Sandwich	\$5.95
1 Link Beef Sausage	\$3.50
1 Lg. Beverage	\$1.60
1 SAUG SANDW/SIDE	\$5.95
SUB-TOTAL	\$17.00
Sales Tax	\$1.40
<b>TOTAL</b>	<b>\$18.40</b>

**LUNCH**  
 Time: 12:15 1 CUSTOMER

Visa : \$18.40  
 \*\*\*\*\*6258

Thanks! Come Again!  
 Gift Cards Available Now!!  
 WIN A LUNCH FOR FOUR!  
 A \$40 VALUE  
 Register your email at  
 elreycatering@gmail.com

--- Check Closed ---



STORE MGR GEORGE KALLUS 281-497-0630  
 THANK YOU FOR SHOPPING WITH US!

**GROCERY**

MOTTS APPLE SCE 1.89 F  
 DM FRT TO GO PCH 2.99 F  
 FRUIT CUP 2.99 F

**REFRIG/FROZEN**

SIMPLY DRANGE JCE 3.00 F  
 ResPrice 3.29 CardSav .29  
 PRM LND 2% 1/2 3.49 F

**MEAT**

93% LN GROUND BEEF 4.75 F  
 ResPrice 5.22 CardSav .47

**PRODUCE**

1.07 lb @ \$0.99/lb  
 WT BROCCOLI CROWNS 1.06 F  
 ResPrice 2.13 CardSav 1.07  
 1 @ 1.99 GREEN BELL PEPPERS 1.99 F  
 0.89 lb @ \$1.49 /lb  
 WT BEAUREGARD YAMS 1.33 F  
 \*\*\*\* TAX .00 BAL 23.49  
 VF VS XXXXXXXXXXXX6258 23.49

CHANGE .00  
 TOTAL SAVINGS 1.83  
 2/27/11 14:07 1011 08 0132 4109

Taqueria El Rey  
 (832)358-8100  
 9742 Katy Frwy Suite 100  
 Houston, TX  
 832-358-8100

Host: AM 02/25/2011  
 L10 2:26 PM  
 20210

Numbers 0.00  
 El Rey Taco (2 @2.55) 5.10  
 Large Coke 2.25

Subtotal 7.35  
 Tax 0.61

**To Go Total 7.96**

Cash 10.00

**Change 2.04**

Thanks! Come Again!  
 Gift Cards Available Now!!  
 WIN A LUNCH FOR FOUR!  
 A \$40 VALUE  
 Register your email at  
 elreycatering@gmail.com

--- Check Closed ---

# TIME SHEET

Employee Name: Robert Cantu

Title: check #146

Week: March 03/11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.2.11	6pm			
3.3.11		8:30 am		14.5
3.3.11	8 pm			
3.4.11		10:30 am		14.5
WEEKLY TOTALS:				29. hrs

Employee Signature: Robert R Cantu

Date: 3.4.11

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Pd.  
 Check #146 435.00  
 Walmart printer - 68.13  
 and ink 35.55 - Jason Deli  
538.68

WE VALUE YOUR OPINION!

WE WANT TO KNOW ABOUT YOUR SHOPPING EXPERIENCE TODAY AT WAL-MART.

Please complete a survey about today's store visit at:

http://www.survey.walmart.com

You will need to enter the following online:

ID #: 7CHPFXH87W2

IN RETURN FOR YOUR TIME YOU COULD RECEIVE ONE OF FIVE \$1000 WALMART SHOPPING CARDS

Must be 18 or older and a legal resident of the 50 US or DC to enter. No purchase necessary to enter or win. To enter without purchase and for complete official rules visit www.entry.survey.walmart.com. Sweepstakes period ends on the date shown in the official rules. Survey must be taken within TWO weeks of today.

Esta encuesta también se encuentra en español en la página del Internet

THANK YOU



10750 WESTVIEW DRIVE  
HOUSTON, TEXAS 77043  
MANAGER ALBERTO MONDRAGON  
( 713 ) 984 - 2773

ST# 1409 OP# 00004287 TE# 65 TR# 08709  
PRINTER 088563107611 29.00 X  
INK 088496298360 13.97 X  
INK 088496298361 19.97 X  
SUBTOTAL 62.94  
TAX 1 8.250 % 5.19  
TOTAL 68.13  
VISA TEND 68.13

ACCOUNT # 6258  
APPROVAL # 003720  
TRANS ID - 0081062058305869  
VALIDATION - LJGH  
PAYMENT SERVICE - E  
CHANGE DUE 0.00

# ITEMS SOLD 3

TC# 5708 7901 9305 7697 2734



We gladly accept valid manufacturer & internet coupons.  
03/02/11 19:37:19

\*\*\*CUSTOMER COPY\*\*\*

14604 Memorial Dr.  
Houston, TX 77079  
(281) 531-1999

*Neiba*  
577

Host: ALVCE  
577

03/02/2011  
6:07 PM  
50086

Order Type: Dine In

Grab&Go Banana Parfait 2.49  
~~Grab&Go Cajun Mix 2.99~~  
~~Grab&Go Yogurt Parfait 2.49~~  
Subtotal ~~7.87~~ 22  
Tax ~~0.66~~

Dine In Total 8.63

VISA #XXXXXXXXXXXX6258 8.63  
Auth:051919

Tip 2.71

TOTAL : TOTAL :

SIGNATURE : \_\_\_\_\_

TAKE OUR SURVEY, PICK A PRIZE!  
COOKIE or \$2 OFF delivery  
www.JasonsDeliFeedback.com  
Enter Deli Number: 026  
Write redemption code:  
For phone survey 800-537-5441

--- Check Closed ---



14604 Memorial  
Houston, TX 77079  
(281) 531-1999

*Robert & Melva*

ROBERT

Host: ROBERT  
02/25/2011  
6:21 PM  
70009

Order Type: To Go

MgrSpc Chicken Sal S	6.99
Wrap Bread	
(N)Chips & Pickle	
(Mgr)Cup Vegetable Soup	
No Beverage	
Plain Cheese Cake	2.99
Famous Salad Bar	6.99
Fountain Drink	1.89
Subtotal	18.86
Tax	1.56
<b>To Go Total</b>	<b>20.42</b>

VISA #XXXXXXXXXXXX6258  
Auth:053319  
20.42

Tip : \_\_\_\_\_

TOTAL : \_\_\_\_\_  
TOTAL :

SIGNATURE : \_\_\_\_\_

TAKE OUR SURVEY, PICK A PRIZE!  
COOKIE or \$2 OFF delivery  
www.JasonsdeliFeedback.com  
Enter Deli Number: 026  
Write redemption code:  
For phone survey 800-537-5441

--- Check Closed ---



14604 Memorial  
Houston, TX 77079  
(281) 531-1999

*Jill & Melva*

ROBERT

Host: ASHLEE  
ROBERT  
REPRINT# 1  
Order Type: To Go  
03/02/2011  
5:59 PM  
60130

Egg Salad	4.99
Rye	
Mayo	
Mustard	
Lettuce & Cheese	
(N)Chips & Pickle	
Toasted	
Hot Sauce	
Hot Focaccia	3.59
Hot Ham & Cheese	2.89
Hot Focaccia	
Subtotal	11.47
Tax	0.95

**To Go Total 12.42**

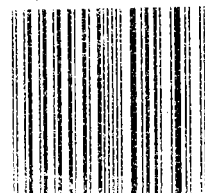
VISA #XXXXXXXXXXXX  
Auth:04101  
12.42

TOTAL : \_\_\_\_\_  
TOTAL :

SIGNATURE : \_\_\_\_\_

TAKE OUR SURVEY, PICK A PRIZE!  
COOKIE or \$2 OFF delivery  
www.JasonsdeliFeedback.com  
Enter Deli Number: 026  
Write redemption code:  
For phone survey 800-537-5441

--- Check Closed ---



**TIME SHEET**

WEEK OF: Jan 28 - Feb 1,

EMPLOYEE NAME: Faustino VAQUERA TITLE:

DATE	START TIME	END TIME	START TIME	END TIME	TOTAL
1/28 Frid	12 pm	5 pm	6 pm	12 am	11 hrs
1/29 Sat	12 am	10:30 am	12:30 pm	3:30 pm	
↓	4:30	12 am			21 hrs
1/30 Sun	12 am	11 am	12 pm	3:30 pm	
↓	6 pm	12 am			20 1/2
1/31	12 am	4:00 pm	5 pm	7:00 pm	19
2/01	8:30 am	3 pm	4:30	6: pm	8 hrs
<b>WEEKLY TOTALS:</b>					79.5

EMPLOYEE SIGNATURE: *Faustino Vaquera*

DATE: 2-1-11

SUPERVISOR SIGNATURE:

DATE:

Handwritten calculations:

$$\begin{array}{r}
 79.5 \\
 \times 15.00 \\
 \hline
 1192.5 \\
 + \text{Receipts} \\
 15.70 \\
 11.15 \\
 9.35 \\
 16.43 \\
 4.28 \\
 \hline
 = 56.91 \\
 \hline
 \text{Total } 1249.41
 \end{array}$$

Labels: Kroger Food, Receipts, Total





Right Store. Right Price.

LEIBMAN'S WINE AND FINE FOODS  
14529 MEMORIAL DR  
HOUSTON, TX 77077

Phone: (281) 493-3663  
Date: 01/28/2011 INVOICE 434073  
Time: 12:52:19 Clerk: 123

(# Items: 1)	
Description	Total
=====	
Lunch	3.95
=====	
Total:	3.95
Tax:	0.33
Grand Total:	4.28
Tender:	5.00
Change:	0.72
Cash:	5.00

>> Thank You <<

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Sam

JLLO PUDDING	2.99 F
KROGER PLUS CUSTOMER	*****9869
BLTH JUICE	PC 0.00 F
SC KROGER SAVINGS	2.99
BLTH JUICE	PC 2.99 F
BRDN HLF&HLF	1.99 F
Q&Q PASTA	0.39 F
PGPR BROILER	5.26 F
0.17 lb @ 1.99 /lb	
WT CARROT LOOSE	0.34 F
KROGER PLUS CUSTOMER	*****9869
1.74 lb @ 1.00 /lb	
WT GRAPES RED	PC 1.74 F
SC KROGER SAVINGS	3.22
TAX	0.00
**** BALANCE	15.70
*****0307	
REF#: 000000	
PURCHASE: 15.70	
CASHBACK: 40.00	
TOTAL: 55.70	

DEBIT	55.70
CHANGE	40.00
TOTAL NUMBER OF ITEMS SOLD =	8

***** KROGER SAVINGS *****	
KROGER PLUS SAVINGS	\$ 6.21
TOTAL COUPONS	\$ 6.21
TOTAL SAVINGS (28 pct.)	\$ 6.21
***** KROGER SAVINGS *****	

01/30/11 07:40pm 161 6 344 650  
\*\*\*\*\*  
ENTER TO WIN  
ONE OF 30  
\$100 GIFT CARDS

You are invited to complete a survey  
about your recent visit to Kroger  
Answer by Internet @  
[www.tellkroger.com](http://www.tellkroger.com)

You need this receipt to respond

\*\*\*\*\*  
\*\*\*\*\*  
Save \$0.10 off per gallon on 1 fillup  
for every 100 Fuel Points

Fuel Points This Receipt

SALE RECEIPT  
 Store #37552 tko 01/30/11 12:59:18  
 Trans# 18 Clerk 7 Dwr 1 TRDT 013011  
 Receipt # 0000206975 Reg-ID REG-MAIN  
 --- ITEM --- QTY PRICE MEMO PLU  
 TURKEY 6r 1 T \$ 4.00 10123  
 ChTeri6 6r 1 T \$ 4.00 18262  
 DRK-21oz 1 TD\$ 1.112.00dea10002  
 CHIPS 1 TD\$ 0.892.00dea10020  
 SUBST LG 1 T \$ 0.30 10500

SUBTOTAL \$ 10.30  
 Sales Tx \$ 0.85  
 TAKE-OUT \*\*TOTAL \$ 11.15  
 dslCrediAMT TEND \$ 11.15  
 CHANGE DUE\$ 0.00

how'd we do ? get a free cookie  
 take 1 min survey at [www.tellsubway.com](http://www.tellsubway.com)

Approval No: 130113  
 Reference No: 130113  
 Account No: \*\*\*\*\*0307  
 Card Issuer: VISA  
 Amount: \$11.15

Take our 1-minute Survey at  
[www.tellsubway.com](http://www.tellsubway.com) and receive a free  
 cookie. Keep your receipt and write  
 your unique coupon code  
 here \_\_\_\_\_

Host Order ID: 05W.1b6P

Taqueria El Rey  
 (832)358-8100  
 9742 Katy Frwy Suite 100  
 Houston, TX  
 832-358-8100

Host: PM 01/28/2011  
 R21 6:27 PM  
 10121

Numbers 0.00  
 Cheese Enchilada 7.99  
 Chicken Fajita Taco (2 @2.10) 4.20  
 Guacamole 2.99

Subtotal 15.18  
 Tax 1.25

**To Go Total 16.43**

Visa #XXXXXXXXXXXX0307 16.43  
 Auth:182376

Thanks! Come Again!  
 Gift Cards Available Now!!  
 WIN A LUNCH FOR FOUR!  
 A \$40 VALUE  
 Register your email at  
[elreycatering@gmail.com](mailto:elreycatering@gmail.com)

--- Check Closed ---



11441 Katy Fwy  
Houston, TX 77079  
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU  
Order 284880 1/29/2011 12:45:57 PM  
Employee: 48149 Name: Jackeline

P2-SF BF Taco	4.69
1 RICE	
1 REFR	
1 SF Tort 2	
SHELL	3.95
1 RICE	
1 BLBN	
1 LETT BLEND	
1 + CK	
1 + GUAC	
1	

SubTotal	8.64
Tax	0.71
Total	9.35
Cash	10.00
Change	0.65

ORDER# 480-----

We would like your feedback.  
Participe en nuestra encuesta.

Visit [www.cabanacares.com](http://www.cabanacares.com)

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00  
off next food purchase excluding alcohol.  
Not valid with any other discount.

Coupon # \_\_\_\_\_ (PLU117)

Join our eClub at [tacocabana.com](http://tacocabana.com)

Sea parte de nuestro eClub en [tacocabana.com](http://tacocabana.com)

I.D. 24812 14829 88001 48149

# TIME SHEET

Employee Name: FAUSTINO VAQUERA Title: \_\_\_\_\_  
 Week: January 23, 2011 — \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Sun 1/23	6:00pm	12:00AM	6	
Mon 1/24	12:00AM	4:00pm	16	
↓	6:00pm	12:00AM	6	
Tues 1/25	12:00AM	8:00pm	20	
wed 1/26	9:00am	2:00pm	5	
w ↓	3:00pm	7:00pm	4	
<b>WEEKLY TOTALS:</b>			(57)	

855

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

57 hours  
 + (51.55 receipts)  
 Total 906.55

Welcome to Chick-fil-A

Richmond Avenue FSU (#01475)  
(713) 621-0077  
Operator: Wade Bradford

CUSTOMER COPY

1/24/2011 5:05:45 PM  
DRIVE THRU

Order Number: 1913796

1 Meal-CSS	5.00
+ Upsize Fry	0.20
1 Grn Parfait	2.25
1 ColeSlaw LG	2.05
1 Dt Dr Ppr LG	1.69

Sub. Total:	\$11.19
Tax:	\$0.92
Total:	\$12.11
Discount Total:	\$0.00

Change	\$0.00
Visa:	\$12.11

Register:2 Tran Seq No: 1913796  
Cashier:Gaby

It was our pleasure serving you!  
Have a wonderful day.

Visa  
Card Num : XXXXXXXXXXXX0307  
Terminal : KA13006014001  
Approval : 170656  
Sequence : 017766

Taqueria Arandas #6  
713-827-1565  
8408 Katy Fwy

Server: Naty  
Cashier:  
Togo/1  
Guests: 1  
01/23/2011  
6:06 PM  
10116

LUNCH 9	8.99
Taco, Pechuga de Pollo	1.49
Guacamole, 8oz	4.49
Flan Napolitano	2.99

Subtotal	17.96
Tax	1.48

Total 19.44

Visa #XXXXXXXXXXXX0307 19.44

+ Tip: \_\_\_\_\_

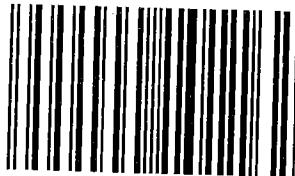
= Total: \_\_\_\_\_

X \_\_\_\_\_

Balance Due 0.00

GRACIAS POR SU VISITA!!  
THANK YOU FOR COMING!!

--- Check Closed ---



# Le Petit Bistrot™

Great Food Is Our Passion!

F-0070

ANABEL S SvrCk: 70 12:47p 01/25/11

1 S SANTA FE SPICY SANDWICH 5.49  
 1 S PESTO PASTA SALAD, reg rootbeer 4.99

Sub Total: 10.48

Tax: 0.86

Sub Total: 11.34

01/25 12:49p TOTAL : 11.34

ONE  
 FREE REFILL  
 ON  
 LARGE SIZE  
 ICED TEA  
 &  
 BISTRO LEMONADE

SALE RECEIPT  
 Store #3295 tkg 01/24/11 13:03:54  
 Trans# 45 Clerk 05 Fanny Maza  
 Dwr1 TRDT 012411 Reg-ID 8EB-HA  
 Receipt # 0000188755

ITEM	QTY	T \$	PRICE MEMO	PLU
TURKEY/HANfr	1	6.00		10224
DRK-21oz	1	1.12	00dea	10002
CHIPS	1	0.892	00dea	10020

SUBTOTAL \$ 8.00  
 Sales Tx \$ 0.66

TAKE-OUT \*\*TOTAL \$ 8.66  
 dsTcredAMT TEND \$ 8.66

CHANGE DUES 0.00

how'd we do? get a free cookie.  
 take 1 min.survey at [www.tellsusbway.com](http://www.tellsusbway.com)

Approval No: 100769  
 Reference No: 100769  
 Account No: \*\*\*\*\*0307  
 Card Issuer: VISA  
 Amount: \$8.66

Take our 1-minute Survey at  
[www.tellsusbway.com](http://www.tellsusbway.com) and receive a free  
 cookie. Keep your receipt and write  
 your unique coupon code  
 here \_\_\_\_\_

Host Order ID: 05W.g0Vk

Robert Costa

Thurs - Fri, Dec 30 - Jan 1

46 hours 690<sup>00</sup>

Walgreen 12.67

Gas-Carl ~~14~~.70

Roger 18.63

\$736<sup>00</sup>

Welcome To Timewise!  
Store 76  
Our Name Is In The Door!

Timewise 7601, 00108044  
9303 Katy Frey,  
Houston, TX

12/31/2010 02:31:03 PM 025496413

XXXXXXXXXXXX6258 VISA  
INVOICE E/4412644  
AUTH 052315

PUMP# 1  
UNLEAD REG 5.0066  
PRICE/GAL 2.939  
FUEL TOTAL \$ 14.70

-----  
Subtotal = \$ 14.70  
Tax = \$ 0.00  
-----  
Total = \$ 14.70  
\$ 14.70

CREDIT  
See application  
about how to EARN  
REWARDS with a  
Chevron and Texaco  
Personal  
Credit Card!

Choose Wisely...Choose Timewise!  
Visit us at: [www.landmarkindustries.com](http://www.landmarkindustries.com)  
or call (713)461-6541

**Walgreens**  
There's a way™

DECEMBER 31, 2010 2:45 PM

467 10 4598 05094 027  
67 10 4598 05094 027

RFN# 0509-4274-5992-1012-3120

F PENCO WLKR BALL 2S 1 9.99  
COKE DT 20OZ A 1.59  
MRS M&M PNT 1.74OZ A .03  
SUBTOTAL 11.61

A=8.25% SALES TAX .20  
TOTAL 12.67

VISA 12.67  
ACCT#\*\*\*\*\*6258  
CHANGE



4618 Memorial Drive Houston, TX  
STORE (713)493-3043

F-ELIGIBLE FLEX SPEND ACCT ITEM (FSA)

OPEN 24 HOURS  
THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING  
WALGREEN'S PRESCRIPTION SAVINGS CLUB  
SEE PHARMACY FOR DETAILS

RETAIN THIS RECEIPT FOR YOUR RECORDS

DECEMBER 31, 2010 2:45 PM





**Right Store. Right Price.**

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Alexis

KROGER PLUS CUSTOMER	*****2679
PRML WHT MLK	3.49 F
KRO EGGS LRG	1.69 F
1 @ 10/5.00	
YPLT YOGURT	0.50 F
1 @ 10/5.00	
YPLT YOGURT	0.50 F
1 @ 10/5.00	
YPLT YOGURT	0.50 F
1 @ 10/5.00	
YPLT YOGURT	0.50 F
1 @ 10/5.00	
YPLT YOGURT	0.50 F
CAMP CNDSOUP	1.39 F
CAMP CNDSOUP	1.39 F
PRGS SOUP	PC 1.00 F
SC KROGER SAVINGS	0.48
NTRD BREAD	2.79 F
CAMP CNDSOUP	1.39 F
PF CRACKERS	2.99 F
TAX	0.00
**** BALANCE	18.63
CASH	5.00
CASH	5.00
CASH	1.00
CASH	1.00
CASH	1.00
CASH	1.00
CASH	1.00
CASH	1.00
CASH	1.00
CASH	1.00
CASH	1.00
CHANGE	0.37
TOTAL NUMBER OF ITEMS SOLD =	13

***** KROGER SAVINGS *****	
KROGER PLUS SAVINGS	\$ 0.48
TOTAL COUPONS	\$ 0.48
TOTAL SAVINGS (2 pct.)	\$ 0.96
***** KROGER SAVINGS *****	

# TIME SHEET

Employee Name: Robert Cantu Title: Trino is a punk!!!  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
1.25.11	8pm	9 am	13 hrs	
1.26.11	6:30pm	12 am	5.5 hrs	
1.27.11	12 am	12 am	24 hrs	
1.28.11	12 am	12 am	12 hrs	
			54.5	817.50
				39.43
WEEKLY TOTALS:				\$ 856.93

Employee Signature: Robert Cantu Date: 1.29.11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

134  
 11.87  
 Walgreens 11.29  
 4.99  
 Kroger < 2.48  
 Kroger < 2.79  
 half of pie 6.00  
 -----  
 39.43

$\$ 856.93$



Right Store. Right Price.

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Barbara

NTR0 BREAD 2.79 F  
KROGER PLUS CUSTOMER \*\*\*\*\*2679  
TAX 0.00  
\*\*\*\* BALANCE 2.79

034 KROGER #161  
14344 MEMORIAL  
HOUSTON TX 77079  
VISA purchase  
\*\*\*\*\*6258  
TOTAL: 2.79  
REF#: 002909

VISA 2.79  
CHANGE 0.00

TOTAL NUMBER OF ITEMS SOLD = 1  
01/27/11 08:29am 161 82 21 #  
\*\*\*\*\*  
Fuel Points Expiring 01/31/11 = 102  
Points under 100 do not carry over.  
Months' points do not combine.  
\*\*\*\*\*

\*\*\*\*\*  
Save \$0.10 off per gallon on 1 fillup  
Earn 100 Fuel Points

Fuel Points This Order = 3  
Fuel Points Expiring 02/28/11 = 167  
Points under 100 do not carry over.  
Months' points do not combine.

See Store for Terms & Restrictions  
http://www.kroger.com  
\*\*\*\*\*

Thank you for shopping Kroger

HOUSE OF PIES  
6142 WESTHEIMER RD  
HOUSTON, TX 77057  
7137821290

BATCH: 042  
S-A-L-E-S O-R-A-F-T  
74008888  
220920304000

SERVER: 40

REF: 0000  
CD TYPE: VISA  
TR TYPE: PURCHASE  
INU:  
DATE: JAN 26, 11 17:47:58

AMOUNT \$12.00

TIP -----

TOTAL -----

ACCT: \*\*\*\*\*6258 EXP: \*\*/\*\*  
AP: 094718  
NAME: ROBERT LEE CANTU

CARDMEMBER ACKNOWLEDGE RECEIPT OF GOODS  
AND/OR SERVICES IN THE AMOUNT OF THE  
TOTAL SHOWN HEREON AND AGREES TO PERFORM  
THE OBLIGATIONS SET FORTH BY THE  
CARDMEMBER'S AGREEMENT WITH THE ISSUER

NO REFUND

CUSTOMER COPY



Right. re. R. 'rice.

14344 MEMORIAL  
(81) 493-  
YOUR CASHIER WAS A Thor

KROGER PLUS CUSTOMER	*****2679
SNSW PRUNES	4.99 F
<del>ZEEBEE BARS</del>	<del>10.00</del>
<del>KR... G SELLS</del>	<del>2.75</del>
TROP ORNG JC [+]	2.48 F
MC SCANNED COUPON	0.75-F
TAX	0.00
**** BALANCE	20.46

034 KROGER #161  
14344 MEMORIAL  
HOUSTON TX 77079  
VISA Purchase  
\*\*\*\*\*6258  
TOTAL: 20.46  
REF#: 094321

VISA	20.46
TAX	0.00
TOTAL NUMBER OF ITEMS SOLD =	4

***** KROGER SAVINGS *****	
ISS	\$ 0.75
ISS	\$ 0.75
ISS	\$ 0.75
***** KROGER SAVINGS *****	

161 85 187 #  
\*\*\*\*\*  
Expiring 01/31/11 = 102  
Points under 100 do not carry over.  
Months' points do not combine.  
\*\*\*\*\*

\*\*\*\*\*  
Save \$0.10 off per gallon on 1 fillup  
for every 100 Fuel Points

Fuel Points This Order = 21  
Fuel Points Expiring 02/28/11 = 164  
Points under 100 do not carry over.  
Months' points do not combine.

See Store for Details & Restrictions  
Or Visit [www.kroger.com](http://www.kroger.com)  
\*\*\*\*\*

\*\*\*\*\*  
[+] = 1  
\*\*\*\*\*

Thank you for shopping Kroger

Host: P.  
R30

01/26/2011  
6:21 PM  
10080

Numbers	0.00
Chicken Quesadilla	5.99

Subtotal	5.99
Tax	0.4

To Go Total 6.4

VISA \*\*\*\*\*6258  
th:092019 6.

Thanks! Come Again!  
Gift Cards Available Now!!  
WIN A LUNCH FOR FOUR!  
A \$40 VALUE  
Register your email at  
[olmccaterring@gmail.com](mailto:olmccaterring@gmail.com)

--- Check Closed ---

# Walgreens

There's a way™

551 10 9029 05094 028

RFN# 0509-4289-0292-1101-2720

JRGN J/H 29.50Z 1A 6.99  
 J&J B/PWD15Z A 4.29 SALE  
~~N/M F/OIL100 1 0.99 BGLP~~  
 HSY ALMD BR 1.450Z A .89  
 MARS SNKRS 1.766Z A .69 SALE  
 HSY PAYDAY 1.850Z A .70  
 1 @ 1.89 = 2 / 1.59

SUBTOTAL 23.55

A=8.25% SALES TAX 1.12  
 TOTAL 24.67

VISA 24.67  
 ACCT#\*\*\*\*\*8258  
 CHANGE .00

WAG ADVERTISED SAVINGS: .20

YOUR TOTAL SAVINGS: .20



14616 Memorial Drive Houston, TX  
 STORE (281)493-3043

OPEN 24 HOURS  
 THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING  
 WALGREENS PRESCRIPTION SAVINGS CLUB  
 SEE PHARMACY FOR DETAILS

JANUARY 27, 2011 3:03 PM

## HOW ARE WE DOING?

ENTER OUR MONTHLY CASH SWEEPSTAKES  
 THIS MONTH THE PRIZE IS  
**\$3,000 CASH**

PLEASE VISIT  
[www.walgreensfeedback.com](http://www.walgreensfeedback.com)  
 OR CALL TOLL FREE

**1-800-763-0547**

WITHIN 72 HOURS TO COMPLETE A  
 SHORT SURVEY ABOUT YOUR RECENT  
 VISIT TO THIS WALGREENS.

SURVEY#

**0509-4289-029**

PASSWORD

**2110-1272-016**

FOR CONTEST RULES, SEE STORE OR  
[www.walgreensfeedback.com](http://www.walgreensfeedback.com)

RETAIN THIS RECEIPT FOR YOUR RECORDS

JANUARY 27, 2011 3:03 PM

que. ia et nes  
 (832)358-9100  
 2742 City Fr y Suite 100  
 Houston, TX  
 832 358-8100

Host: PM 1/26/2011  
 L4 6:17 PM  
 20154

Guacamole 2.99  
 Negro Beans 1.99  
 Numbers 0.00

Subtotal 4.98  
 Tax 0.41

**To Go Total 5.39**

Visa #XXXXXXXXXXXX6258  
 Auth:021719

5.39  
 6.40  
 11.87

Thanks! Come Again!  
 Gift Cards Available Now!!  
 WIN A LUNCH FOR FOUR!  
 A \$40 VALUE  
 Register your email at  
[elreycatering@gmail.com](mailto:elreycatering@gmail.com)

--- Check Closed ---

# TIME SHEET

Employee Name: Robert Carter

Title: \_\_\_\_\_

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.20.11	8 pm			
8.21.11				
8.22.11				
8.23.11		6 pm		70 hours - 2 rehab. <hr/> 68
WEEKLY TOTALS:				1020

Employee Signature: Robert R Carter

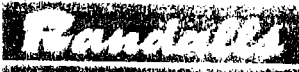
Date: 8.23.11

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

$$\begin{array}{r}
 12 \\
 1020.00 \\
 13.62 - \text{Food} \\
 10.21 - \text{Food} \\
 21.46 - \text{Food} \\
 3.69 - \text{Food} \\
 14.93 - \text{Take out} \\
 \hline
 \$ 1083.91
 \end{array}$$

PA 1-23-11



STORE #66 GEORGE KATU 281-497-0630  
THANK YOU FOR SHOPPING WITH US!

*Food*

Taqueria El Rey  
(832)358-8100  
9742 Katy Frwy Suite 100  
Houston, TX  
832-358-8100

GROCERY

1.00 F  
Reg Price 1.39 CardSav .39  
REG PRICE 1.39  
Reg Price 1.39 CardSav .39  
Reg Price 1.39 CardSav .39  
Reg Price 1.39 CardSav .39  
Reg Price 1.39 CardSav .39  
Reg Price 1.39 CardSav .39

MEAT

REG PRICE 30.18 5.29 F

PRODUCE

0.73 16 @ 10.99/16  
REG PRICE 1.23 CardSav .51  
REG PRICE 1.23 CardSav .51  
REG PRICE 3.98 CardSav .98  
\*\*\* TAX .00  
VF VS XXXXXXXXXXXX6258

CHANGE 00

TOTAL SAVINGS 1.99

1772311034 1011 00 0034 0 16

ROBERT CANTU 7319

Remarkable Savings \$ 3.99  
Total Savings Value 16x \$ 3.99

YOUR CASHIER TODAY WAS DAVE

10% Back-To-Schools

As of today you have purchased \$0.00 in Back-to-school items. 10% of what you spend on Back-to-school items thru 01/25/11 can be donated to the school of your choice. Visit [www.randalls.com](http://www.randalls.com) for more information.

As of today, you have accumulated 2 of 7 toward your Free Signature Cafe Sandwich!



LET US HEAR FROM YOU!  
1-877-723-3929 or visit RANDALL'S.COM

RANDALL'S STORE #1011  
14810 MEMORIAL DR  
HOUSTON, TX  
281-497-0630

OFF CREDIT SALE 01/22/11 10.33  
CARD # XXXXXXXXXXXX6258  
REF 1101221 AUTH 073311

PAYBL 00000 20.46

Host: PM 01/21/2011  
L9 5:52 PM  
20159

Numbers 0.00  
1/2 Rotisserie Chicken 8.95  
Grilled Shrimp Taco 2.55  
Iced Tea 2.25

Subtotal 13.79  
Tax 1.14

To Go Total 14.93

Cash 20.00

Change 5.07

Thanks! Come Again!  
Gift Cards Available Now!!  
WIN A LUNCH FOR FOUR!  
A \$40 VALUE  
Register your email  
[elrey catering@gmail.com](mailto:elrey catering@gmail.com)

Check Closed



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Hillary

KROGER PLUS CUSTOMER \*\*\*\*\*2679
FRITO 3.79 F
KRO TORT CHP PC 1.67 F
SC KROGER SAVINGS 0.12
KRET CHEESE PC 0.00 F
SC KROGER SAVINGS 49
KRET CHEESE 3.49 F
SMRG BATH TIS 0.69 F
SC KROGER SAVINGS 10
0.34 lb @ 1.69 /lb
WT TOMATOES 0.57 F
TAX 0.00
\*\*\*\* BALANCE 10.21

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
\*\*\*\*\*6258
TOTAL: 10.21
REF#: 012216

VISA 10.21
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 6

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*
KROGER PLUS SAVINGS +
TOTAL COUPONS
TOTAL SAVINGS (26 pct.)
\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

01/22/11 03:22pm 161 82 113 #
\*\*\*\*\*
Fuel Points Expiring 01/31/11 = 102
Points under 100 do not carry over.
Months' points do not combine.

\*\*\*\*\*
Save \$0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Order = 10
Fuel Points Expiring 02/28/11 = 129
Points under 100 do not carry over.
Months' points do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com

\*\*\*\*\*

\*\*\*\*\*

YOU SAVED \$3.71
WITH YOUR PLUS CARD

\*\*\*\*\*

Thank you for shopping Kroger



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Barbara

KROGER PLUS CUSTOMER \*\*\*\*\*2679
QLTN BATH TIS PC 3.69 T
SC KROGER SAVINGS 0.30
MPLF WHE BRD 1.79
BRKFAST TACO 1.99
TAX 0.47
\*\*\*\* BALANCE 7.94
CASH 5.00
CASH 1.00
CASH 1.00
CASH 1.00
CHANGE 0.06
TOTAL NUMBER OF ITEMS SOLD = 3

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*
KROGER PLUS SAVINGS \$ 0.30
TOTAL COUPONS \$ 0.30
TOTAL SAVINGS (3 pct.) \$ 0.30
\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

01/21/11 10:08am 161 84 34 #
\*\*\*\*\*
Fuel Points Expiring 01/31/11 = 102
Points under 100 do not carry over.
Months' points do not combine.

\*\*\*\*\*
ENTER TO WIN
ONE OF 30
\$100 GIFT CARD

You are invited to complete a survey
about your recent visit to Kroger.
Answer by Internet @
www.tellkroger.com

You need this receipt to respond

\*\*\*\*\*
Save \$0.10 off per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Order = 7
Fuel Points Expiring 02/28/11 = 119
Points under 100 do not carry over.
Months' points do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com

\*\*\*\*\*

\*\*\*\*\*

YOU SAVED \$0.30
WITH YOUR PLUS CARD

\*\*\*\*\*

Thank you for shopping Kroger





**Right Store. Right Price.**

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Mellissa

PRML WHT MLK	3.49 F
KROGER PLUS CUSTOMER	*****2679
EGGB EGGS LG	2.59 F
ICBINB MARGR	2.65 F
LOLK BUTTER	4.39 F
JSBI CRN BRD	0.50 F
TAX	0.00
<b>**** BALANCE</b>	<b>13.62</b>

034 KROGER #161  
14344 MEMORIAL  
HOUSTON TX 77079  
VISA Purchase  
\*\*\*\*\*6258  
TOTAL: 13.62  
REF#: 074812

VISA	13.62
CHANGE	0.00

TOTAL NUMBER OF ITEMS SOLD = 5  
01/23/11 11:48am 161 82 56 #  
\*\*\*\*\*  
Fuel Points Expiring 01/31/11 = 102  
Points under 100 do not carry over  
Months' poi do not combine.  
\*\*\*\*\*

\*\*\*\*\*  
Save \$0.10 off per gallon on 1 fi  
for every 100 Fuel Points

Fuel Points This Order = 14  
Fuel Points Expiring 02/28/11 = 143  
Points under 100 do not carry over.  
Months' points do not combine.

See Store for Details & Restrictions  
Or Visit [www.kroger.com](http://www.kroger.com)

\*\*\*\*\*

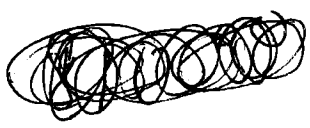
Thank you for shopping Kroger

# Transaction History

Customer: ROBERT LEE CANTU

ACC- [REDACTED]

							*required field
Current Balance		Present Balance		Available Less Overdraft		Available Balance	Calendar
-\$641.38		-\$702.01		-\$702.01		-\$702.01	
							* denotes end of day balance
Date Posted	Tran Type	Description	\$	Debits (-)	\$ Credits (+)	\$	Balance
01/18/2011	Debit Card	DIAMOND JAZZ SHAMROCK HO		-17.50			782.38
01/18/2011	Debit Card	HEADLINERS SPORTS BAR HO		-44.50			799.88
01/18/2011	Debit Card	THE JERSEY PUB HOUSTON T		-47.85			844.38
01/18/2011	Debit Card	CAFE LATINO HOUSTON TX		-10.50			892.23
01/18/2011	Deposit	ATM CHECK DEPOSIT			810.00		902.73
01/14/2011	Debit Card	WINGSTON HOUSTON TX		-9.64			92.73 *
01/14/2011	Debit Card	HEADLINERS SPORTS BAR HO		-24.00			102.37
01/14/2011	Debit Card	JEFF'S HOUSTON TX		-30.00			126.37
01/14/2011	Debit Card	IN BLOOM 402-7215700 NE		-50.00			156.37
01/13/2011	Debit Card	HEADLINERS SPORTS BAR HO		-15.00			206.37 *
01/13/2011	Debit Card	9638 INC. HOUSTON TX		-10.50			221.37
01/13/2011	Debit Card	9638 INC. HOUSTON TX		-18.50			231.87
01/12/2011	Debit Card	HEADLINERS SPORTS BAR HO		-88.50			250.37 *
01/12/2011	Debit Card	PHO MAI TAI NOODLE HOUS		-17.02			338.87
01/12/2011	Deposit	ATM CHECK DEPOSIT			120.00		355.89
01/10/2011	ATM	ATM WITHDRAWAL 006266		-40.00			235.89 *
						<b>Newer</b>	<b>Older</b>



# Transaction History

Customer: ROBERT LEE CANTU

Account: ~~XXXXXXXXXXXXXXXXXXXX~~

\*required field

Current Balance	Present Balance	Available Less Overdraft	Available Balance	Calendar
-\$641.38	-\$702.01	-\$702.01	-\$702.01	

Date Posted	Tran Type	Description	\$	Debits (-)	\$	Credits (+)	Balance
Pending	Memo	<del>XXXXXXXXXX</del> HEADL		-52.00			
Pending	Memo	PO <del>XXXXXXXXXX</del> RICHIA		-8.63			
01/20/2011	Fee	INSUFFICIENT FUNDS FEE FOR A \$		-34.00			-641.38 *
01/20/2011	Fee	INSUFFICIENT FUNDS FEE FOR A \$		-34.00			-607.38
01/20/2011	Fee	DEPOSIT ITEM RETURNED FEE: 01		-10.00			-573.38
01/20/2011	Debit Card	<del>XXXXXXXXXX</del> MURRINE DELT HOUSTON TX		-19.11			-563.38
01/20/2011	Debit Card	<del>XXXXXXXXXX</del> TX MEB <del>XXXXXXXXXX</del> G2 CARASE HO		-12.00			-544.27
01/20/2011	Misc. Debit	DEPOSITED ITEM RETURNED		-810.00			-532.27
01/19/2011	Check	<del>XXXXXXXXXX</del> 173		-158.02			277.73 *
01/19/2011	ACH Debit	<del>XXXXXXXXXX</del> VZ WIRELESS VERIZON 66		-184.56			435.75
01/19/2011	ATM	<del>XXXXXXXXXX</del> ATM WITHDRAWAL 008652		-120.00			620.31
01/19/2011	Deposit	<del>XXXXXXXXXX</del> ATM DEPOSIT				120.00	740.31
01/18/2011	Fee	<del>XXXXXXXXXX</del> NON-CHASE ATM FEE-WITH TRN: 02		-2.00			620.31 *
01/18/2011	Debit Card	<del>XXXXXXXXXX</del> MURRINE DELT HOUSTON TX		-4.32			622.31
01/18/2011	Debit Card	<del>XXXXXXXXXX</del> HEADLINERS SPORTS BAR HO		-93.25			626.63
01/18/2011	ATM	<del>XXXXXXXXXX</del> NON-CHASE ATM WITHDRAW 720245		-62.50			719.88

\* denotes end of day balance

**Older**

810.00  
 34.00  
 34.00  
 10.00  
 -----  
 \$ 888.00

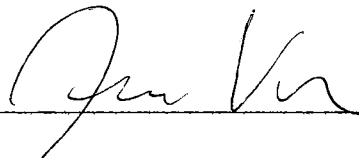
# TIME SHEET

Employee Name: FAUSTINO VAQUERA Title: \_\_\_\_\_  
 Week: Sun 13, 2011 - Jan 20, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Thurs 1/13	7am	12am	17	
Frid 1/14	12am	12NOON	12	
Sat 1/15	OFF	OFF	—	
Sun 1/16	6pm	8pm	2	
mon 1/17	<del>10am</del> 6pm	<del>12NOON</del> 12am	<del>2</del> 6	
Tues 1/18	12am	12am	24	
wed 1/19	12am	12am	24	
Thur 1/20	12am	<b>WEEKLY TOTALS:</b> 8pm	20	

107 Hours

Employee Signature: \_\_\_\_\_



Date: 1-20-11

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Receipts

4.33

KROGER.

10.16

Total.

14.49



Right Store. Right Price.

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Barbara

SALE RECEIPT  
 Store #37552 tko 01/20/11 12:23:48  
 Trans# 64 Clerk 7 Dwr 1 TRDT 012011  
 Receipt # 0000205708 Reg-ID REG-MAIN  
 Sales Tx 0.33 Tax B 0.00  
 Tax C 0.00 Tax D 0.00  
 Tax E 0.00 Tax F 0.00  
 \*\*TOTAL 4.33  
 AMT TEND 4.33 CHANGE DUE 0.00  
 CHANGE DUE\$ 0.00

Approval No: 142049  
 Reference No: 142049  
 Account No: \*\*\*\*\*0307  
 Card Issuer: VISA  
 Amount: \$4.33

Host Order ID: 0710.6JyV

KROGER PLUS CUSTOMER \*\*\*\*\*9869  
 OCSP JUICE PC 3.99 F  
 SC KROGER SAVINGS 0.30  
 SNSW PLUMS 3.29 F  
 FLNAT JUICE PC 2.88 F  
 SC KROGER SAV. 1.11  
 TAX 0.00  
 \*\*\*\* BALANCE 10.16  
 \*\*\*\*\*0307  
 REF#: 000000  
 PURCHASE: 10.16  
 CASHBACK: 20.00  
 TOTAL: 30.16

DEBIT 30.16  
 CHANGE 20.00  
 TOTAL NUMBER OF ITEMS SOLD = 3

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*  
 KROGER PLUS SAVINGS \$ 1.41  
 TOTAL COUPONS \$ 1.41  
 TOTAL SAVINGS (12 pct.) \$ 1.41  
 \*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

01/20/11 01:33pm 161 84 49 #  
 \*\*\*\*\*  
 Fuel Points Expiring 01/31/11 = 166  
 Points under 100 do not carry over.  
 Months' points do not combine.  
 \*\*\*\*\*

\*\*\*\*\*  
 ENTER TO WIN  
 ONE OF 30  
 \$100 GIFT CARDS

You are invited to complete a survey  
 about your recent visit to Kroger  
 Answer by Internet @  
 www.talkkroger.com

# TIME SHEET

Employee Name: Robert Cantu Title: \_\_\_\_\_  
Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
1.14.11	11:00			
1.16.11	5:00			54
WEEKLY TOTALS:				810.00

Employee Signature: R Cantu Date: 1-16-11  
Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# TIME SHEET

Employee Name: Robert Cannon Title: Super Sexy  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
<u>Fri</u>				
<u>1.07.11</u>	<u>10 AM</u>			
<u>Sun.</u>		<u>9 AM</u>		<u>47 hrs.</u>
				<u>x 15.00</u>
<b>WEEKLY TOTALS:</b>				<u>705.00</u>

Employee Signature: Robert Cannon Date: 1.08.11

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# TIME SHEET

Employee Name: FAUSTINO VAQUERA Title: \_\_\_\_\_  
 Week: JAN 06, 2011 - JAN 12, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Thur 01/06	7am	12am	17 hours	
Frid 01/07	12am	9:30am	9.5 hours	
Sat 01/08	OFF	OFF		
Sun 01/09	7pm	12am	5	
Mon 01/10	12am	5:30pm	17.5	
Tues 01/11	6:30am	5:30pm	11	
Wed 01/12	6:30am	5:30pm	11	
<b>WEEKLY TOTALS:</b>			71 hours	

x

Employee Signature: *Faustino Vaquera* Date: 1-12-11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# TIME SHEET

Employee Name: Michael Brooks Title: Caregiver  
 Week: JAN 10 - 12 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
1/10	5:30pm	6:30 AM	13	
1/11	5:30pm	6:30AM	13	
1/12	6:00pm	7:00AM	13	
WEEKLY TOTALS:				

Employee Signature: Michael Brooks Date: 1/12/2011  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# TIME SHEET

Employee Name: Antonio Flores Title: ADULTS CARE SERVICE  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
1-9-2011	8: A.M.	7: P.M.	10 <sup>1/2</sup>	11 40-
				}
WEEKLY TOTALS:				10 1'

Employee Signature: Antonio Flores Date: 1-9-2011

Supervisor Signature: 10 x 15. \$150.00 Date: \_\_\_\_\_  
 10 x 15 165.00

# TIME SHEET

Employee Name: FAUSTINO VAQUERA Title: \_\_\_\_\_  
 Week: Feb 06 — Feb 10, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2-06 Sun	6:30 pm	12 am	5. 1/2	
2-07 Mon	12 am	7 pm	19.	
2-08, Tues	12 noon	4:00 pm	4	
↓	5:00 pm	12 am	7	
2-09 Wed	12 am	12 am	24	
2-10 Thur	12 am ↓	<del>6:30</del> 3:30	14. 1/2	
	5:30 ↓	6:30	1	
<b>WEEKLY TOTALS:</b>			75 hrs.	

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1110.00  
 + receipt  
 food & Groceries  
 56.65  
 + 1110.00  
 -----  
 1166.65



Right Store. Right Price.

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Jennifer

	ADMS STR EXT	2.69 F
	EMRD ALMONDS	PC 4.99 F
SC	KROGER SAVINGS	0.50
KROGER	PLUS CUSTOMER	*****9869
	OZRK WATER	1.19 F
	OZRK WATER	1.19 F
	TAX	0.00
****	BALANCE	10.06
*****0307		
REF#:	000000	
PURCHASE:	10.06	
CASHBACK:	40.00	
TOTAL:	50.06	

DEBIT	50.06
CHANGE	40.00
TOTAL NUMBER OF ITEMS SOLD =	4

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*  
 KROGER PLUS SAVINGS \$ 0.50  
 TOTAL COUPONS \$ 0.50  
 TOTAL SAVINGS (4 pct.) \$ 0.50  
 \*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

02/09/11 03:10pm 161 84 86 #  
 \*\*\*\*\*  
 Fuel Points Expiring 02/28/11 = 212  
 Points under 100 do not carry over.  
 Months' points do not combine.  
 \*\*\*\*\*

*rec'd*

\*\*\*\*\*  
 Save \$0.10 off per gallon on 1 fillup  
 for every 100 Fuel Points

Fuel Points This Order = 10  
 Fuel Points Expiring 03/31/11 = 106  
 Points under 100 do not carry over.  
 Months' points do not combine.

See Store for Details & Restrictions  
 Or Visit [www.kroger.com](http://www.kroger.com)

\*\*\*\*\*

\*\*\*\*\*

**YOU SAVED \$0.50  
 WITH YOUR PLUS CARD**

\*\*\*\*\*

Thank you for shopping Kroger

KFC

STORE #W150100

14490 Memorial Dr  
Houston  
(281)497-0061

Ticket #2458

2011-02-09

6:07 PM

W150100 2 28 2458

Cashier: Titus

4P ML EC DRK	6.19
2 Leg	
2 Thigh	
+ Sm CSTaw	
+ Sm Msh/Grvy	
+ Biscuit	
2 BISCUITS	0.99
Tax	0.59
DRIVE THRU	\$7.77
ETenderCredit	\$7.77
Change	\$0.00

For a chance to win \$1000

Please call 1-888-731-9645 or

Visit [www.opinionport.com/yum](http://www.opinionport.com/yum)

See back for more details

WAY ON BACK! | \$1,000 GIVEAWAY ON BACK! | \$1,000 GIVEAWAY ON BACK! | \$1,000 GIVEAWAY ON BACK!



Right Store. Right Price.

9325 KATY FRWY  
(713) 461-7754  
YOUR CASHIER WAS Francis

	KROGER PLUS CUSTOMER	*****9869	
	DUNNS TRPLE	PC	2.69 F
SC	KROGER SAVINGS	0.20	
	HNTS TOMATOS	PC	0.60 F
SC	KROGER SAVINGS	0.19	
	HNTS TOMATOS	PC	0.60 F
SC	KROGER SAVINGS	0.19	
	BEEF GRINDS		3.26 F
	KRO EGGS LRG		1.45 F
	HNZ KTCHP	PC	1.80 F
SC	KROGER SAVINGS	0.21	
	MCRMCK MT LF		1.25 F
	RYND BKNG CP	PC	2.25 T
SC	KROGER SAVINGS	0.14	
	GHIR CHIPS	PC	2.99 F
SC	KROGER SAVINGS	1.00	
	0.48 lb @ 0.99 /1b		
WT	ROMA TOMATO		0.48 F
	0.54 lb @ 1.79 /1b		
WT	ONS PEELED		0.97 F
	TAX		0.19
	**** BALANCE		18.59
	*****0307		
	REF#: 000900		
	PURCHASE: 18.59		
	CASHBACK: 50.00		
	TOTAL: 68.59		

DEBIT CHANGE ~~68.59~~ 80.00  
TOTAL NUMBER OF ITEMS SOLD = 11

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*  
KROGER PLUS SAVINGS \$ 1.93  
TOTAL COUPONS \$ 1.93  
TOTAL SAVINGS (9 pct.) \$ 1.93  
\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

02/08/11 04:55pm 600 8 135 109  
\*\*\*\*\*  
Fuel Points Expiring 02/28/11 = 212  
Points under 100 do not carry over.  
Months' points do not combine.  
\*\*\*\*\*

\*\*\*\*\*  
Save \$0.10 off per gallon on 1 fillup  
for every 100 Fuel Points

Fuel Points This Order = 18  
Fuel Points Expiring 03/31/11 = 96  
Points under 100 do not carry over.  
Months' points do not combine.

See Store for Details & Restrictions  
Or Visit [www.kroger.com](http://www.kroger.com)  
\*\*\*\*\*

\*\*\*\*\*  
[+] = 0  
\*\*\*\*\*

\$

**YOU SAVED \$1.93  
WITH YOUR PLUS CARD**

\$

Thank you for shopping Kroger

KFC

STORE #W150100

14490 Memorial Dr  
Houston  
(281)497-0061

Ticket #4181

2011-02-08 5:20 PM  
W150100 4 44 4181

Cashier: Devon	
LG MASH/GRVY	3.19
Tax	0.26
CARRY OUT	\$3.45
EXACT CASH	\$5.50
Change	\$2.05

For a chance to win \$1000

Please call 1-888-731-9645 or

Visit [www.opinionport.com/yum](http://www.opinionport.com/yum)

See back for more details

IN BACK! | \$1,000 GIVEAWAY ON BACK! | \$1,000 GIVEAWAY ON BACK! | \$1,000 GIVEAWAY ON BACK!



11441 Katy Fwy  
Houston, TX 77079  
Stor # 20148 Phone# (713) 935-9076

DRIVE THRU  
Order 287289 2/6/2011 6:25:10 PM  
Employee: 64149 Name: Joseph

Per CHZ Qsa	3.49
1 - PICO	
8oz RICE	1.49
8oz REFR	1.49
8oz GUAC	2.19
CKFJ Bowl	4.95
1 RICE	
1 REFR	
1 + ALL Toppings	
1	

SubTotal	13.61
Tax	1.12
Total	14.73
Visa	14.73
Change	0.00

Acct: xxxxxxxxxxxx0307  
Authorization: 112358

ORDER# 489-----

We would like your feedback.  
Participe en nuestra encuesta.  
Visit [www.cabanacares.com](http://www.cabanacares.com)  
Or call 1-800-360-3246  
Respond within 3 days, and receive \$1.00  
off next food purchase excluding alcohol.  
Not valid with any other discount.  
Coupon # (PLU117)  
Join our eClub at [tacocabana.com](http://tacocabana.com)  
Sea parte de nuestro eClub en [tacocabana.com](http://tacocabana.com)  
I.D. 27218 14806 88902 64149

# TIME SHEET

Employee Name: Robert Cantu Title: \_\_\_\_\_  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2.4.11	2pm			
2.5.11		2pm		24
2.5.11	2pm			
2.6.11		6pm		28
WEEKLY TOTALS:				52

Employee Signature: Robert Cantu Date: 2.6.11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

780.00  
 Randalles 15.00  
 Taco Catana 12.00  
 \$807.00

Pd. 21



STORE MGR MARC BROCHSTEIN 713-365-6700  
THANK YOU FOR SHOPPING WITH US!

GEN MERCHANDISE

RING A MOP REFILL

9.49 T

PRODUCE

3@1.00 LRG HASS AVOCADOS	3.00 F
RegPrice 5.97 CardSav 2.97	
TANGERINES 5LB BOX	5.00 F
RegPrice 8.99 CardSav 3.99	
BLBRY POMERGRATAT	3.99 F
LYCHEE GREEN TEA	2.29 F
F/W BAL DUE	14.28
**** TAX 78 BAL	24.55
VF VS XXXXXXXXXXXXX6258	24.55

CHANGE .00

TOTAL SAVINGS 6.96

2/05/11 12:12 1066 94 0030 8894

ROBERT CANTU 7370

Remarkable Savings	\$ 6.96
Total Savings Value 23%	\$ 6.96

YOUR CASHIER TODAY WAS SELF

As of today, you have accumulated  
2 of 7 toward your Free  
Signature Cafe Sandwich!

LET US HEAR FROM YOU!  
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1066  
12850 MEMORIAL Dr.  
HOUSTON, TX  
713-365-6700

EFT CREDIT SALE 02/05/11 12:12  
CARD # XXXXXXXXXXXXX6258  
REF:1102051 AUTH:031213

PAYMENT AMOUNT 24.55



STORE MGR MARC BROCHSTEIN 713-365-6700  
THANK YOU FOR SHOPPING WITH US!

GEN MERCHANDISE

RF RING A MOP REFILL	9.49 T
**** TAX 78 BAL	10.27 F
VF VS XXXXXXXXXXXXX6258	

CREDIT REFUND 10.27  
2/05/11 15:21 1066 94 0030 2736

ROBERT CANTU 7370

YOUR CASHIER TODAY WAS AURA

As of today, you have accumulated  
2 of 7 toward your Free  
Signature Cafe Sandwich!



Little Card.  
Big Savings.

LET US HEAR FROM YOU!  
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1066  
12850 MEMORIAL Dr.  
HOUSTON, TX  
713 365 6700

EFT CREDIT SALE 02/05/11 15:21  
CARD # XXXXXXXXXXXXX6258  
REF:1102051 AUTH:044353

CREDIT REFUND 10.27





11441 Katy Fwy  
Houston, TX 77079  
Store# 20148 Phone# (713) 935-9076

Reg 3 - OUT  
Order 373245 2/5/2011 6:31:50 PM  
Employee: 17960 Name: Enrique

CC BF Taco	1.29
CHZ Ench	1.50
VEGGIE 400	3.95
1 BLBN	
1 LETT BLEND	
1 + PICO	
1 + CHZ	
1 + SPICE	
1 + Queso Salsa	
1 COKE	1.99
TRES	1.99

Subtotal	12.60
Tax	0.88
Total	11.60
Tip	11.60
Change	0.00

Acct: xxxxxxxxxxxx6258  
Authorization: 0.3119

ORDER# 345

We would like your feedback.  
Participa en nuestra encuesta.

Visit [www.tacocabana.com](http://www.tacocabana.com)

Or call 1-800-360-3716

Respond within 3 days, and receive \$1.00  
off next food purchase excluding alcohol.  
Not valid with any other discount.

Coupon # \_\_\_\_\_ (PLU117)

Join our eClub at [tacocabana.com](http://tacocabana.com)

Sea parte de nuestro eClub en [tacocabana.com](http://tacocabana.com)

I.D. 33218 14805 74502 17960

# TIME SHEET

Employee Name: Faustino Vaquera

Title: \_\_\_\_\_

Week: Feb 28

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2-28 Mon	6:00pm	12:00am	6	
3-01 Tues	12:00am	7:00pm	19	
	8:30pm	12:00am	3.5	
3-02 Wed	12:00am	8:00pm	20	
3-03 Thurs	8:00am	4:00pm	8	
	5:00pm	8:00pm	3	
3-04 Frid	10:00am	12:00am	14	
3-05 Sat	12:00am	11:am	11	
	12:00pm	3:30 pm	3.5	
	4:30pm	12:00am	7.5	22
3-06 SUN	12:00am	12:00pm	12	
WEEKLY TOTALS:			107.5	

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Del. 3/5/11      1612.5  
                          + 91.69  
                          -----  
                          1704.19  
 Grocery & Food  
 Total 82.70  
                  8.99 - Spicy Pickle  
                  + \_\_\_\_\_  
                  Turkey & Soup  
                  91.69

82.70

10321 Katy Hwy  
Houston, TX 77024  
(713) 461-5404

JR

Host: RANDY  
JR  
03/01/2011  
12:07 PM  
70014

Order #: Go

Bowl Pot Pie	4.59
Puff Pastry	
Bowl Broccoli Cheese	3.59
Egg Salad Sandwich	4.99
Wheat	
Lettuce & Tomato	
Mayo	
(N)Chips & Pickle	
No Beverage	
Fountain Drink	1.89
Subtotal	15.06
Tax	1.25
<b>To Go Total</b>	<b>16.31</b>
Cash	20.00
<b>Change</b>	<b>3.69</b>

Luby's  
Houston #06 (05)  
825 Town & Country Center  
Houston, TX 77024  
713-461-5404

Kim H  
18:29 11/05/03/2011  
Transaction 9344094

Check # 16309

Card Number	Auth Code
XXXXXXXXXXXX	112315
JR/Fountain Drink	Visa
Amount	9.73
Total	9.73

Tip ...  
Total ...

X  
Cardholder agrees to pay total in accordance with agreement governing use of such card.

TAKE OUR SURVEY, PICK A PRIZE!  
COOKIE or \$2 OFF delivery  
[www.JasonsdeliFeedback.com](http://www.JasonsdeliFeedback.com)  
Enter Deli Number: 022  
Write redemption code:  
For phone survey 800-537-5441

--- Check Closed ---





**Right Store. Right Price.**

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Arthur

KROGER PLUS CUSTOMER	*****5249
KRO STRAWS	0.99 T
SCT-BRT SPNG	3.69 T
LBMN MOP	16.49 T
TAX	1.75
**** BALANCE	22.92
*****0307	
REF#: 000000	
PURCHASE: 22.92	
CASHBACK: 0.00	
TOTAL: 22.92	

DEBIT	22.92
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	3
02/27/11 08:10pm 161 83 165	#

\*\*\*\*\*  
 Save \$0.10 off per gallon on 1 fillup  
 for every 100 Fuel Points

Fuel Points This Order = 21  
 Fuel Points Expiring 03/31/11 = 21  
 Points under 100 do not carry over.  
 Months' points do not combine.

See Store for Details & Restrictions  
 Or Visit [www.kroger.com](http://www.kroger.com)  
 \*\*\*\*\*

Thank you for shopping Kroger



11441 Katy Fwy  
Houston, TX 77079  
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU  
Order 415206 3/1/2011 8:52:18 PM  
Employee: 64149 Name: Joseph

P2-MIX Ench	4.99
2 CHZ Ench	
1 RICE	
1 REFR	
1 SF Tort 2	
Per SprfF Nacho	3.99
1 w/ CHEESE	
3oz GUAC	0.99
SubTotal	9.97
Tax	0.82
Total	10.79
Cash	20.79
Change	10.00

ORDER# 406-----

We would like your feedback.  
 Participe en nuestra encuesta.  
 Visit [www.cabanacares.com](http://www.cabanacares.com)  
 Or call 1-800-360-3246  
 Respond within 3 days, and receive \$1.00  
 off next food purchase excluding alcohol.  
 Not valid with any other discount.  
 Coupon # (1U117)  
 Join our eClub at [tacocabana.com](http://tacocabana.com)  
 Sea parte de nuestro eClub en [tacocabana.com](http://tacocabana.com)  
 I.D. 45220 14801 10603 64149



**Right Store. Right Price.**

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Jennifer

KROGER PLUS CUSTOMER	*****9869
KRD EGGS LRG	1.43 F
OZRK WATER	1.19 F
OZRK WATER	1.19 F
CRMM BTH TS	PC 5.99 T
SC KROGER SAVINGS	1.58
NIVL GRNBARS	3.79 F
SNSW PLUMS	3.29 F
ICBINB MARGR	2.65 F
NTRO BREAD	2.79 F
1.63 lb @ 0.49 /lb	
WT DOLE BANANAS	0.80 F
MC OP SCANNED COUPON	0.60-T
TAX	<del>0.43</del>
**** BALANCE	22.95
*****0307	
REF#: 000000	
PURCHASE: 22.95	
CASHBACK: 0.00	
TOTAL: 22.95	

DEBIT	22.95
CHANGE	0.00
8.25 TAX TABLE	0.44
2% PHONECARD FEE	0.01-
TOTAL TAX	0.43
TOTAL NUMBER OF ITEMS SOLD =	9

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*  
MFG CPN SAVINGS \$ 0.60  
KROGER PLUS SAVINGS \$ 1.58  
TOTAL COUPONS \$ 2.18  
TOTAL SAVINGS (8 pct.) \$ 2.18  
\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

03/02/11 03:40pm 161 85 88 #

\*\*\*\*\*

February Fuel Points remaining = 417  
Redeem 100pts to save .10 per gal  
on 1 fill-up.

Each month is a separate accumulation  
period. Points do not combine.  
These points expire 3/31/11.

\*\*\*\*\*

\*\*\*\*\*

March Fuel Points  
Now Redeem Fuel Points at Kroger Fuel  
Centers & Participating Shells!  
Redeem 100pts to save .10 per gal  
on 1 fill-up.

Fuel Points this order = 23  
Fuel Points earned this month = 23  
Each month is a separate accumulation  
period. Previous and Current months  
points do not combine.

This months points expire 4/30/11.  
See Store for Details & Restrictions  
Or Visit [www.kroger.com](http://www.kroger.com)

\*\*\*\*\*

\$

**YOU SAVED \$1.58  
WITH YOUR PLUS CARD**

\$

Thank you for shopping Kroger

# TIME SHEET

Employee Name: Robert Cantu Title: \_\_\_\_\_

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.22.11	6 pm			
3.23.11		9 am		15
3.23.11	8 pm			
3.24.11		9 am		13
WEEKLY TOTALS:				28

Employee Signature: Robert L Cantu

Date: 3.24.11

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

$$\begin{array}{r}
 420.00 \\
 32.40 \\
 18.46 \\
 26.00 \\
 \hline
 490.86
 \end{array}$$

HARRIS COUNTY  
TOLL ROAD  
AUTHORITY

BRIAR FOREST

Lane No. 35

Fare Paid - \$1.00

08:07:54AM 03-23-11

Have a nice day!

WELCOME TO  
VALERO STELLA LINK  
UNSC STELLA LINK  
HOUSTON TX. 77025  
VALERO STELLA LINK  
UNSC STELLA LINK  
HOUSTON TX. 77025

Item	Qty	Amount
Transfer CARST		1.00
Sub Total		1.00
Tax		0.00
TOTAL		1.00
CASH		1.00

THANK YOU FOR YOUR BUSINESS  
NEXT CARD BAR END OF LINE  
03/23/11 10:30:07

Special Memorial  
Houston, TX 77029  
(281) 531-1999

ROBERT

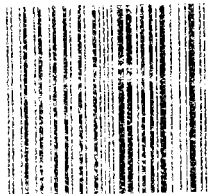
Host: ROBERT  
03/22/2011  
6:20 PM  
50147

Order Type: To Go

Family Salad Bar	6.99
W Beverage	
Smoky Jack Panini	6.59
NO 1 jalapeno Jack Cheese	
2 slice Swiss	0.59
(SC) American Potato	0.99
Fountain Drink	1.89
Subtotal	17.05
Tax	1.41
<b>To Go Total</b>	<b>18.46</b>
CASH	20.00
Change	1.54

WEEKEND PICK A PRIZE!  
Free delivery  
Call 1-800-368-7247  
Ent. Call Center: 026  
www.lubys.com  
For phone survey call 1-877-5441

--- Check Closed ---



Luby's  
Houston #06 (85)  
825 Town & Country Center  
Houston, TX 77024  
713-461-9404

Check # 19075

Maria G  
18:58:24 03/21/2011

1 Merino Pie	2.99
1 Pecan	3.59
1 Baked Almond Hi Ann	7.89
Tray#1 Subtotal	14.47
x Baked Almond Combo	
1 Baked White Fish Combo	9.49
1 Sliced Tomatoes	2.99
1 Tossed Salad	2.39
1 Bread Upgrade \$0.59	0.59
Tray#3 Subtotal	15.46

ID #85 0801 9075

For 10 CHANCES TO WIN \$1,000 daily  
A \$100 Luby's Gift Card weekly and  
INSTANTLY WIN an iPod  
Take our survey @  
www.lubys-survey.com

Or 1 chance to win  
cash prize and gift card  
by calling 1-866-724-7146

Please retain this receipt  
for use during the survey

Visit www.lubys-survey.com for  
complete rules and regulations

No purchase necessary  
(OFFER EXPIRES Mar 28, 2011)

Subtotal 29.93  
Sales Tax 2.47

Please pay this amount  
**Total 32.40**

Food To Go



# TIME SHEET

Employee Name: Faustino VAQUERA Title: \_\_\_\_\_  
 Week: March 15 - March 19

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3-15 Tues	9:30 am	12:00 am	15.30	
3-16 Wed	12:00 am	2:00 pm	14.	
	4:00 pm	12:00 am	8	
3-17, Thur	12:00 am	9:30 am	9:30	
3- <del>17</del> <del>Wed</del>	6:30 pm	12:00 am	5:30	
3-18 <del>Wed</del> Frid	12:00 am	6:00 pm	18.	
WEEKLY TOTALS:			70 1/2	

Employee Signature: [Signature] Date: 3-18  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

$$\begin{array}{r}
 70.5 \\
 \times 15.00 \\
 \hline
 = 1057.50
 \end{array}$$
  
 Groceries & Food = 126.26  
 Best Buy Digital Voice Recorder 64.94  


---

 191.20  
**Total = 1248.70**

Receipt subject to terms and conditions of purchase. Products listed on this receipt are not returnable for any reason.



WELCOME TO BEST BUY #216  
HOUSTON, TX 77024  
(713)647-6004

Keep your receipt!



Val #: 0422-1046-6045-3089

0216 003 2499 03/17/11 18:22 00005044

1792142 ICDPX312 59.99  
ICDPX312 DIGITAL VOICE RECORD  
ITEM TAX 4.95  
6094193 RZ SILVER 0.00 N  
REWARD ZONE PREMIER SILVER  
MEMBER ID 0329918420

-----  
SUBTOTAL 59.99  
SALES TAX AMOUNT 4.95  
=====

TOTAL 64.94

XXXXXXXXXXXX0307 DEBIT 64.94  
FAUSTINO VAQUERA JR  
APPROVAL 132943  
REFERENCE NUMBER: 0216003

ALEX,  
THANKS FOR SHOPPING AT BEST BUY TODAY!  
YOUR REWARD ZONE BALANCE AS OF 03/08/11  
POSTED POINTS: 153  
Go to MyRZ.com FOR MORE INFO

Congratulations! As an added benefit of  
being a Reward Zone program Premier  
Silver member, you may return eligible  
products up to 45 days from purchase date.

Dear Valued Customer,

To help keep prices low for all our customers,

THE SHACK THANKS YOU.

RADIOSHACK 01-8020  
Kroger Plaza Sc  
14356 Memorial Dr  
Houston, TX 77079-6704  
(281) 496-9429

Order: 057553 03/17/2011 08:14P Term #002

Helped By: 001 (MAR)  
Entered By: 001 (MAR)

4200223 3' 1/8' M-M PATCH CABLE 1 8.39

Subtotal 8.39  
Tax 8.25% 0.69  
Total 9.08  
Credit Card 9.08  
Change Due 0.00

Acct# xxxxxxxxxxxx0307 N  
Card Type VI  
Tran# 12887148  
Auth# 161235 9.08  
Host Captured Y

The card holder identified hereon may apply the total  
amount shown on this receipt to the appropriate account  
to be paid according to its current terms.

I agree to pay above total according to card issuer  
agreement.

Your name, address and the original sales receipt are  
required for all refunds. Sales and returns are  
subject to the terms and conditions identified  
on the back.

Shop online 24/7 at  
[www.radioshack.com](http://www.radioshack.com)



11441 Katy Fwy  
Houston, TX 77079  
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU  
Order 200480 3/16/2011 6:05:20 PM  
Employee: 64149 Name: Joseph

16oz REFR	2.19
16oz RICE	2.19
16oz GUAC	3.99
Lg SWT TEA	1.99
<hr/>	
SubTotal	10.36
Tax	0.85
Total	11.21
Visa	11.21
Change	0.00

Acct: xxxxxxxxxxxxxx0307  
Authorization: 150358

ORDER# 480-----

We would like your feedback.  
Participe en nuestra encuesta.

Visit [www.cabanacares.com](http://www.cabanacares.com)  
Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00  
off next food purchase excluding alcohol.  
Not valid with any other discount.

Coupon # \_\_\_\_\_ (PLU117)

Join our eClub at [tacocabana.com](http://tacocabana.com)  
Sea parte de nuestro eClub en [tacocabana.com](http://tacocabana.com)  
I.D. 20418 14816 08003 64149

**Walgreens**  
There's a way™

207 10 3270 05094 028

RFN# 0509-4283-2707-1103-1720

F WALG NIT GLOVE 40S 1A	5.99
F WALG NIT GLOVE 40S 1A	5.99
A/H CRM 20Z 1A	-11.99
WLG ADLT CLTH 48S A	5.99
R/DNSK N/CHOL 12OZ	3.99
WALG CERT UNDR 30S 1A	19.99
SUBTOTAL	53.94

A=8.25% SALES TAX 4.12  
TOTAL -58.06

VISA 58.06  
ACCT#\*\*\*\*\*0307  
CHANGE .00

4607



14616 Memorial Drive Houston, TX  
STORE (281)493-3043

F=ELIGIBLE FLEX SPEND ACCT ITEM (FSA)

OPEN 24 HOURS  
THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING  
WALGREENS PRESCRIPTION SAVINGS CLUB  
SEE PHARMACY FOR DETAILS

RETAIN THIS RECEIPT FOR YOUR RECORDS

MARCH 17, 2011

8:32 PM

THANK YOU FOR SHOPPING AT  
ACE HARDWARE CITY  
14455 MEMORIAL DRIVE  
HOUSTON, TX 77079  
(281) 496-2113

3/15/11 11:38AM EE 555 SALE  
-----  
1001239 1 EA 15.99 EA  
MOP TWIST N MOP 15.99

SUB-TOTAL: 15.99 TAX: 1.32  
TOTAL: 17.31  
BC AMT: \$17.31

BK CARD#: XXXXXXXXXXXX0307  
ID: 670120559599  
AUTH: 143775 AMT: 17.31  
Host reference #:907299 Bat#1475  
SWIPED  
CARD TYPE:VISA EXPR: XXXX

Trace # 000000



==>> JRNL#J07299 <<==  
CUST # \*5

THANK YOU FAUSTINO VAQUERA JR  
FOR YOUR PATRONAGE

Name: X

10321 A Katy Frwy  
Houston, TX 77024  
(713) 467-2007

JR

Host: KELLY 03/15/2011  
JR 6:39 PM  
50011

Order Type: To Go

Egg Salad Sandwich 4.99  
White  
(NY)Chips & Pickle  
ed  
Citain Drink 1.89

Subtotal 6.88  
Tax 0.57

To Go Total 7.45

VISA #XXXXXXXXXXXXXXXX0307 7.45

10321 A Katy Frwy  
Houston, TX 77024  
(713) 467-2007

Quizzos Sub Store #1043  
Phone (713) 647-9966  
Fax (713) 647-9467

ORDER 61027

JARED

Host: SYED 03/17/2011  
JARED 6:30 PM  
10176

Order Type: To Go

SGT Pepper 6.59  
Rye  
(N)Chips Pickle  
No Beverage  
Egg Salad 4.99  
Rye  
EZ  
Mayo  
Lettuce Tomato  
(N) Pickle  
No Beverage  
Kid's Mac & Cheese 2.89  
No Beverage  
Chef Salad 6.99  
OTS Ranch Dressing  
No Beverage

Subtotal 21.46  
Tax 1.77

To Go Total 23.23

VISA #XXXXXXXXXXXX0307 23.23  
Auth:163201

2 BNL BROCCOLI CHZ 5.55  
2 CHKN RICH SAMMIE 6.00  
1 CHOCOF 2 -0.00  
1 CHOCOF 2 -0.50

TAKE-OUT

TAX TOTAL \$ 11.00  
TOTAL \$ 11.91

VISA \$ 11.91  
CHARGE TIP \$ 0.00  
ACCOUNT# :  
AUTH# :

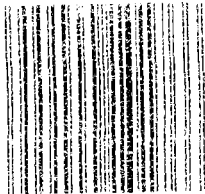
6328 COUNTER MAR. 15, 2011  
REG1-AM 12:13

Try our catering.

SIGNATURE : \_\_\_\_\_

TAKE OUR SURVEY, PICK A PRIZE!  
COOKIE or \$2 OFF delivery  
[www.JasonsdeliFeedback.com](http://www.JasonsdeliFeedback.com)  
Enter Deli Number: 022  
Write redemption code:  
For phone survey 800-537-5441

--- Check Closed ---



# TIME SHEET

Employee Name: Michael Brooks Title: Caregiver  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3/7/11	8:00 AM	6:00 PM	10 hrs	10 hrs
3/9/11	9:00 AM	6:00 PM	9 hrs	9 hrs.
WEEKLY TOTALS:				19 hrs

Employee Signature: Michael Brooks Date: 3/9/11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pls 3/9  
 \$285.00  
 AL

# TIME SHEET

Employee Name: Robert Cantu Title: \_\_\_\_\_

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.6.11	2pm			1
3.7.11		8:30 <del>pm</del> <sup>Am</sup>		16.5
3.7.11	6pm			
3.8.11		6pm		24.0
3.8.11	6pm			
3.9.11		9:Am		12.0
3.9.11	6pm			
3.10.11		9Am		12.0
WEEKLY TOTALS:				64.5

Employee Signature: Robert R Cantu Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\$ 1045.67

1433  
 967.50  
 22.70 Labys  
 8.59 Slatko.  
 29.85 Kroger.  
 6.47 Sonic  
 2.38 water  
 8.18 H.E.B.  


---

 1045 67



Right Store. Right Price.

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Tirrel Kennard

OZRK WATER	1.19	F
OZRK WATER	1.19	F
TAX	0.00	
**** BALANCE	2.38	
CASH	20.00	
CHANGE	17.62	

TOTAL NUMBER OF ITEMS SOLD = 2  
03/09/11 09:59am 161 8 53 462

\*\*\*\*\*

ENTER TO WIN  
ONE OF 30  
\$100 GIFT CARDS

You are invited to complete a survey  
about your recent visit to Kroger.  
Answer by internet @  
[www.tellkroger.com](http://www.tellkroger.com)

You need this receipt to respond.

Participe para ganar una de las  
30 tarjetas de regalo de \$100

Le invitamos a llenar una encuesta  
sobre su reciente visita a la tienda  
Kroger. Responda por Internet  
en [www.tellkroger.com](http://www.tellkroger.com)  
Usted necesitara este  
recibo para responder

\*\*\*\*\*

Survey Entry Code - 034 999

\*\*\*\*\*

THANK YOU FOR SHOPPING KROGER

Want to know your perfect match?  
Visit [sonicdrivein.com](http://sonicdrivein.com) and complete your hot dog and drink Match Maker profile. Then, we'll email you a great discount so you can meet your match for less!

**NO PURCHASE NECESSARY. TO PLAY FOR FREE:**  
Mail - a 3" x 3" card with your name/address/ daytime phone to: Sonic Game, 2554 Lincoln Blvd, PMB 1086, Venice, CA 90291-5082. Must be 18 or older. Sweepstakes for you. Only winners will be notified. Open to legal U.S. residents 18 or older. Stickers with codes available while supplies last, at participating U.S. SONIC Drive-ins from 2/20/11 to 4/30/11. Play game at [www.sonicdrivein.com](http://www.sonicdrivein.com) ("Website") from 12:01 AM Eastern Time (ET) on 2/28/11 to 4/30/11. Play ET on 4/30/11. Free Combo not to exceed \$7.50, including tax (where applicable). Subject to posted Official Rules and on Website. Void where prohibited. \*Amazon.com is not a sponsor of this promotion. For complete gift card terms & conditions visit [www.amazon.com/gc-legal](http://www.amazon.com/gc-legal)

SONIC DRIVE  
Comments or Concern. ?  
Call Us  
(281)759-7200  
\*\*\*Drive Thru\*\*\*

3/9/11 12:30 PM  
TRAY # T:2  
OPERATOR 3  
TKT # 0141  
STALL # ?? SHIFT: B

2	LG C 96	5.98
1	+ MUST	0.00
1	+ KETCHUP	0.00
1	+ MUST	0.00
1	+ KETCHUP	0.00
1	PLAIN	0.00
1	PLAIN	0.00
SURTOTAL =		5.98
TAX =		0.49
TOTAL =		6.47

TOTAL AMOUNT = 6.47  
CHANGE = 53 cents  
SONIC Carhops ROCK!! (comment 8666576642)





Right Store. Right Price.

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Tirrel Kennard

OZRK WATER	1.19	F
OZRK WATER	1.19	F
TAX	0.00	
**** BALANCE	2.38	
CASH	20.00	
CHANGE	17.62	

TOTAL NUMBER OF ITEMS SOLD = 2  
03/09/11 09:59am 161 8 53 462

\*\*\*\*\*

ENTER TO WIN  
ONE OF 30  
\$100 GIFT CARDS

You are invited to complete a survey  
about your recent visit to Kroger.  
Answer by internet @  
[www.tellkroger.com](http://www.tellkroger.com)

You need this receipt to respond.

Participe para ganar una de las  
30 tarjetas de regalo de \$100

Le invitamos a llenar una encuesta  
sobre su reciente visita a la tienda  
Kroger Responda por Internet  
en [www.tellkroger.com](http://www.tellkroger.com)  
Usted necesitara este  
recibo para responder

\*\*\*\*\*

Survey Entry Code - 034 999

\*\*\*\*\*

THANK YOU FOR SHOPPING KROGER

Want to know your  
perfect match?

Visit [sonicdrivein.com](http://sonicdrivein.com) and complete your  
hot dog and drink Match Maker profile.  
Then, we'll email you a great discount so  
you can meet your match for less!

NO PURCHASE NECESSARY. TO PLAY FOR FREE:  
Mail - a 3" x 3" card with your name/address/  
daytime phone to: Sonic Game, 2554 Lincoln Blvd,  
PMB 1086, Venice, CA 90291-5082. Must be res of  
by 3/7/11. We'll play the instant-win game/enter  
sweepstakes for you. Only winners will be notified.  
Open to legal U.S. residents 18 or older. Stickers with  
codes available while supplies last, at participating  
U.S. SONIC Drive-ins from 2/28/11 to 4/30/11. Play  
name at [www.sonicdrivein.com](http://www.sonicdrivein.com) ("Website") from  
12:01 AM Eastern Time (ET) on 2/28/11 to 1:59 PM  
ET on 4/30/11. Free Combo not to exceed \$7.50,  
including tax (where applicable). Subject to posted  
Official Rules and on Website. Void where prohibited.  
\*Amazon.com is not a sponsor of this promotion. For complete  
gift card terms & conditions visit [www.amazon.com/gc-legal](http://www.amazon.com/gc-legal)

SONIC DRIVE  
Comments or Concern. ?  
Call Us  
(281)759-7200

\*\*\*Drive Thru\*\*\*

3/9/11

12:30 PM

TRAY # 1:2  
OPERATOR 3

TKT # 0141

STALL # ?? SHIFT: B

2	LG C 96	5.98
1	+ MUST	0.00
1	+ KETCHUP	0.00
1	+ MUST	0.00
1	+ KETCHUP	0.00
1	PLAIN	0.00
1	PLAIN	0.00

SURTOTAL = 5.98

TAX = 0.49

TOTAL = 6.47

TOTAL AMOUNT = 6.47

CHANGE = 53 cents

SONIC Carhops ROCK!! (comment 8666576642)

14510 Memorial Drive  
Phone # 281-493-9778

**CT #-288**

Host: TERM 2 PM  
CT #-288

03/07/2011  
5:50 PM  
20089

Pepperoni & Dbi Cheese	4.59
Bac/Tom/Mush	4.59
Garden Salad	3.69
Caesar	
Subtotal	12.87
Tax	1.06
TO GO Total	13.93
CASH	20.00
Change	6.07

--- Check Closed ---



**Right Store. Right Price.**

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Arthur

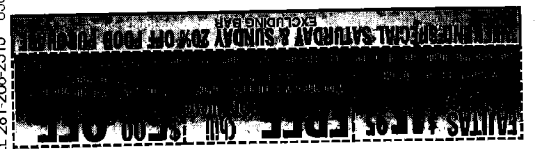
KROGER PLUS CUSTOMER	*****2679	
KVLU PPR TWL		1.64 T
SIMPLY JUICE		2.78 F
PRML WHT MLK		3.49 F
PFM BREAD		3.79 F
DELM FRT CUP	PC	2.77 F
SC KROGER SAVINGS	0.22	
DELM FRT CUP	PC	2.77 F
SC KROGER SAVINGS	0.22	
DANN YOGURT		1.88 F
ORAL B REFIL		9.79 T
TAX		0.94
**** BALANCE		29.85
CASH		20.00
CASH		5.00
CASH		1.00
CASH		1.00
CASH		1.00
CASH		1.00
CASH		1.00
CHANGE		0.15
TOTAL NUMBER OF ITEMS SOLD =		8

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*  
KROGER PLUS SAVINGS \$ 0.44  
TOTAL COUPONS \$ 0.44  
TOTAL SAVINGS (1 pct.) \$ 0.44  
\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

03/08/11 08:27pm 161 85 180 #  
\*\*\*\*\*  
February Fuel Points remaining = 152  
Redeem 100pts to save .10 per gal  
on 1 fill-up.  
Each month is a separate accumulation



L 281-206-2510 6306 KROGER 161 MAM





443564 03-07-11 6:10P 113/04/00471

1044 3564 0307 1118 1000 471

1 HEB FRUIT CUPS MIXED FRUI F 1.79  
2 INT OIL GREEN OLIVE TAPEN F 6.39  
\*\*\*\*\* Sale Subtotal\*\*\* 8.18

Account No.:\*\*\*\*\*6258

Appr No.:030919

Ref No.:0302502

8.18

\*\*\* VISA EPS 8.18

ITEMS PURCHASED

OUR BRAND SAVINGS \$0.50

YOU SAVED  
\$0.50 TODAY



1044 3564 0307 1118 1000 471

Everyday low prices without a card  
Big Savings Start  
At H-E-B

HEB Food-Drugs #35/471  
14540 Memorial Drive  
Houston, TX 77079  
Phone: (281) 679-0010  
Fax: (281) 679-8565  
Store Hours: Sun-Thr 7-11 Fri-Sat 7  
Your Cashier: JENNIFER C.

Fuby's  
Houston #06 (85)  
825 Town & Country Center  
Houston, TX 77024  
713-461-9404

Check # :10621

Client ID  
18:54:52 03/09/2011  
Transaction #:46253

Card Number: \*\*\*\*\*258  
Auth Code: 085219  
Visa

Amount: 8.18

Total: 8.18

Total: 8.18

Total: 8.18

X  
Cardmember agrees to pay total in  
accordance with agreement regarding  
use of such card.

14510 Memorial Drive  
Phone # 281-493-9778

**CT #-289**

Host: TERM 2 PM	03/07/2011
CT #-289	5:50 PM
	20090
Cup Soup	2.29
Cup Broc & Chedd Chz Soup	
Subtotal	2.29
Tax	0.19
TO GO Total	2.48
CASH	5.00
Change	2.52

-- Check Closed ---

# TIME SHEET

Employee Name: Michael Brooks Title: Caregiver  
Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3/17/11	8:00	7:30 pm	11 1/2 hrs	11 1/2
3/18/11	6: pm	7: AM	13	13
WEEKLY TOTALS:				24 1/2

Employee Signature: Michael L. Brooks Date: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\$ 367.50

# TIME SHEET

Employee Name: Robert Cantu

Title: \_\_\_\_\_

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.14.11	4:30 pm			
3.15.11		9 Am	16.5	
WEEKLY TOTALS:			16.5	247.50

Employee Signature: Robert Cantu

Date: 3.18.11

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Rd.

247.50
25.28.
16.40
10.60
<hr/>
\$ 289.78



The Spicy Pickle  
 11611 Highway 20  
 Houston, TX 77057  
 Hours: 10:00 AM - 10:00 PM

Host: Reg 2

03/14/2011  
 5:28 PM  
 2007R

1/2 LTO Panini	5.95
LG Forest	7.45
LG Fountain Drink	1.75
Subtotal	15.15
Tax	1.25
ToGo Total	16.40
CASH	50.00
Change	33.60

Thank You!

--- Check Closed ---

# Supermercado de Walmart

OPEN 7 AM TO  
 11 PM  
 463 - 6922

ST# 3578	00000360	TE# 02	TR# 04931
DDP 12 02	007000008356	F	1.00 X
PEPPERJACK	0029420084	F	0.84 0
COOKED HAM	02052730077	F	0.77 0
8-PIECE CHK	02057710000	F	5.48 F
PAN DRY	00000099167K		
		0.33	1.98 0
		SUBTOTAL	10.07
		TAX 1 8.250 %	0.53
		TOTAL	10.60
		CASH TEND	20.00
		CHANGE DUE	9.40

## # ITEMS SOLD 10

IC# 7278 7605 9493 7910 8692



we gladly accept valid  
 manufacturer & internet coupon  
 03/06/11 14:23:03

Not paid

# Los Tios

**MEXICAN RESTAURANT**

281-493-4700  
14006 Memorial  
Houston, TX  
281-493-4700

281-493-4700  
14006 Memorial  
Houston, TX  
281-493-4700

Server: Diego 03/06/2011  
To Go Bar/1 6:34 PM  
Guests: 2 30012

Server: Diego DOB: 03/06/2011  
06:44 PM 03/06/2011  
To Go Bar/1 3/30012

VISA 3145740  
Card #XXXXXXXXXXXX6258  
Magnetic card present: CANTU ROBERT LEE  
Approval: 065019

Water 0.00  
Nacho Los Tios 9.95  
Add Combo Fajita 1.50  
2 Tostado Poblano 9.95  
  
Subtotal 21.40  
Tax 1.77  
  
Total 23.17  
  
Balance Due 23.17

Amount: \$ 25.28  
+ Tip: \_\_\_\_\_  
= Total: \_\_\_\_\_

Guest Copy. Thank you.

Private room available.  
Book your party today!  
Catering also available now!  
[www.adairfamilyrestaurants.com](http://www.adairfamilyrestaurants.com)  
Happy Hour 4-6 pm



# TIME SHEET

Employee Name: Robert Cantu

Title: \_\_\_\_\_

Week: \_\_\_\_\_

9pm - 9pm

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.31.11	9 pm			
4.1.11		9 pm		24
4.1.11	9 pm			
4.2.11		10 AM		13
4.2.11	2 pm	9 pm		7
4.2.11	9 pm			
4.3.11		9 pm		24
4.3.11	9 pm			
4.4.11		10 AM		13
WEEKLY TOTALS:				81

Employee Signature: Robert Cantu

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Pd /

\$ 1303.48

12<sup>1</sup> 15.00  
 12.65  
 20.00 gas  
 25.00 ham  
 8.00 tip  
 12.02 BBQ  
 10.81 Genghis grill



11441 Katy Fwy  
Houston, TX 77079  
Store# 20148 Phone# (713) 935-9076

Reg 3 - IN  
Order 303323 4/9/2011 6:58:05 PM  
Employee: 17960 Name: Enrique

SF CKFD	1.99
Subtotal	1.99
Tax	0.16
Total	2.15
Cash	3.00
Change	0.85

ORDER# 323-----

We would like your feedback.

Participe en nuestra encuesta.

Visit [www.cabanacares.com](http://www.cabanacares.com)

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00  
off next food purchase excluding alcohol.

Not valid with any other discount.

Coupon # (PLU117)

Join our eClub at [tacocabana.com](http://tacocabana.com)

See parte de nuestro eClub en

[taccabana.com](http://taccabana.com)

I.D. 33818 14803 02304 17960



11441 Katy Fwy  
Houston TX 77079  
Store# 20148 Phone# (713) 935-9076

Reg 3 - IN  
Order 303323 4/9/2011 6:58:05 PM  
Employee: 17960 Name: Enrique

CK Ench	1.50
CC BF Tax	1.29
NO SHELL	4.95
Subtotal	7.74
Tax	0.16
Total	7.90
Cash	10.00
Change	2.10
Lg COKE	1.99

SubTotal	9.79
Tax	0.80
Total	10.53
Visa	10.53
Change	0.00

Acct: xxxxxxxxxxxx6258

Authorization: 027219

ORDER# 321-----

We would like your feedback.

Participe en nuestra encuesta.

Visit [www.cabanacares.com](http://www.cabanacares.com)

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00  
off next food purchase excluding alcohol.

Not valid with any other discount.

Coupon # (PLU117)

Join our eClub at [tacocabana.com](http://tacocabana.com)

See parte de nuestro eClub en

[taccabana.com](http://taccabana.com)

I.D. 33818 14803 02104 17960

# TIME SHEET

Employee Name: Robert Cantu Title: 21 march 11  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.21.11	9 am			
3.22.11		9 am		24
<b>WEEKLY TOTALS:</b>				360 <sup>00</sup> <del>p</del>

Employee Signature: Robert L Cantu Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*[Handwritten signatures and scribbles]*

# TIME SHEET

Employee Name: MICHAEL BROOKS Title: CAREGIVER  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3/23/11	7:30 AM	12:00 PM	4 1/2 HRS	4 1/2 HRS
<b>WEEKLY TOTALS:</b>				

Employee Signature: Michael Brooks Date: 3/23/11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AR. 3/23 \$ 67.50

# TIME SHEET

Employee Name: Michael Brooks Title: \_\_\_\_\_  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3/26/11	4:00pm	7:00pm		3hrs
<b>WEEKLY TOTALS:</b>				3hrs

Employee Signature: Michael Brooks Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PA.  
3/26/11

\$45.00  
 20 GAS  


---

 65.00

04/26/2013 4:17:27 PM  
04/26/2013 4:17:27 PM  
04/26/2013 4:17:27 PM

04/26/2013 4:17:27 PM  
04/26/2013 4:17:27 PM  
04/26/2013 4:17:27 PM

04/26/2013 4:17:27 PM  
04/26/2013 4:17:27 PM

Subtotal 4.00  
Tax 40.00  
Total 44.00

Change Due 40.00

12 oz Red Bull 2 for \$4.00

# TIME SHEET

Employee Name: Robert Cantu Title: \_\_\_\_\_  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3.25.11	1:30pm			
3.26.11		9 am		19.5
3.27.11	9 am			
3.28.11		9 am		24.0
<b>WEEKLY TOTALS:</b>				43.5

Employee Signature: Robert R Cantu Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

21 1  
 652.50  
 6.22  
 33.20  
 9.99  


---

 \$701.91







STORE MGR GEORGE KALLUS 281-497-0630  
THANK YOU FOR SHOPPING WITH US!

GROCERY

1 @ 2/1.00  
TOMATO SAUCE .50 F  
SMUCKERS DSRT TPNG 2.79 F  
WORCESTERSHIRE SCE 1.89 F  
2@1.50 BTL WATER 3.00 B  
RegPrice 3.98 CardSav .98

REFRIG/FROZEN

REDDI WHIP 2.69 F

BAKED GOODS

VANILLA LOAF CAFE 4.69 F

MEAT

CAB GRND SIRLOIN 9.29 F

PRODUCE

0.88 lb @ \$2.69 /lb  
WT BROCCOLI CROWNS 2.37 F  
1@2.29 MEDIUM CELERY 2.29 F  
2.29 lb @ \$0.99/lb  
WT RUSSET POTATOES 2.27 F  
RegPrice 2.95 CardSav .68  
0.69 lb @ \$1.69 /lb  
WT WHITE ONIONS 1.17 F  
\*\*\*\* TAX .25 BAL 33.20  
VF VS XXXXXXXXXXXX6258 33.20

CHANGE .00  
TOTAL SAVINGS 1.66  
3/27/11 16:00 1011 06 0099 3775

ROBERT CANTU 7370

Remarkable Savings \$ 1.66  
Total Savings Value 5% \$ 1.66

YOUR CASHIER TODAY WAS SHAWN

New! SimpleNutrition. Helping you find better nutrition choices. Just look for our green tags next time you shop.

As of today, you have accumulated 2 of 7 toward your Free Signature Cafe Sandwich!



LET US HEAR FROM YOU!  
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1011  
14810 MEMORIAL DR.  
HOUSTON, TX  
281-497-0630

EFT CREDIT SALE 03/27/11 16:00  
CARD # XXXXXXXXXXXX6258  
REF:1103271 AUTH:070017

PAYMENT AMOUNT 33.20



STORE MGR GEORGE KALLUS 281-497-0630  
THANK YOU FOR SHOPPING WITH US!

GEN MERCHANDISE

1@9.99/1@.00  
NAT BNTY CAPSULES 9.99  
RegPrice 19.98 CardSav 9.99  
HLMK CARD SYMPHY 1.99 T  
HLMK CARD SYMPHY 1.99 T  
HLMK CARD SYMPHY 2.99 T  
\*\*\*\* TAX .58 BAL 17.54  
VF VS XXXXXXXXXXXX6258 17.54

CHANGE .00  
TOTAL SAVINGS 9.99  
3/27/11 15:58 1011 06 0098 3775

ROBERT CANTU 7370

Remarkable Savings \$ 9.99  
Total Savings Value 37% \$ 9.99

YOUR CASHIER TODAY WAS SHAWN

New! SimpleNutrition. Helping you find better nutrition choices. Just look for our green tags next time you shop.

As of today, you have accumulated 2 of 7 toward your Free Signature Cafe Sandwich!



LET US HEAR FROM YOU!  
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1011  
14810 MEMORIAL DR.  
HOUSTON, TX  
281-497-0630

EFT CREDIT SALE 03/27/11 15:58  
CARD # XXXXXXXXXXXX6258  
REF:1103271 AUTH:045816

PAYMENT AMOUNT 17.54

SALE REPORT  
Store #15400 03/27/11 12:26:36  
Subway Sandwiches  
1100 Forest Dr TX 77042

31-6164  
# 11 Clerk 06 Dwr 1 TRDT 032711  
ot # 0000152394 Reg-ID REG-MAIN  
--- ITEM --- QTY PRICE MEMO PLU  
VEGGIE-MD 6r 1 T \$ 5.00 10827  
SUBST LG 1 T \$ 0.50 10500  
EX CHEESE6 1 T \$ 0.25 10083

-----  
SUBTOTAL \$ 5.75  
Sales Tx \$ 0.47  
-----

TAKE-OUT \*\*TOTAL \$ 6.22  
CredCardAMT TEND \$ 6.22  
-----

CHANGE DUE\$ 0.00

THANK YOU!

Approval No: 084113  
Reference No: 084113  
Acquired: Swipe  
Account No: \*\*\*\*\*6258  
Card Issuer: VISA  
Amount: \$6.22

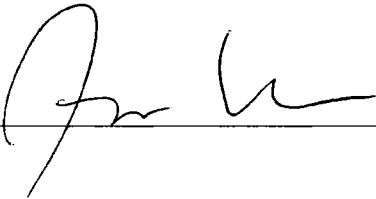
Take our 1-minute Survey at  
[www.tellsubway.com](http://www.tellsubway.com) and receive a free  
cookie. Keep your receipt and write  
your unique coupon code  
here \_\_\_\_\_.

Host Order ID: 03V.sB5K

# TIME SHEET

Employee Name: Faustino Vaquera Title: \_\_\_\_\_  
 Week: March 26 → March 31

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3-26 Sat	9:00am	5:00pm	8	
↓	6:00pm	12:00am	6	
3-27 Sun	12:00am	9:30am	9 1/2	
3-28 Mon	9:00 am	8:30 pm	11 1/2	
↓	9:30 pm	12:00am	2 1/2	
3-29 Tues	12:00am	4:30 pm	16 1/2	
↓	5:30pm	8:00 pm	2 1/2	
↓	9:00pm	12:00am	3	
3-30 wed	12:00am	1:00pm	13	
↓	2:00pm	<del>2:00pm</del> 8:00pm	6	
↓	9:00pm	12:00am	3	
3-31 Thur	12:00am	5:00pm	17	
	6:30pm	<del>9:00pm</del>	2 1/2	
<b>WEEKLY TOTALS:</b>			<b>101</b>	

Employee Signature:  Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Feb 3/31/11  
 101 hours  
 X 15.00  
 -----  
 1515  
 + 174.40  
 + Grocery and food  
 -----  
 1689.40

174.40

The Spicy Pickle  
11611 Katy Freeway Ste B  
Houston, TX 77079

Host: 03/28/2011  
JR 11:43 AM  
Driv Type: To Go

Server: DOB: 03/30/2011  
12:25 PM 03/30/2011  
JR/T 1/10037

Visa 1048614  
Card #XXXXXXXXXXXX0307  
Magnetic card present: JR FRUSTINO VAQUERA  
Approval: 152879

Egg Salad Sandwich (2) \$4.99 9.98  
(2)Rye  
(2)Mayo  
(2)(R)Chips & Pickle  
(2)Toasted  
(2)No Beverage  
Bowl Vegetable Soup 3.50  
Kid's Mac & Cheese 2.89  
No Beverage

Amount: 7.85

Subtotal 16.46  
Tax 1.36

X-----

Thank You!

To Go Total 17.82

The Spicy Pickle  
Thank You!

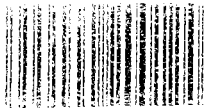
Customer Copy

VISA #XXXXXXXXXXXX0307 17.82  
Auth:134925

SIGNATURE

TAKE OUR SURVEY, PICK A PRIZE!  
COOKIE or \$2 OFF delivery  
www.JasonsDelisFeedback.com  
Enter Delis Number: 002  
Write validation code:  
for phone survey: 600-667-5441

--- Thank! Closed ---



The Spicy Pickle  
11611 Katy Freeway Ste B  
Houston, TX 77079

Server: \_\_\_\_\_ 005: 03/30/2011  
12:26 PM \_\_\_\_\_ 03/30/2011  
JR/1 \_\_\_\_\_ 1/10039

Visa \_\_\_\_\_ 1040516  
Card XXXXXXXXXXXX0307  
Magnetic card present: JIM FROST/ONU ORADERA  
Approval: 172097

Amount: 3.69

X

Thank You!

The Spicy Pickle

Thank You!

Customer Copy

SALE RECEIPT  
Store #37552 tko 03/25/11 12:20:57  
Trans# 61 Clerk 22 Dwr 1 TRDT 032511  
Receipt # 0000214600 Reg-ID REG-MAIN  
Sales Tx 0.64 Tax B 0.00  
Tax C 0.00 Tax D 0.00  
Tax E 0.00 Tax F 0.00  
\*\*TOTAL 8.43  
AMT TEND 8.43 CHANGE DUE 0.00  
CHANGE DUE\$ 0.00

Approval No: 192726  
Reference No: 192726  
Account No: \*\*\*\*\*0307  
Card Issuer: VISA  
Amount: \$8.43

Take our 1-minute Survey at  
[www.tellsubway.com](http://www.tellsubway.com) and receive a free  
cookie. Keep your receipt and write  
your unique coupon code  
here \_\_\_\_\_.

Host Order ID: 0115.thps



Right Store. Right Price.

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Tim Kennard

10821 A Katy Frwy  
Houston, TX 77024  
(713) 467-2007

	TIDE DETRGNT	14.99 T
FX	DPND UNDRWR	12.59 X
	CREST VIVD	3.49 T
	KRO GLOVES	8.29
	SCTT BATH TS	6.49 T
	KROGER PLUS CUSTOMER	*****9869
	TAX	3.10

\*\*\*\* BALANCE  
\*\*\*\*\*0307  
REF#: 000000  
PURCHASE: 48.95  
CASHBACK: 20.00  
TOTAL: 68.95

DEBIT CHANGE ~~68.95~~  
20.00  
5

TOTAL NUMBER OF ITEMS SOLD =  
03/26/11 06:47pm 161 85 172 #

\*\*\*\*\*  
February Fuel Points remaining = 417  
Redeem 100pts to save .10 per gal  
on 1 fill-up.

Each month is a separate accumulation  
period. Points do not combine.  
These points expire 3/31/11.

\*\*\*\*\*  
\*\*\*\*\*

Get one FREE child's admission to  
Bracket Town<sup>®</sup>  
refreshed by Coca-Cola Zero<sup>®</sup>  
when you buy an adult admission and  
present this receipt at the  
Bracket Town<sup>®</sup> box office window at the  
George R. Brown Convention Center.  
March 31 <sup>0</sup> April 4, 2011.  
Not valid with any other offers.  
\*\*\*\*\*

\*\*\*\*\*  
March Fuel Points

Now Redeem Fuel Points at Kroger Fuel  
Centers & Participating Shells!  
Redeem 100pts to save .10 per gal  
on 1 fill-up.

Fuel Points this order = 46  
Fuel Points earned this month = 281  
Each month is a separate accumulation  
period. Previous and Current months  
points do not combine.

This months points expire 4/30/11.  
See Store for Details & Restrictions  
Or Visit [www.kroger.com](http://www.kroger.com)

\*\*\*\*\*

Thank you for shopping Kroger

FLEXIBLE SPENDING TOTAL: 13.63

Host: SYFO 03/29/2011  
JR 12:15 PM  
10059

Order Type: F

	Chef Salad	6.99
	SMB Ranch Dressing	
	Fountain Drink	1.89
	Kid's Mac & Cheese	2.89
	Kid To Go Fountain	

Subtotal 11.77  
Tax 0.98

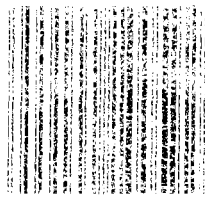
To Go Total 12.75

VISA #XXXXXXXXXXXX0507 12.75  
Auth:121753

SIGNATURE: \_\_\_\_\_

CALL OUR SURVEY PICK A PRIZE!  
COULD WIN \$1000 delivery  
[www.JasonsDelisFuelback.com](http://www.JasonsDelisFuelback.com)  
Enter Delis number: 022  
Write registration code:  
for phone survey 800-537-5441

--- Check Closed ---





1028 3038 0330 1116 5500 109

1 COTR TARRAGON CHICKEN SAL T 6.90  
 2 LIPTON ICED DIET GRN TEA TF -1.47  
 3 FRUIT BAR F 5.96  
 4 AJ FARMS MINT F 1.98  
 5 056 Tortillaria F 2.29  
 \*\*\*\*\* Sale Subtotal\*\*\* 18.60

Sales Tax 0.69  
 \*\*\*\*\* Total Sale\*\*\* 19.29  
 Account No.:\*\*\*\*\*5741 -1.47  
 Appr No.:175054  
 Ref No.:669277  
 19.29  
 \*\*\* VISA EPS 19.29

17.92

ITEMS PURCHASED: 5



1028 3038 0330 1116 5500 109

HEB Food-Drugs #54/109  
 9710 Katy Freeway  
 Houston, TX 77055  
 Phone: (713) 647-5900  
 Pharmacy: (713) 647-5960  
 Fax: (713) 722-9237  
 Store Hours: 6 a.m. to Midnight  
 Your Cashier: VICTORIA S  
 283038 03-30-11 4:55P 211/21/00109

### CREDIT CARD ORDER

6658  
 Domino's Pizza LLC  
 (281) 497-3977

3/26/2011 6:52 PM  
 Order 76047 Server 7890

Carry-Out  
TINO

(713) 503-4795

-----  
 Visa  
 CREDIT CARD # X XXX0307  
 REFERENCE  
 APPROVAL CODE  
 -----

Amount \$27.84  
 Tip \_\_\_\_\_  
 Total \_\_\_\_\_

X \_\_\_\_\_  
SIGNATURE

I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT

PIZZA FIND  
 732 HILLCREST  
 HOUSTON TX 77061

TELEPHONE: 00000500  
 MAR 29 11 5:03 PM

VISA  
 \*\*\*\*\*00007  
 SALE REF#: 811  
 BATCH #: 070 AUTH #: 001409  
 RRM: 108826191949

AMOUNT \$23.75  
 TIP \_\_\_\_\_  
 TOTAL \_\_\_\_\_

APPROVED  
CUSTOMER COPY

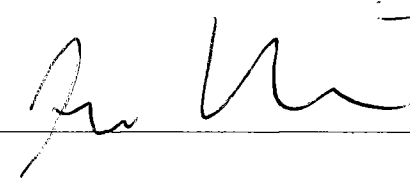
# TIME SHEET

Employee Name: Frustrine Vaquera Title: \_\_\_\_\_

Week: March 10 — March 13, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3-10 Thurs	9:00 am	12:00 am	15	
3-11 Frid	12:00 am	11:00 am	11	
	2:00 pm	12:00 am	10	
3-12 Sat	12:00 am	5:00 pm	17	
	6:30 pm	12:00 am	5.5	
3-13 Sun	12:00 am	3: <sup>30</sup> <del>00</del> pm	15.5	
WEEKLY TOTALS:			74	

$\frac{74 \times 15.00}{1110}$

Employee Signature:  Date: 3-13

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

158



$\frac{74 \times 15.00}{1110.00}$   
 +  
 RECEIPT from  
 Kroger, Radio Shack  
 3 Takeout Food  
 Total 143.02  
 Total = 1253.02



10321 A Katy Frwy  
Houston, TX 77024  
(713) 467-2007

Total (143.02)

JR

Host: PAIGE 03/06/2011  
JR 11:27 AM  
70010

Order Type: To Go

Turkey Rueben 6.59  
up 1th Dip  
Kid's Mac & Cheese 2.89  
No Beverage

S. 9.48  
Tax 0.78

Total 10.26

XXXXXXXXXXXX 10.26  
172279

Exp: \_\_\_\_\_

TOTAL \_\_\_\_\_  
TOTAL :

SIGNATURE : \_\_\_\_\_

SALE RECEIPT  
Store #37552 tko 03/05/11 13:06:48  
Trans# 63 Clerk 4 Dwr 1 TRDT 030511  
Receipt # 0000211793 Reg-ID REG-MAIN  
Sales Tx 0.85 Tax B 0.00  
Tax C 0.00 Tax D 0.00  
Tax E 0.00 Tax F 0.00  
\*\*TOTAL 11.14  
AMT TEND 11.14 CHANGE DUE 0.00  
CHANGE DUE\$ 0.00

Approval No: 121611  
Reference No: 121611  
Account No: \*\*\*\*\*0307  
Card Issuer: VISA  
Amount: \$11.14

Take our 1-minute Survey at  
[www.tellsubway.com](http://www.tellsubway.com) and receive a free  
cookie. Keep your receipt and write  
your unique coupon code  
here \_\_\_\_\_

Host Order ID: 061h.bg9b

TAKE OUR SURVEY TODAY & GET A FREE



PANINI • PIZZETTI • SALADS • SUBS

The Spicy Pickle  
11611 Katy Freeway Ste B  
Houston, TX 77079

Host: Reg 2  
JR

03/10/2011  
1:11 PM  
20035

LG Baked Potato Soup	4.25
\$Pasta Salad (2 @0.50)	1.00
Adobe	7.45
Subtotal	12.70
Tax	1.05
ToGo Total	13.75
CASH	20.00
Change	6.25

Thank You!

--- Check Closed ---

THE SHACK THANKS YOU.

RADIOSHACK 01-8020  
Kroger Plaza Sc  
14356 Memorial Dr  
Houston, TX 77079-6704  
(281) 496-9429

Order: 057128 03/10/2011 10:27A Term #002

Helped By: 001 (MAR)  
Entered By: 001 (MAR)

2300849	AA 4 PK ALKALINE EMERCELL	1	4.49
4400264	UR-60 CASSETTE TAPES 2PK	1	5.49
2730312	3VDC/700MA ACDC	1	18.99
2730334	ADAPTA PLUG A	1	0.00
	PLUG99		

Subtotal	28.97
Tax 8.25%	2.39
Total	31.36
Debit Card	31.36
Change Due	0.00

Debit Sale  
Acct# xxxxxxxxxxxx0307  
Auth# 122175  
Gateway# 106911371215  
Amount: \$31.36  
Date/Time: 03/10 10:27

Your name, address and the original sales receipt are required for all refunds. Sales and returns are subject to the terms and conditions identified on the back.

Shop online 24/7 at  
[www.radioshack.com](http://www.radioshack.com)

# CVS/pharmacy

1002 GESSNER DRIVE, HOUSTON, TX  
 PHARMACY: 647-0259 STORE: -

REG#04 TRN#5493 CSHR#0684008 STR#8912

ExtraCare Card #: \*\*\*\*\*3711

1 PLNT DLX MIX 8.75 6.99F

1 GE FIG BARS 16Z 3.29F

1 NA HONEY WHEA 20 O 2.69F

3 ITEMS

TOTAL 12.97

CASH 20.00

CHANGE 7.03



2508 9121 0705 4930 42

RETURNS WITH RECEIPT THRU 05/10/2011

MARCH 11, 2011 4:42 PM

Your Quarterly Extra Buck earnings start printing beginning April 1st. Look for yours at the bottom of your receipt or get them at the coupon center before you shop. Don't forget to Redeem Your Green!

TO ENSURE YOU GET ALL THE OFFERS AND INFORMATION AVAILABLE SPECIFICALLY FOR YOU, UPDATE YOUR EXTRACARE INFORMATION AT EITHER CVS.COM OR CALL 1-800-SHOP-CVS.

THANK YOU. SHOP 24 HOURS AT CVS.COM

ExtraCare Card balances as of 02/12

Winter 2011 Spending: 65.24

\*\*\*\*\*

# CVS/pharmacy

NEW! Allegra allergy - now available over the counter. Get EXTRA SAVINGS on Allegra allergy when the pollen count goes up. Sign up for pollen count alerts at: [www.cvs.com/allegra](http://www.cvs.com/allegra).

\*\*\*\*\*



**Right Store. Right Price.**

14344 MEMORIAL  
 (281) 493-1702  
 YOUR CASHIER WAS Hillary

	JLLO GELATIN		2.99 F
	TIC TAC	PC	1.00 B
SC	KROGER SAVINGS	0.09	
	JLLO PUDDING		2.99 F
	KROGER PLUS CUSTOMER	*****9869	
	TAX		0.08
	**** BALANCE		7.06

\*\*\*\*\*0307  
 REF#: 000000  
 PURCHASE: 7.06  
 CASHBACK: 0.00  
 TOTAL: 7.06

	DEBIT	7.06
	CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =		3

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*  
 KROGER PLUS SAVINGS \$ 0.09  
 TOTAL COUPONS \$ 0.09  
 TOTAL SAVINGS (1 pct.) \$ 0.09  
 \*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

03/11/11 07:51pm 161 6 276 157  
 \*\*\*\*\*  
 February Fuel Points remaining = 417  
 Redeem 100pts to save .10 per gal on 1 fill-up.  
 Each month is a separate accumulation period. Points do not combine.  
 These points expire 3/31/11.

\*\*\*\*\*  
 ENTER TO WIN  
 ONE OF 30  
 \$100 GIFT CARDS

You are invited to complete a survey about your recent visit to Kroger. Answer by Internet @ [www.talkkroger.com](http://www.talkkroger.com)



PARINI • PIZZETTI • SALADS • SUBS

The Spicy Pickle  
11611 Katy Freeway Ste B  
Houston, TX 77079

Host: Reg 2 03/12/2011  
JR 6:19 PM  
20078

1/2 Adobe (2 @7.45) 14.90  
\$Pasta Salad 0.50  
LG El Rancho 7.45

Subtotal 22.85  
Tax 1.89

ToGo Total 24.74

Visa #XXXXXXXXXXXX0307 24.74  
Auth:132611

Thank You!

--- Check Closed ---



11441 Katy Fwy  
Houston, TX 77079  
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU  
Order 298921 3/11/2011 5:48:24 PM  
Employee: 17960 Name: Enrique

P2-CK Ench 4.99  
1 RICE  
1 REFR  
1 SF Tort 2  
3oz GUAC 0.99  
Lg FWT TEA 1.99

SubTotal 7.97  
Tax 0.66  
Total 8.63  
Cash 10.00  
Change 1.37

ORDER# 421-----

We would like your feedback.

Participe en nuestra encuesta.

Visit [www.tacocabana.com](http://www.tacocabana.com)

Call 1-800-60-3246

Redeem within 90 days, and receive \$1.00  
off next food purchase excluding alcohol.

Not valid with any other discount.

Coupon # (PLU117)

Join our eClub at [tacocabana.com](http://tacocabana.com)

Sea parte de nuestro eClub en [tacocabana.com](http://tacocabana.com)

I.D. 28917 14811 92103 17960



11441 Katy Fwy  
Houston, TX 77079  
Store# 201 Phone# (713) 935-9076

Reg 4 - DRIVE THRU  
Date: 03/12/2011 6:31:58 PM  
Employee: 1496 Name: Joseph

Per CKFJ Qsa	1.50	4.50
1 w/ PICO		
Lg CHZ Qsa		0.99
1 w/ PICO		
SubTotal		5.49
Tax		0.45
Total		5.94
Cash		10.00
Change		4.06

ORDER# 480-----

We would like your feedback.

Participe en nuestra encuesta.

Visit [www.cabanacares.com](http://www.cabanacares.com)

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00  
off next food purchase excluding alcohol.  
Not valid with any other discount.

Coupon # \_\_\_\_\_ (PLU117)

Join our eClub at [tacocabana.com](http://tacocabana.com)

o de nuestro eClub en [tacocabana.com](http://tacocabana.com)

14812 98003 64149



143.02

11441 Katy Fwy  
Houston, TX 77079  
Store# 201 Phone# (713) 935-9076

Reg 4 - DRIVE THRU  
Order: 415662 Date: 03/12/2011 12:30:29 PM  
Employee: 1496 Name: Amanda

Per CKFJ Qsa	1.59	
1 w/ PICO		
Lg CHZ Qsa	5.29	
1 w/ PICO		
Lg SMT TEA	1.99	
Per SprBF Nacho	3.99	
1 w/ CHEESE		
SubTotal		15.86
Tax		1.31
Total		17.17
Visa		17.17
Change		0.00

Acct: xxxxxxxxxxxxxx0307

Authorization: 123507

ORDER# 462-----

We would like your feedback.

Participe en nuestra encuesta.

Visit [www.cabanacares.com](http://www.cabanacares.com)

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00  
off next food purchase excluding alcohol.  
Not valid with any other discount.

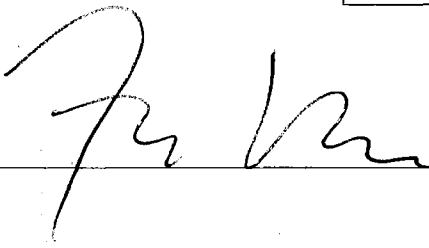
Coupon # \_\_\_\_\_ (PLU117)

Join our eClub at [tacocabana.com](http://tacocabana.com)

# TIME SHEET

Employee Name: Faustino Vazquez Title: \_\_\_\_\_  
 Week: March 19 — March 25 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
3-19 Sat	7:00 am	12:00 am	17	
3-20 Sun	12:00 am	4:30 pm	16 1/2	
	5:30 pm	8:30 pm	3	
	9:30 pm	12:00 am	2 1/2	
3-21 Mon	12:00 am	10:30 am	10 1/2	
3-22 Tues	8:30 am	6:30 pm	10	
3-23 Wed	8:30 am	<del>8:30 pm</del> <del>6:30 pm</del>	<del>10</del> <del>12</del>	
3-24 Thu	8:30 am	4:00 pm	7 1/2	
3-24 ↓	5:00 pm	12:00 am	7	
3-25 Frid	12:00 am	1:00 pm	13	
WEEKLY TOTALS:			99 hrs	

Employee Signature:  Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

$$\begin{array}{r} 99 \\ \times 15.00 \\ \hline 1485. \end{array}$$
 Receipts Food & Groceries  
 $151.77 + 1485.$   
 Total = 1636.77

SALE RECEIPT  
 Store #37552 tko 03/20/11 11:34:02  
 Trans# 10 Clerk 10 Dwr 1 TRDT 032011  
 Receipt # 0000213756 Reg-ID REG-MAIN  
 Sales Tx 0.93 Tax B 0.00  
 Tax C 0.00 Tax D 0.00  
 Tax E 0.00 Tax F 0.00  
 \*\*TOTAL 12.22  
 AMT TEND 12.22 CHANGE DUE 0.00  
 CHANGE DUE\$ 0.00

Approval No: 154938  
 Reference No: 154938  
 Account No: \*\*\*\*\*0307  
 Card Issuer: VISA  
 Amount: \$12.22

Take our 1-minute Survey at  
[www.tellsbway.com](http://www.tellsbway.com) and receive a free  
 cookie. Keep your receipt and write  
 your unique coupon code  
 here \_\_\_\_\_.

Host Order ID: 0511.oPFN

11081 Westheimer  
 Houston, TX 77042  
 (713) 975-0357

JR

Host: JR 03/19/2011  
 11:54 AM  
 60006

Order Type: To Go

Egg Salad Sandwich	4.99
Rye	
Lettuce & Tomato	
M & M	
(N)Chips & Pickle	
EZ Toasted	
No Beverage	
Egg Salad Sandwich	4.99
Rye	
Lettuce & Tomato	
M & M	
(N)Chips & Pickle	
Side Salad	3.99
EZ Toasted	
No Beverage	
Kid's Mac & Cheese	2.89
Kid Fountain	
Turkey	5.79
Wheat	
Lettuce & Tomato	
M & M	
(N)Chips & Pickle	
EZ Toasted	
No Beverage	
Plates Forks and Napkins	0.00
Subtotal	22.65
Tax	1.87
<b>To Go Total</b>	<b>24.52</b>
VISA #XXXXXXXXXXXX0307	24.52
Auth: 115584	



PASTA • PIZZETTI • SALADS • SUBS

The Spicy Pickle  
11811 Katy Freeway Ste B  
Houston, TX 77079

Host: 03/22/2011  
JR 12:16 PM  
10044

LG Forest	7.45
Grilled Chicken	2.00
Adobe	7.45
Subtotal	16.90
Tax	1.9
ToGo Total	18.29
Visa #XXXXXXXXXX0307	18.29
Auth:151288	

Thank You!

--- Check Closed ---



**Right Store. Right Price.**

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS SELF CHECKOUT

KROGER PLUS CUSTOMER	*****9869
KRO GARB BAG	1.99 T
KRO GARB BAG	1.99 T
2.25 lb @ 0.49 /lb	
WT BANANAS	1.10 F
SNMD DRD FRT	PC 2.99 F
SC KROGER SAVINGS	0.30
DAISY SR CRM	PC 1.50 F
SC KROGER SAVINGS	0.19
DANN YOGURT [+]	1.88 F
JLLO PUDDING	2.99 F
JLLO GELATIN	2.99 F
KRO FRT CUP	1.50 F
KRO FRT CUP	1.50 F
CRSC SHORTNG	2.69 F
FLNAT JUICE	PC 2.99 F
SC KROGER SAVINGS	1.00
4 @ 0.29	
GLCR WATER	1.16 F
TAX	0.33
**** BALANCE	27.60
*****0307	
REF#: 000000	
PURCHASE: 27.60	
CASHBACK: 20.00	
TOTAL: 47.60	

DEBIT ~~47.60~~  
CHANGE ~~20.00~~  
TOTAL NUMBER OF ITEMS SOLD = 16

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*  
KROGER PLUS SAVINGS \$ 1.49  
TOTAL COUPONS \$ 1.49  
TOTAL SAVINGS (5 pct.) \$ 1.49  
\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

03/20/11 06:44pm 161 84 164 #  
\*\*\*\*\*  
February Fuel Points remaining = 417  
Redeen 100pts to save .10 per gal  
on 1 fill-up.  
Each month is a separate accumulation  
period. Points do not combine.  
This offer ends 3/31/11.





STORE MGR MARC BROCHSTEIN 713-365-6700  
THANK YOU FOR SHOPPING WITH US!

REFRIG/FROZEN

FL NTRI ORNGE JUICE 2.99 F  
1 CANT BEL. BTR 2.50 F  
RegPrice 3.29 CardSav .79  
PRM LND 2% 1/2 3.49 F  
RegPrice 3.69 CardSav .20

BAKED GOODS

NAT OWN WHAT HONEY 2.69 F

DELI

BAKED POTATO/BACON 3.99 F  
\*\*\*\* TAX .00 BAL 15.66  
VF VS XXXXXXXXXXXX0307 15.66

CHANGE .00  
TOTAL SAVINGS .99  
3/23/11 09:25 1066 53 0014 8853

Welcome Club Member! 2457

Remarkable Savings \$ .99  
Total Savings Value 6% \$ .99

YOUR CASHIER TODAY WAS SELF

New! SimpleNutrition. Helping you  
find better nutrition choices. Just  
look for our green tags next time  
you shop.

As of today, you have accumulated  
1 of 7 toward your Free  
Signature Cafe Sandwich!

LET US HEAR FROM YOU!  
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1066  
12850 MEMORIAL Dr.  
HOUSTON, TX  
713-365-6700

EFT CREDIT SALE 03/23/11 09:25  
CARD # XXXXXXXXXXXX0307  
REF:1103230 AUTH:162952

PAYMENT AMOUNT 15.66

14510 Memorial Drive  
Phone # 281-493-9778

DT-539

Host: TERM 3 AM 03/23/2011  
Cashier: TERM 4 AM  
DT-539 12:11 PM  
REPRINT# 1 30040

Sm Original 3.99  
S Sourdough  
Turkey Chef's Salad 4.99  
Ranch

Subtotal 8.98  
Tax 0.74

DRIVE-PH Total 9.72

CASH 20.00

Change 10.28

--- Check Closed ---



LEIBMAN'S WINE AND FINE FOODS

14529 MEMORIAL DR

HOUSTON, TX 77077

Phone: (281) 493-3663

Date: 03/23/2011 INVOICE 442667

Time: 11:19:11 Clerk: 123

PO: CC REF: 181473

11441 Katy Fwy

Houston, TX 77058

Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU

Order: 202857 3/23/2011 5:51:00 PM

Employee: 13522 Name: Lucio

(# Items: 3 )

Description	Total
Lemon Herb Chicken	8.23
Leibmans Soup / Bowl	4.95
<b>Total</b>	<b>13.18</b>
Tax	0.00
<b>Grand Total</b>	<b>13.18</b>
Tender:	13.18
Change:	0.00

X: \_\_\_\_\_

Credit Card Amount: 13.18

Approval: 181473

>> Thank You <<

P2-SHRP Ench	Carl	5.99
1 RICE		
1 REFR		
1 SF Tort 2		
P2-CHZ Ench	Delva	4.99
1 RICE		
1 REFR		
1 SF Tort 2		
3oz GUAC		0.99
Per SprBF Nacho		1.99
1/2 CHEESE		
Md SWF TEA		1.79

SubTotal	15.75
Tax	1.30
Total	17.05
Visa	17.05
Change	0.00

Acct: xxxxxxxxxxxxxx0307

Authorization: 175517

ORDER# 457-----

We would like your feedback.

Participe en nuestra encuesta.

Visit [www.cabanacares.com](http://www.cabanacares.com)

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00 off next food purchase excluding alcohol.

Not valid with any other discount.

Coupon # \_\_\_\_\_ (PLU117)

Join our eClub at [tacocabana.com](http://tacocabana.com)

Sea parte de nuestro eClub en [tacocabana.com](http://tacocabana.com)

I.C. 22817 14823 05703 13522

PAPA JOE'S BBQ  
12310 Kings' ide  
Houston, TX 77

THU MAR 15  
CHECK #  
ORDER #

1 Rib Dinner  
Sales Tax  
**TOTAL**

Time: 18:18

1 CUS  
151.77

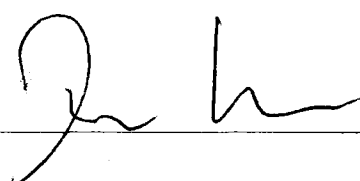
151.03

# TIME SHEET

Employee Name: Faustino Vaquera Title: \_\_\_\_\_  
 Week: April 02 → \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4-02 Sat	11:00 am	2:00 pm	3	
4-04 Mon	9:00 am	12:00 am	15	
4-05 Tues	12:00 am	4:30 pm	16 1/2	
4-05 ↓	5:30 pm	12:00 am	6 1/2	
4-06 Wed	12:00 am	3:00 pm	15	
↓	4:00 pm	9:00 pm	5	
4-07 Thur	7:00 am	12:30 pm	8 1/2	
↓	4:30 pm	12:00 am	7 1/2	77
4-08 Fri	12:00 am	12:00 pm	12	
WEEKLY TOTALS:			89	

x 15.00  
 1335

Employee Signature:  Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(June Invoice 50 \$  
 Cash Back  
 4/18/11

Grocery, Food & Receipts  
 = 86.38  
 + 4.00 - Notepad  
 90.38  
 + 1335  
 1425.38 Total

86.38



Drive Thru  
20148 Phone# (713) 935-9076

Drive Thru  
20409 Phone# (713) 935-9076

DRIVE THRU  
Order# 203499 4/2/2011 12:05:49 PM  
Employee: 14966 Name: Amanda

DRIVE THRU  
Order# 204099 4/4/2011 12:53:13 PM  
Employee: 51776 Name: Daniel

Per CKFD Qsa	4.59
1 - PICO	
Per CHIPS Guac	1.99
SubTotal	6.58
Tax	0.54
Total	7.12
Cash	7.25
Change	0.13

Per CKFD Qsa	4.59
1 - PICO	
Per Queso de Madero	3.99
1 - QUESO	
SubTotal	8.56
Tax	0.71
Total	9.29
Cash	10.00
Change	0.71

ORDER# 499-----

ORDER# 499-----

We would like your feedback.  
Participa en nuestra encuesta.  
Visit [www.tacobanacares.com](http://www.tacobanacares.com)  
Or call 1-800-360-3246  
Respond within 3 days, and receive \$1.00  
off next food purchase excluding alcohol.  
Not valid with any other discount.  
Coupon # \_\_\_\_\_ (PLU117)  
Join our eClub at [tacobanana.com](http://tacobanana.com)  
Sea parte de nuestro eClub en  
[tacobanana.com](http://tacobanana.com)  
I.D. 23412 14802 09904 14966

We would like your feedback.  
Participa en nuestra encuesta.  
Visit [www.tacobanacares.com](http://www.tacobanacares.com)  
Or call 1-800-360-3246  
Respond within 3 days, and receive \$1.00  
off next food purchase excluding alcohol.  
Not valid with any other discount.  
Coupon # \_\_\_\_\_ (PLU117)  
Join our eClub at [tacobanana.com](http://tacobanana.com)  
Sea parte de nuestro eClub en  
[tacobanana.com](http://tacobanana.com)  
I.D. 24012 14804 09904 51776

Jason's Deli #022  
10321 A Katy Frwy  
Houston, TX 77024  
(713) 467-2007

Jason's Deli #026  
14604 Memorial  
Houston, TX 77024  
(713) 467-1999

JR

JR

Host: SYED  
JR  
04/06/2011  
12:51 PM  
10126

Order Type: To Go

Large Salad Sandwich 4.99  
Rye  
EZ Toasted  
Mayo  
Lettuce & Tomato  
(N)Chips & Pickle  
No Beverage  
Kid's Mac & Cheese 2.89  
No Beverage

Subtotal 7.88  
Tax 0.65

To Go Total 8.53

CASH 10.00

Change 1.47

Host: PATRICK  
JR  
04/07/2011  
11:06 AM  
REPRINT# 1  
60008  
Order Type: To Go

Kid's Mac & Cheese 2.89  
No Beverage  
Famous Salad Bar 7.29  
No Beverage

Subtotal 10.18  
Tax 0.84

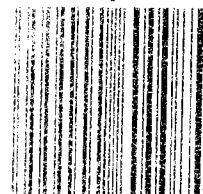
To Go Total 11.02

CASH 20.02

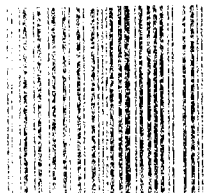
Change 9.00

TAKE OUR SURVEY, PICK A PRIZE!  
COOKIE or \$2 OFF delivery  
[www.JasonsdeliFeedback.com](http://www.JasonsdeliFeedback.com)  
Enter Deli Number: 022  
Write redemption code:  
For phone survey 800-537-5441

TAKE OUR SURVEY, PICK A PRIZE!  
COOKIE or \$2 OFF delivery  
[www.JasonsdeliFeedback.com](http://www.JasonsdeliFeedback.com)  
Enter Deli Number: 026  
Write redemption code:  
For phone survey 800-537-5441



--- Check Closed ---





STORE MGR GEORGE KALLUS 281-497-0630  
 THANK YOU FOR SHOPPING WITH US!

**GEN MERCHANDISE**

IMPERATE TOTAL PL 3.59  
 ELECT GAMING MON 6.99 T  
 HY HYR ROXIDE 1.69

**PRODUCE**

CLEMENTINE 3LB 2.99 F  
 RegPrice 6.99 CardSav 4.00

**DELI**

TURKEY PEPP VP PT 4.49 F  
 RegPrice 4.99 CardSav .50  
 \*\*\*\* TAX .58 BAL 20.33  
 VF VS XXXXXXXXXXXXX5741 20.33

CHANGE 0.00

4/07/11 11:27:1011 03 0054 7423

Welcome Club Member! 2457

Remarkable Savings \$ 4.50  
 Total Savings Value 19x \$ 4.50

**YOUR CASHIER TODAY WAS BRANDIE**

As of today, you have accumulated  
 1 of 7 toward your Free  
 Signature Cafe Sandwich!



**Little Card.  
 Big Savings.**

LET US HEAR FROM YOU!  
 1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1011  
 14810 MEMORIAL DR.  
 HOUSTON, TX  
 281-497-0630

EFT CREDIT SALE 04/07/11 11:27  
 CARD # XXXXXXXXXXXXX5741  
 REF:1104071 AUTH:192075

PAYMENT AMOUNT 20.33



11441 Katy Fwy  
 Houston, TX 77079  
 Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU  
 Order 400733 4/6/2011 5:26:56 PM  
 Employee: 64149 Name: Joseph

6oz GUAC 2.19  
 6oz SRCRM 2.19

SubTotal 4.38  
 Tax 0.36  
 Total 4.74  
 Cash 4.75  
 Change 0.01

ORDER# 433

We would like your feedback.  
 Participe en nuestra encuesta.

Visit [www.cabanacares.com](http://www.cabanacares.com)  
 Or call 1-800-350-3245

Respond within 3 days, and receive \$1.00  
 off any food purchase excluding alcohol.  
 Not valid with any other discount.

coupon # (PLU117)

Join our eClub at [tacocabana.com](http://tacocabana.com)  
 Sea parte de nuestro eClub en  
[tacocabana.com](http://tacocabana.com)

1-800-4017-1480 63304 64149



STORE MGR MARC BROCHSTEIN 713-365-6700  
THANK YOU FOR SHOPPING WITH US!

GROCERY

MONSTER ENGY DRNK  
RegPrice 7.99 CardSav .70 **7.29 T**

REFRIG/FROZEN

1/2 LND 2% 1/2 3.69 F

BAKED GOODS

PEPP. FARM 3.79 F  
F/W BAL DUE 7.48  
\*\*\*\* TAX .60 BAL 15.37  
CASH 20.40

CHANGE 5.03  
TOTAL SAVINGS .70  
4/04/11 19:55 1066 53 0159 8858 **7.29**  
Welcome Club Member! **2457**

Remarkable Savings \$ .70  
Total Savings Value 5% \$ .70

YOUR CASHIER TODAY WAS SELF

As of today, you have accumulated  
1 of 7 toward your Free  
Signature Cafe Sandwich!

LET US HEAR FROM YOU!  
1-877-723-3929 or visit RANDALLS.COM

Taqueria El Rey  
(832)358-8100  
9742 Katy Frwy Suite 100  
Houston, TX  
832-358-8100

Host: DRIVE THRU PM 04/05/2011  
DT170 6:05 PM  
30170

Mexican Rice (2 @1.50) 3.00  
Refried Beans (2 @1.99) 3.98  
Guacamole (2 @2.99) 5.98  
Chile Con Queso 2.99

Subtotal 15.95  
Tax 1.32

**DriveThru Total 17.27**

Auth:180759  
Auth:180759

Thanks! Come Again!  
Gift Cards Available Now!!  
WIN A LUNCH FOR FOUR!  
A \$40 VALUE  
Register your email at  
elreycatering@gmail.com

--- Check Closed ---



# TIME SHEET

Employee Name: Michael Brooks Title: CAREGIVER  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/13/11	8:00 AM	1:00 PM	3 HRS	
WEEKLY TOTALS:			5 HRS	5 HRS

Employee Signature: Michael Brooks \$75.00  
 Date: 4/13/11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ad.

# TIME SHEET

Employee Name: Michael Brooks Title: Caregiver  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/6-7/11	7:00pm	7:00am	12hr	12hrs

WEEKLY TOTALS: \_\_\_\_\_ 12hrs

\$ 180.00

Employee Signature: Michael Brooks

Date: 4/6/11

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fr. 7/16

# TIME SHEET

Employee Name: Robert Carter Title: \_\_\_\_\_  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4.8.11	11 AM			
4.9.11		9 AM		22
4.9.11	9 AM	10 AM		
	2 pm	<del>9 AM</del>		
4.10.11		9 AM		20
4.10.11	9 AM			
4.11.11		9 AM		24
WEEKLY TOTALS:				66 hrs.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*pd. 4/11/11*

*990.00  
 27.33  
 24.77*

*#1042,10*



STORE MGR GEORGE KALLUS 281-497-0630  
THANK YOU FOR SHOPPING WITH US!

**REFRIG/FROZEN**

LUCERNE AA LG EGGS 1.43 F

**PRODUCE**

0.64 lb @ \$1.49/lb  
WT BROCCOLI CROWNS .95 F  
RegPrice 1.27 CardSav .32  
2@.50 YELLOW CORN 1.00 F  
RegPrice 1.58 CardSav .58  
1.53 lb @ \$1.48/lb  
WT TOMATOES ON VINE 2.26 F  
RegPrice 4.57 CardSav 2.31  
2@3.00 STRAWBERRIES 1LB 6.00 F  
RegPrice 7.98 CardSav 1.98

**DELI**

CKN HOMESTYLE HOT 5.49 T  
RegPrice 7.49 CardSav 2.00  
LT SPERAD 3.69 F

**MISCELLANEOUS**

MR PPL W/DISABILITIES 3.00  
\*\*\*\* TAX .45 BAL 24.27  
VF VS XXXXXXXXXXXX6258 24.27  
CHANGE .00  
TOTAL SAVINGS 7.19  
4/08/11 17:02 1011 04 0072 3418

ROBERT CANTU 7370

Remarkable Savings \$ 7.19  
Total Savings Value 23% \$ 7.19

YOUR CASHIER TODAY WAS CHRIS

As of today, you have accumulated  
2 of 7 toward your Free  
Signature Cafe Sandwich!



**Little Card.  
Big Savings.**

LET US HEAR FROM YOU!  
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1011  
14810 MEMORIAL DR.  
HOUSTON, TX  
281-497-0630

EFT CREDIT SALE 04/08/11 17:02  
CARD # XXXXXXXXXXXX6258  
REF:1104081 AUTH:060218

PAYMENT AMOUNT 24.27



STORE MGR GEORGE KALLUS 281-497-0630  
THANK YOU FOR SHOPPING WITH US!

**GROCERY**

1@1.33/1@1.34  
BTL WATER 2.67 B  
RegPrice 3.98 CardSav 1.31

**REFRIG/FROZEN**

SARGENTO CLBY JCK 1.99 F  
RegPrice 3.99 CardSav 2.00  
1 @ 2/6.00  
TRPCNA LOTS OF PUL 3.00 F  
BLUE BELL 1.99 F

**PRODUCE**

ER SPRING MIX 2.99 F  
EATING RT CAESAR Y 3.49 F  
RegPrice 3.99 CardSav .50  
PDM WONDERFUL JCE 3.99 F

**DELI**

SC SOUP HOT SMALL 1.99 T  
TURKEY PAN RSTD PT 3.24 F  
HAVARTI PRIMO TAGL 1.60 F  
RegPrice 1.80 CardSav .20  
\*\*\*\* TAX .38 BAL 27.33  
VF VS XXXXXXXXXXXX6258 27.33

CHANGE .00  
TOTAL SAVINGS 4.01  
4/09/11 18:56 1011 07 0419 3983

ROBERT CANTU 7370

Remarkable Savings \$ 4.01  
Total Savings Value 13% \$ 4.01

YOUR CASHTER TODAY WAS ABEL

As of today, you have accumulated  
2 of 7 toward your Free  
Signature Cafe Sandwich!



**Little Card.  
Big Savings.**

LET US HEAR FROM YOU!  
1-877-723-3929 or visit RANDALLS.COM

RANDALLS STORE #1011  
14810 MEMORIAL DR.  
HOUSTON, TX  
281-497-0630

EFT CREDIT SALE 04/09/11 18:56  
CARD # XXXXXXXXXXXX6258  
REF:1104081 AUTH:060218

PAYMENT AMOUNT 27.33

# TIME SHEET

Employee Name:

*Michael Brooks*

Title:

*Caregiver*

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
<i>4/15-16/11</i>	<i>6:00pm</i>	<i>7:00am</i>	<i>13 hrs</i>	
WEEKLY TOTALS:			<i>13 hrs</i>	

Employee Signature:

*Michael Brooks*

*\$195<sup>00</sup>*

Date:

*4/15/11*

Supervisor Signature:

Date:

*pd.*

# TIME SHEET

Employee Name: Robert Cantu Title:

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4.22.11	6 AM	8 PM		13 hours
WEEKLY TOTALS:				

Employee Signature: Robert L Cantu

Date:

Supervisor Signature:

Date:

195.<sup>00</sup>  
 Gas 20.<sup>00</sup>  
 -----  
 \$ 215.<sup>00</sup>

THE GREAT EASTERN LIFE  
 INSURANCE COMPANY OF NEW YORK  
 120 WALL STREET  
 NEW YORK, N.Y. 10038  
 POLICY NO. 123456789  
 12/31/2000

DEBIT	AMOUNT	DATE
PREMIUM	20.00	
	Sub Total	20.00
	Tax	0.00
	<b>TOTAL</b>	<b>20.00</b>
	CASH	20.00

THANK YOU FOR YOUR BUSINESS  
 POLICY NO. 123456789  
 12/31/2000

# TIME SHEET

Employee Name: Michael Brooks Title: CAREGIVER  
Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/14/11	12:00pm	5:00	5 HRS	5 HRS
<b>WEEKLY TOTALS:</b>			5 HRS	5 HRS

Employee Signature: Michael Brooks Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PA. 4/11  
\$ 75.00  
+ 16.00  
\$ 91.00







Pizza Hut  
\*\*\*\*CARRY\_OUT\*\*\*\*

Ticket # 00104

ENTR...  
COUP...  
027120 06/15/11 07:42PM

MICHAEL  
(713)752-4400

01	1	Large	12.99
		stf PEpprn	
		Cheese	
		Def	
		Gr Sp1	
		Bl Olive	
		Subtotal	12.99
		SALES TAX	0.07
		Balance Due	14.06

Amt Tendered	
Cash	15.00
Change	0.94

Placed at 07:24PM  
Pick Up at 07:39PM

WANT TO WIN A \$1000  
ASK ME HOW

For Special Deals Order  
Online at Pizzahut.com

CHANCE to WIN! \$1000

Scan # 027120  
(See back for Details)

FLIP TO WIN CASH!  
FLIP ME OVER TO WIN CASH!  
FLIP ME OVER TO WIN CASH!  
FLIP ME OVER TO WIN CASH!

# TIME SHEET

Employee Name: Michael Brooks Title: Caregiver  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/20/11	8:00Am	1:00pm	5hrs	
WEEKLY TOTALS:			5hrs	

\$75<sup>00</sup>

Employee Signature: Michael Brooks Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pd. 4/20/11

Total = 44 hrs/NEIVA

NEIVA > \$15.00 24 hrs  
SAT - 10am - Sun. 10am.



20 hrs.  
Sun - 4:30pm - 12:30pm

NEIVA / Carl > \$20.00

12:30pm - 10:am  
Left

came back for  
CARL 12:00 / GOLF

1:00

22

1440

1080

660

1100

~~20.5 HRS~~  
↳ HRS.

20  
x 20  
-----  
400  
~~400~~

244  
x 15  
-----  
3660  
440  
-----  
660  
+ 400  
-----  
1060

# TIME SHEET

Employee Name: Michael Brooks Title: Caregiver  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/21-22/11	5:30pm	7:00AM	13 1/2	
WEEKLY TOTALS:			13 1/2	13 1/2

\$ 202.50

Employee Signature: Michael Brooks Date: 4/21/11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

pd.  
4/21/11

# TIME SHEET

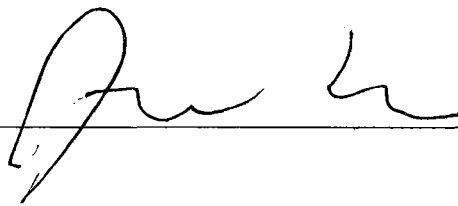
Employee Name: Faustino Vaquer

Title: \_\_\_\_\_

Week: Apr. 9, 2011 →

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4-09 Sat	11 am	2 pm	3	
4-11 Mon	9 am	12 am	15	
4-12 Tues	12 am	12 am	24	
4-13 Wed	12 am	4:30 pm	16 1/2	
4-13 ↓	5:30 pm	12:00 am	6 1/2	
4-14 Thur	12:00 am	12:00 am	24	
4-15 Frid	12:00 am	6:00 pm	18	
WEEKLY TOTALS:			107	

Employee Signature: \_\_\_\_\_



Date: \_\_\_\_\_

4.15

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

107  
x 15.00

+ 1605  
+ 99.81

Groceries Food

1704.81



THIS IS A REPRINTED RECEIPT



Right Store. Right Price.

.....14344.MEMORIAL  
 .....(281).493-1702  
 .....YOUR.CASHIER.WAS.SELF.CHECKOUT

.....BERRY.MXD.IS.....4.07.F  
 .....DOLE.PINEAPL.....PC.....1.00.F  
**SC.....KROGER.SAVINGS.....0.11**  
 .....DOLE.PINEAPL.....PC.....1.00.F  
**SC.....KROGER.SAVINGS.....0.11**  
 .....BTYC.CAKE.MX.....2.39.F  
 .....SNSW.PRNE.JC.....3.49.F  
 .....KRO.EGGS.LRG.....1.43.F  
**SC.....10%.SENIOR.Disc.....0.14.F**  
 .....KROGER.PLUS.CUSTOMER.....\*\*\*\*\*1205  
 .....TAX.....0.06  
 \*\*\*\*\*BALANCE.....13.24

\*\*\*\*\*5741  
 REF#: .000000  
 PURCHASE: .13.24  
 CASHBACK: .40.00  
 TOTAL: .53.24

.....DEBIT.....57.24  
 .....CHANGE.....40.00  
 TOTAL NUMBER OF ITEMS SOLD = 8

\*\*\*\*\*KROGER.SAVINGS\*\*\*\*\*  
 KROGER.PLUS.SAVINGS.....\$.0.36  
 TOTAL.COUPONS.....\$.0.36  
 TOTAL.SAVINGS.(2.pct.).....\$.0.36  
 \*\*\*\*\*KROGER.SAVINGS\*\*\*\*\*

04/14/11.09:24pm.161.84.225.....#  
 Reprinted Receipt  
 \*\*\*\*\*  
 April Fuel Points

Call In Order

B. Tino  
 (713) 503-4795  
 Customer Visits: 0

Promise Time: 11:56 AM

Jason's Deli #026  
 14604 Memorial Dr.  
 Houston, TX 77079  
 (281) 531-1999

B, Tino

Host: NICK 04/12/2011  
 Cashier: ALYCE  
 B, Tino 12:07 PM  
 50036  
 Order Type: Pick Up

Kid's Mac & Cheese (2 @2.89) 5.78  
 (2)No Beverage  
 Egg Salad Sandwich 4.99  
 Rye  
 (N)Chips & Pickle  
 EZ Toasted  
 No Beverage  
 Amy's TKO 5.49  
 (N)Chips & Pickle  
 No Beverage  
 Plates, Forks, Napkins (1 Utensils) 0.00  
 @ 0.00 per Utensils (13: W7)  
 No Plates Forks and Naps

Subtotal 16.26  
 Tax 1.34

Pick Up Total 17.60

VISA #XXXXXXXXXXXX5741 17.60  
 Auth:100290

~~72.69~~  
~~84.69~~  
 87.81  
 + 12.00  
 -----  
 99.81  
 House of Pies  
 1 coconut  
 cream pie

Quiz: Store #1043  
Phone: 47-9467  
47-9467

ORDER # 1053

2 CHKN RNLH 6.00  
CUP CHCK NOODLE 1.79  
LG DLT TURK CLUB 6.99  
1 CHOOSE 2 -0.50

TAKE-OUT

TAX TOTAL \$ 14.28  
TOTAL \$ 15.46

VISA \$ 15.46  
CHARGE TIP \$ 0.00  
ACCOUNT# :  
AUTH# :

1061 COUNTER APR. 14, 2011  
REG1-AM 12:29

try our catering...

SALE RECEIPT  
Store #37552 tko 04/11/11 13:34:51  
Trans# 116 Clerk 22 Dwr 1 TRDT 041111  
Receipt # 0000216977 Reg-ID REG-MAIN  
Sales Tx 1.01 Tax B 0.00  
Tax C 0.00 Tax D 0.00  
Tax E 0.00 Tax F 0.00  
AMT TEND 13.30 \*\*TOTAL 13.30  
CHANGE DUE\$ 0.00

Approval No: 103361  
Reference No: 103361  
Account No: \*\*\*\*\*5741  
Card Issuer: VISA  
Amount: \$13.30

Take our 1-minute Survey at  
[www.tellsbway.com](http://www.tellsbway.com) and receive a free  
cookie. Keep your receipt and write  
your unique coupon code  
here \_\_\_\_\_.

Host Order ID: 04S.11Ws

**Souper Salad #57**  
**8536 Westheimer**  
**Houston, TX 77057**  
**936-9536**



\*\*\*\*\*

\* Keep up with what's up! Follow us  
 on Facebook (facebook.com/souper salad)  
 and Twitter (twitter.com/souper salad).

Check out our Party Menu for any  
 special occasion or if you just want a  
 variety of options for your family dinner.

\* Seniors get junior prices. Enjoy 10% or  
 more discount on all menu items, every day!

Thank you for choosing Souper Salad,  
 hope to see you again soon!

\*\*\*\*\*

**4/13/2011 1:35:24 PM**

DINE IN  
 Order Number: 1288285

1 Combo	6.59
1 Combo	6.59
<b>Sub Total:</b>	<b>13.18</b>
Tax	1.09
<b>Discount Total:</b>	<b>0.00</b>
<b>Total:</b>	<b>14.27</b>
Visa:	-14.27
Change:	0.00

Register:2      Tran Seq No: 1288285  
 Store No:1057      Christian

11441 Katy Fwy  
 Houston, TX 77079  
 Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU  
 Order 207611      4/14/2011 4:55:4  
 Employee: 13572 Name: Lucio

2-CHZ Ench  
 2 @      4.99  
 2 BTCE  
 R  
 2 SF Tort 2  
 10oz GUAC

SubTotal	
Tax	
Total	
Visa	15.
Change	0.00

Acct: xxxxx xxxxxx5741  
 Authorizati : 185358

ORDER# 411- -----

We would like to see you again.  
 Participate in our eClub.  
 Visit [www.cabanacares.com](http://www.cabanacares.com)  
 Or call 1-800-360-3246  
 Respond within 3 days, receive \$1.00  
 off next food purchase + 10% discount.  
 Not valid with any other offers.  
 Coupon # \_\_\_\_\_ (PL0117)  
 Join our eClub at [tacocabana.com](http://tacocabana.com)  
 Sea parte de nuestro eClub en  
[tacocabana.com](http://tacocabana.com)  
 I.D. 27516 14814 01104 13522

# TIME SHEET

Employee Name: Michael Brooks Title: Caregiver  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/18/11	8:30AM	11:30	3hrs	3hrs
4/22-23/11	8:00AM	12:00AM	4hrs	4hrs
4/22-23/11	6:00pm	7:00AM	13hrs	13hrs

WEEKLY TOTALS: 20hrs 20hrs

Employee Signature: Michael Brooks \$300<sup>00</sup> Date: 4/22/11

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*pd.*

# TIME SHEET

Employee Name: Shimaka

Title: \_\_\_\_\_

Week: \_\_\_\_\_

NEVA  
←  
NEVA  
NEVA  
← (ART)

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/23/11	10:00am	10:00am	24	24
4/24/11	4:30pm	12:30pm	20	20
4/25/11	12:30pm	10:00am	21.5	21
4/26/11	12:00pm	1:00pm	1	1
WEEKLY TOTALS:				

\$660  
↑  
\$15  
↑  
\$420  
- \$20  
- \$15  
-----  
\$080

Employee Signature: *[Signature]*

Date: 4/26/11

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Paul*

# TIME SHEET

Employee Name: Augustino VAQUERA Title: \_\_\_\_\_  
 Week: April 16 — April 23 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4-16 Sat	7:00am	12:00pm	17	
4-17 Sun	12:00pm	12:00am	24	
4-18 Mon	12:00am	7:00pm	19	
4-19 Tues	7:00am	12:00pm	17	
4-20 Wed	12:00pm	12:00am	24	
4-21 Thur	12:00pm	8:00pm	20	
4-22 Frid	12:00pm	2:00pm	2	
4-23 Sat	7:00am	12:00pm	5	
WEEKLY TOTALS:			128	

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

pd. 4/23  
 + 1920.00  
 + 50.00  
 186.83  


---

 2156.83

128  
 x 15.00  


---

 1920.00

(Receipts & Food  
 + 50.00 cash to Michael Brooks  
 as per Carole)



514067 04-19-11 8:59P 223/07/00471

1051 4067 0419 1120 5900 471

1 HEB RELIANCE PRTCTV UNDRW  
 2 Ea. @ 1/ 8.48 T 16.96 H  
 2 HEB RELIANCE MALE GUARD T 8.98 H  
 \*\*\*\*\* FSA Subtotal\*\*\*\* 25.94  
 \*\*\*\*\* Sale Subtotal\*\*\* 25.94  
 Sales Tax 2.14  
 \*\*\*\*\* Total Sale\*\*\* 28.08  
 28.08  
 \*\*\* DEBIT 28.08

=====

ITEMS PURCHASED: 3

=====

FSA/HRA eligible items are identified  
 with an 'H' after the item price  
 \*\*\*\*\*  
 Be the first to know our latest deals!  
 Plus get online-only savings!  
 Sign up for our H-E-B emails at  
 heb.com/email  
 \*\*\*\*\*



1051 4067 0419 1120 5900 471

Everyday low prices without a card  
**Big Savings Start**  
**At H-E-B**

HEB Food-Drugs #35/471  
 14540 Memorial Drive  
 Houston, TX 77079  
 Phone: (281) 679-0010  
 Fax: (281) 679-6565  
 Store Hours: Sun-Thr 7-11 Fri-Sat 7  
 Your Cashier:MIKEL

186-83

The Spicy Pickle-  
 11611 Katy Freeway Ste B  
 Houston, TX 77079

Server: Reg 2 DBB: 04/01/2011  
 02:51 PM 04/01/2011  
 JR/1 2/20052

Visa 2097205  
 Card #XXXXXXXXXX5741  
 Magnetic card present: JR FAUSTINO VAQUERA  
 Approval: 135719

Amount: 37.13

\_\_\_\_\_

Thank You!

The Spicy Pickle  
 Thank You!

Customer Copy

Welcome to Chick-fil-A  
Meyerland Plaza FSU (#01037)  
713-839-7700  
Operator: Jesse Chaluh

WELCOME

CUSTOMER COPY  
4/19/2011 11:26:47 AM  
DRIVE THRU  
Order Number: 2313622

2	CFA Sand	5.58
1	Ckn Sld Sand	3.79
2	Fries MD	3.18
1	ColeSlaw LG	2.05
Sub. Total:		\$14.60
Tax:		\$1.20
Total:		\$15.80
Change		\$0.00
Visa:		\$15.80

Register:2      Tran Seq No: 2313622  
Cashier:LUIS

Stn# 309004  
VISA  
INV # 0486517  
AUTH # 185764  
DATE 04/16/11 19:57  
PUMP # 03  
PRODUCT: REGUNL  
GALLONS: 2.970  
PRICE/G: \$ 3.759  
FUEL SALE \$ 11.16  
See application  
about how to EARN  
REWARDS with a  
Chevron and Texaco  
Personal  
Credit Card

THANK YOU  
HAVE A NICE DAY

Like us on Facebook and enter  
to win a Banana Pudding Milkshake Party  
for you and 4 of your friends!  
Check Facebook daily to see winners.  
Chick-fil-A Meyerland Plaza

Visa  
Card Num : XXXXXXXXXXXX5741  
Terminal : KA13521805001  
Approval : 182867  
Sequence : 026887



SALE RECEIPT  
 Store #37552 tko 04/20/11 12:07:03  
 Trans# 70 Clerk 16 Dwr 1 TRDT 042011  
 Receipt # 00001324 Reg-ID REG-MAIN  
 Sales Tx 4 Tax B 0.00  
 Tax C 00 Tax D 0.00  
 Tax E 0.00 Tax F 0.00  
 \*\*TOTAL 8.43  
 AMT TEND 8.43 CHANGE DUE 0.00  
 CHANGE DUE\$ 0.00

Approval No: 170882  
 Reference No: 170882  
 Account No: \*\*\*\*\* 11  
 Card Issuer: VISA  
 Amount: \$8.43

Take our 1-minute Survey at  
[www.tellsubway.com](http://www.tellsubway.com) and receive a free  
 cookie. Keep your receipt and write  
 your unique coupon code  
 here \_\_\_\_\_.

Ho: rder . . 0512.9agB

SALE RECEIPT  
 Store #37552 tko 04/21/11 12:14:57  
 Trans# 81 Clerk 16 Dwr 1 TRDT 042111  
 Receipt # 0000218526 Reg-ID REG-MAIN  
 Sales Tx 0.62 Tax B 0.00  
 Tax C 0.00 Tax D 0.00  
 Tax E 0.00 Tax F 0.00  
 \*\*TOTAL 8.11  
 AMT TEND 8.11 CHANGE DUE 0.00  
 CHANGE DUE\$ 0.00

Approval No: 131163  
 Reference No: 131163  
 Account No: \*\*\*\*\*5741  
 Card Issuer: VISA  
 Amount: \$8.11

Take our 1-minute Survey at  
[www.tellsubway.com](http://www.tellsubway.com) and receive a free  
 cookie. Keep your receipt and write  
 your unique coupon code  
 here \_\_\_\_\_.

t rder ID: 0512.abYN

# TIME SHEET

Employee Name: MICHAEL BROOKS Title: CAREGIVER  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/29/11	8:00 AM	12 PM	4 HRS	
4/29/	5:00 PM	7 PM	2 HRS	
WEEKLY TOTALS:			6 HRS	6 HRS

Employee Signature: Michael Brooks Date: 4/29/11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PD,  
940<sup>00</sup>

\$ 90<sup>00</sup>

# TIME SHEET

Employee Name: MICHAEL BROOKS Title: CAREGIVER  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4/27/11	8:00AM	12:00pm	4hrs	
WEEKLY TOTALS:			4hrs	

Employee Signature: Michael Brooks      Date: 4/27/11  
 Supervisor Signature: \_\_\_\_\_      Date: \_\_\_\_\_

4hrs \$60.00

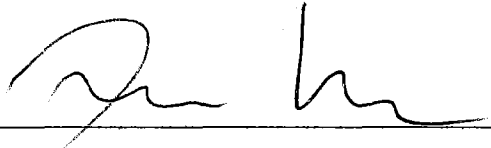
pd. 4/12/11



# TIME SHEET

Employee Name: FAUSTINO VAQUERA Title: \_\_\_\_\_  
 Week: April 26 → May 02, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
4-26 Tues	10:00 am	8:00 pm	10	
4-27 Wed	9:00 am	7:30 pm	10 1/2	
4-28 Thur	8:00 am	7:00 pm	11	
4-29 Frid	10:00 am	12:00 am	14	
4-30 Sat	12:00 am	4:00 pm	4 1/2	
↓	5:00 pm	12:00 am	7	
5-01 Sun	12:00 am	12:00 am	24	
5-02 Mon	12:00 am	7:30 pm	19 1/2	
<b>WEEKLY TOTALS:</b>			<b>112</b>	

Employee Signature:  Date: 5-02-11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pd 5/2/11

- Subway 4-27 8:00
- Silvy 15.00 -
- St Lukes Parking → 12.00 Carls uti
- ~~Any Lab Test UA 59.00~~

112  
 x 15.00  
 -----  
 1680.  
 + 41.11  
 -----  
**(1721.11)**  
 Total

Groceries & Food  
41.11



1053 3400 0430 1118 1400 109

1	CAMBRIDGE PERSONAL NTB< 1 1	2.88
2	ARTISAN CIABATTA-SCRATCH F	2.99
***** Sale Subtotal***		5.87
	Sales Tax	0.24
***** Total Sale***		6.11
	6.11	
*** CASH		10.00
Change :	3.89	\$

=====

ITEMS PURCHASED: 2

=====

THIS MOTHER'S DAY TREAT MOM LIKE A  
 QUEEN FOR LESS GREEN  
 \*\*\*\*\*  
 Be the first to know our latest deals!  
 Plus get online-only savings!  
 Sign up for our H-E-B emails at  
 heb.com/email  
 \*\*\*\*\*



1053 3400 0430 1118 1400 109

St Luke's Medical Tower

032768



HEB Food-Drugs #54/109  
9710 Katy Freeway  
Houston, TX 77055

Phone: (713) 647-5900  
Pharmacy: (713) 647-5960  
Fax: (713) 722-9237

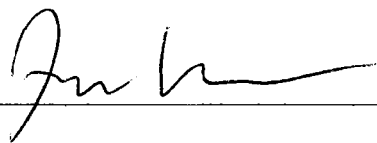
Store Hours: 6 a.m. to Midnight  
Your Cashier:USCAN OPERATOR 93  
533400 04-30-11 6:14P 093/13/00109

# TIME SHEET

Employee Name: Faustino Vaquera Title: \_\_\_\_\_

Week: M 04 03 → May 05, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5-03 Tues	9:Am	7:00pm	10	
5-04 Wed	8:00am	12:00am	16	
5-05 Thurs	12:00am	8:00pm	20	
5-06 Frid	1:00P	3:00pm	2	
<b>WEEKLY TOTALS:</b>			48	

Employee Signature:  Date: 5.05

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grocery & Food  
23.09

720.00  
23.09  

---

743.09

McDonald's Corporation  
 www.janusi unlimited.com 713 974 1217  
 store manager victor7139739003  
 supervisor fanny quicano 281 2167195

11036 KATY FREEWAY  
 HOUSTON, TX 77079

THANK YOU

WILCREST I 10 TEL# (713)973-9003  
 37 KS#13 **S#2** May.04'11(Wed)08:02  
 STORE# 14136

1 MED ORANGE JUICE CC	2.10
1 SAU EGG MCMUFFIN ML	2.95
2 SAUSAGE BURRITO	2.00
-----	
SUB TOTAL	7.05
TAKE OUT TAX	0.58
-----	
	7.63
CASH TENDERED	20.00
CHANGE	12.37

SALE RECEIPT  
 Store #37552 tko 05/05/11 13:35:03  
 Trans# 91 Clerk 10 Dwr 1 TRDT 050511  
 Receipt # 0000220440 Reg-ID REG-MAIN  
 --- ITEM --- QTY PRICE MEMO PLU  
 TURKEY/HAMfr 1 T \$ 6.00 10224  
 DRK-21oz 1 TD\$ 1.112.00dea10002  
 CHIPS 1 TD\$ 0.892.00dea10020  
 SUBST LG 1 T \$ 0.30 10500

SUBTOTAL \$ 8.30  
 Sales Tx \$ 0.68

TAKE-OUT \*\*TOTAL \$ 8.98  
 dslCrediAMT TEND \$ 8.98

CHANGE DUE\$ 0.00

how'd we do ? get a free cookie  
 take 1 min survey at [www.tellsubway.com](http://www.tellsubway.com)

Approval No: 133608  
 Reference No: 133608  
 Account No: \*\*\*\*\*5741  
 Card Issuer: VISA  
 Amount: \$8.98

Take our 1-minute Survey at  
[www.tellsubway.com](http://www.tellsubway.com) and receive a free  
 cookie. Keep your receipt and write  
 your unique coupon code  
 here \_\_\_\_\_.

Host Order ID: 03W.1X0Q





ACADEMY BUNKER HILL 713-827-6520

103464 SALE 05/03/11 17:23  
8981 0010 201

TCDELUXE	18794875	
1 @ 1	MDS	5.99
		5.99
8.25% SALES TAX		
	TOTAL	6

Cash		7.00
	CHANGE	.52

**RIGHT STUFF. LOW PRICE. EVERYDAY!**

THANK YOU! SHOP 24/7 AT ACADEMY.COM



# TIME SHEET

Employee Name: Robert Cantu

Title: \_\_\_\_\_

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5.12.11	7pm			
5.13.11		12pm		17
5.13.11	12pm			
5.14.11		12pm		
5.14.11	12pm			
5.15.11		5:30pm		53.5
WEEKLY TOTALS:				17

802.50  
 3.64  
 24.49  
 19.99  
 2.59  
15.60

Employee Signature: Robert Cantu

Date: 12.13.11

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\$ 255.00  
\$ 868.81

Luby's  
Houston #06 (85)  
825 Town & Country Center  
Houston, TX 77024  
713-461-9404

Check # :16921

Maria G  
17:31:28 05/13/2011

1 Fried Fish Lu Arn 7.89  
Tray#1 Subtotal 7.89  
  
1 Shrimp Creole Combo 6.99  
1 Pecan Pie 3.59  
Tray#2 Subtotal 10.58

ID #85 1331 6921

For 10 CHANCES TO WIN \$1,000 daily  
A \$100 Luby's Gift Card weekly  
INSTANTLY WIN an iPod  
Take our survey @  
www.lubys-survey.com

Or 1 chance to win  
cash prize and gift card  
by calling 1-866-724-7146

Please retain this receipt  
for use during the survey

Visit www.lubys-survey.com for  
complete rules and regulations

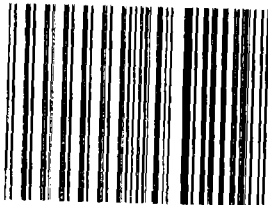
No purchase necessary  
(OFFER EXPIRES May 20, 2011)

Subtotal 18.47  
Sales Tax 1.52

Please pay this amount  
Total 19.99

Food To Go

Power Meals  
Monday - Friday  
All Day  
\$6.99



Whataburger

Restaurant 131  
12121 Katy Freeway  
Houston, TX 77079  
(281)497-6666

General Manager: Mr. [Name]  
1-800-6Burger

5/14/2011 11:50:18 AM  
Order 121468 Cashier: Julie H

1 #1 ML-WHATABURGER 5.09  
ADD MAYO 0.00  
SUB WHEAT BUN 0.00  
LARGE CHEESE 0.49  
\*\*\*\*\* 0.00  
FRIES 0.00  
DRINK 0.00  
----- 0.00  
1 #2 ML-DOUBLE MEAT WB 6.19  
SUB WHEAT BUN 0.00  
ADD MAYO 0.00  
LARGE CHEESE 0.49  
LARGE CHEESE 0.49  
SLICED JALAPENOS 0.49  
BACON 3 SLICES 1.17  
\*\*\*\*\* 0.00  
FRIES 0.00  
DRINK 0.00  
----- 0.00

SubTotal 14.41  
Tax 0.00  
Total 14.41  
Visa 15.60  
Acct:XXXXXXXXXXXX52151  
Approval: 055012



**Right Store. Right Price.**

14344 MEMORIAL  
(713) 193-1702  
YOUR CASHIER WAS SELF CHECKOUT

	KROGER PLUS CUSTOMER	*****
	TYSN FZ CHKN	PC
SC	KROGER SAVINGS	
	BARILLA Pasta	
	CLASS SAUCE	
	PROVOLONE	
	CHICKEN	
	1/2 lb	
WI	TOMATO	
SC	KROGER SAVINGS	
	CELERY	30
	3 @ 0.99	
	PPR B. GRN	2.77 F
	2 @ 0.78	
	CHICKEN	1.00 F
SC	KROGER SAVINGS	
	TAX	0.00
	**** BALANCE	24.49

KROGER #161  
14344 MEMORIAL  
HOUSTON TX 77079  
VISA Purchase  
\*\*\*\*\*6626  
TOTAL: 24.49  
REF#: 61410B

VISA 24.49  
CHANGE 0.00  
TOTAL NUMBER OF ITEMS SOLD = 13

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

Lubys  
Houston #06 (85)  
325 Town & Country Center  
Houston, TX 77024  
713-481-9404

Check # 116123

Marie G  
17:32:07 03/13/11

1 Side Salad	2.39
Tray#1 Sub total	2.39

ID #85 1331 59 3

For 10 CHANCES TO WIN \$1,000  
A Lubys Gift Card &  
INSTANTLY WIN an  
ask our survey  
www.lubys-survey

Or 1 chance to  
cash prize and gift  
by calling 1-866-724-7140

Please retain this receipt  
for use during survey

Visit www.lubys-survey.com for  
complete rules and regulations

No purchase necessary  
OFFER EXPIRES May 20, 2011)

Subtotal	2.39
Sales Tax	0.20

please pay this amount  
Total 2.59

**Dine In**

Power Meals  
Monday - Friday  
All Day  
\$6.99



# Walmart

Save money. Live better.

10750 WESTVIEW DRIVE  
HOUSTON, TEXAS 77043  
MANAGER JARVAS TIMS  
( 713 ) 984 - 2773

ST# 1409	OP# 00004309	TE# 08	TR# 03449
ACTIVIA 8PK	003663203594	F	3.64 0
GV LF CT CHS	007874237238	F	2.18 0
COKE	004900000045	F	1.48 X
COKE	004900000045	F	1.48 X
SC CA WT GRP	007874220624	F	0.64 X
FUJI APPL 1L	007874208958	F	0.64 X
SC CA KWSTBY	007874242961	F	0.64 X
G2 32OZ FPUN	005200032198	F	0.94 X
CEREAL RTE	001600041615	F	2.25 0
WAS 2.68 YOU SAVED 0.43			
HRSY ZERO K	001070080427	F	1.00 X
JL PEP JERKY	001708200789	F	3.74 N
JL DRG JERKY	001708200787	F	3.74 N
WERTHER S	007279949016	F	1.68 X
PAYDY KING	001070080727	F	1.00 X
CHOC CHECKOU	004000000102	F	0.50 X
SUBTOTAL			25.55
TAX 1	8.250 %		0.83
TOTAL			26.38
VISA TEND			26.38

ACCOUNT # 6258  
APPROVAL # 072614  
TRANS ID - 0281133663974581  
VALIDATION - ZV38  
PAYMENT SERVICE - E  
CHANGE DUE 0.00

**# ITEMS SOLD 15**

TC# 3877 9686 9853 9158 1926



Low prices. Every day. On everything.  
Backed by our Ad Match Guarantee.  
05/13/11 13:26:45

\*\*\*CUSTOMER COPY\*\*\*

# TIME SHEET

Employee Name: Robert Cantu Title: \_\_\_\_\_

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5.6.11	12 p			
5.7.11		12 pm		24
5.7.11	12 pm			
5.8.11		12 pm		24
5.8.11	12 pm			
5.8.11		7 pm		7
WEEKLY TOTALS:				55

Employee Signature: Robert L Cantu Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*pd.*

825.00  
 77.30  
 -----  
 \$902.30



Right Store. Right Price.

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Opal

	DANN YOGURT	[+] PC	1.88 F
	DANN YOGURT	[+] PC	1.88 F
	DANN YOGURT	[+] PC	1.88 F
	DANN YOGURT	[+] PC	1.88 F
	KROGER PLUS CUSTOMER	*****2679	
	1 @ 3/1.00		
	CHEETOS CRNC		0.34 F
	SCHK RZRBLD	PC	0.00 T
SC	KROGER SAVINGS	6.39	
	1 @ 3/1.00		
	CHEETOS CRNC		0.33 F
	1 @ 3/1.00		
	FRITO REG		0.33 F
	1 @ 3/1.00		
	FRITO REG		0.34 F
	SCHK RZRBLD	PC	6.39 T
	KRO SHRD CHS	PC	2.25 F
SC	KROGER SAVINGS	0.24	
	DELM FRT CKT		1.22 F
	DELM FRT CKT		1.22 F
	JIF PNUBTTR		1.99 F
	DELM FRT CKT		1.22 F
	DELI HOT DOG		0.99 T
	HM GRAHAMS	PC	3.49 F
SC	KROGER SAVINGS	0.40	
	DELI CKN		7.99 T
	TROP ORNG JC		5.89 F
	KRO EGGS LRG		1.43 F
	DIET COKE		1.59 B
	JELLO GELATN		0.89 F
	MUCINEX		13.49
	JELLO GELATN		0.89 F
	JELLO GELATN		0.89 F
	NTRO BREAD		2.79 F
	KRO HNY BEAR	PC	2.69 F
SC	KROGER SAVINGS	0.30	
	DELM FRT CUP	PC	2.69 F
SC	KROGER SAVINGS	0.30	
	DELM FRT CUP	PC	2.69 F
SC	KROGER SAVINGS	0.30	
	MOTTS FRTCUP		1.66 F
	CORN YLW IS		1.39 F
	CELLERY		1.30 F
	TAX		1.40
	**** BALANCE		77.30

034 KROGER #161  
14344 MEMORIAL  
HOUSTON TX 77079  
VISA Purchase  
\*\*\*\*\*6258  
TOTAL: 77.30  
REF#: 091614

VISA 77.30  
CHANGE 0.00  
TOTAL NUMBER OF ITEMS SOLD = 32

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*  
KROGER PLUS SAVINGS \$ 7.93  
TOTAL COUPONS \$ 7.93  
TOTAL SAVINGS (9 pct.) \$ 7.93  
\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*





# TIME SHEET

Employee Name: Michael Brooks Title: CAREGIVER  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/6/11	7:30 AM	12:00 PM	4 1/2 hrs	4 1/2 hrs
WEEKLY TOTALS:			4 1/2 hrs	

Employee Signature: Michael Brooks      \$ 67.50  
 Date: 5/6/11  
 Supervisor Signature: \_\_\_\_\_      Date: \_\_\_\_\_

pd. 5/6/11

# TIME SHEET

Employee Name: Robert Cantu Title: \_\_\_\_\_

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5.5.11	7pm			
5.6.11		12pm		15
WEEKLY TOTALS:				15

Employee Signature: Robert Cantu Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pd 5/6/11 225.00

# TIME SHEET

Employee Name

*Michael Brooks* Title: *CAREGIVER*

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
<i>5/8-9/11</i>	<i>5:30pm</i>	<i>7:00AM</i>	<i>13 1/2 hrs</i>	
WEEKLY TOTALS:			<i>13 1/2 hrs</i>	

*\$202.50*

Employee Signature:

*Michael Brooks*

Date:

*5/8-9/11*

Supervisor Signature:

Date:

*Pk 5-8-11*

# TIME SHEET

Employee Name: Michael Brooks Title: CAREGIVER  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/3-4/11	6:00	12 pm	18 hrs	
<b>WEEKLY TOTALS:</b>			18 hrs	hrs

Employee Signature: Michael Brooks # 270<sup>00</sup> Date: 5/14/11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Pd. 5/5/11*

# TIME SHEET

Employee Name: Michael Brooks Title: Caregiver  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/6/11	8:00am	12:00pm	4 hrs.	
5/6/11	5:00pm	7:30pm	2 1/2 hrs	

WEEKLY TOTALS: 6 1/2 hrs 6 1/2 hrs

\$97.50

Employee Signature: Michael Brooks Date: 5/6/11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# TIME SHEET

Employee Name: MICHAEL BROOKS Title: CAREGIVER  
Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/15-16/11	5:00pm	7:30AM	14½	14½

WEEKLY TOTALS: 14½ 14½

\$217.50

Employee Signature: Michael Brooks Date: 5/15/11

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pa 5/15/11

# TIME SHEET

May 29 2011

Employee Name: Faustino Vaquera Title: \_\_\_\_\_  
 Week: 5-15-11 5-20

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5-15 Sun	6:00pm	9:00pm	3	
5-16 Mon	7:00am	1:00am	18	
5-17 Tues	9:00am	2:00pm	5	
↓	5:00pm	12:00am	7	
5-18 Wed	12:00am	4:00pm	16	
↓	5:00pm	12:00am	7	
5-19 Thu	12:00am	5:00pm	17	
↓	6:00pm	<del>12:00am</del> 3:00pm	6	
5-20 Fri	12:00am	3:00pm	15	
WEEKLY TOTALS:			94	

Employee Signature: *Faustino Vaquera* Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

94  
 26. x 15.00  
 5/20/11  
 + 1410.00  
 + 73.53  
 -----  
 1483.53





11441 Katy Fwy  
Houston, TX 77079  
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU  
Order 218930 5/19/2011 6:35:22 PM  
Employee: 13522 Name: Lucio

P2-CHZ Ench	4.99
1 RICE	
1 REFR	
1 SF Tort 2	
3oz GUAC	0.99
SubTotal	5.98
Tax	0.49
Total	6.47
Cash	10.00
Change	3.53

ORDER# 430-----

We would like your feedback.  
Participa en nuestra encuesta.

Visit [www.cabanacares.com](http://www.cabanacares.com)

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00  
off next food purchase excluding alcohol.  
Not valid with any other discount.

Coupon # (PLU117)

Join our eClub at [tacocabana.com](http://tacocabana.com)

Sea parte de nuestro eClub en  
[tacocabana.com](http://tacocabana.com)

L.D. 28918 14819 13005 13522

Au Bon Pain  
929 Gessner Road, Suite 150  
Houston, TX 77024  
713-464-2525

405 Karla M

-----  
Chk 1377 May17'11 11:06AM Gst 0  
-----

1 HOT TEA	1.69
1 MARBLE POUND CAK	2.29
CASH	5.31

Food Total	2.29
N/A BevTotal	1.69
Tax Total	0.33
Payment Made	4.31
Change Due	1.00



STORE MGR MARC BROCHSTEIN 713-365-6700  
THANK YOU FOR SHOPPING WITH US!

DELI

SIGNATURE CKN SALD	3.09 F
F/W BAL DUE	3.09
**** TAX .00 BAL	3.09
CASH	3.25
CHANGE	.16
5/18/11 19:53 1066 93 0179 8893	

YOUR CASHIER TODAY WAS SELF

-----  
Welcome Club Member! 2457  
-----

As of today, you have accumulated  
1 of 7 toward your Free  
Signature Cafe Sandwich!

LET US HEAR FROM YOU!  
1-877-723-3929 or visit RANDALLS.COM



STORE MGR MARC BROCHSTEIN 713-365-6700  
THANK YOU FOR SHOPPING WITH US!

DELI

SC SIDE DISH PARME	2.99 F
RegPrice	3.49
Card Savings	.50
GRILLED CHICKEN	5.98 F
F/W BAL DUE	8.97
**** TAX .00 BAL	8.97
CASH	20.00

CHANGE 11.03  
5/20/11 13:17 1066 54 0055 8854

YOUR CASHIER TODAY WAS SELF

-----  
Welcome Club Member! 2457  
-----

Card Savings	.50
Total	.50
Total Savings Value	5%

As of today, you have accumulated  
1 of 7 toward your Free  
Signature Cafe Sandwich!

LET US HEAR FROM YOU!  
1-877-723-3929 or visit RANDALLS.COM

# Walgreens

There's a way™

577 10 0752 03328 027

RFN# 0332-8270-7525-1105-1820

EDGE GEL 2.75	1A	2.29
LM A/FNG.42Z	1	12.49
F W ADHESV 2"X3"10S	1	3.49
BIORE STRIPS 2S	1A	-2.29
SUBTOTAL		20.56
A=8.25% SALES TAX		.38
TOTAL		20.94
DEBIT CARD		20.94
CASH BACK		.00



12350 Memorial Dr Houston, TX  
STORE (713)722-7247

F=ELIGIBLE FLEX SPEND ACCT ITEM (FSA)

THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING  
WALGREENS PRESCRIPTION SAVINGS CLUB  
SEE PHARMACY FOR DETAILS

MAY 18, 2011 7:49 PM

How are we doing?  
Enter our monthly sweepstakes for  
**\$3,000 cash**

Visit  
**WWW.TELLWAG.COM**  
or call toll free  
**1-800-763-0547**  
within 72 hours to take a short  
survey about this Walgreens visit

Survey#  
**0332-8270-752**

Password  
**5110-5182-016**

For contest rules, see store or  
[WWW.TELLWAG.COM](http://WWW.TELLWAG.COM)

WALGREENS #3328  
SEQ # 332827242 PAYMENT FROM PRIMARY  
CARD# \*\*\*\*\*5741

RETAIN THIS RECEIPT FOR YOUR RECORDS

MAY 18, 2011 7:49 PM

OFFICE DEPOT 61  
8202 KIRBY DR # 1240  
HOUSTON, TX 77054  
(713) 660-8667

05/13/2011 11.1D 6:15 PM  
STR 61 REG2 TRN 7517 EMP 599730

Product ID	Description	Total
577449	File, Exp, stnd, 7pkt	10.49 SS
725368	PENCIL, MY FRST, 4PK	3.19 SS
616900	NTBK, 1SBJCT, FSHN	3.99 SS

Subtotal	17.67
Sales Tax:	1.46
Total	19.13
Debit Card 5741	19.13

\*\*\*\*\*

Shop online at [www.officedepot.com](http://www.officedepot.com)

\*\*\*\*\*

**WE WANT TO HEAR FROM YOU!**

Participate in our 15 minute online  
customer survey and receive a coupon for  
\$10 off your next qualifying purchase  
of \$50 or more on office supplies,  
furniture and more.

Visit [www.officedepot.com/feedback](http://www.officedepot.com/feedback)

You will need the survey code below:

\*\*\*\*\*



22VTUG3PU43YBXMCM



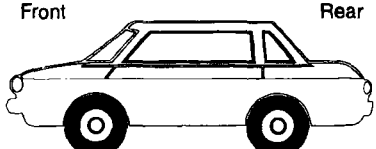
PRIMECO,  JERICO,  DOVE  
**AUTO TOWING LLC**

619 N. 27th • Houston, Texas 77008  
Tel.: 713-785-6555 • Fax: 713-785-9888  
E-mail: primeco@sbcglobal.net

027877

Call #: \_\_\_\_\_

Unit #: 1426-C

<input type="checkbox"/> C. #1453 <input type="checkbox"/> C. #1425 <input type="checkbox"/> C. #1426		DATE <u>5-17-01</u>	
<input type="checkbox"/> AAA <input type="checkbox"/> C.C. <input type="checkbox"/> Allstate <input type="checkbox"/> Private <input checked="" type="checkbox"/> Other			
Name <u>Francisco VA Quera</u>		Phone _____	
Location <u>S. Felipe Voss</u>			
Car Description: Year <u>00</u> Make <u>buick</u> Model <u>Lasater</u> Color <u>Whit</u> Lic. Plate <u>BX1 V625</u>			
Destination _____			
VIN # <u>1G4HR54K3YM229418</u>		Odometer _____	
Agent _____		Operator _____	
Member _____		Alternate Phone _____	
P.O. # _____			
Driver Name _____			
		DESCRIPTION	MILES
<b>Acknowledgement of Pre-Existing Damages</b> Front _____ Rear _____ 		Hook Up	
		Total Miles to Vehicle	
		Chargeable Out Bound	
		Total Two Miles	
		Chargeable Tow Miles	
Comments: <u>Lock keys in car's</u> <u>Truck</u>  Broken windshield: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>We authorize the wrecker service to tow or remove from our property the above listed vehicle. I am aware that service to my vehicle may result in damage to the vehicle and agree to indemnify and hold harmless the driver and/or the company for such damage.</small> Authorized by: <u>[Signature]</u> <input checked="" type="checkbox"/>		OTHER CHARGES	
		Fiat Tire	
		Jump Start	
		Lock Out	—
		Gas	40.00
		Winching Out	
		Work Time	
		Total	
		Charge to Customer	40.00
		Charge to Motor Club	

MINUTEMAN PRESS SOUTHWEST 713-777-6977

06/08





11441 Katy Fwy  
Houston, TX 77079  
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU  
Order 215715 5/9/2011 6:05:19 PM  
Employee: 13522 Name: Lucio

Per CKFJ Osa  
2 @ 4.69 9.38  
2 - PICG  
Lg SprBF Nacho 2.99  
1 w/ CHEESE  
Lg DIET COKE 1.99

SubTotal 14.36  
Tax 1.18  
Total 15.54  
Visa 15.54  
Change 0.00

Acct: xxxxxxxxxxxx5741  
Authorization 140557

ORDER# 415

We would like your feedback.  
Participe en nuestra encuesta.

Visit [www.cabanacares.com](http://www.cabanacares.com)

Or call 1-800-360-3246

Respond within 3 days, and receive \$1.00  
off next purchase excluding alcohol.

Not valid with any other discount.

Coupon # (PLU117)

Join our club at [tacobana.com](http://tacobana.com)

See our terms at [tacobana.com](http://tacobana.com)

[tacobana.com](http://tacobana.com)

Tel: 25719 14809 11505 13522

75.53



Right Store. Right Price.

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS SELF CHECKOUT

BRHD HNY TKY 5.99 F  
SARA SWS CHS 4.99 F  
KROGER PLUS CUSTOMER \*\*\*\*\*8568  
KRD EGGS LRG 1.43 F  
PRSL SORBET PC 2.39 F  
SC KROGER SAVINGS 0.10  
TROP ORNG JC 5.89 F  
PRML 20 MILK 3.49 F  
TAX 0.00  
\*\*\*\* BALANCE 24.18  
\*\*\*\*\*5741  
REF#: 000000  
PURCHASE: 24.18  
CASHBACK: 20.00  
TOTAL: 44.18

DEBIT 44.18  
CHANGE 20.00  
TOTAL NUMBER OF ITEMS SOLD - 6

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*  
KROGER PLUS SAVINGS \$ 0.10  
TOTAL COUPONS \$ 0.10  
TOTAL SAVINGS (0 pct.) \$ 0.10  
\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

05/11/11 10:04pm 161 84 250 #  
\*\*\*\*\*  
ENTER TO WIN  
5/30



Right Store. Right Price.

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Arthur

	KRO WATER	0.76 F
SC	10% SENIOR Disc.	0.08-F
	KRO WATER	0.76 F
SC	10% SENIOR Disc.	0.08-F
	PRSL SORBET	2.39 F
	PC	
SC	KROGER SAVINGS	0.10
SC	10% SENIOR Disc.	0.24-F
	SNSW JUICE	3.89 F
	2.66 lb @ 0.49 /lb	
WT	BANANAS	1.30 F
	KROGER PLUS CUSTOMER	*****9205
	TAX	0.08
	**** BALANCE	8.70
	*****5741	
	REF#: 000000	
	PURCHASE: 8.70	
	CASHBACK: 40.00	
	TOTAL: 48.70	

	DEBIT	48.70
	CHANGE	40.00
	TOTAL NUMBER OF ITEMS SOLD =	5
***** KROGER SAVINGS *****		
	KROGER PLUS SAVINGS	\$ 0.50
	TOTAL COUPONS	\$ 0.50
	TOTAL SAVINGS (5 pct.)	\$ 0.50
***** KROGER SAVINGS *****		

05/09/11 08:27pm 161 82 208 #  
 \*\*\*\*\*  
 April Fuel Points remaining - 421  
 Redeem 100pts to save .10 per gal  
 on 1 fill-up.  
 Each month is a separate accumulation  
 period and do not combine.  
 5/31/11.  
 \*\*\*\*\*



11441 Katy Fwy  
Houston, TX 77079  
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU  
Order 214558 5/5/2011 6:17:17 PM  
Employee: 13522 Name: Lucio

P2-CHZ Ench		
2 @	4.99	9.98
2 RICE		
2 REFR		
2 SF Tort 2		
6oz GUAC		2.19
	SubTotal	12.17
	Tax	1.00
	Total	13.17
	Cash	13.17
	Change	0.00

ORDER# 458

We would like your feedback.  
Participe en nuestra encuesta.

SALE RECEIPT  
 Store #37552 tko 05/10/11 14:03:53  
 Trans# 158 Clerk 21 Dwr 1 TRDT 051011  
 Receipt # 0000221106 Reg-ID REG-MAIN  
 --- ITEM --- QTY PRICE MEMO PLU  
 CkBacRch Br 1 T \$ 4.50 18778  
 TURKEY/HAMfr 1 T \$ 6.00 10224  
 DRK-21oz 1 TD\$ 1.112.00dea10002  
 CHIPS 1 TD\$ 0.892.00dea10020  
 SUBST LG 1 T \$ 0.30 10500

SUBTOTAL \$ 12.80  
 Sales Tx \$ 1.06

TAKE-OUT \*\*TOTAL \$ 13.86  
 dslCredIAMT TEND \$ 13.86

CHANGE DUE\$ 0.00

how'd we do ? get a free cookie  
 take 1 min survey at [www.tellsubway.com](http://www.tellsubway.com)

Approval No: 100417  
 Reference No: 100417  
 Account No: \*\*\*\*\*5741  
 Card Issuer: VISA  
 Amount: \$13.86

Take our 1-minute Survey at  
[www.tellsubway.com](http://www.tellsubway.com) and receive a free  
 cookie. Keep your receipt and write  
 your unique coupon code  
 here \_\_\_\_\_.

Host Order ID: 0819.rwu4







**Right Store. Right Price.**

14344 MEMORIAL  
 (281) 493-1702  
 YOUR CASHIER WAS Krystal

	NTRD BREAD	2.79 F
	PRNGL SNACK	0.88 F
	COCA-COLA	1.59 B
	WRIGHTS BACN	PC 8.39 F
SC	<b>KROGER SAVINGS</b>	<b>0.60</b>
	JHNSNVL BRAT	PC 0.00 F
SC	<b>KROGER SAVINGS</b>	<b>5.99</b>
	JHNSNVL BRAT	PC 5.99 F
	LETTUCE HEAD	1.28 F
KROGER	PLUS CUSTOMER	*****2679
	TAX	0.13
****	<b>BALANCE</b>	<b>21.05</b>

034 KROGER #161  
 14344 MEMORIAL  
 HOUSTON TX 77079  
 VISA Purchase  
 \*\*\*\*\*6258  
 TOTAL: 21.05  
 REF#: 012716

VISA	21.05
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	7

***** KROGER SAVINGS *****	
KROGER PLUS SAVINGS	\$ 6.59
TOTAL COUPONS	\$ 6.59
TOTAL SAVINGS (23 pct.)	\$ 6.59
***** KROGER SAVINGS *****	

05/21/11 03:28pm 161 7 87 114  
 \*\*\*\*\*  
**May Fuel Points**  
 Now Redeem Fuel Points at Kroger Fuel  
 Centers & Participating Shells!  
 Redeem 100pts to save .10 per gal.  
 Save up to \$1 per gal at Kroger OR  
 .10 per gal at Shell on 1 fill-up.  
**Fuel Points this order = 21**  
**Fuel Points earned this month = 131**  
 Each month is a separate accumulation  
 period. Previous and Current months  
 points do not combine.  
 Highest unredeemed discount from last  
 OR current month will apply at pump.  
 This months points expir: 6/30/11.  
 See Store for Details & Restrictions  
 Or Visit [www.kroger.com](http://www.kroger.com)  
 \*\*\*\*\*

\*\*\*\*\*

**YOU SAVED \$6.59**  
**WITH OUR PLUS CARD**

\*\*\*\*\*

Thank you for shopping Kroger

# TIME SHEET

Employee Name: Michael Brooks Title: Caregiver  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/22-23/11	7:00pm	8:00am	13 hrs	13 hrs
WEEKLY TOTALS:			13 hrs	

Employee Signature: Michael Brooks Date: 5/23/11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\$ 195.00  
 12.00 parking  
 -----  
 \$ 207.00  
 PD: 5/22/11

# TIME SHEET

Employee Name: Michael Brooks Title: Caregiver  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/23-24/11	8:00pm	8:30am	12 1/2 hrs	12 1/2 hrs
WEEKLY TOTALS:			12 1/2 hrs	

Employee Signature: Michael Brooks Date: 5/24/11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\$187.50  
 Parking 2.00  
194.50  
 GAS 25.00  
219.50

pd. 5/24 \$219.50

SAN FELIPE RT 513 HOUSTON TX 77038  
4423 SAN FELIPE  
HOUSTON, TX 77038

05/20/09 11:03 AM

Register

REP

Regular tax	\$15.00	09
	\$15.00	
	\$0.00	
	\$15.00	
	\$0.00	
Taxes	\$15.00	

# TIME SHEET

Employee Name: Michael Brooks Title: CAREGIVER  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5/24-25/11	6:30am	8:00pm	13 1/2 hrs	
WEEKLY TOTALS:			13 hrs	

Employee Signature: Michael Brooks Date: 5/25/11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

20250  
 GAS 13.00  
 PARKING 12.00  
 Rd 5-25 \$227.50

# TIME SHEET

Employee Name: Faustino Vaquera Title: \_\_\_\_\_  
 Week: May 23, 2011 May 27, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5-23 Mon	10:00am	12:00am	14	
5-24 Tues	12:00am	12:00am	24	
5-25 Wed	12:00am	12:00am	24	
5-26 Thu	12:00am	12:00am	24	- 86
5-27 Frid	12:00am	11:00am	11	
WEEKLY TOTALS:			97	

Employee Signature: *Faustino Vaquera* Date: 5-27-11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

$$\begin{array}{r} 97 \\ \times 15.00 \\ \hline 1455.00 \end{array}$$
*pd 5/27*  
 Walker's Food 166.50 +  $\begin{array}{r} 1455.00 \\ \hline 166.50 \end{array}$   
 Total 1621.50

KFC  
14490 Memorial Dr  
Houston, TX 77079  
(281)497-0061  
2011-05-24

**CREDIT SALE**

**CHARGE DETAIL**

Card Type: Visa  
Account: \*\*\*\*\*5741 S  
Auth Code: 163471  
Trans #: 2264  
Auth Ref: 00001SH8  
Sequence #: 082641

AUTH AMT: \$7.23  
BALANCE: \$0.00

2011-05-24 L1 T2 7:45 PM

**CUSTOMER COPY**

WAY ON BACK! | \$1,000 GIVEAWAY ON BACK! | \$1,000 GIVEAWAY ON BACK!

233 10 1755 05094 037  
233 10 1756 05094 037

RFN# 0509-4371-7565-1105-2520

F MEDLINE WLKR W/PDL 1 89.99  
TOTAL 89.99  
DEBIT CARD 89.99  
CASH BACK .00



14616 Memorial Drive Houston, TX  
STORE (281)493-3043

F=ELIGIBLE FLEX SPEND ACCT ITEM (FSA)

OPEN 24 HOURS  
THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING  
WALGREENS PRESCRIPTION SAVINGS CLUB  
SEE PHARMACY FOR DETAILS

MAY 25, 2011 2:42 PM

How are we doing?  
Enter our monthly sweepstakes for  
\$3,000 cash

Visit  
[WWW.TELLWAG.COM](http://WWW.TELLWAG.COM)  
or call toll free  
1-800-763-0547  
within 72 hours to take a short  
survey about this Walgreens visit

Survey#  
0509-4371-756

Password  
5110-5252-016

For contest rules, see store or  
[WWW.TELLWAG.COM](http://WWW.TELLWAG.COM)

WALGREENS #5094  
SEQ # 509437007 PAYMENT FROM PRIMARY  
CARD# \*\*\*\*\*5741

RETAIN THIS RECEIPT FOR YOUR RECORDS

MAY 25, 2011 2:42 PM





Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

3.05 lb @ 0.49 /lb
WT BANANAS 1.49 F
PRSL SORBET PC 2.39 F
SC KROGER SAVINGS 0.10
SC 10% SENIOR Disc. 0.24-F
ICBINB MARGR 2.24 F
LCLK BUTTER 4.39 F
KRO GARB BAG 1.99 T
SC 10% SENIOR Disc. 0.20-T
KRO GARB BAG 1.99 T
SC 10% SENIOR Disc. 0.20-T
GLAD PL WRAP PC 2.99 T
SC KROGER SAVINGS 0.20
KNKA BEARS PC 5.79
SC KROGER SAVINGS 1.20
CREST VIVD PC 2.49 T
SC KROGER SAVINGS 0.97
KRO FRT CUP 1.76 F
SC 10% SENIOR Disc. 0.18-F
OJ MTH RINSE 7.49
DANN YOGLRT 2.19 F
MTHR COOKIES 2.65 F
KRO GLOVES 8.29
SC 10% SENIOR Disc. 0.83-
PFM BREAD 3.89 F
KROGER PLUS CUSTOMER \*\*\*\*\*9205
TAX 0.75
\*\*\*\* BALANCE 51.13

034 KROGER #1161
14344 MEMORIAL
HOUSTON TX 77075
VISA Purchase
\*\*\*\*\*5741
TOTAL: 51.13
REF#: 194506

VISA 51.13
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 15

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*
KROGER PLUS SAVINGS \$ 4.12
TOTAL COUPONS \$ 4.12
TOTAL SAVINGS (7 pct.) \$ 4.12
\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

05/25/11 09:41pm 161 84 229 999
\*\*\*\*\*
April Fuel Points remaining = 421
Redeen 100pts to save .10 per gal
on 1 fill-up.
Each month is a separate accumulation
period. Points do not combine.
These points expire 5/31/11.

ENTER TO WIN
ONE OF 30
\$100 GIFT CARDS

You are invited to complete a survey
about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

You need this receipt to respond

\*\*\*\*\*



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

GLAC WATER PC 1.00 B
SC KROGER SAVINGS 0.29
GLAC WATER PC 1.00 B
SC KROGER SAVINGS 0.29
GLAC WATER PC 1.00 B
SC KROGER SAVINGS 0.29
PRSL SORBET PC 2.39 F
SC KROGER SAVINGS 0.10
SC 10% SENIOR Disc. 0.24-F
BRDN CTG CHS PC 2.69 F
SC KROGER SAVINGS 0.20
KROGER PLUS CUSTOMER \*\*\*\*\*9205
TAX 0.25
\*\*\*\* BALANCE 8.09
\*\*\*\*\*5741
REF#: 000000
PURCHASE: 8.09
CASHBACK: 0.00
TOTAL: 8.09

DEBIT 8.09
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 5

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*
KROGER PLUS SAVINGS \$ 1.41
TOTAL COUPONS \$ 1.41
TOTAL SAVINGS (15 pct.) \$ 1.41
\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

05/23/11 09:50pm 161 84 217 999
\*\*\*\*\*
April Fuel Points remaining = 421
Redeen 100pts to save .10 per gal
on 1 fill-up.

Each month is a separate accumulation
period. Points do not combine.
These points expire 5/31/11.

ENTER TO WIN
ONE OF 30
\$100 GIFT CARDS

You are invited to complete a survey
about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

You need this receipt to respond

\*\*\*\*\*
\*\*\*\*\*
May Fuel Points

Now Redeem Fuel Points at Kroger Fuel
Centers & Participating Shells!
Redeen 100pts to save .10 per gal.
Save up to \$1 per gal at Kroger OR
.10 per gal at Shell on 1 fill-up.

Fuel Points this order = 8
Fuel Points earned this month = 272
Each month is a separate accumulation
period. Previous and Current months
points do not combine.

Highest unredeemed discount from last
OR current month will apply at pump.
This months points expire 6/30/11.
See Store for Details & Restrictions
Or Visit www.kroger.com

\*\*\*\*\*

\*\*\*\*\* RECEIPT IS REPRINTED \*\*\*\*\*

05/26/11 12:27:10

SALE RECEIPT

Store #37552 tko 05/26/11 12:25:43

Subway Sandwiches & Salads

11177B Katy Fwy.

Houston

TX 77079

Trans# 93 Clerk 09 Dwr 1 TRDT 052611

Receipt # 0000223535 Reg-ID REG-MAIN

--- ITEM --- QTY PRICE MEMO PLU

\*\*\*\*\* RECEIPT IS REPRINTED \*\*\*\*\*

TURKEY/HAMfr	1	T	\$	6.00	10224
DRK-21oz	1	TD	\$	1.112.00dea	10002
CHIPS	1	TD	\$	0.892.00dea	10020
SUBST LG	1	I	\$	0.30	10500
COOKIES-2	1	T	\$	0.99	10018

SUBTOTAL \$ 9.29

Sales Tx \$ 0.77

TAKE-OUT \*\*TOTAL \$ 10.06

Cash AMT TEND \$ 20.06

CHANGE DUE \$ 10.00

how'd we do ? get a free cookie  
take 1 min survey at [www.tellsubway.com](http://www.tellsubway.com)

\*\*\*\*\* RECEIPT IS REPRINTED \*\*\*\*\*

# TIME SHEET

Employee Name: Robert Cantu

Title: \_\_\_\_\_

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
5-27-11	11 Am			
		11 Am		24 hr
5-28-11	11 Am			
5-29-11		11 Am		24 hr
WEEKLY TOTALS:				48 hrs.

Employee Signature: Robert Cantu

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\$ 796.86  
pd

1,864.  
 45.22 ~~HEB~~ Kroger  
~~Waltz~~  
 23.00 H.C.B.  


---

 \$ 761.86

# Walgreens

There's a way™

451 10 6111 03328 027

RFN# 0332-8276-1110-1105-2920

PUFFS 108CT 1A 3.99  
 PUFFS 108CT 4S 1A 3.99  
 SUBTOTAL 7.98

A=8.25% SALES TAX .66  
 TOTAL 8.64

VISA 8.64  
 ACCT#\*\*\*\*\*6258  
 CHANGE .00



12850 Memorial Houston TX  
 STORE (713) 75

THANK

SAVE P. NO. PRESCRIPTION. JOINING  
 WAL. DESCRIPTION CLUB  
 FOR

MAY 29, 9:26 AM

How are we doing?  
 Enter our monthly sweepstakes for  
 \$5,000 cash

Visit  
[www.TELLWAG.COM](http://www.TELLWAG.COM)  
 or call toll free

1-800-763-0547  
 within 72 hours to take a short  
 survey about this Walgreens visit

Survey#  
 03-8276-111

password  
 011-5292-016

For contest rules, see store or  
[www.TELLWAG.COM](http://www.TELLWAG.COM)

RETAIN THIS RECEIPT AND RECORDS

MAY 29, 2001 AM



Right Store. Right Price.

14344 MEMORIAL  
 (281) 493-1702  
 YOUR CASHIER WAS Garrick

	V8 SOUP		2.89 F
	V8 SOUP		2.89 F
	GM GALLERIOS		3.40 F
1 @ 4/5.00	KRO SHERBET	PC	1.00 F
SC	KROGER SAVINGS		0.25
1 @ 2/4.00	BBFL INTERM		2.00 F
	KRO		0.69 F
		PC	1.79 B
			*****2470
KROGER PLUS MEMBER			
SC	KROGER SAVINGS		0.10
	TROP ORNG JC		2.94 F
	ADLP RICE	PC	1.99 F
SC	KROGER SAVINGS		0.10
	SARG CHEESE	PC	2.50 F
SC	KROGER SAVINGS		1.09
	SARG CHEESE	PC	2.50 F
SC	KROGER SAVINGS		1.09
	MSSN TORTILLO		4.39 F
	KRO COOKIES		1.99 F
	BRKSTN CC		2.59 F
1 @ 2/3.00	PRNGL SNACK		1.50 F
	CKN SSG LINK		5.99 F
	PFM COOKIES	PC	2.00 F
SC	KROGER SAVINGS		1.49
2 @ 2/1.00	BKRY BAGEL		1.00 F
2 @ 0.89	AVOCADO HASS		1.78 F
	DATSY SR CRM		1.69 F
	CHL TOMATO		0.94 F
	CTG CHS		2.79 F
SC	KROGER SAVINGS		1.99 F
	PATO		0.15
			53.39
	*** BALANCE		

034 KROGER #161  
 14344 MEMORIAL  
 HOUSTON TX 77079  
 VISA #14344  
 \*\*\*\*\*6258  
 TOTAL: 53.39

# TIME SHEET

Employee Name: Katrina Harper Title: Private caregiver/CNA  
 Week: May 29

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
May 29-11	9:00 AM	9:00 AM	24	24
<del>May 30-11</del>				
<b>WEEKLY TOTALS:</b>				24

Employee Signature: Katrina Harper Date: May 30, 2011  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2  
 24  
 15  
 ---  
 120  
 24  
 ---  
 \$ 360

# TIME SHEET

Employee Name: Robert L Carter Title: \_\_\_\_\_

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
6.2.11	7pm			
6.3.11		7pm		24
6.3.11	7pm			
6.4.11		7pm		24
6.4.11	7pm			
6.5.11		10 Am		15
WEEKLY TOTALS:				63

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

945  
 45 HERB  
 25 Kroger  


---

 \$ 1115.00

# TIME SHEET

Employee Name: Katrina Harper

Title: Private Sitter

Week: 6-5-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
6-5-11	9:00 AM	9:00 AM	24	24
<b>WEEKLY TOTALS:</b>			24	

Employee Signature: *Katrina Harper*

Date: 6-5-11

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

24  
 15  
 120  
 24  
 ---  
 360





Newas Car

\*\*\* REPRINT \*\*\* REPRINT \*\*\* REPRINT \*\*\*

KATY FRWY EXX0, 4730-53  
5401 KATY FRWY  
HOUSTON, TX

07/11/2011 10:22:32 PM 3900

VISA XXXXXXX5741 VISA  
JR/FAUSTINO VAQUERA  
INVOICE C4R4323  
AUTH 192613

PRICE/GAL 3.559  
TOTAL \$10.06

\*\*\* REPRINT \*\*\* REPRINT \*\*\* REPRINT \*\*\*

-----  
Total = \$10.06

CRIND Credit \$10.06

\*\*\* REPRINT \*\*\* REPRINT \*\*\* REPRINT \*\*\*

Credit

\*\*\* REPRINT \*\*\* REPRINT \*\*\* REPRINT \*\*\*

Protein Bene  
**Walgreens**  
There's a way™

205 10 3695 05094 028

RFN# 0509-4283-6959-1107-1820

AZ I/TEA MNG230Z 1 .99  
HSY RS PB CUP1.50Z A .69 SALE  
RSRC BNPRTN CAN BZ 1 16.99  
SUBTOTAL 18.67

A=8.25% SALES TAX .06  
TOTAL 18.73

VISA 18.73  
ACCT#\*\*\*\*\*1437  
CHANGE .00

WAG ADVERTISED SAVINGS: .30

YOUR TOTAL SAVINGS: .30



14616 Memorial Drive Houston, TX  
STORE (281)493-3043

OPEN 24 HOURS  
THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING  
WALGREENS PRESCRIPTION SAVINGS CLUB  
SEE PHARMACY FOR DETAILS

RETAIN THIS RECEIPT FOR YOUR RECORDS

JULY 18, 2011 7:30 PM

Baskin-Robbins  
12740 Memorial Dr.  
Houston, TX  
713-973-1990

**Table Q#1**

Trans#: 3167 Serv: HABE  
07/20/2011 02:34 PM # Cust:1

Quan	Descript	Cost
2	Single Scoop	\$5.18
Net Total:		\$5.18
TAX		\$0.43
<b>TOTAL:</b>		<b>\$5.61</b>
CASH		\$10.00
Change		\$4.39

Thank you  
FIRST BR IN HOUSTON 1964

# TIME SHEET

Employee Name: Katrina Harper

Title: PRIVATE Sitter

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
7-14-11	1:00	8:00	7	
7-16-11	9:00 pm	9:00 AM	12	
7-17-11	9:00 AM	9:00 AM	24	
WEEKLY TOTALS:				43 hrs

Employee Signature: Katrina Harper

Date: 7-18-11

Supervisor Signature: Nelva Brunsting

Date: 7-18-11

$$\begin{array}{r} 43 \\ 15 \\ \hline 215 \\ 43 \\ \hline 645 \\ 21 \text{ } \leftarrow \text{HEB} \\ \hline 666 \\ 7.50 \text{ half + hour from last week} \\ \hline 673.50 \end{array}$$

Everyday low prices without a card  
**Big Savings Start**  
**At H-E-B**

HEB Food-Drugs #43/541  
10100 Beechnut  
Houston, TX 77072  
Phone: (281) 564-5201  
Pharmacy: (281) 564-5209  
Fax: (281) 564-5247  
Store Hours: 6 a.m. to 1 a.m.  
Your Cashier: MARIE



739474 07-17-11 1:28P 203/09/00541

1073 9474 0717 1113 2800 541

1	KRAFT SHREDS CHED AMER VA F	2.48
2	DS ACRYLIC DW GO CUP PRPL T	4.00
3	HCF EXTRA-LARGE GRADE A E F	2.52
4	GIORGIO SLICED MUSHROOMS F	1.34
5	HOMESTYLE CHICKEN SALAD TF	4.34
6	HF ULTRA THIN HONEY TURKE	
	1 Ea. @ 2/ 3.00 F	1.50
7	GRN GIANT BROCCOLI W CHES F	1.50
8	KITCHEN BASICS CHICKEN ST F	0.79
9	CAMP HLTHY REQ.CRM CHICKN F	1.22
10	OZARKA WATER SPRING F	1.14
***** Sale Subtotal***		20.83
	Sales Tax	0.33
***** Total Sale***		21.16
	16.83	
*** EBT FOODSTMP		16.83
	4.33	
*** CASH		5.00
Change :	0.67 \$	

=====

ITEMS PURCHASED: 10

=====

# TIME SHEET

Employee Name: Faustino Vaquera Title: \_\_\_\_\_  
 Week: July 04, 2011 — July 07, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
7-4 Mon	10:30	12:00am	13.5	
7-5 Tues	12:00am	12:am	24	
7-6 wed	12:00am	9:00pm	21	
↓	10:00pm	12:00am	2	
7-7 Thu	12:00am	1:00pm	13	
↓	3:00	5:00pm	2	
<b>WEEKLY TOTALS:</b>			75.5	

Employee Signature: [Signature] Date: July 7, 2011  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

pd WEB

+ + 1125.00  
 + 41.70  
 15.00 1166.70  
 BackGround Check Fee From  
 The Concierge

Total 1166.70

# Walgreens

There's a way™

JUNE 29, 2011 9:16 PM  
 521 10 7547 05094 028  
 521 10 7548 05094 028

RFN# 0509-4287 5485-1106-2920

PLAN AHEAD PLANNER 1A 4.29  
 PLAN AHEAD PLANNER 1A 4.29  
 SUBTOTAL 8.58

A=8.25% SALES TAX .71  
 TOTAL 9.29

CHANGE CASH 10.00  
 .71



14616 Memoria Drive Houston, TX  
 STORE (281) 493-3043

OPEN 24 HOURS

# Randalls

STORE MGR MARC BROCHSTEIN 713-365-6700  
 THANK YOU FOR SHOPPING WITH US!

## GROCERY

PICANTE SAUCE 16OZ 1.99 F  
 MISSION TORTILLA 1.69 F

## REFRIG/FROZEN

SS MANGO SORBET 2.50 F  
 RegPrice 3.49  
 Card Savings .99-  
 SFY CORN 1.29 F  
 SOUR CREAM 1.99 F  
 RegPrice 2.55  
 Card Savings .56-

## MEAT

BREAST FILLETS 5.86 F  
 RegPrice 8.80  
 Card Savings 2.94-

## PRODUCE

1@.99 GREEN BELL PEPPERS .99 F  
 0.74 lb @ \$1.49 /lb  
 WT WHITE ONIONS 1.10 F  
 F/W BAL DUE 17.41  
 \*\*\*\*\* TAX .00 BAL 17.41  
 VF DEBIT CARD 17.41

CHANGE .00  
 7/04/11 17:02 1066 52 0136 8852

YOUR CASHIER TODAY WAS SELF

# TIME SHEET

Employee Name: Katrina Harper

Title: Private Sitter

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
June 30	1pm	9pm	8	8
July 3	11AM	9AM	22	22
<b>WEEKLY TOTALS:</b>				30

Employee Signature: Katrina Harper

Date: 7-4-11

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

30  
 15  
 ---  
 150  
 30  
 ---  
 \$450.00

# TIME SHEET

Employee Name: Robert Calhoun Title: \_\_\_\_\_  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
6.30.11	9pm		Thurs	
7.1.11		9pm	Fri	24
7.1.11	9pm		Fri	
7.2.11		9pm	Sat	24
7.2.11	9am		Sat	
7.3.11		11 Am	Sun	14
<b>WEEKLY TOTALS:</b>				62

Employee Signature: Robert Calhoun Date: \_\_\_\_\_  
 Supervisor Signature: Nelva Brunsting Date: \_\_\_\_\_

930.00



# TIME SHEET

Employee Name: Kathleen Harper

Title: CNA / Sitter

Week: 6-26-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
6-26-11	9:00 am	9:00 am	24hr	24hrs
<b>WEEKLY TOTALS:</b>				24

Employee Signature: Kathleen Harper

Date: 6-26-11

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# TIME SHEET

Employee Name: FAUSTINO Vaquera Title: \_\_\_\_\_  
 Week: June 27, 11 ————— June 30, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
6-27 Mon	10:00 am	12:00 am	14	
6-28 Tues	12:00 am	7:00 pm	19	
↓	8:00 pm	12:00 am	4 <del>40</del>	
6-29 Wed	12:00 am	12:00 am	24	
6-30 Thur	12:00 am	1:00 pm	13	
<b>WEEKLY TOTALS:</b>			<u>74</u>	

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

$$\begin{array}{r}
 74 \\
 \times 15.00 \\
 \hline
 1110. \\
 + 11.65 \\
 \hline
 \text{Total } 1,121.65
 \end{array}$$



11441 Katy  
 Houston, TX 77079  
 Store# 20148 Phone# (713) 993-1144

Reg 4 - DRIVE THRU  
 Order 231240 E/27/2011 6:38:18 PM  
 Employee: 51776 Name: Daniel

P2-CHZ Ench	5.19
1 RICE	
1 REFR	
1 SF Tort 2	
3oz SRCRM	0.99
Per SprBF Nacho	2.59
1 w/ CHEESE	
1/2g DR PEPPER	1.99
-----	
SubTotal	10.76
Tax	0.89
Total	11.65
Cash	12.00
Change	0.35

ORDER# -----

We would like your feedback.  
 Participe en nuestra encuesta.

visit [www.tacobanades.com](http://www.tacobanades.com)

Or call 1-800-360-3245

Respond within 3 days, and receive \$1.00

off next food purchase excluding alcohol.

Not valid with any other discount.

Coupon # \_\_\_\_\_ (PLU117)

Join our eClub at [tacobana.com](http://tacobana.com)

Sea parte de nuestro eClub en

[tacobana.com](http://tacobana.com)

I.D. 21218 14827 34005 51776





11441 Katy Fwy  
Houston, TX 77079  
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU  
Order 222736 5/31/2011 6:28:47 PM  
Employee: 51776 Name: Daniel

P2-CHZ Ench	4.99
1 RICE	
1 REFR	
1 SF Tort 2	
3oz GUAC	0.99
-----	
SubTotal	5.98
Tax	0.49
Total	6.47
Cash	10.00
Change	3.53

ORDER# 436-----

We would like your feedback.  
Participe en nuestra encuesta.

Visit [www.cabanacares.com](http://www.cabanacares.com)  
Or call 1-800-360-3245

Respond within 3 days, and receive \$1  
off next food purchase excluding  
Not valid with any other discou

Coupon # \_\_\_\_\_ (LU117)

Join our eClub at [tacocabana.com](http://tacocabana.com)  
Sea parte de nuestro eClub en  
[tacocabana.com](http://tacocabana.com)  
I.D. 22718 14831 23605 51776

# Walgreens

There's a way™

590 10 1160 03328 031

RFN# 0332-8311-1600-1106-0220

G/2B PMD 20Z	1A	6.49	BGLP
G/2B PMD 20Z	1A	6.49	BGLP
SIMPLICITY PAD 60S	1A	1.39	
G/2B PMD 20Z	1A	6.49	-FREE
SUBTOTAL		7.88	

A=8.25% SALES TAX .65  
TOTAL 8.53

DEBIT CARD 28.53  
CASH BACK 20.00

WAG ADVERTISED SAVINGS: ~~6.49~~

YOUR TOTAL SAVINGS: 6.49



12850 Memorial Dr Houston, TX 1.39  
STORE (713)722-7247

THANK YOU

SAVE ON YOUR PRESCRIPTIONS BY JOINING  
WALGREENS PRESCRIPTION SAVINGS CLUB  
SEE PHARMACY FOR DETAILS

JUNE 2, 2011 2:01 PM

How are we doing?  
Enter our monthly sweepstakes for  
\$3,000 cash

Visit  
[WWW.TELLWAG.COM](http://WWW.TELLWAG.COM)  
or call toll free

1-800-763-0547  
within 72 hours to take a short  
survey about this Walgreens visit

Survey#  
0332-8311-160

Password  
0110-6022-016

For contest rules, see store or  
[WWW.TELLWAG.COM](http://WWW.TELLWAG.COM)

WALGREENS #3328  
SEQ # 332831040 PAYMENT FROM PRIMARY  
CARD# \*\*\*\*\*5741

RETAIL RECEIPT FOR YOUR RECORDS

JUNE 2, 2011 2:01 PM

# TIME SHEET

Employee Name: Robert L Cantu Title: \_\_\_\_\_

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
6/23/11	7 pm			1
6/24/11	-	7 pm		24
6/24/11	7 pm			
6/25/11		7 pm		24
6/25/11	7 pm			
6/26/11		9 am		<u>14</u>
<b>WEEKLY TOTALS:</b>				62

$$\begin{array}{r} 62 \\ - 2 \\ \hline 60 \end{array}$$

Employee Signature: Robert Cantu Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

926.19



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS Krystal

KRO WATER 0.78 F
KRO WATER 0.78 F
KRO WATER 0.78 F
FX KRO GLOVES 5.99 Q
CHRMN UL SFT 4.99 T
PONR CRNMEAL 1.29 F
KROGER PLUS CUSTOMER \*\*\*\*\*2679
CAMP SOUP 2.59 F
CAMP SOUP 2.59 F
KRO IC SNDW PC 1.67 F
SC KROGER SAVINGS 0.32
TAX 0.41
\*\*\*\* BALANCE 21.87

034 KROGER #161
14344 MEMORIAL
HOUSTON TX 77079
VISA Purchase
\*\*\*\*\*6258
TOTAL: 21.87
REF#: 015720

VISA 21.87
CHANGE 0.00
TOTAL NUMBER OF ITEMS SOLD = 9

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*
KROGER PLUS SAVINGS \$ 0.32
TOTAL COUPONS \$ 0.32
TOTAL SAVINGS (1 pct.) \$ 0.32
\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

06/04/11 07:57pm 161 7 197 114

\*\*\*\*\*

May Fuel Points remaining = 125
Redeem 100pts to save .10 per gal
on 1 fill-up.

Each month is a separate accumulation
period. Points do not combine.

These points expire 6/30/11



Right Store. Right Price.

14344 MEMORIAL
(281) 493-1702
YOUR CASHIER WAS SELF CHECKOUT

KROGER PLUS CUSTOMER \*\*\*\*\*2679
BATTERIES 3.99 T
TAX 0.33
\*\*\*\* BALANCE 4.32

\*\*\*\*\*

REF#: 000000

PURCHASE

CASHBA

TOTAL

DEBIT 19.32
CHANGE 15.00

NUMBER OF ITEMS SOLD = 1
06/04/11 08:43pm 161 84 196 999

\*\*\*\*\*

ENTER TO WIN
ONE OF 30
\$100 GIFT CARDS

You are invited to complete a survey
about your recent visit to Kroger
Answer by Internet @
www.tellkroger.com

You need this receipt to respond

\*\*\*\*\*

\*\*\*\*\*

June Fuel Points

New Redeem Fuel Points at Kroger Fuel
Centers & Participating Shells!
Redeem 100pts to save .10 per gal
Save up to \$1 per gal at Kroger OR
.10 per gal at Shell on 1 fill-up.

FUEL POINTS THIS ORDER = 4
FUEL POINTS THIS MONTH = 76

Each month is a separate accumulation
period. Previous and Current months
points do not combine.

Highest unredeemed discount from last
OR current month will apply at pump.
This month's points expire 7/31/11.
See Store for Details & Restrictions
Or Visit www.kroger.com

\*\*\*\*\*

Thank you for shopping Kroger

\*\*\*\*\*

SURVEY ENTRY CODE - 034 354

\*\*\*\*\*



Right Store. Right Price.

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Krystal

	KRO WATER	0.78	F
	KRO WATER	0.78	F
	KRO WATER	0.78	F
FX	KRO GLOVES	5.99	Q
	CHRMN UL SFT	4.99	T
	PONR CRNMEAL	1.29	F
	KROGER PLUS CUSTOMER	*****2679	
	CAMP SOUP	2.59	F
	CAMP SOUP	2.59	F
	KRO IC SNDW	PC	1.67 F
SC	KROGER SAVINGS	0.32	
	TAX	0.41	
	**** BALANCE	21.87	

034 KROGER #161  
14344 MEMORIAL  
HOUSTON TX 77079  
VISA Purchase  
\*\*\*\*\*6258  
TOTAL: 21.87  
REF#: 015720

	VISA	21.87
	CHANGE	0.00
TOTAL	NUMBER OF ITEMS SOLD =	9

*****	KROGER SAVINGS	*****
	KROGER PLUS SAVINGS	\$ 0.32
	TOTAL COUPONS	\$ 0.32
	TOTAL SAVINGS (1 pct.)	\$ 0.32
*****	KROGER SAVINGS	*****

06/04/11 07:57pm 161 7 197 114

\*\*\*\*\*

May Fuel Points remaining = 125  
Redeem 100pts to save .10 per gal  
on 1 fill-up.

Each month is a separate accumulation  
period. Points do not combine.  
These points expire 6/30/11



Right Store. Right Price.

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS SELF CHECKOUT

KROGER PLUS CUSTOMER	*****2679
BATTERIES	3.99 T
TAX	0.33
**** BALANCE	4.32
*****	
REF#: 000000	
PURCHASE	
CASH BALANCE	
TOTAL	

DEBIT	19.32
CHANGE	15.00

NUMBER OF ITEMS SOLD = 1  
06/04/11 08:43pm 161 84 196 999  
\*\*\*\*\*  
ENTER TO WIN  
ONE OF 30  
\$100 GIFT CARDS

You are invited to complete a survey  
about your recent visit to Kroger  
Answer by Internet @  
[www.tellkroger.com](http://www.tellkroger.com)

You need this receipt to respond

\*\*\*\*\*

\*\*\*\*\*

June Fuel Points

Now Redeem Fuel Points at Kroger Fuel  
Centers & Participating Shells!  
Redeem 100pts to save .10 per gal  
Save up to \$1 per gal at Kroger OR  
.10 per gal at Shell on 1 fill-up.

FUEL POINTS THIS ORDER = 4  
FUEL POINTS THIS MONTH = 76

Each month is a separate accumulation  
period. Points from previous and current months  
do not combine.

Highest unredeemed discount from last  
OR current month will apply at pump.  
This month's points expire 7/31/11.  
See Store for Details & Restrictions  
Or Visit [www.kroger.com](http://www.kroger.com)

\*\*\*\*\*

Thank you for shopping Kroger

\*\*\*\*\*  
SURVEY ENTRY CODE = 034 354  
\*\*\*\*\*



# TIME SHEET

Employee Name: Robert Conter Title: \_\_\_\_\_

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
7-23-11	7am			
7-24-11		7am		24
7-24-11	7am			
7-25-11		10am		27
<b>WEEKLY TOTALS:</b>				51

Employee Signature: Robert D Conter Date: 7-25-11

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

765.00



# TIME SHEET

Employee Name: FAUSTINO VAQUERO Title: \_\_\_\_\_

Week: JULY 25 -

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
July 25 Mon	<sup>2:00pm</sup> <del>12:00</del>	7:00 pm	<del>7.9</del> → 5	
7-27	9:30 am	12:00 am	14.5	
7-28	12:00 am	1:30 pm	13.5	
WEEKLY TOTALS:			47	

Employee Signature: [Signature] Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

705.  
 -----  
 - \* 210  
 -----  
 \* Next pay



# TIME SHEET

Employee Name: Robert Cantu

Title:

Week:

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
7.25.11	10 AM	2 pm		04
7.28.11	8 pm			
7.29.11		8 pm		24
7.29.11	8 pm			
7.30.11		8 pm		24
7.30.11	8 pm			
7.31.11		10 AM		<u>14</u>
WEEKLY TOTALS:				66

Employee Signature: Robert Cantu

Date:

Supervisor Signature:

Date:

990.00  
 28.76  


---

 \$11018.76



Epicurean Markets # 204  
 2516 Memorial Drive  
 www.riceepicurean.com  
 (713) 468-4323

checker today is JUSTINE JEFFERSO

DIET COKE PL	PC	1.69 B
COKE 20 OZ		0.10-B
DIET COKE PL	PC	1.69 B
COKE 20 OZ		0.10-B
PIRATE BOOTY	PC	3.99 F
ROBERTS BODY		1.00-F
WHITE MEAT		8.79 F
CUCUMBER		3.17 F
PIMENTO SPR	PC	3.52 F
b @ 1.00 /1b		
PIMENTO SPREAD		0.44-F
CUBED SLSS W		4.54 F
b @ 4.99 /1b		
TOMATOES CLUSTER	PC	4.59 F
b @ 2.00 /1b		
TOMATOES		1.84-F
TAX		0.26
BALANCE		28.76
Credit Cards /Visa		28.76
CHANGE		0.00

NUMBER OF ITEMS SOLD = 8

\*\*\*\*\*  
 E-CARD SAVINGS 3.48  
 TOTAL SAVINGS 3.48  
 \*\*\*\*\*

1 01:11pm 204 2 115 118

Thank you for shopping with us  
 Total E-POINTS 197



FOR ADVERTISING C

And Each Day One Houston Area Business Will Offer You An Unbelievable Deal!!!  
ALSO: When you sign up at [www.mydailydeals.com/contests](http://www.mydailydeals.com/contests) you will automatically be entered to win a KINNECT for \$1000000



**Right Store. Right Price.**

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Leticia

SC	KRO TOPPING	PC	1.89 F
	1 @ 2/4.00	KROGER SAVINGS	0.10
SC	BBELL ICECRM	PC	1.25 F
	KROGER SAVINGS	0.75	
SC	KRFT CHEESE	PC	3.49 F
	KROGER SAVINGS	0.50	
SC	SOFTSOAP	[+] PC	2.99 T
	KROGER SAVINGS	1.00	
	KRO CHS DNSH		0.50 F
	HRLN MERINGE		1.00 F
	KROGER PLUS CUSTOMER	*****7800	
	TAX		0.25
	**** BALANCE		11.37
	CASH		20.00
	CHANGE		8.63
	TOTAL NUMBER OF ITEMS SOLD =		6

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*  
KROGER PLUS SAVINGS \$ 2.35



**Right Store. Right Price.**

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Tirrel Kennard

	EGGB EGGS LG		3.59 F
	NTRO BREAD	PC	2.00 F
SC	KROGER SAVINGS	0.79	
	KROGER PLUS CUSTOMER	*****6672	
	TAX		0.00
	**** BALANCE		5.59
	CASH		10.00
	CHANGE		4.41
	TOTAL NUMBER OF ITEMS SOLD =		2

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*  
KROGER PLUS SAVINGS \$ 0.79  
TOTAL COUPONS \$ 0.79  
TOTAL SAVINGS (12 pct.) \$ 0.79  
\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

07/28/11 07:08pm 161 6 321 462

\*\*\*\*\*  
July Fuel Points  
Now Redeem Fuel Points at Kroger





# TIME SHEET

Employee Name: Katrina Harper Title: Private Sitter  
 Week: 8-4-11, 8-7-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8-4-11	1:00	8:00	7 hrs	7 hrs
8-7-11	10:00	10:00	24 hrs	24 hrs
<b>WEEKLY TOTALS:</b>				

Employee Signature: Katrina Harper Date: 8-7-11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*pd.*

31  
 15  
 ---  
 155  
 31  
 ---  
 \$465

# TIME SHEET

Employee Name: Robert L Cantu Title: \_\_\_\_\_

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.11.11	8 pm			1
8.12.11		8 AM		12
8.12.11	8 AM			
8.13.11		8 AM		24
8.13.11	8 AM			
8.14.11		10 AM		26
WEEKLY TOTALS:				62

Employee Signature: Robert L Cantu

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

930.00  
 15.00 gas  
 -----  
 \$946.00

92 oz. Gatorade 2 for \$8.00

**EXXON MOBIL**

WILCREST EXXON, 4719118  
11035 KATY FRY  
HOUSTON, TX

08/12/2011 12:54:14 PM 5434

VISA XXXXXX6258 VISA  
CANTU/ROBERT LEE  
INVOICE ARY5607  
AUTH 025313

PUMP11  
Regular 4.5560  
PRICE/GAL \$ 3.499  
FUEL TOTAL \$15.94

-----  
Total = \$15.94

CRIND Credit \$15.94

Credit

Thank You for Shopping At Exxon

# TIME SHEET

Employee Name: Faustino Vaquera Title: \_\_\_\_\_  
 Week: Aug 08, 2011 — Aug 11, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.08	10:00 am	12:00 am	14	
8.09	12:00 am	12:00 am	24	
8.10	12:00 am	12:00 am	24	
8.11	12:00 am	1:00 pm	13	
WEEKLY TOTALS:			75	

Employee Signature: *Faustino Vaquera* Date: 8.  
 Supervisor Signature: *Rebecca Brunsting* Date: 8.

$$\begin{array}{r} 75 \\ \times 15.00 \\ \hline 1125 \end{array}$$

# TIME SHEET

Employee Name: Katrina Harper Title: Private Sitter  
 Week: 8-8-8-14-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8-11-11	2:00	8:00	6	6
8-14-11	10:00	10:00	24	24
WEEKLY TOTALS:				30hrs

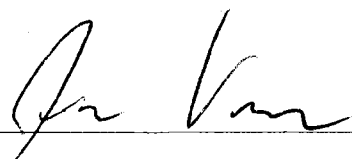
Employee Signature: Katrina Harper Date: 8-14-11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

80  
 15  
 -----  
 150  
 30  
 -----  
 \$450.00

# TIME SHEET

Employee Name: Augustin Vacquera Title: \_\_\_\_\_  
 Week: 8.11 \_\_\_\_\_ 8.19.11 \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.11.11	1:00pm	2:00pm	1hr	
8.15.11	10:00 am	12:00am	14	
8.16.11	12:00 am	8:30pm	20.5	
	9:30 pm	12:00 am	2.5	
8.17.11	12:00am	12:00am	2.1	
8.18.11	12:00am	1:00pm	13	
WEEKLY TOTALS:			75	

Employee Signature:  Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

~~NB~~  
~~PA~~  

$$\begin{array}{r} 75 \\ \times 157 \\ \hline 1125 \\ + 2183 \\ \hline 1146.83 \end{array}$$

Baskin-Robbins  
12740 Memorial Dr.  
Houston, TX  
713-973-1990

**Table Q#1**

Trans#: 6996 Serv: IVONNE  
08/15/2011 04:13 PM # Cust:1

Quan	Descript	Cost
1	Fruit Cream (LG)	\$5.99
1	Single Scoop	\$2.59
Net Total:		\$8.58
TAX		\$0.71
<b>TOTAL: \$9.29</b>		
CASH		\$10.00
Change		\$0.71

**Thank you**  
FIRST BR IN HOUSTON 1964

Quiznos Sub Store #1043  
Phone(713)647-9966  
Fax (713)647-9467

**ORDER # 01056**

RG CHICK CARB	5.99
CHKN RNCH SAMMIE	3.00
CHIPS	1.19
MED DRINK	1.59
1 COOKIE/CHP COMBO	-0.49
UPSIZE DRINK	0.30

EAT-IN

	\$	11.58
TAX TOTAL	\$	0.96
TOTAL	\$	12.54

VISA	\$	12.54
CHARGE TIP	\$	0.00
ACCOUNT#	:	
AUTH#	:	

8447 COUNTER AUG. 15, 2011  
REG1-AM 12:39

Try our catering.



# TIME SHEET

Employee Name: Robert Centur Title: \_\_\_\_\_

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.18.11	8 pm			
8.19.11		9 Am		13
WEEKLY TOTALS:				165.00

Employee Signature: Robert Centur Date: 8.19.11

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

H.F.B.  

$$\begin{array}{r} 165.00 \\ 7.50 \\ \hline \$172.50 \end{array}$$



1068 9603 0818 1119 4900 577

1 OZARKA WATER SPRING  
 2 Ea. @ 1/ 0.97 F 1.94  
 2 SANDWICH ANTONES TURKEY S TF 5.49  
 3 OM THICK CUT BACON F 5.48  
 \*\*\*\*\* Sale Subtotal\*\*\* 12.91  
 Sales Tax 0.45  
 \*\*\*\*\* Total Sale\*\*\* 13.36  
 Account No.:\*\*\*\*\*6258  
 Appr No.:004820  
 Ref No.:839592  
 13.36  
 \*\*\* VISA EPS 13.36

=====

ITEMS PURCHASED: 4

=====

\*\*\*Free Groceries & Shopping Sprees\*\*\*  
 Enter the Gear Up Giveaway Daily  
 Chance to win 6,500+ prizes and  
 offers! Play daily at [heb.com/gearup](http://heb.com/gearup)  
 (See Official Rules.)

\*\*\*\*\*  
 WIN A \$500 H-E-B GIFT CARD!  
 Tell us how we are doing and you  
 could win a \$500 H-E-B gift card each  
 month / \$1,000 cash prize each  
 quarter. NO PURCHASE NECESSARY. Take  
 survey at [www.heb.com/survey](http://www.heb.com/survey) for 10  
 entries or call 1-877-220-0764 for 1  
 entry. See rules at  
[www.heb.com/survey](http://www.heb.com/survey) .  
 Odds depend on entries received.  
 Must be 18. Ends 5/14/2012.

Diganos como estamos progresando y  
 usted puede ganar! Un sorteo para una

# TIME SHEET

Employee Name: Katrina Harper Title: Private Sitter  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8-18-11	1:30	8:00	6 1/2	6 1/2
8-19-11	9:00	9:00	2 1/2	2 1/2
WEEKLY TOTALS:				

Employee Signature: Katrina Harper Date: 8-19-11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

30.5  
 15  


---

 450.00  
 7.50  


---

 457.50

# TIME SHEET

Employee Name: Robert Costa Title: \_\_\_\_\_

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.20.11	9 AM			
8.21.11		9 AM		24
8.21.11	9 AM			
8.22.11		10 AM		25
WEEKLY TOTALS:				49

Employee Signature: Robert L Costa Date: 8.22.11

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*pd* 735.00

# TIME SHEET

Employee Name: Faustino Vaquera Title: \_\_\_\_\_  
 Week: August 22 → August 25, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.22 Mon	10:00 am	12:00 am	14	
8.23 Tues	12:00 am	4:00 pm	16	
↓	5:00 pm	12:00 am	7	
8.24 Wed	12:00 am	12:00 am	24	
8.25 Thu	12:00 am	1:00 pm	13	
WEEKLY TOTALS:			74	

Employee Signature: *Faustino Vaquera* Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

74  
 x 15.00  
 -----  
 1,110  
 NET

# TIME SHEET

Employee Name: Robert Cantu

Title: Care Driver

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
25 Aug 11	8 pm			
26 Aug 11		8 pm		24
26 Aug 11	8 pm			
27 Aug 11		8 pm		24
27 Aug 11	8 pm			
28 Aug 11		10 am		14
WEEKLY TOTALS:				62

Employee Signature: Robert R Cantu

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Work 930.00  
 gas 10.00  
 -----  
 940.00  
 gas 46.55  
 -----  
 17.45  
 -----  
 1004.00



Right Store. Right Price.

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Albina

KROGER PLUS CUSTOMER *****2679	
	OZRK WATER PC 1.00 F
SC	KROGER SAVINGS 0.19
	OZRK WATER PC 1.00 F
SC	KROGER SAVINGS 0.19
	PRSL PCH PIE 4.49 F
	FSEL CARROTS PC 1.25 F
SC	KROGER SAVINGS 0.74
	REESE CUP PC 1.00 B
SC	KROGER SAVINGS 0.59
	HERSHEY BAR PC 1.00 B
SC	KROGER SAVINGS 0.59
	BBLL ICE CRYM 6.79 F
	PHSA 0.75 F
	TAX 0.17
	17.45
**** BALANCE	
***** 0258	
K. 000000	
PURCHASE: 17.45	
CASHBACK: 0.00	
TOTAL: 17.45	

DEBIT 17.45  
CHANGE 0.00

TOTAL NUMBER OF ITEMS SOLD = 8

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 2.30
TOTAL COUPONS \$ 2.30
TOTAL SAVINGS (11 pct.) \$ 2.30
***** KROGER SAVINGS *****

08/27/11 03:10pm 161 30 46 460

\*\*\*\*\*

ENTER TO WIN  
ONE OF 30  
\$100 GIFT CARDS

WELCOME TO TIMewise!  
STORE #225  
Our name is on the door.

SHELL 57543427504  
14002 MEMORIAL  
HOUSTON, TX  
77024

08/26/2011 07:08:50 PM 323974805

XXXX XXXX XXXX 6258 VISA  
TRAFFICE 948091  
AUTH 060720

PUMP# 5	
REGULAR	13.940G
PRICE/GAL	3.439
Grocer Disc/GAL	-0.100
NET/GAL	3.339

FUEL TOTAL \$ 46.55

Subtotal = \$ 46.55  
Tax = \$ 0.00

Total = \$ 46.55

CREDIT \$ 46.55

Your Total Fuel  
Discount is \$ 1.39

You received \$0.10 /gal by using your  
Kroger Plus card.

Come back to Shell to redeem future  
Kroger Plus discounts.

Save 10cents/gal instantly at Shell when  
you earn 100 points at Kroger.

Pick up a brochure at your local Shell  
for more details.

Choose Wisely...Choose Timewise!  
Visit us at: [www.LandmarkIndustries.com](http://www.LandmarkIndustries.com)  
or Call 281-497-3191

# TIME SHEET

Employee Name: Katrina Harper Title: PRIVATE Sitter  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8-25-11	2:30	8:00	5 1/2	
8-28-11	10 AM	10 PM	24	
8-29-11	10 AM	3 PM	3	
WEEKLY TOTALS:				34 1/2

Employee Signature: Katrina Harper Date: 8-29-11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\$ 517.50

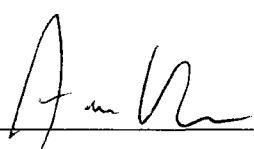


# TIME SHEET

Employee Name: Faustino Vaquera Title: \_\_\_\_\_

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
8.25 Thur	1:00pm	2:30pm	1.5	
8.29 Mon	3:00pm	12:00am	9	
8.30 Tues	12:00am	12:00am	24	
8.31 wed	12:00am	8:30pm	20.5	
↓	9:30pm	12:00am	2.5	
9.01 Thur	12:00am	8:00pm	20	
<b>WEEKLY TOTALS:</b>			77.5	

Employee Signature:  Date: 9.0.11

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Pd*  
*NEB* 1162.50

# TIME SHEET

Employee Name: Katrina Harper  
 Week: 9-2-11

Title: PRIVATE Sitter

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-2-11	8:00	7:00	11	11
WEEKLY TOTALS:				11

Employee Signature: Katrina Harper

Date: 9-2-11

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\$ 173.00

$$\begin{array}{r} 15 \\ 11 \\ \hline 15 \\ 15 \\ \hline \end{array}$$
 \$ 165.00  
 8.00 59. Diner  


---

 \$ 173.00

The 59 Diner  
Thank Y !!!  
10407 Katy Freeway  
Houston, TX 77024  
713-984-2500

Server: Carole  
Table 30/1  
Guests: 2

09/02/2011  
12:11 PM  
720

TEA	
Beverage	0.00
ROBB SALAD	6.89
S SANDWICH	6.89
SAUTEED MUSHROOMS	0.79
SWISS CHEESE	0.39
Sub Total	16.65
	1.37

Total

Balance

no separating  
the cashier,  
wait for  
assistance  
have a great Day!!!

6.89  
1.69  

---

8.58



# TIME SHEET

Employee Name: Robert R Cantu Title: Care giver  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
1 Aug 11	8 pm			1
2 Aug 11		8 am		12
2 Aug 11	8 pm			
3 Aug 11		8 pm		24
3 Aug 11	8 pm			
4 Aug 11		10 am		14
<b>WEEKLY TOTALS:</b>				50

Employee Signature: Robert R Cantu Date: 2 Aug 11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

750.<sup>00</sup>

# TIME SHEET

Employee Name: Katrina Harper Title: Private Sitter  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-23-11	8:00am	7:00pm	11 hrs	
9-25-11	10:00am	10:00am	24 hrs	
9-26-11	10:00	7:pm	9 hrs	
<b>WEEKLY TOTALS:</b>				

Employee Signature: Katrina Harper Date: 9-26-11

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

44 hrs

\$ 630.00

3	11-6am
37	10
15	x 7
-----	-----
185	70
37	
-----	
555	
70	
-----	
625	
5.00 ← Kennex	



Right Store. Right Price.

14344 MEMORIAL
(281) 493 1702
YOUR CASHTER WAS James

PUFF FAC TSU 2.19 T
PUFF FAC TSU 2.19 T
2 @ 5/2.00
APL GOLD DEL 0.80 F
KROGER PLUS CUSTOMER \*\*\*0351
TAX 0.36
\*\*\*\* PRICE 5.54
CASH 6.00
CHANGE 0.46

TOTAL NUMBER OF ITEMS SOLD = 4
09/26/11 10:17am 16178.57 129

\*\*\*\*\*

September Fuel Points

Now Redeem Fuel Points at Kroger Fuel Centers & Participating Shells!
Redeem 100pts to save .10 per gal.
Save up to \$1 per gal at Kroger OR .10 per gal at Shell on 1 fill-up.

FUEL POINTS THIS ORDER = 5
FUEL POINTS THIS MONTH = 8

Each month is a separate accumulation period. Previous and Current months points do not combine.
Highest unredeemed discount from last OR current month will apply at pump.
This months points expire 10/31/11.
See Store for Details & Restrictions.
Or Visit www.kroger.com


\*\*\*\*\*

Thank you for shopping Kroger


# TIME SHEET

Employee Name: Robert L Carter Title: Caregiver  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9.8.11	8pm			1
9.9.11		8 Am		12
9.9.11	7pm			
9.10.11		7pm		24
9.10.11	7pm			
		10:00am		14
WEEKLY TOTALS:				50

Employee Signature:  Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#750<sup>00</sup>  


# TIME SHEET

Employee Name: Faustino Vaquer Title: \_\_\_\_\_

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-05 Mon	3:00pm	12:00am	9	
9-06 Tues	12:00am	12:00am	23 hrs	minus 1 hour Gym
9-07 Wed	12:00am	12:00am	23 hrs	minus 1 hr Gym
9-08 Thu	12:00am	8:00pm	20	
<b>WEEKLY TOTALS:</b>			75	

~

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grocery 68.59 Total  
 \* Eggs, Depends, milk Etc.  
 Glace, Paper Towels

1125.00  
 + 68.59

PD  
 Check # 38

1193.59





Right Store. Right Price.

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS SELF CHECKOUT

VAPSTREAM 10.49  
KROGER PLUS CUSTOMER \*\*\*\*\*8568  
TAX 0.00  
\*\*\*\* BALANCE 10.49

034 KROGER #161  
14344 MEMORIAL  
HOUSTON TX 77079  
VISA Purchase  
\*\*\*\*\*5741  
TOTAL: 10.49  
REF#: 105744

VISA 10.49  
CHANGE 0.00  
TOTAL NUMBER OF ITEMS SOLD = 1  
09/05/11 10:54pm 161 84 210 999  
\*\*\*\*\*  
August Fuel Points remaining = 195  
Redeem 100pts to save .10 per gal  
on 1 fill-up.  
Each month is a separate accumulation  
period. Points do not combine.  
These points expire 9/30/11.

\*\*\*\*\*  
ENTER TO WIN  
ONE OF 30  
\$100 GIFT CARDS

You are invited to complete a survey



Right Store. Right Price.

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Barbara

SC KRO TOWELS 2.97 T  
10% SENIOR Disc. 0.30-T  
EGGS EGGS LG 3.79 F  
KROGER PLUS CUSTOMER \*\*\*\*\*9205  
FX DPND UNDRWR 20.83 X  
TAX 1.94  
\*\*\*\* BALANCE 29.23

034 KROGER #161  
14344 MEMORIAL  
HOUSTON TX 77079  
VISA Purchase  
\*\*\*\*\*5741  
TOTAL: 29.23  
REF#: 162605

VISA 29.23  
CHANGE 0.00  
TOTAL NUMBER OF ITEMS SOLD - 3

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*  
KROGER PLUS SAVINGS \$ 0.30  
TOTAL COUPONS \$ 0.30  
TOTAL SAVINGS (1 Pct.) \$ 0.30  
\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

09/07/11 07:20am 161 82 11 103  
\*\*\*\*\*  
August Fuel Points remaining = 223  
Redeem 100pts to save .10 per gal  
on 1 fill-up.  
Each month is a separate accumulation  
period. Points do not combine.  
These points expire 9/30/11.

\*\*\*\*\*  
ENTER TO WIN  
ONE OF 30  
\$100 GIFT CARDS

You are invited to complete a survey  
about your recent visit to Kroger  
Answer by Internet @  
[www.tellkroger.com](http://www.tellkroger.com)

KROGER #161 SON FOR ADV TISING CALL 281-206-2510 6857

6857

Total 68.59



731290 09-01-11 4:02P 201/03/00471

1073 1290 0901 1116 0200 471

1	MONSTER LOW CARB ENERGY S	TF	1.97
2	HEB TAS REGULAR WHITE 1RL		
	2 Ea. @ 1/	1 14 T	2.28
4	HEB CP ROTI CHICKEN SALAD TF		5.71
5	KEEBLER SANDIES PECAN		
	1 Ea. @ 2/	5.00 F	2.50
6	KERNS PEACH NECTAR		
	2 Ea. @ 1/	0.38 TF	0.76
***** Sale Subtotal***			13.22
Sales Tax			0.88
***** Total Sale***			14.10
			14.10
*** CASH			20.10
Change :			6.00 \$

ITEMS PURCHASED: 7 **1213**

ON SALE SAVINGS : \$0.78

**YOU SAVED  
\$0.78 TODAY**



1073 1290 0901 1116 0200 471

Everyday low prices without a card  
**Big Savings Start  
At H-E-B**

HEB Food-Drugs #35/471  
14540 Memorial Drive  
Houston, TX 77079  
Phone: (281) 679-0010  
Fax: (281) 679-6565  
Store Hours: Sun-Thr 7-11 Fri-Sat 7  
Your Cashier:KHADIJA M

# TIME SHEET

Employee Name: Katrina Harper

Title: Private Sitter

Week: 9-5-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-4-11	10am-10am	10am	24	24
9-5-11	10am	3pm	5	5
WEEKLY TOTALS:				29

Employee Signature: Katrina Harper

Date: 9-5-11

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\$ 440.<sup>00</sup>

4  
 29  
 15  
 -----  
 145  
 29  
 -----  
 435  
 5.00  
 -----  
 440.00

POA  
9-5-11



76  
3  
28  
500  
165  
593

**Right Store. Right Price.**

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS SELF CHECKOUT

KROGER PLUS CUSTOMER		*****7024
	KRO WATER	0.76 F
	KRO WATER	0.76 F
	KRO WATER	0.76 F
	KRO SHRD CHS	PC 2.00 F
SC	<b>KROGER SAVINGS</b>	<b>0.49</b>
	COAST SOAP	PC 0.88 T
SC	<b>KROGER SAVINGS</b>	<b>0.21</b>
	RYND FOIL	1.65 T
	CHEETOS CHIP	0.50 F
1 @ 2/4	.00	
	BBLL ICE CRM	2.00 F
1 @ 2/4	.00	
	BBLL ICE CRM	2.00 F
	POTATO	2.49 F
	TAX	0.21
	**** BALANCE	14.01
	CASH	20.00
	CHANGE	5.99
TOTAL NUMBER OF ITEMS SOLD =		10

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*  
 KROGER PLUS SAVINGS \$ 0.70  
 TOTAL COUPONS \$ 0.70  
 TOTAL SAVINGS (4 pct.) \$ 0.70  
 \*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

09/04/11 04:12pm 161 84 124 999

\*\*\*\*\*

**September Fuel Points**

Now Redeem Fuel Points at Kroger Fuel Centers & Participating Shells!  
Redeem 100pts to save .10 per gal.  
Save up to \$1 per gal at Kroger OR .10 per gal at Shell on 1 fill-up.

FUEL POINTS THIS ORDER = 14  
FUEL POINTS THIS MONTH = 14

Each month is a separate accumulation period. Previous and Current months points do not combine.  
Highest unredeemed discount from last OR current month will apply at pump.  
This months points expire 10/3/11.  
See Store for Details & Restrictions  
Or Visit [www.kroger.com](http://www.kroger.com)

\*\*\*\*\*

\$ 5.93

\$\$\$\$\$\$\$\$\$

**YOU SAVED \$0.70  
WITH YOUR PLUS CARD**

\$\$\$\$\$\$\$\$\$

Thank you for shopping Kroger

# TIME SHEET

Employee Name: Katrina Hayes Title: Sitter  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-9-11	8:00AM	1pm	11	11
9-11-11	10AM	10AM	24	24
9-12-11	10AM	3pm	5	5
WEEKLY TOTALS:				

Employee Signature: Katrina Hayes Date: 9-12-11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

$\begin{array}{r} 40 \\ 15 \\ \hline 200 \\ 40 \\ \hline 600 \end{array}$	$\begin{array}{r} 111 \\ 19.58 \\ 8.57 \\ \hline 28.15 \end{array}$	<p>\$ 628.15</p>
---	---	------------------

Daisy Harper

80.00

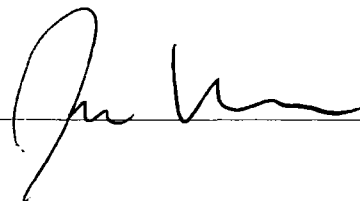
9-4-2011

FD

# TIME SHEET

Employee Name: Faustino Vaquera Title: \_\_\_\_\_  
 Week: 9.12 - 9.15

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9.12 Mon	3:00pm	11:00pm	8	
↓	11:00pm	12:00am	1	
9.13 Tue	12am	6:00am	6	
	6:00am	11:00pm	17	
	11:00pm	12:00am	1	
9.14 Wed	12:00am	6:00am	6	
	6:00am	11:00pm	17	
	11:00pm	12:00am	1	
9.15 Th	12:00am	6:00am	6	
	6:00am	8:00pm	14	
<b>WEEKLY TOTALS:</b>				

Employee Signature:  Date: 9.15  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4.67 Chicken Salad  
 pd.

56 hours @ 15.00 = 840.  
~~21~~ 19 hours @ 10.00 = 190  
 -2 hours @ 10.00 = 20  
~~1050~~  
 Total + 4.67  
 1034.67

# TIME SHEET

Employee Name: Robert R Costa Title: Caregiver  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9.22.11	7pm			
9.23.11		8am		13 hours
9.23.11	8pm			
9.24.11		7am		12 hours
9.24.11	7am			
9.25.11		10am		26 hours
WEEKLY TOTALS:				51

Employee Signature: Robert R Costa Date: 9.25.11

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Gas 25.31	705.00	1
Kroger 54.55	79.86	585 39 hours 15
Non dally		
Walgreens 79.86	<u>784.86</u>	<u>120</u> 12 hours 10
		705



89 01

700  
Y Road

pos

file



Right Store. Right Price.

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS SELF CHECKOUT

PLUS CUSTOMER	*****2679
EGGS LG	3.79 F
PRML 20 MILK	3.49 F
FACE CK JARDI	PC 3.49 F
KROGER SAVINGS	1.10
HORM BACON	PC 3.99 F
KROGER SAVINGS	3.30
ALMOND BAR	0.89 B
ALMOND BAR	0.89 B
@ 1.00 /lb	
ALUMS BLACK	PC 0.40 F
KROGER SAVINGS	0.15
TAX	0.15
* BALANCE	17.09

MEMORIAL #161  
14344 MEMORIAL  
HOUSTON TX 77079  
VISA Purchase  
\*\*\*\*\*6258  
TOTAL: 17.09  
REF# 044020

VISA 17.09  
CHANGE 0.00  
TOTAL NUMBER OF ITEMS SOLD = 7

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*  
KROGER PLUS SAVINGS \$ 4.55  
TOTAL COUPONS \$ 4.55  
TOTAL SAVINGS (21 pct) \$ 4.55  
\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

09/15/11 07:41pm 161 87 146 999

Houston  
Camp# 07  
Billions  
Price/Gal  
of Sale  
Credit  
S \*\*\*\*\*  
ADDRESS:

09/11 07:00PM

PLEASE TO PAY THE TOTAL  
AMOUNT ACCORDING TO THE  
AGREEMENT

1066 J

DRUGS/GENERAL

# Randalls

STORE MGR MARC BROCHSTEIN 713-365-6700  
THANK YOU FOR SHOPPING WITH US!

## GROCERY

2 QTY SPRITE ZERO DIET 3.18 B

## GEN MERCHANDISE

HLMK NOTE TY BASTI 3.99 T

## BAKED GOODS

COCONUT CREAM PIE 7.99

## MISCELLANEOUS

MR MDA DONATION 1.00  
\*\*\*\* TAX 59 BAL 16.75  
VF VS XXXXXXXXXXXXX625 16.75

CHANGE .00  
9/03/11 20:02 1066 00 0097 1054

YOUR CASHIER TODAY WAS MELISSA

# Walgreens

There's a way™

552 10 4083 03328 027

RFN# 0332-8274-0831-1109-0220

PUFFS 108CT 4S 1A 3.99  
PUFFS FAMILY 200S 1A 2.49

*Klaw*

FAMILY 200S 1A 2.49  
SUBTOTAL 8.97

4=0.25% SALES TAX .74  
TOTAL 9.71

DEBIT CARD 9.71  
CASH BACK .00



12850 Memorial Dr Houston, TX  
STORE (713) 722-7247

THANK YOU

ON YOUR PRESCRIPTIONS BY JOINING  
GREENS PRESCRIPTION SAVINGS CLUB  
CHECK FOR DETAILS

of our  
and With  
Items purchased at Walgreens may be...

161 SON

**FREE**



**Right Store. Right Price.**

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS SELF CHECKOUT

MEMORIAL PLUS CUSTOMER	*****2679
CHOICE BOOKS	2.99 T
JELLO GELATN	1.49 F
JELLO GELATN	1.49 F
JELLO GELATN	1.49 F
JELLO GELATN	1.49 F
TAX	0.25
*** BALANCE	9.20

034 KRUGER #161  
14344 MEMORIAL  
HOUSTON TX 77079  
VISA Purchase  
\*\*\*\*\*6258  
TOTAL: 9.20  
REF#: 020122

VISA	9.20
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	5

09/22/11 09:02PM 161 83 154 999  
\*\*\*\*\*  
August Fuel Points remaining = 188

3.24  
5.86



**Right Store. Right Price.**

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS Alexis

CMFRTS WIPES		7.84 T
CMFRTS POWDR		1.85 T
CMFRTS POWDR		1.85 T
CMFRTS BATH		1.47 T
CMFRTS BATH		1.47 T
LBBY VNA SSG	PC	0.75 F
LBBY VNA SSG	PC	0.75 F
CORN YLW IS		1.79 F
LBBY VNA SSG	PC	0.75 F
V8 SOUP		0.99 F
CUCUMBERS		0.71 F
1 @ 4/5 00		
HRZN CHO MLK	PC	1.25 F
1 @ 4/5 00		
HRZN CHO MLK	PC	1.25 F
NTRD BREAD	PC	2.79 F
TAX		1.19
**** BALANCE		28.30

\*\*\*\*\*6258  
REF#: 000000  
PURCHASE: 28.30  
CASHBACK: 20.00  
TOTAL: 48.30

10.00

DEBIT

48 30

# TIME SHEET

Employee Name: Katrina Harper Title: PRIVATE Sitter  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-16-11	8am	2pm	11 hrs	
9-18-11	10AM	10AM	24 hrs	
9-19-11	10AM	3pm	5 hrs	
WEEKLY TOTALS:				

Employee Signature: Katrina Harper Date: 9-18-11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

40 HRS  
 15  
 ---  
 20  
 40  
 ---  
 60  
 35  
 ---  
 565  
 11  
 ---  
 576

11-6 = 7 HRS = \$35  
 \$576.00  
 5 ON gas  
 6 ON lunch at hospital

# TIME SHEET

Employee Name: Katrina Harper

Title: PRIVATE Sitter

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-30-11	8am	7pm	11	11
10-2-11	10AM	10AM	24	24
10-3-11	10AM	3pm	5	5
WEEKLY TOTALS:				40 hrs

Employee Signature: Katrina Harper

Date: 10-2-11

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

$$\begin{array}{r}
 40 \\
 \times 15 \\
 \hline
 200 \\
 40 \\
 \hline
 \$600 \\
 35 \\
 \hline
 \end{array}$$

11pm - 6am \$10 hr  
 7 hrs - \$35

$$\begin{array}{r}
 \$ 565.00 \\
 11.57 \\
 \hline
 576.57
 \end{array}$$



Rice Epicurean Markets # 204  
 12516 Memorial Drive  
 www.riceepicurean.com  
 (713) 468-4323

Your Checker today is BARBARA COOPER

WHITE MEAT C	7.19 F
FRENCH BAGUETTE	1.99 F
TAX	0.00
**** BALANCE	9.18
Cash	20.00
CHANGE	10.82

TOTAL NUMBER OF ITEMS SOLD = 2  
 09/30/11 11:01am 204 1 33 110

*9.18*  
*2.39*  
*11.57*

*Kathia*



**Right Store. Right Price.**

14394 MEMORIAL  
 (281) 493-1702  
 YOUR CASHIER WAS SELF CHECKOUT

CRSC VEG OIL	2.39 F
TAX	0.00
**** BALANCE	2.39
CASH	1.00
CASH	1.00
CHANGE	0.61
TOTAL NUMBER OF ITEMS SOLD	1
09/30/11 03:48pm 1 85 1	

\*\*\*\*\*  
 ENTEL...  
 ONE OF 30  
 100 LEFT CARDS

You are invited to complete a survey about your recent visit to Kroger. Answer by internet @ [www.tellkroger.com](http://www.tellkroger.com)

You need this receipt to respond.

Participe para ganar una de las 30 tarjetas de \$100

Le invitamos a llenar una encuesta sobre su reciente visita a la tienda Kroger. Responda por Internet en [www.tellkroger.com](http://www.tellkroger.com). Usted necesitara este recibo para responder.

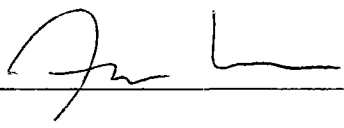
\*\*\*\*\*  
 Survey Entry Code 4 999  
 \*\*\*\*\*

THANK YOU FOR SHOPPING KROGER

# TIME SHEET

Employee Name: FAUSTINO VAQUERO Title: \_\_\_\_\_  
 Week: Sept 27 - Sept 29, 2011

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9-27 Tues	9:30 am	11:00 pm	13.5	
	11:00 pm	12:00 am	(1)	
9-28 wed	12:00 am	6:00 am	(6)	
	6:00 am	11:00 pm	17	
	11:00 pm	12:00 am	(1)	
9-29 Thu	12:00 am	6:00 am	(6)	
	6:00 am	8:00 pm	14	
<b>WEEKLY TOTALS:</b>				

Employee Signature:  Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

44.5 @ 15.00 = 667.5  
 14 @ 10.00 = 140  
 Total 807.50  
 + 2.79  
 -----  
 810.29

J J Varcados Shell  
12490 MEMORIAL DRIVE  
Houston, Tx. 77024

SHELL 57 543 437701  
12490 MEMORIAL DRIVE SIT0171  
HOUSTON TX 77024

Descr.	qty	amount
<CUSTOMER COPY>		
T GEN MERCHENDISE	1	1.19
T GEN MERCHENDISE	1	1.39
		-----
	Sub Total	2.58
	Tax	0.21
<b>TOTAL</b>		<b>2.79</b>
	CREDIT \$	2.79

XXXX XXXX XXXX 6626 VISA  
INVOICE: 166454 AUTH #: 41820B

**THANKS, COME AGAIN**

REG# 0002 CSH# 004 DR# 01 TRAN# 27980  
09/28/11 14:10:29 ST# 57307



# TIME SHEET

Employee Name: Robert Canto Title: Caregiver  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9.26.11	7pm			
9.27.11		10 AM		15 hrs
9.29.11	7pm			
9.30.11		8 AM		13 hrs
9.30.11	7pm			
10.01.11		7pm		24 hrs
10.01.11	7pm			
10.02.11		10 AM		15 hrs
WEEKLY TOTALS:				

Employee Signature: Robert Canto Date: 10.1.11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

$52 \text{ hrs} @ 15.00 = 780.00$   
 $15 \text{ hrs} @ 10.00 = 150.00$   


---

 930.00  
 46.34  


---

 976.34  
 Randall



STORE MGR MARC BROCHSTEIN 713-365-6700  
THANK YOU FOR SHOPPING WITH US!

GROCERY

EL PSTA SCE MAR		
<b>RegPrice</b>	2.29	
<b>Card Savings</b>	.30-	
DM FRT COCKTAIL		1.59 F
DM PEACHES		2.99 F
KBLR SANDIES PCN		2.99 F
<b>RegPrice</b>	3.99	
<b>Card Savings</b>	1.00-	
NBC HNYMD GRAHAMS		3.49 F
<b>RegPrice</b>	3.99	
<b>Card Savings</b>	.50-	
2 QTY		
DT DR PEPPER 20		3.18 B
O ORGANICS TMTD PS		1.00 F
<b>RegPrice</b>	1.55	
<b>Card Savings</b>	.55-	

REFRIG/FROZEN

TROPICANA NO PULP		3.49 B
BLUE BELL		7.19 F
BLUE BELL		3.19 F
EGGLAND'S BEST		2.49 F
<b>RegPrice</b>	2.79	
<b>Card Savings</b>	.30-	
ORGANIC MILK WHO		3.79 F

BAKED GOODS

DAY UNY 7 BRN BRD		1.99 F
-------------------	--	--------

MEAT

GROUND BEEF		2.86 F
<b>RegPrice</b>	3.56	
<b>Card Savings</b>	.70-	

PRODUCE

1.76 lb @ \$0.49 /lb		
WT BANANAS		.86 F

DELI

SC SOUP HOT MEDIUM		2.49 T
<b>RegPrice</b>	2.99	
<b>Card Savings</b>	.50-	
**** TAX	.76	BAL 46.34
VF DEBIT CARD		46.34

CHANGE		.00
10/01/11 12:21 1066 04 0117 1696		

# TIME SHEET

Employee Name: Faustino Vaquera Title: \_\_\_\_\_  
 Week: Sep 19 - Sep 22

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
9.19 Mon	3:00pm	11:00pm	8	
↓	11:00pm	12:00am	1	
9.20 Tues	12:00am	6:00am	6	
	6:00am	11:00pm	17	
	11:00pm	12:00am	1	
9.21 Wed	12:00am	6:00am	6	
	6:00am	11:00pm	17	
	11:00pm	12:00am	1	
9.22 Thu	12:00am	6:00am	6	
	6:00am	8:00pm	14	
<b>WEEKLY TOTALS:</b>				

Employee Signature: Faustino Vaquera Date: 9.22.11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Luby's 9.73  
 Chicken Salad 4.73

56 hours @ 15.00 = 840  
~~21 hours @ 10.00 = 210~~  
 20 hours @ 10.00 = 200

1040  
 14.46  
 1054.46

-1 hour Gym  
 Wed 21 night

Luby's  
Houston #06 (85)  
825 Town & Country Center  
Houston, TX 77024  
713-461-9404

Check # :11101

Roxana G  
21 Sep 2011 06:55:43 PM CDT  
Transaction #:10656

Card Number Auth Code  
\*\*\*\*\*5741 105559  
JR/FAUSTINO VAQUERA Visa

Amount 9.73

Total 9.73

Tip ..

Total ..

X  
Cardmember agrees to pay total in  
accordance with agreement governing  
use of such card.

MERCHANT COPY

Baskin-Robbins  
12740 Memorial Dr.  
Houston TX  
713-977-0000

Table Q#1

Trans#: 12283 Serv: IVONNE  
09/22/2011 12:22 PM # Cust:1

Quan	Descript	Cost
2	Single Scoop	\$5.18
	Net Total:	\$5.18
	TAX	\$0.43
	<b>TOTAL:</b>	<b>\$5.61</b>
	Visa	\$5.61

Thank you  
FIRST BR IN HOUSTON 1964

Baskin-Robbins  
12740 Memorial Dr.  
Houston, TX  
713-973-1990

**Table Q#1**

Trans#: 10111 Serv: IVONNE  
09/06/2011 12:23 PM # Cust:1

Quan	Descript	Cost
2	Single Scoop	\$5.18

Net Total: \$5.18  
TAX \$0.43

**TOTAL: \$5.61**

CASH \$10.00  
Change \$4.39

**Thank you**  
FIRST BR IN HOUSTON 1964

Baskin-Robbins  
12740 Memorial Dr.  
Houston, TX  
713-973-1990

**Table Q#1**

Trans#: 9258 Serv: IVONNE  
08/31/2011 12:20 PM # Cust:1

Quan	Descript	Cost
2	Single Scoop	\$5.18

Net Total: \$5.18  
TAX \$0.43

**TOTAL: \$5.61**

CASH \$6.00  
Change \$0.39

**Thank you**  
FIRST BR IN HOUSTON 1964



Robin Harper

FRIDAY Oct 7, 11 = 11 hours

Sunday Oct 9, 11 24 hours

Monday Oct 10, 11 5 hours

40  
15  

---

200  
40

---

600 - 35 = 565.00  
12.60

---

577.60

41.00

---

618.60



Rice Epicurean Markets # 204  
12516 Memorial Drive  
www.riceepicurean.com  
(713) 468-4323

Your Checker today is FIDEL C

WHITE MEAT C	5.09 F
STEAMTABLE PC	7.99 T
1.00 lb @ 1.00 /lb	
EC STEAMTABLE	1.00-T
TAX	0.58
**** BALANCE	12.66
Cash	15.00
CHANGE	2.34

TOTAL NUMBER OF ITEMS SOLD = 2

\*\*\*\*\*  
E-CARD SAVINGS 1.00  
TOTAL SAVINGS 1.00  
\*\*\*\*\*

10/07/11 12:22pm 204 3 13 129

Thank you for shopping with us  
Total E-POINTS 11367



**Right Store. Right Price.**

14344 MEMORIAL  
(281) 493-1702  
YOUR CASHIER WAS James

SC	SIMPLY JUICE	PC	1.25 F
	KROGER SAVINGS	0.34	
	HORM BACCN	PC	3.99 F
SC	KROGER SAVINGS	3.30	
	KROGER PLUS CUSTOMER	*****6680	
	TAX	0.00	
****	BALANCE	5.24	
	CASH	5.25	
	CHANGE	0.01	
TOTAL NUMBER OF ITEMS SOLD =		2	

\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*  
KROGER PLUS SAVINGS \$ 3.64  
TOTAL COUPONS \$ 3.64  
TOTAL SAVINGS (40 pct.) \$ 3.64  
\*\*\*\*\* KROGER SAVINGS \*\*\*\*\*

10/10/11 08:04am 161 8 7 129

\*\*\*\*\*

**October Fuel Points**

Now Redeem 1 Points at Kroger Fuel Centers & Participating Shells!  
Redeem 100pts = save .10 per gal.  
Save up to \$1 per gal at Kroger OR  
.10 per gal at shell on 1 fill-up.

FUEL POINTS THIS ORDER = 5  
FUEL POINTS THIS MONTH = 5

Each month is a separate accumulation period. Previous and Current month's points do not combine.

Highest unredeemed discount from last OR current month will apply at pump.  
This month's points expire 11/30/11.  
See Store for Details & Restrictions  
Or Visit www.kroger.com

\*\*\*\*\*

\$

**YOU SAVED \$3.64  
WITH YOUR PLUS CARD**

\$

Thank you for shopping Kroger





# TIME SHEET

Employee Name: Robert Cantu Title: Caregiver

Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10.14.11	8:00			
10.15.11		8:00pm		24
10.15.11	8. pm			
10.14.11		10 Am		14
WEEKLY TOTALS:				38

Employee Signature: Robert L Cantu Date: 10.16.11

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

570 <sup>00</sup>/<sub>10</sub>

# TIME SHEET

Employee Name: Robert Carter Title: Caregiver  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
Oct 11	9 pm			
Oct 12		8 am		11
	4 pm			
		10 am		13
	9 pm			
		8 am		11
WEEKLY TOTALS:				35

Employee Signature: Robert L Carter Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\$ 515

# TIME SHEET

Employee Name: Katrina Harper

Title: Private Sitter

Week: 10-10-11

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10-11-11	8:00	9:00		13hrs
10-12-11	8:00	9:00		13hrs
10-14-11	8:00	8:00		12hrs
10-16-11	10:00	10:00		24hrs
10-17-11	10:00	3:00		5hrs
<b>WEEKLY TOTALS:</b>				

Employee Signature: Katrina Harper

Date: 10-17-11

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

$  \begin{array}{r}  3 \\  67 \\  \times 15 \\  \hline  335 \\  67 \\  \hline  1005 \\  - 35 \\  \hline  \end{array}  $	<p>\$ 970.00          15.00  <hr style="width: 50%; margin: 0;"/>         \$ 985.00</p>
---	---



THANK YOU

GROceries

2 QTY	
0ZAREL WHOLE	18 F
ResPrice	
Card Savings	

REFRIG/FROZEN

KRAFT SHRD CHSE	3.99 F
SIMPLY CIUM	3.49 F
OMEGA	3.99 F

BAKED GOODS

SAPARTEE IT BRD	3.99 F
ResPrice	
Card S	
***	4
0.7	

10/11 1066 04 011 00

... TODAY W...

Welcome

Total	11.10
Total Savings Value	7%

Each 100 pts  
 Reward  
 You have  
 towards  
 al participation



LET US HELP YOU

# TIME SHEET

Employee Name:   Faustino Vazquez   Title: \_\_\_\_\_  
 Week:   Oct 13 - Oct 20 2011  

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10.13. Thur	9:00 am	9:00 pm	12	
10.17. Mon	2:30 pm	12:00 am	9.5	
10.18. Tue	12:00 am	12:00 am	24	
10.19. Wed	12:00 am	12:00 am	24	
10.20. Thu	12:00 am	8:00 pm	20	
WEEKLY TOTALS:			89.5	

Employee Signature:   *Faustino Vazquez*   Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

89.5 x 15.00  
1342.50



# TIME SHEET

Employee Name: Katrina Harper Title: Sitter  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10-23-11	2pm	2am	12	12
10-24-11	2am	3pm	13	13
WEEKLY TOTALS:				25

Employee Signature: Katrina Harper Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2  
 25  
 15  
 ---  
 120  
 25  
 ---  
 \$390

\$ 370.00





**EXXON EXPRESS PAY**

XOM CORP Store  
5401 KATY FRWY  
HOUSTON, TX 77007  
STORE#: 0923

PREPAID RECEIPT

DATE: 10/21/2011 7:41:31 AM  
PUMPH 6  
Regular 6.213G  
PRICE/GAL \$ 3.219  
FUEL TOTAL \$20.00  
OTHER/TAX \$0.00  
TOTAL \$20.00

FINAL PURCHASE AMOUNT  
RECEIPT WITH FULL TRANSACTION  
DETAIL AVAILABLE INSIDE



11441 Katy Fwy  
Houston, TX 77079  
Store# 20148 Phone# (713) 935-9076

Reg 4 - DRIVE THRU  
Order 268010 10/25/2011 2:08:55 PM  
Employee: 14966 Name: Amanda

C2-SF CKFJ Taco ~~99~~  
1 CHIPS QSO  
1 Sm DR PEPPER  
Per CKFJ Qsa 4.69  
1 - PICO

SubTotal 10.68  
Tax 0.88  
Total 11.56  
Visa 11.56  
Change 0.00

Acct: xxxxxxxxxxxx5741  
Authorization 180781

ORDER# 410-----

We would like your feedback.  
Participe en nuestra encuesta.

Visit [www.cabanacares.com](http://www.cabanacares.com)  
Or call 1-800-350-3245

Respond within 3 days, and receive \$1.00  
off next food purchase excluding alcohol.  
Not valid with any other discount.

Coupon # \_\_\_\_\_ (PLU117)

Join our eClub at [tacocabana.com](http://tacocabana.com)  
Sea parte de nuestro eClub en  
[tacocabana.com](http://tacocabana.com)

I.D. 28014 14825 61010 14966

# TIME SHEET

Employee Name: Katrina Harper Title: PRIVATE Sitter  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10-28-11	8 AM	7 PM		11 hrs
<b>WEEKLY TOTALS:</b>				

Employee Signature: Katrina Harper Date: 10-28-11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

$$\begin{array}{r}
 11 \\
 15 \\
 \hline
 55 \\
 11 \\
 \hline
 \$165.00
 \end{array}$$

# TIME SHEET

Employee Name: Robert L Cantu Title: Caregiver  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10.27.11	7 pm			1
		8 AM		13
10.28.11	7 pm			24
10.29.11		7 pm		
10.29.11	7 pm			
10.30.11		10 AM		15
<b>WEEKLY TOTALS:</b>				52

Employee Signature: Robert L Cantu Date: 10.29.11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

780.00  
 Walgreens 13.00  


---

 793.00

# Walgreens

There's a way™

990 10 6788 03328 033

RFN# 0332-8336-7887-1110-2720

CRST P/H M/W 500ML 1	5.79
ENSURE PUDDNG 4Z4S 1	7.29
TOTAL	13.08

VISA	13.08
ACCT#*****6258	
CHANGE	.00



12850 ... Dr Houston, TX  
Store # 137722-7247

THANK YOU

SAVE YOUR PRESCRIPTIONS BY JOINING  
WALGREENS PRESCRIPTION SAVINGS CLUB  
SEE PHARMACY FOR DETAILS

OCTOBER 27, 2011 9:26 PM

How are we doing?  
Enter our monthly sweepstakes for  
\$3,000 cash

Visit  
**WWW.TELLWAG.COM**  
or call toll free  
**1-800-763-0547**  
within 72 hours to take a short  
survey about this Walgreens visit

Survey#  
**0332-8336-788**

Password  
**7111-0272-016**

For contest rules, see store or  
**WWW.TELLWAG.COM**

RETAIN THIS RECEIPT FOR YOUR RECORDS

OCTOBER 27, 2011 9:26 PM

# TIME SHEET

Employee Name: Katrina Harper Title: Private Sitter  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
10-28	7pm	8pm	1hr	
10-30	10 AM	10 AM	24hr	
10-31	10 AM	9pm	11hr	
WEEKLY TOTALS:			36	

Employee Signature: Katrina Harper Date: 10-31-11  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

$$\begin{array}{r}
 3 \\
 36 \\
 15 \\
 \hline
 180 \\
 36 \\
 \hline
 \$546
 \end{array}$$

# TIME SHEET

Employee Name: Robert Cantu Title: 225.11  
 Week: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.
2.21.11	6 pm			
2.22.11		9 am		15 hrs
2.24.11	8 pm			
2.25.11		4 pm		19 hrs
WEEKLY TOTALS:				34 hrs

Employee Signature: Robert Cantu Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

510.<sup>00</sup>

Pd. 2/25/11



Detach and return above portion with your order.

Dear N E Brunsting:

If you've recently sent in your subscription to *Iowa Outdoors*, thanks. If not, please read on.

Our records show your subscription to *Iowa Outdoors* is about to expire. If it does, you'll miss out on articles covering the beauty and opportunities in Iowa's great outdoors. You'll also miss the annual calendar issue.

Don't let that happen. Stay in touch with the latest Iowa outdoors news by taking a moment to send in your renewal order. If you don't have time right now to find your checkbook, just mark the box at top and we'll bill you while making sure that your issues of *Iowa Outdoors* arrive without delay.

I'll keep an eye on the mail for your response. Thank you.

Sincerely,  
BRIAN BUTTON  
Editor

Please return by 11/02/11 to claim Holiday Savings

~~\$235.44~~ Now ► \$35.97

NWK XFHR52

**ANNUAL COVER PRICE:** ~~\$235.44~~

**Your first gift costs:** **\$35.97**  
(or your own renewal)

**Each additional gift costs:** **\$29.97**

Valid For:

ELMER BRUNSTING  
13630 PINEROCK LN  
HOUSTON, TX 77079-5914



195012700688907480 711D051

### RENEW LUKE RILEY'S GIFT SUBSCRIPTION AND SAVE UP TO 87%\*

Please return this form today to take advantage of your Preferred Customer Holiday Discount. You'll save up to \$205.47 and your generosity will be remembered every week next year. Avoid the holiday rush -- renew today.

195012700688907480 711D051

MNWXGR015 ONWX00006

PKXQ 28938

## Your Holiday Gift List

THE MORE YOU GIVE, THE MORE YOU SAVE...SO ORDER NOW.

<p>195012700573900076 711D051 LUKE RILEY 203 BLOOMINGDALE CIR VICTORIA, TX 77904-3049</p> <p>► <input type="checkbox"/> RENEW <input type="checkbox"/> DO NOT RENEW</p> <p>EXP: NOV 07</p>	<p>MR/MS _____ _____ _____ _____</p> <p>► <input type="checkbox"/> NEW GIFT</p>
<p>195012700688907480 711D051 ELMER BRUNSTING 13630 PINEROCK LN HOUSTON, TX 77079-5914</p> <p>► <input type="checkbox"/> RENEW OR START MY OWN SUBSCRIPTION AT THIS SPECIAL RATE</p> <p>EXP: APR 11</p>	<p>MR/MS _____ _____ _____ _____</p> <p>► <input type="checkbox"/> NEW GIFT</p>

### There's no need to pay now.

You may charge your NEWSWEEK gift subscriptions to your credit card. Or, you may check the "Bill me later" option below to lock in your Early Renewal Holiday Savings, and we will bill you later.

**Please complete:**

Total number of subscriptions ordered (including your own, if checked above): \_\_\_\_\_

- Payment enclosed.  Bill me later.
- Charge my:  Visa  MasterCard  American Express  Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ E-mail address: \_\_\_\_\_  
(For customer service and other information)

Signature \_\_\_\_\_

**You will receive attractive gift cards to personally announce your gifts.**

If your order reaches us after Dec. 1, we will mail gift cards directly to your recipients.

Use back of form for additional gifts.

\*Savings off the \$4.95 (\$5.95 combined issue) cover price. NEWSWEEK publishes weekly, except when combined issues are published that count as two issues, and when an additional special issue may be published. Add applicable sales tax for orders sent to DC and GA. Each subscription is for one year (54 issues). Offer is good only in the U.S. and is subject to change. If you return this form without checking the boxes, we will renew previous gifts.

**Return this entire form in the postage-paid envelope provided. Thank you.**

# GIFT SUBSCRIPTION INVOICE

## SECOND NOTICE—FULL PAYMENT NOW DUE

# BIRDS & BLOOMS

PO BOX 5294  
Harlan IA 51593-0794

Call Toll-Free:  
888-860-8040

Or

Save time — pay now at:  
www.SecureEZPay.com

Pay This Amount	Date	Total Enclosed
\$32.00	Oct 10, 2011	\$

Account #:

02 0218 4263 81131U002 044 JUN12

NELVA E BRUNSTING  
13630 PINEROCK LN  
HOUSTON TX 77079-5914



BNB 0202184263 81131U002 05 10/05/2011 BNBGB001 WGHCO5 708

2 Gifts Page 1 of 1

BNB0202184263112300009304403200000000000000212

DISREGARD THIS NOTICE IF YOU MAILED YOUR PAYMENT.

BNBT1\_19

Dear Friend:

We want to again thank you for thinking enough of *Birds & Blooms* magazine to give your friend(s) a subscription as a unique gift. We really do appreciate your support. Just one thing...

Your payment, as of the date above, has not reached our offices. If you've already mailed your check, and our letters "crossed in the mail," please disregard this notice and accept our apologies.

However, if you have not yet mailed your payment, it's important that you do so right away--so your gift isn't delayed or stopped altogether. (When something like that happens, it's embarrassing for everybody...including us.)

So if you've not yet done so, please take a minute now to sit down, write out your check and mail it to us, along with the invoice above, in the handy pre-addressed envelope that's enclosed. Thank you!

Sincerely,

Karen Gardner  
Circulation Services

### THE SUBSCRIPTIONS YOU ORDERED ARE LISTED BELOW.

Please check the name and address for each subscription order listed below. (Check the back for additional orders.) If corrections are necessary, simply indicate them, then return this ENTIRE form with your payment. (If names and addresses are okay, please return only the invoice with your payment.) THANK YOU.

SUBSCRIPTION FOR					
AMY TSCHIRHART 2582 COUNTRY LEDGE NEW BRAUNFELS TX 78132-4109	<table border="1"> <tr><th>TERM</th></tr> <tr><td>1 YEAR</td></tr> <tr><th>AMOUNT DUE</th></tr> <tr><td>\$16.00</td></tr> </table>	TERM	1 YEAR	AMOUNT DUE	\$16.00
TERM					
1 YEAR					
AMOUNT DUE					
\$16.00					
Acct.# 05 3899 8592 GIFT FROM: NELVA E BRUNSTING					

SUBSCRIPTION FOR					
C BRUNSTING 5822 JASON HOUSTON TX 77074-7740	<table border="1"> <tr><th>TERM</th></tr> <tr><td>1 YEAR</td></tr> <tr><th>AMOUNT DUE</th></tr> <tr><td>\$16.00</td></tr> </table>	TERM	1 YEAR	AMOUNT DUE	\$16.00
TERM					
1 YEAR					
AMOUNT DUE					
\$16.00					
Acct.# 07 0849 1121 GIFT FROM: NELVA E BRUNSTING					

SUBSCRIPTION FOR	

SUBSCRIPTION FOR	

BNBT1\_19



1314 Texas Ave., Suite 1800, Houston, TX 77002

000020747 SC98054  
Nelva E. Brunsting  
13630 Pinerock Ln.  
Houston, TX 77079-5914



**\$25 statement credit<sup>1</sup>**  
**No Annual Fee\***  
**0% Introductory APR**  
**on purchases and balance**  
**transfers for 15 billing cycles\***

Dear Nelva E. Brunsting,

As a valued member, you deserve to carry one of our very best cards. The Bluebonnet Credit Union Visa® Select Rewards card is just that. It features our richest rewards program, as well as exclusive benefits designed to help you save money. And it's only available to our best members.

**Request your card now and we'll thank you with our lowest introductory rate.** You'll get 0% introductory APR on purchases and balance transfers for 15 billing cycles.\*

**Enjoy rewards without limits.** Your relationship with Bluebonnet Credit Union entitles you to a higher level of rewards. You'll automatically earn 1 point for every \$1 spent in purchases ... with no limit.

*As an added bonus, you'll get 2,500 reward points with your first purchase. That's enough to redeem for a \$25 statement credit.<sup>1</sup>*

**Redeem your points for anything.** You can select rewards like cash, travel, gift cards and merchandise. Or redeem your points for anything else you want with our Choose Your Own Rewards option.<sup>2</sup> Simply make any purchase with your card and redeem your points for a statement credit to cover the amount.

**Get all this without paying an annual fee.** Unlike many rewards cards that cost \$50 or more, your Bluebonnet Credit Union Visa Select Rewards card costs nothing to carry.

To request your card, simply choose one of the options to your right.

Sincerely,

*Charles Maguire*

Charles Maguire  
President

*This exclusive card is our way of  
thanking you for being a member.*

P.S. To take advantage of your pre-qualified status, **please reply before October 31, 2011.**



**3 easy ways to request your  
Visa card:**

**Call**  
1.877.881.4208

**Visit**  
[www.newcardapply.com/13924](http://www.newcardapply.com/13924)

**Return**  
the enclosed  
Application Form

**Confirmation Code: VDQ1306632**

You can choose to stop receiving "prescreened" offers of credit from this and other companies by calling toll-free 1-888-5-OPT-OUT (1.888.567.8688). See PREScreen & OPT-OUT NOTICE on other side for more information about prescreened offers.

<sup>1</sup> With your first credit card purchase, you'll get 2,500 bonus points that can be redeemed for a \$25 statement credit.  
<sup>2</sup> Visit the Rewards Center at [myaccountaccess.com](http://myaccountaccess.com) for more information on the Choose Your Own Rewards program.  
Elan Financial Services is the creditor, issuer and service provider of the Visa Select Rewards Credit Card.

\*Your 0% introductory APR applies to purchases and the rate is valid for 15 billing cycles. Your 0% introductory APR applies to balance transfers made within 30 days of account opening and is valid for 15 billing cycles. After the introductory rate, you will receive a variable rate on purchases and balance transfers that is currently 11.99%. The introductory rate does not apply to cash advances. Balance Transfer fee of 3% of each transfer amount (\$5 minimum) will apply to balances transferred within the first 30 days of account opening. Thereafter, Balance Transfer fee of 4% of each transfer amount (\$10 minimum) will apply. See the reverse side for Rates and Fees, How we apply your payments and the Right to Change Terms.

Interest Rates and Interest Charges	Select Rewards
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>0%</b> Introductory APR for the first 15 billing cycles. After that, your APR will be <b>11.99%</b> . This APR will vary with the market based on the Prime Rate.
<b>APR for Balance Transfers</b>	<b>0%</b> Introductory APR for the first 15 billing cycles applies to balances transferred within 30 days of account opening. After that, your APR will be <b>11.99%</b> . This APR will vary with the market based on the Prime Rate.
<b>APR for Cash Advances</b>	<b>23.99%</b> This APR will vary with the market based on the Prime Rate.
<b>How to Avoid Paying Interest on Purchases</b>	Your due date is 24-30 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month.
<b>Minimum Interest Charge</b>	If you are charged interest, the charge will be no less than \$2.00.
<b>For Credit Card Tips from the Federal Reserve Board</b>	To learn more about factors to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at <a href="http://federalreserve.gov/creditcard">http://federalreserve.gov/creditcard</a>
Fees	
<b>Annual Fee</b>	<b>None</b>
<b>Transaction Fees</b>	
• Balance Transfer	Either <b>3%</b> of each transfer amount or <b>\$5</b> Minimum, whichever is greater, for transfers made within 30 days of account opening. Thereafter, either <b>4%</b> of each transfer amount or <b>\$10</b> Minimum, whichever is greater.
• Convenience Check Cash Advance <sup>1</sup>	Either <b>4%</b> of each advance amount or <b>\$10</b> Minimum, whichever is greater.
• Cash Advance	Either <b>4%</b> of each advance amount or <b>\$10</b> Minimum, whichever is greater.
• Cash Equivalent Advance	Either <b>4%</b> of each advance amount or <b>\$20</b> Minimum, whichever is greater.
• Overdraft Protection <sup>2</sup>	<b>\$10</b> per occurrence.
• Foreign Transaction	<b>2%</b> of each foreign purchase transaction or foreign ATM advance transaction in U.S. Dollars. <b>3%</b> of each foreign purchase transaction or foreign ATM advance transaction in a Foreign Currency.
<b>Penalty Fees</b>	
• Late Payment	Up to <b>\$35</b>
• Returned Payment	Up to <b>\$35</b>
• Overlimit	Up to <b>\$35</b>

**How We Will Calculate Your Balance:** We use a method called "average daily balance (including new purchases)".

**How We Apply Your Payments:** We apply your minimum payment to balances with lower APRs first. Amounts paid over the minimum payment will be applied in the order of highest to lowest APR balances.

**Right to Change Terms:** We may change APRs, fees, and other Account terms in the future based on your experience with Elan Financial Services and its affiliates according to the Cardmember Agreement and applicable law.

<sup>1</sup>Not all products receive Convenience Checks

<sup>2</sup>Not all products offer Overdraft Protection

**Rewards Program Rules:** We will award one point for each dollar of "net purchases" (purchases minus returns/credits) charged to a Visa Signature or a Select Rewards Platinum Card Account during each statement period. There is no limit to the number of points one can earn with a Visa Signature or a Select Rewards Platinum Card. Points will not be awarded to a cardmember for "net purchases" during a statement period if the Cardmembers' Account is not open and current on the statement closing date. Points will not be awarded for Cash Advances or other Account Advances as defined in the Cardmember Agreement. Points will be awarded to the primary cardmember and may be redeemed by an authorized cardmember on the Account. Visa Signature and Select Rewards Platinum cardmembers can redeem points for round-trip airfare beginning at 25,000 points in addition to Cash, Gift Certificates, Name Brand Merchandise Rewards and more. Complete terms and conditions for the Rewards Program will be provided to Visa Signature and Select Rewards Platinum cardmembers. Service provided by Maritz Loyalty Marketing.

**Notice to New York Residents:** You may contact the New York State Banking Department at 1-877-226-5697 or by writing to the Research & Technical Assistance Division, 1 State St., NY, NY 10004-1417 to obtain a comparative listing of all credit card rates, fees and interest-free periods.

**Notice to Married Wisconsin Residents:** No provision of any marital property agreement, unilateral statement under section 766.59 of the Wisconsin statutes or court decree under section 766.70, adversely affects our interest unless we, prior to the time the credit is granted or an open-end credit plan is entered into, are furnished a copy of the agreement, decree or court order, or have actual knowledge of the adverse provisions. IF YOU ARE A MARRIED WISCONSIN RESIDENT, CREDIT EXTENDED UNDER THIS ACCOUNT WILL BE INCURRED IN THE INTEREST OF YOUR MARRIAGE OR FAMILY.

**Notice to California Residents:** An applicant, if married, may apply for a separate Account.

**Notice to Ohio Residents:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with the law.

#### IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address (P.O. Boxes are not allowed under Federal law), date of birth and other information (including your Social Security or Tax Payer Identification Number) that allows us to identify you. We may ask to see your driver's license or other identifying documents when appropriate.

**PRESCREEN & OPT-OUT NOTICE:** This "prescreened" offer is based on information from your credit report indicating that you meet certain criteria. This offer is not guaranteed if you do not meet our criteria. If you do not want to receive prescreened offers of credit from this or other companies, contact: TransUnion Name Removal Option, P.O. Box 505, Woodlyn, PA 19094-0505; Equifax Options, P.O. Box 740123, Atlanta, GA 30374-0123; Experian Credit Marketing, P.O. Box 919, Allen TX 75013-0919 or call toll-free: 1-888-567-8688.

#### Important BalanceShield Program Information

BalanceShield is an optional amendment to your Elan Financial Services Cardmember Agreement.

Your decision to enroll in BalanceShield will not have any effect on your application for credit or the terms of any existing credit agreement that you may have with Elan Financial Services.

The monthly fee is 85 cents per \$100 of your month ending balance on your credit card statement. BalanceShield will cancel your minimum monthly payments for up to 12 months per occurrence in the event of involuntary unemployment, disability, hospitalization and nursing home care, or leave of absence. In the tragic event of loss of life, BalanceShield will cancel your outstanding balance. You will not have to pay the monthly fee if you have no month ending balance or if you are in an approved benefit period.

We will provide you additional information before you are required to pay for BalanceShield. This information will include a complete BalanceShield Debt Cancellation Program Agreement ("BalanceShield Agreement") that fully explains the benefits and features of the program. You may cancel BalanceShield within 60 days from the effective date and receive a full credit of any BalanceShield fee(s) billed during the first 60 days.

There are eligibility requirements, conditions and exclusions that could prevent you from receiving protection under the BalanceShield Debt Cancellation Program BalanceShield Agreement. You should carefully read the BalanceShield Agreement for a full explanation of the terms of BalanceShield. You have the right to cancel BalanceShield at any time pursuant to the BalanceShield Agreement. BalanceShield is only available to U.S. residents.

Nelva E. Brunsting  
13630 Pinerock Ln.  
Houston, TX 77079-5914

Confirmation code: **VDQ1306632**  
REWPX SC98054 PC2802 LC13924  
Expiration Date: October 31, 2011



To request your card, Call: 1.877.881.4208  
or Visit: [www.newcardapply.com/13924](http://www.newcardapply.com/13924)

**Three easy steps to apply.** If above address is incorrect or a P.O. Box, please cross out and change as necessary.

PLEASE NOTE: Rate, fee and other cost information are located on the back of the letter and application. Please print.

**1 Applicant Information**

Date of Birth ( ) -	Social Security # <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
Home Phone Number	Residence \$
Employer ( ) -	Monthly mortgage/rental amount \$
Business Phone Number	Annual Income †

†Alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

**2 Authorized User Information**

To add an optional authorized user to your account, please enter the name below. (Please leave blank if no additional card is requested.)<sup>††</sup>

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

<sup>††</sup> You may request a card be issued on your Visa Card account to a person you authorize to use your account. This person is called an Authorized User. You agree to be solely responsible for all transactions the Authorized User makes on your account.

Note: If this is to be an individual account, married Wisconsin residents must provide the name and address of their spouse in the section provided. If this credit account is opened, we may give notice of the opening to the applicant's spouse.

For Wisconsin Residents only: I am  Married  Unmarried

If married, name of spouse is: \_\_\_\_\_

Spouse resides at  The address shown above, or  \_\_\_\_\_

Transfer balances here and save

YES! You have my authorization to transfer these balances to my new Visa Card account. Balance transfer transactions from other Elan Financial Services accounts are not permitted. Refer to the back of the letter and application for rates, fees and other cost information.

Credit Issuer/Company we are to pay	Account #(s) that you want us to pay	Credit Card Issuer Address	Total

Applicant Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**Overlimit transaction opt-in right**

You can request that we cover overlimit transactions by opting-in as instructed below. If you opt-in and we permit you to go over your Credit Limit, we will charge you an Overlimit Fee of up to \$35. You will only pay one fee per billing cycle, even if you go over your Credit Limit multiple times in the same cycle. You may also revoke your decision to opt-in for future transactions at any time. Your decision to opt-in does not solely determine whether we will authorize transactions to go over your Credit Limit. For example, even if you opt-in, we still may decline any transaction that would cause you to go over your Credit Limit, such as if you are past due or significantly over your Credit Limit. In addition, we have discretion to authorize transactions that go over your Credit Limit even if you do not opt-in, but you will not incur a fee for these transactions. You can opt-in by checking the box below and return it with this application. You may revoke your opt-in, at any time, by contacting us at the address, phone number, or website found in your Cardmember Agreement.

I want you to authorize transactions that exceed my Credit Limit. I understand that if I go over my Credit Limit, I will be charged a fee of up to \$35.

**3 Authorization**

By signing this form, you understand and agree that Elan Financial Services ("we", "us" or "our"), as the creditor and issuer of your Account, will rely on the information provided here in making this credit decision, and you certify that such information is accurate and complete to the best of your knowledge. If we open an Account based on this application, you will be individually liable for all authorized charges and for all fees referred to in the most recent Cardmember Agreement, which may be amended from time to time. We may request consumer credit reports about you for evaluating this application and in the future for reviewing Account credit limits, for Account renewal, for servicing and collection purposes, and for other legitimate purposes associated with your Account. Upon your request, we will inform you if a consumer report was requested and, if it was, provide you with the name and address of the consumer reporting agency that furnished the report. By providing a telephone number for a cellular phone or other wireless device, you are expressly consenting to receiving communications at that number, including, but not limited to, prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system from us and our affiliates and agents. These calls and messages may incur fees from your cellular provider. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls regardless of their purpose. By signing this form, you also agree that we may verify your employment, income, address and all other information provided with other creditors, credit reporting agencies, employers, third parties, and through records maintained by federal and state agencies (including any state motor vehicle department) and waive any rights of confidentiality you may have in that information under applicable law. You agree that, in order to open and administer the account that may be established as a result of this application, we and the correspondent financial institution that solicited this application may share certain information about you and your ongoing account activity. By signing this form you certify that you have read and understood the disclosures here and you agree to the terms of this application.

X \_\_\_\_\_  
Applicant Signature

**PROTECT YOUR ACCOUNT AND CREDIT HISTORY**

YES! I want to protect my account and credit history by enrolling in the BalanceShield™ Program. I understand that enrollment in BalanceShield is **OPTIONAL** and is not required to obtain credit and that I am free to cancel at any time. By signing below, I acknowledge that I have read and agreed to the important disclosures on the reverse side, including the monthly fee of 85 cents per \$100 of my month ending balance.

X \_\_\_\_\_

## Balance Transfer Terms and Information

*If you use the Optional Balance Transfer Form to pay your current credit card balances, the following additional terms are applicable:*

**You choose which balances to transfer.** You may transfer up to 90% of your approved credit limit, with a minimum transfer amount of \$250. Any amount currently subject to a billing dispute should not be transferred since the transfer may jeopardize your dispute rights. Elan Financial Services ("Issuer") shall not have any liability for not transferring any balances which exceed your credit limit. The payment and transfer of balances are contingent upon approval by the Issuer, and receipt of a complete and legible Balance Transfer Form.

**Complete your Balance Transfer Form to have balances transferred to your account.** Please indicate the exact amount of the balance owed, the account number, the name and address of each credit issuer, and authorize by signing your name at the bottom of the Balance Transfer Form. All balance transfers must be requested using the enclosed Balance Transfer Form. Transfer requests to "cash," to yourself, or for account balances with Issuer or its affiliates cannot be processed. Issuer will send a check to each company you list, and a letter to you to confirm the amounts paid. **Please be sure to continue paying the minimum amount due until you receive your confirmation.** This will ensure your account is kept current while your Balance Transfer Form is being processed and does not place your account in a "past due" status. Your statement will also show your transferred balances. Please allow up to 4 weeks for transfers to be completed.

**What about your other credit card accounts?** Transferring balances will not automatically close your accounts. If you wish to close your other accounts, please write each creditor directly. If you receive a statement while transfers are being processed, pay the minimum amount to avoid late notices and charges. We cannot assume responsibility for any late payments, interest charges, or disputed amounts on your other accounts.

**Information about balances transferred to your account.** Interest charges will accrue on transferred balances as of the date they are posted to your account, until the date they are paid in full. You may cancel a balance transfer request within 10 days of account opening by calling 1-800-558-3424. After 10 days from account opening, requests to stop payment on Balance Transfer Check(s) issued by Issuer shall not be honored unless the check(s) has been stolen, lost or destroyed. In such cases, Issuer shall issue replacement Balance Transfer Check(s) only if you agree to indemnify Issuer for any damages and obtain a surety bond in the amount of the stolen, lost or destroyed Balance Transfer Check(s). Payments will be applied first to the lowest APR balance on your account. Amounts paid over the minimum payment will be applied in the order of highest to lowest APR balances.

### Cardmember Service Guarantee:

Your card is backed by our Cardmember Service Guarantee. We are dedicated to responsive, respectful, prompt and helpful service. To ensure that you receive the superior service that you deserve, we make these promises:

- Service Advisors will be available to assist you 24 hours a day, 7 days a week.
- We will respond to inquiries made before 3 p.m. CT (4 p.m. ET) on the same business day.
- Requests for replacement cards, PINs and convenience checks\* received by 6 p.m. CT (7 p.m. ET) will be processed on the next business day.
- Requests for credit line increases will be processed within one business day.
- You are protected with zero fraud liability for unauthorized transactions.\*\*

\*Some products do not receive convenience checks. Please consult your Cardmember Agreement for details.

\*\*Elan Financial Services provides zero liability for unauthorized transactions. Cardholder must notify Elan Financial Services promptly of any unauthorized use. Certain limitations may apply.

### To Apply For Your New Card

To apply for your new Credit Card, complete and return the Application Form. The Credit Card is issued by Elan Financial Services, a national bank with its main office in Fargo, ND ("we", "us", "our"). All credit extended to you will be subject to the terms and conditions in the Cardmember Agreement, which may be amended from time to time. If you are a married Wisconsin resident, you must separately provide us with the name and address of your spouse. Your exact credit limit will be determined by the income reported on your Application Form. We may, however, obtain information from credit bureaus to determine the exact amount of credit that you are qualified to receive. We may also obtain credit reports from time to time to determine your continued eligibility for credit. At your request, we will tell you if such information was requested and give you names and addresses of credit bureaus providing reports. However, this credit may not be extended to you if after you respond to this offer, we find that you do not meet the criteria used to select you for this offer or any applicable criteria bearing on your creditworthiness. You must be 18 or older to accept. This offer is non-transferable. Minimum annual applicant income requirement of \$12,000 for a Credit Card.

## 3 easy ways to request your Visa card



Visit the website shown on reverse



Call 1.877.881.4208



Mail back this Pre-Qualified Application form

## Earn unlimited rewards for all your everyday purchases

No matter where you shop, you'll earn points every time you use your Select Rewards card ... with no points limit.

Monthly purchases	Amount	Points
Groceries	\$400	400
Gas	\$200	200
Merchandise	\$250	250
Utilities	\$300	300
Dining out	\$100	100
1-month total:		1,250
<b>1-year total:</b>		<b>15,000</b>

Look how fast your points add up! 

Call to request your card today:  
**1-877-881-4208**

 **Select Rewards**

The creditor, issuer and service provider of your Select Rewards Card is Elan Financial Services.  
EC-STUPSCC511-25-INS © 2011 Elan Financial Services.



# Enjoy a higher level of rewards

*with your new Select Rewards card*

Why not get rewarded for the things you buy every day? With your Select Rewards card, you'll earn reward points at millions of places ... automatically.

## **Get rewards without limits**

You earn 1 point for every \$1 spent, with no points limit. Redeem for cash back, travel, gift cards and merchandise. Or select anything else with our Choose Your Own Rewards option.\*

► **BONUS: Get 2,500 reward points** with your first purchase – enough for a \$25 statement credit!

**Call to request your card today:  
1-877-881-4208**

\* See letter for details.



WILLIAM S. HARWELL, M.D.  
11002 Landon Lane  
Houston, Texas 77024-5402  
August 12, 2011

Dear Wedding Band Classmates, Friends,

It is with great regret that I am sending you this letter. After contacting all the members of the class that I was able to reach, by e-mail or telephone (and including those of you who would provide me with an opinion!!) it appears that the majority of us now feel that it is time to discontinue the ORIGINAL *Wedding Band Sunday School Class*, after some 50+ years.

Of those I could reach, and get an opinion, there were ten (including individuals and couples), who felt that it was time to disband, and only three individuals who thought that we should continue the class. I assume that the majority must rule.

Therefore, I have informed Teressa Rossy of that decision, and that our class will no longer exist. I suppose that I may also inform the Wedding Band II class that they now have exclusive possession of the name.

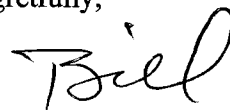
From my conversations, I have the feeling that the reluctance of all of us to disband was mainly because we did not wish to lose the contacts, the associations, with our friends in the class, with whom we have enjoyed seeing, visiting, knowing about, commiserating and rejoicing, for all these many years.

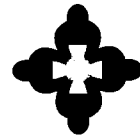
In order to alleviate that loss, several have suggested that we continue to meet socially, maintaining the contacts with our friends, and certainly I feel that that will be a good thing to do. For lack of a better idea at present, I would suggest that we all put it on our schedules, and in our date-books, that we will try to meet each month at the Second Sunday Chicken Dinner, at 11:00 AM, right after Sunday School. We can take over a table or two, depending on the response, and have a time there to visit, learn how everyone is getting along, and what is going on with them.

If someone has a better idea, please let me know!!

Certainly I have very much enjoyed being with *ALL* of you every Sunday, and will miss our class greatly!!!

Regretfully,

A handwritten signature in black ink that reads "Bill". The signature is written in a cursive, slightly slanted style.



THE CHAPELWOOD  
FOUNDATION

*Feathering the Nest*



Please join us for the



2011 Dinner

# *Feathering the Nest*



Speaker

*Giff Nielsen*

Former Houston Oilers Quarterback and  
Channel 11 Sports Director

Entertainment

*The Salvation Army  
Harbor Light Choir*

Thursday, May 5, 2011

6:30 p.m. - Check In

Chapelwood Fellowship Hall

6:45 p.m. - Dinner/Program

## *Executive Director*

Teresa Cannon

## *Dinner Chairman*

Carol Sharpe

## *Host Committee*

Margaret and Leonard Bedell	Kathie and Dave Luther
Rosanna and Myron Blalock	Nell and Ed Lynch
Charlie Brown	Helen and Jim Miner
Sandy and Jay Carlton	Pamela and Bob Moore
Hazel and Carleton Cole	Kay and Bob Newman
Cindi and Brandon Coleman	Dorothy Nicholson
Karen and Gus Comiskey	Chris and John Ogren
Jennifer and Rob Cooksey	Susan and Ed Patterson
Jane Page and James Crump	Katie and Wayne Payne
Donna and Ross Dawson	Grace and Carroll Phillips
Peggy and Gary Edwards	Jamie and Homer Smith
Debbie and Gary Gibson	Cathy and Forrest Smith
Donna and Mark Greek	Marianita and Lee Snodgrass
Joan and Bob Greer	Ann and Bill Steiner
Leslie and Tom Hix	Dot and Bill Thompson
Dana and Henry Houston	Janet and Tom Walker
Sue and Dike Howe	Pam and Jerry Treadwell
Carrie and Jeff Hoyer	Lynn Stanley Webster and Ron Webster
Judy and Henry Jackson	Karyl McCurdy White and Charles White
Jean and Bill Jensen	Carrie and Ron Woliver
Marilyn Joekel	Sandra and Ron Yates
Susan Kaplan	
Karla and Bill Lowerre	



THE CHAPELWOOD  
FOUNDATION

2011 Dinner  
Response Reply Card  
Thursday, May 5



Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Dinner Tickets - \$25 per person

Enclosed is my check for \$ \_\_\_\_\_ made  
payable to: The Chapelwood Foundation.

Please charge \$ \_\_\_\_\_ to my credit card.

Visa    MC    AMEX

Account # \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

To purchase tickets on-line, go to  
[www.chapelwood.org/foundation](http://www.chapelwood.org/foundation). Click on "Purchase  
Foundation Dinner Tickets." (A confirmation will be  
sent to you electronically).

I/We are unable to attend, but enclosed is a fully  
tax-deductible donation of \$ \_\_\_\_\_.

Seating is limited, so please make your reservation by  
April 26. For more information contact Teresa Cannon,  
Executive Director of The Chapelwood Foundation, at  
(713) 354-4485.

Please list the names and phone numbers of your  
table guests or the people you would like to be seated  
with on the reverse side.



THE CHAPELWOOD  
FOUNDATION

Please list the names and phone numbers of your table  
guests or the people you would like to be seated with.  
Tables seat eight or ten.

Guest 1 \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Guest 2 \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Guest 3 \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Guest 4 \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Guest 5 \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Guest 6 \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Guest 7 \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Guest 8 \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

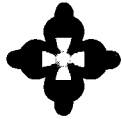
Guest 9 \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Guest 10 \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_





THE CHAPELWOOD  
FOUNDATION



The Chapelwood Foundation  
Chapelwood United Methodist Church  
11140 Greenbay  
Houston, TX 77024

# B.O.L.D.er

# BULLETIN



January 2011

BOLDER activities are open to anyone 50 or older.  
It is not necessary to be a member of Chapelwood to participate.

## Friendly Visits for Seniors is Here!

Friendly Visits matches two team members with a homebound Chapelwood member or couple who have requested, or whose family has requested, to receive regular visits. Social isolation is one of the real risks in growing older, and our teams provide up to an hour visit every 1-2 weeks.

If you are interested in knowing more about Friendly Visits, would like to serve as a team member or if you know a Chapelwood member who would benefit from participating, please contact Scott Endress, (713) 354-4470 or [sendress@chapelwood.org](mailto:sendress@chapelwood.org).

## Interesting B.O.L.D.er Outings are Coming . . .

Our day trips are open to all— Chapelwood members and guests. We appreciate your early RSVP to Judy Jones, [jjones@chapelwood.org](mailto:jjones@chapelwood.org) or (713) 354-4412.

**Wednesday, February 16: Bayou Bend Museum.** Cost: \$8.50 per person. Gather at 10:45 a.m., depart at 11:00 a.m. from Chapelwood. Lunch on your own at Andre's in River Oaks.

**Monday, March 21: "Impressionist and Post-Impressionist Masterpieces from the National Gallery of Art," Museum of Fine Arts Houston.** Cost: \$25 per person (includes tour and lunch). Lunch at Chapelwood at 12:15 p.m. Depart at 1:15 p.m. from Chapelwood for the museum.

**Tuesday, March 29: Holly Hall Book Review** (benefits Holly Hall), St. Luke's UMC. *Women of the West* by Dorothy Gray. Reviewer: Colleen Boudreaux. Cost: \$10 per person. Gather at 9:30 a.m., depart at 9:45 a.m. Lunch after review on your own at Palazzo's (Westheimer).

## B.O.L.D.er Book Club News

(B.O.L.D.er Book Club meets in LC 211-212 at 1:00 p.m. every first Tuesday)

Tuesday, February 1, our book is *Hotel at the Corner of Bitter and Sweet* by Jamie Ford. It is fiction, and involves the story of a boy of Chinese ancestry and a girl of Japanese ancestry who become friends at school before World War II on the West Coast. As you can imagine, the war disrupts their families' lives and their friendship. It has been on the NY Times bestseller list for paperbacks for a long time.

Tuesday, March 1st, we will discuss *At Home* by Bill Bryson. At this point it is still in hardback only, so we will be hoping that it comes out in paperback soon! It is about the development of houses (mainly in England), but is also a social history since changes in society brought about changes in houses. Bill Bryson is always articulate and entertaining, and the book is very informative. Our church library is supposed to have it, so please check there first.

Dorothy Blodgett



**A Passage Through Grief (a seminar about loss and acceptance)** - The Chapelwood Caring Ministry is offering an eight-week seminar, "A Passage Through Grief," for anyone who is dealing with grief as a result of loss. The grief may be the result of losing a job, a spouse or a child, a divorce, or any other kind of loss experienced in life. The seminar will meet on Tuesday nights beginning February 1 through March 22, from 7:00 - 8:30 p.m. The class will be held in Chapelwood's Learning Center 204. For more information or to register, contact Anne Kadlecek, (713) 354-4447 or [akadlecek@chapelwood.org](mailto:akadlecek@chapelwood.org).

**Alzheimer's Support Group** will be held at Memorial Hermann Memorial City Hospital East Tower, Gessner entrance, 5th floor - Classroom A. Susan Waller, Certified Alzheimer's Support Group Facilitator, will lead the discussion the third Sunday of each month (January 16, February 20, March 20 and April 17), 2:00 - 3:00 p.m. Complimentary admission, refreshments and covered parking in garage at the Gessner entrance.

**"The Only One Standing in Your Way is You!" Seminar at Chapelwood**

Monday, January 24 - 8:30 a.m. to 4:00 p.m., and Tuesday, January 25 - 9:00 a.m. to 4:00 p.m. Seminar cost is \$25 and includes lunch both days. Registration is available online at [www.chapelwood.org](http://www.chapelwood.org). Workshop registration will close on Thursday, January 20. Register early, as space is limited and the seminar is very popular. For more information, contact Gloria Mounger at (713) 354-4465 or [gmounger@chapelwood.org](mailto:gmounger@chapelwood.org).

**The Gathering Place at Chapelwood**

The Gathering Place is held 10 a.m. to 1:30 p.m. on each first Monday beginning February 7, in Circle of Friends Rooms 3 - 6. Chapelwood volunteer caregivers provide respite care for Alzheimer's, dementia and stroke patients. Each day features a structured program of physical, social and recreational activities. Lunch is included. Chapelwood partners with Interfaith Care Partners in this ministry. Register your care receiver with Tom Breaux at [tbreaux@interfaithcarepartners.com](mailto:tbreaux@interfaithcarepartners.com). For more information about serving others at The Gathering Place, contact Clayton Mills, [cjmills9@gmail.com](mailto:cjmills9@gmail.com) or (713) 466-7575.

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**Draw water for your soul**

*For we are God's bliss, for God delights in us without end, and so, by God's grace, will we delight in God.  
Julian of Norwich*

January 6, or Epiphany, marked the culmination of the three kings' long journey from the East, their long-awaited arrival at Bethlehem, at the child Jesus' house. When the star finally stopped, the narrative in Matthew 2 notes that these wise ones were "filled with joy."

There's a certain relief in finishing anything. But the text clearly states that the outcome of the trip was one of joy as they were then able to present their gifts to the Christ boy. This has helped me to assess things, not only looking at my December, but also, as I move into 2011.

It is God's joy, an overabundance of it, that moves us toward joy. The result of the journey does include joy! And if whatever spiritual practice we're observing isn't bearing the fruit of joy, maybe it's time to discover what can help us to move closer in this direction.

Thanks for your ministry,  
Scott Endress

If you would prefer to receive the BOLDer Bulletin by e-mail, rather than a printed copy, please e-mail Judy Jones ([jjones@chapelwood.org](mailto:jjones@chapelwood.org)) and let us know.