**ACCOUNT SUMMARY** 

LIFEFORCE MEDICAL SOLUTIONS INC PO BOX 87

LAHASKA PA 18931-0087

Page: 1 of 4 Statement Period: Sep 01 2013-Sep 30 2013 Cust Ref #: 366932952-720-T-### Primary Account #: 36-6932952

# **Business Convenience Checking**

LIFEFORCE MEDICAL SOLUTIONS INC Account # 36-6932952

P Le	ment Balance as of 09/01 Plus 6 Deposits and Other Credits ess 31 Checks and Other Debits ment Balance as of 09/30			6,338.41 49,305.61 55,030.16 613.86
ACCO	UNT ACTIVITY			
	actions by Date			
DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE
9/3	CCD DEPOSIT		149.50	6,487.91
	AMERICAN EXPRESS SETTLEMENT 2370028532			
9/3	DEPOSIT		10,000.00	16,487.91
9/3	CCD DEBIT	374.67		16,113.24
	EMS FEES 564400000430348			
9/3	CCD DEBIT	39.97		16,073.27
0.40	EMS MERCH DEP 564400000430348	20.05		40.000.00
9/3	CCD DEBIT	39.95		16,033.32
9/3	EMS MERCH CHBK 564400000430348  CCD DEBIT	39.95		15,993.37
9/3	EMS MERCH CHBK 564400000430348	39.93		15,995.51
9/3	CCD DEBIT	39.95		15,953.42
3/3	EMS MERCH CHBK 56440000430348	00.00		10,000.42
9/4	WIRE TRANSFER INCOMING, R D. BOWERS		2,800.00	18,753.42
9/4	DEBIT	10,000.00	_,	8,753.42
9/4	CCD DEBIT	133.77		8,619.65
	AUTHNET GATEWAY BILLING 30905803			-,
9/4	VISA DDA PUR	30.95		8,588.70
	AUT 090413 VISA DDA PUR			·
	PATLIVE ACCOUNTING 800 775 7790 * FL			
	4085404006387835			
9/4	WIRE TRANSFER FEE	15.00		8,573.70
9/5	CCD DEPOSIT		4,816.88	13,390.58
	EMS MERCH DEP 564400000430348			
9/5	CCD DEBIT	39.95		13,350.63
0./5	EPS NET ACH 600100004760	00.05		40.000.00
9/5	VISA DDA PUR	20.95		13,329.68
	AUT 090513 VISA DDA PUR PATLIVE ACCOUNTING 800 775 7790 * FL			
	4085404006387835			
9/6	CCD DEPOSIT		7,244.23	20,573.91
0,0	EMS MERCH DEP 564400000430348		. ,	20,370.01

### Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

- 1. Your ending balance shown on this statement is:
- 2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
- 3. Subtotal by adding lines 1 and 2.
- 4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
- 5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

Ending Balance	613.86
Total Deposits	<u>•</u>
3 Sub Total	
Total Withdrawals	-
5 Adjusted Balance	

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DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		4

#### FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer telephone the bank immediately at the phone number listed on the front of your statement or write to:

### TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about. The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

### INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

#### FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
  Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge



# STATEMENT OF ACCOUNT

LIFEFORCE MEDICAL SOLUTIONS INC

Page: 3 of 4 Statement Period: Sep 01 2013-Sep 30 2013 Cust Ref #: 366932952-720-T-### Primary Account #: 36-6932952

	UNT ACTIVITY			
Trans	actions by Date (continued)  DESCRIPTION	DEBIT	CREDIT	BALANCE
			OKEDII	
9/6	CCD DEBIT	39.95		20,533.96
0 (0	EPS NET ACH 600100004760	40.05		00 544 04
9/6	VISA DDA PUR	19.95		20,514.01
	AUT 090613 VISA DDA PUR INF PEOPLESMART COM 888 455 2792 * NE			
	4085404006387835			
9/11	DEBIT	12,060.00		8,454.01
9/16	CCD DEBIT	7.95		8,446.06
3/10	AMERICAN EXPRESS COLLECTION 2370028532	7.95		0,440.00
9/17	CCD DEBIT	39.95		8,406.11
5/17	EPS NET ACH 600100004760	00.00		0,400.11
9/18	CCD DEBIT	79.90		8,326.21
0, 10	EPS NET ACH 600100004760	10.00		0,020.21
9/19	Check #144	6,000.00		2,326.21
9/23	ACH DEPOSIT	-,	24,295.00	26,621.21
0,_0	CAPITAL STACK ACHCAPITAL 506938215 9511		_ :,::::	
9/23	VISA DDA PUR	21.20		26,600.01
	AUT 092313 VISA DDA PUR			,
	SQ BETTER QUALITY LINEN DOYLESTOWN * PA			
	4085404006387835			
9/24	DEBIT	24,295.00		2,305.01
9/24	CCD DEBIT	402.78		1,902.23
	CAPITAL STACK ACHCAPITAL 507896224 9511			
9/25	CCD DEBIT	402.78		1,499.45
	CAPITAL STACK ACHCAPITAL 508358102 9511			
9/25	DDA WITHDRAW	300.00		1,199.45
	AUT 092513 DDA WITHDRAW			
	577 NORTH MAIN STREET DOYLESTOWN * PA			
	4085404006387835			
9/25	VISA DDA PUR	4.76		1,194.69
	AUT 092513 VISA DDA PUR			
	ANGELS CARDS GIFTS NEW HOPE * PA			
0/26	4085404006387835	26.60		1 169 00
9/26	VISA DDA PUR AUT 092613 VISA DDA PUR	26.60		1,168.09
	OOKA DOYLESTOWN DOYLESTOWN * PA			
	4085404006387835			
9/27	DDA PURCHASE	19.95		1,148.14
J, Z I	AUT 092713 DDA PURCHASE	10.00		1,140.14
	USPS 4143440031 LAHASKA * PA			
	4085404006387835			



# STATEMENT OF ACCOUNT

LIFEFORCE MEDICAL SOLUTIONS INC

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 Statement Period:
 Sep 01 2013-Sep 30 2013

 Cust Ref #:
 366932952-720-T-###

 Primary Account #:
 36-6932952

ACCUL	JNT ACTIVITY			
	actions by Date (continued)			
DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE
9/30	VISA DDA PUR	457.00		691.14
	AUT 093013 VISA DDA PUR			
	COMCAST OF EASTERN PA 800 COMCAST * DE			
	4085404006387835			
9/30	VISA DDA PUR	26.59		664.55
	AUT 093013 VISA DDA PUR			
	LUKOIL 69240 NEW HOPE * PA			
	4085404006387835			
9/30	VISA DDA PUR	22.60		641.95
	AUT 093013 VISA DDA PUR			
	THE FREIGHT HOUSE DOYLESTOWN * PA			
	4085404006387835			
9/30	VISA DDA PUR	20.14		621.81
	AUT 093013 VISA DDA PUR			
	TOPEO NEW HOPE * PA			
	4085404006387835			
9/30	VISA DDA PUR	7.95		613.86
	AUT 093013 VISA DDA PUR			
	METROFAX INC 425 3733311 * WA			
	4085404006387835			

9/19

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6,000.00