RUN DATE 06/06/12 - SUP SUNNYSIDE CITYWIDE
SALES JRNL # 0284 LOC 001 SUNNYSIDE CITYWIDE REG NY NY

E REGNY NY SALES REGISTER PAGE 1 - 1 SHP SENIOR HEALTH PARTNERS BILL WEEK ENDING 6/08/12

|          |         |         | -                      |  |        |         |          | _   | -,,     |
|----------|---------|---------|------------------------|--|--------|---------|----------|-----|---------|
| INVOICE# | DATE    | CUST NO | CUSTOMER NAME          | REFERENCE  ALVAREZ, ANGELA ALVAREZ, ANGELA BANKS, ANASTAZJ BROOKS, NATALIE BROOKS, NATALIE CARRILLO, MARIA COLON, RAYMUNDA FENTON, JESSIE GHILIOTTY, FLOR GHILIOTTY, FLOR GRAFSTEIN, LILL GRAFSTEIN, LILL HARIDIN, KHAMAT HARIDIN, KHAMAT HARIDIN, RAMDIA HARIDIN, RAMDIA HARIDIN, RAMDIA HERNANDEZ, FRAN LEPORE, CLAIRE MOROCHO, MANUEL MOROCHO, MANUEL RODRIGUEZ, MARI RODRIGUEZ, MARI SIERRA, MIRIAM SIERRA, MIRIAM SIERRA, MIRIAM SIERRA, MIRIAM SIERRA, MIRIAM SIERRA, MIRIAM SIMON, LUPE TORRESCAMPOS, J VASQUEZ, CORNEL VIDOT-LINARES, VIDOT-LINARES, WOO, LUZ CUSTOMER | HOURS  | TAX AMT | AMOUNT   | TYP | SURPLUS |
| 196844   | 5/25/12 | 000082  | SENIOR HEALTH PARTNERS | ALVAREZ, ANGELA  | 4.00   |         | 57.00    | I   |         |
| 196845   | 5/25/12 | 000082  | SENIOR HEALTH PARTNERS | ALVAREZ, ANGELA  | 4.00   |         | 57.00    | I   |         |
| 196846   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | BANKS, ANASTAZJ  | 8.00   |         | 114.00   | I   |         |
| 196847   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | BROOKS, NATALIE  | 4.00   |         | 57.00    | I   |         |
| 196848   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | BROOKS, NATALIE  | 4.00   |         | 57.00    | I   |         |
| 196849   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | CARRILLO, MARIA  | 21.00  |         | 299.25   | I   |         |
| 196850   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | CARRILLO, MARIA  | 7.00   |         | 99.75    | I   |         |
| 196851   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | COLON, RAYMUNDA  | 35.00  |         | 498.75   | I   |         |
| 196852   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | FENTON, JESSIE   | 4.00   |         | 57.00    | I   |         |
| 196853   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | GHILIOTTY, FLOR  | 27.00  |         | 384.75   | I   |         |
| 196854   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | GHILIOTTY, FLOR  | 5.00   |         | 71.25    | I   |         |
| 196855   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | GRAFSTEIN, LILL  | 6.00   |         | 1,200.00 | I   |         |
| 196856   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | GRAFSTEIN, LILL  | 1.00   |         | 200.00   | I   |         |
| 196857   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | HARIDIN, KHAMAT  | 28.00  |         | 399.00   | I   |         |
| 196858   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | HARIDIN, KHAMAT  | 5.00   |         | 71.25    | I   |         |
| 196859   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | HARIDIN, RAMDIA  | 116.00 |         | 1,653.00 | I   |         |
| 196860   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | HARIDIN, RAMDIA  | 19.00  |         | 270.75   | I   |         |
| 196861   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | HERNANDEZ, FRAN  | 29.00  |         | 413.25   | I   |         |
| 196862   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | HERNANDEZ, FRAN  | 6.00   |         | 85.50    | I   |         |
| 196863   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | LEPORE, CLAIRE   | 5.00   |         | 71.26    | I   |         |
| 196864   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | MOROCHO, MANUEL  | 66.00  |         | 940.50   | I   |         |
| 196865   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | MOROCHO, MANUEL  | 10.00  |         | 142.50   | I   |         |
| 196866   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | RODRIGUEZ, MARI  | 16.00  |         | 228.00   | I   |         |
| 196867   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | RODRIGUEZ, MARI  | 4.00   |         | 57.00    | I   |         |
| 196868   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | SIERRA, MIRIAM   | 20.00  |         | 285.00   | I   |         |
| 196869   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | SIERRA, MIRIAM   | 5.00   |         | 71.25    | I   |         |
| 196870   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | SIMON, LUPE  | 4.00   |         | 57.00    | I   |         |
| 196871   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | TORRESCAMPOS, J  | 32.00  |         | 456.00   | I   |         |
| 196872   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | VASOUEZ, CORNEL  | 8.00   |         | 114.00   | I   |         |
| 196873   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | VIDOT-LINARES,   | 24.00  |         | 342.00   | I   |         |
| 196874   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | VIDOT-LINARES,   | 6.00   |         | 85.50    | I   |         |
| 196875   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | WOO, LUZ   | 12.00  |         | 171.00   | I   |         |
| 196876   | 6/01/12 | 000082  | SENIOR HEALTH PARTNERS | WOO, LUZ   | 4.00   |         | 57.00    | I   |         |
|          | -,,     |         |                        | GUGEOMED   |        | 0.00    | 0 102 51 |     |         |
|          |         |         |                        | CUSTOMER   | 549.00 | 0.00    | 9,123.51 |     |         |
|          |         |         |                        | CATEGORY   | 549.00 | 0.00    | 9,123.51 |     |         |
|          |         |         |                        |  |        |         |          |     |         |

| RUN DATE<br>SALES JRN |          | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY       |       |         | PAGE 1 -<br>VCP CHOICE LHCSA | 2       |
|-----------------------|----------|-----------------------|-----------------------------------|-----------------|-------|---------|------------------------------|---------|
| BALLED GIGV           | L # 0201 | 100 001               |                                   | SALES REGISTER  |       |         | BILL WEEK ENDING             |         |
| INVOICE#              | DATE     | CUST NO               | CUSTOMER NAME                     | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP                   | SURPLUS |
| 196877                | 6/01/12  | 000008                | VISITING NURSE SERVICE            | ABINANTI, IRENE | 48.00 |         | 699.84 I                     |         |
| 196878                | 6/01/12  | 800000                | VISITING NURSE SERVICE            | ABINANTI, IRENE | 8.00  |         | 116.64 I                     |         |
| 196879                | 6/01/12  | 800000                | VISITING NURSE SERVICE            | ABREU, ANA      | 8.00  |         | 116.64 I                     |         |
| 196880                | 6/01/12  | 800000                | VISITING NURSE SERVICE            | ABREU, ANA      | 4.00  |         | 58.32 I                      |         |
|                       |          |                       |                                   | CUSTOMER        | 68.00 | 0.00    | 991.44                       |         |
|                       |          |                       |                                   | CATEGORY        | 68.00 | 0.00    | 991.44                       |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | NYSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE         | REG NY NY                          |               |         | PAGE 1 -<br>ADU ADULT | 3       |
|-----------------------|--------------------|-----------------------|---|------------------------------------|---------------|---------|-----------------------|---------|
| SALES ON              | II # 0201          | 100 001               |   | ALES REGISTER                      |               |         | BILL WEEK ENDING      | 6/08/12 |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                          | HOURS         | TAX AMT | AMOUNT TYP            | SURPLUS |
| 196881<br>196882      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE VISITING NURSE SERVICE | ACOSTA, ALBERTO<br>ACOSTA, ALBERTO | 16.50<br>4.00 |         | 240.57 I<br>58.32 I   |         |
|                       |                    |                       |   | CUSTOMER                           | 20.50         | 0.00    | 298.89                |         |
|                       |                    |                       |   | CATEGORY                           | 20.50         | 0.00    | 298.89                |         |

| RUN DATE<br>SALES JRN | , ,           | - SUP SUNN | YSIDE CITYWIDE<br>SUNNYSIDE CITY | WIDE B  | EG NY NY        |        |         | PAGE 1<br>VCP CHOICE L | -<br>HCSA | 4       |
|-----------------------|---------------|------------|----------------------------------|---------|-----------------|--------|---------|------------------------|-----------|---------|
| BALLED GIGV           | <u>π 0201</u> | 100 001    | BOWNIBIDE CITT                   | S A L   |                 |        |         | BILL WEEK EN           |           | 6/08/12 |
| INVOICE#              | DATE          | CUST NO    | CUSTOMER NAME                    |         | REFERENCE       | HOURS  | TAX AMT | AMOUNT                 | TYP       | SURPLUS |
| 196883                | 6/01/12       | 000008     | VISITING NURSE                   | SERVICE | ADAMES, OLGA    | 20.00  |         | 291.60                 | I         |         |
| 196884                | 6/01/12       | 000008     | VISITING NURSE                   | SERVICE | ADAMES, OLGA    | 5.00   |         | 72.90                  | I         |         |
| 196885                | 6/01/12       | 800000     | VISITING NURSE                   | SERVICE | ADAMES, RICARDO | 30.00  |         | 437.40                 | I         |         |
| 196886                | 6/01/12       | 000008     | VISITING NURSE                   | SERVICE | ADAMES, RICARDO | 5.00   |         | 72.90                  | I         |         |
| 196887                | 6/01/12       | 000008     | VISITING NURSE                   | SERVICE | ADAMS, MYRIAM   | 53.50  |         | 780.03                 | I         |         |
| 196888                | 6/01/12       | 000008     | VISITING NURSE                   | SERVICE | ADAMS, MYRIAM   | 10.00  |         | 145.80                 | I         |         |
| 196889                | 3/30/12       | 800000     | VISITING NURSE                   | SERVICE | ADUN, JEANETTE  | 4.00   |         | 58.32                  | I         |         |
|                       |               |            |                                  |         | CUSTOMER        | 127.50 | 0.00    | 1,858.95               |           |         |
|                       |               |            |                                  |         | CATEGORY        | 127.50 | 0.00    | 1,858.95               |           |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE<br>S     | REG NY NY<br>SALES REGISTER      |               |         | PAGE 1 -<br>AUR ADULT REHAB<br>BILL WEEK ENDING | -       |
|-----------------------|--------------------|-----------------------|---|----------------------------------|---------------|---------|---|---------|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                        | HOURS         | TAX AMT | AMOUNT TYP                                      | SURPLUS |
| 196890<br>196891      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE VISITING NURSE SERVICE | ADUN, JEANETTE<br>ADUN, JEANETTE | 48.00<br>8.00 |         | 699.84 I<br>116.64 I                            |         |
|                       |                    |                       |   | CUSTOMER                         | 56.00         | 0.00    | 816.48  |         |
|                       |                    |                       |   | CATEGORY                         | 56.00         | 0.00    | 816.48  |         |

|          | 06/06/12 -<br>NL # 0284 |         |                        | REGNY NY<br>SALES REGISTER |       |         | PAGE 1 -<br>VCP CHOICE LHCSA<br>BILL WEEK ENDING |         |
|----------|-------------------------|---------|------------------------|----------------------------|-------|---------|--|---------|
| INVOICE# | DATE                    | CUST NO | CUSTOMER NAME          | REFERENCE                  | HOURS | TAX AMT | AMOUNT TY  | SURPLUS |
| 196892   | 6/01/12                 | 800000  | VISITING NURSE SERVICE | AFZAL, AMIR                | 3.75  |         | 54.68 I  |         |
|          |                         |         |                        | CATEGORY                   | 3.75  | 0.00    | 54.68  |         |

| RUN DATE<br>SALES JRN |           |         | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY       |       |         | PAGE 1 -<br>ADU ADULT | 7       |
|-----------------------|-----------|---------|--------------------------------------|-----------------|-------|---------|-----------------------|---------|
| DALLO OIG             | VL π 0201 | 100 001 |                                      | SALES REGISTER  |       |         | BILL WEEK ENDING      | 6/08/12 |
| INVOICE#              | DATE      | CUST NO | CUSTOMER NAME                        | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP            | SURPLUS |
| 196893                | 6/01/12   | 800000  | VISITING NURSE SERVICE               | AGUILAR, RAFAEL | 5.50  |         | 80.19 I               |         |
|                       |           |         |                                      | CATEGORY        | 5.50  | 0.00    | 80.19                 |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1        | - 8               |  |
|-----------|------------|------------|------------------------|-----------------|-------|---------|---------------|-------------------|--|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING H | HOMEW/O WALLS (LT |  |
|           |            |            | :                      | SALES REGISTER  |       |         | BILL WEEK END | OING 6/08/12      |  |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT        | TYP SURPLUS       |  |
| 196894    | 6/01/12    | 000008     | VISITING NURSE SERVICE | AGUILAR, ZORAID | 38.00 |         | 554.04        | I                 |  |
| 196895    | 6/01/12    | 800000     | VISITING NURSE SERVICE | AGUILAR, ZORAID | 7.00  |         | 102.06        | I                 |  |
|           |            |            |                        | CUSTOMER        | 45.00 | 0.00    | 656.10        |                   |  |
|           |            |            |                        | COSTOMER        | 43.00 | 0.00    | 050.10        |                   |  |
|           |            |            |                        |                 |       |         |               |                   |  |
|           |            |            |                        | CATEGORY        | 45.00 | 0.00    | 656.10        |                   |  |

| RUN DATE<br>SALES JRN |          | - SUP SUNN | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY      |       |         | PAGE 1<br>VCP CHOICE L | -   | 9       |
|-----------------------|----------|------------|--------------------------------------|----------------|-------|---------|------------------------|-----|---------|
| SALES URN             | L # U204 | LOC 001    |                                      | SALES REGISTER |       |         | BILL WEEK EN           |     | 6/08/12 |
| INVOICE#              | DATE     | CUST NO    | CUSTOMER NAME                        | REFERENCE      | HOURS | TAX AMT | AMOUNT                 | TYP | SURPLUS |
| 196896                | 5/25/12  | 000008     | VISITING NURSE SERVICE               | AGUILAR-PROCE, | 6.00  |         | 87.48                  | I   |         |
| 196897                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | AKBAR, NASEEM  | 16.00 |         | 233.28                 | I   |         |
| 196898                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | AKBAR, NASEEM  | 4.00  |         | 58.32                  | I   |         |
|                       |          |            |                                      | CUSTOMER       | 26.00 | 0.00    | 379.08                 |     |         |
|                       |          |            |                                      | CATEGORY       | 26.00 | 0.00    | 379.08                 |     |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 -         | 10            |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------------|
| SALES JRN | rL # 0284  | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING HOME | N/O WALLS (LT |
|           |            |            | S                      | ALES REGISTER   |       |         | BILL WEEK ENDING | 6/08/12       |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS       |
| 196899    | 6/01/12    | 800000     | VISITING NURSE SERVICE | ALEKSANDORVA, S | 30.00 |         | 437.40 I         |               |
|           |            |            |                        | CATEGORY        | 30.00 | 0.00    | 437.40           |               |

| RUN DATE<br>SALES JRN |         | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY       |       |         | PAGE 1<br>VCP CHOICE L |     | 11      |
|-----------------------|---------|-----------------------|-----------------------------------|-----------------|-------|---------|------------------------|-----|---------|
| DILLEG GIAV           | 1 0201  | 100 001               |                                   | SALES REGISTER  |       |         | BILL WEEK EN           |     | 6/08/12 |
| INVOICE#              | DATE    | CUST NO               | CUSTOMER NAME                     | REFERENCE       | HOURS | TAX AMT | AMOUNT                 | TYP | SURPLUS |
| 196900                | 6/01/12 | 000008                | VISITING NURSE SERVICE            | ALFEREZ, GLORIA | 12.00 |         | 174.96                 | I   |         |
| 196901                | 6/01/12 | 800000                | VISITING NURSE SERVICE            | ALFEREZ, GLORIA | 6.00  |         | 87.48                  | I   |         |
| 196902                | 6/01/12 | 000008                | VISITING NURSE SERVICE            | ALMANZAR, REMIG | 4.00  |         | 58.32                  |     |         |
|                       |         |                       |                                   | CUSTOMER        | 22.00 | 0.00    | 320.76                 |     |         |
|                       |         |                       |                                   | CATEGORY        | 22.00 | 0.00    | 320.76                 |     |         |

| RUN DATE<br>SALES JRN      |                               | SUP SUNN<br>LOC 001        | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE                                       | REG NY NY<br>SALES REGISTER                           |                       |         | PAGE 1 -<br>HOA HOSPICE ADUL<br>BILL WEEK ENDING |         |
|----------------------------|-------------------------------|----------------------------|--|---|-----------------------|---------|--|---------|
| INVOICE#                   | DATE                          | CUST NO                    | CUSTOMER NAME  | REFERENCE   | HOURS                 | TAX AMT | AMOUNT TYP                                       | , , , , |
| 196903<br>196904<br>196905 | 5/25/12<br>6/01/12<br>6/01/12 | 000008<br>000008<br>000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | ALVAREZ, NAZARE<br>ALVAREZ, NAZARE<br>ALVAREZ, NAZARE | 8.00<br>46.50<br>8.00 |         | 116.64 I<br>677.97 I<br>116.64 I                 |         |
|                            |                               |                            |  | CUSTOMER  | 62.50                 | 0.00    | 911.25   |         |
|                            |                               |                            |  | CATEGORY  | 62.50                 | 0.00    | 911.25   |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY                |                   |         | PAGE 1 -<br>VCP CHOICE LHCS | 13        |
|-----------------------|--------------------|-----------------------|---|--------------------------|-------------------|---------|-----------------------------|-----------|
| SALES OWN             | H 0204             | пос оот               |   | SALES REGISTER           |                   |         | BILL WEEK ENDIN             |           |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                | HOURS             | TAX AMT | AMOUNT TY                   | P SURPLUS |
| 196906<br>196907      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE VISITING NURSE SERVICE | ANDINO, ESTEBAN          | 5.00<br>16.00     |         | 72.90 3<br>233.28 3         | <u> </u>  |
| 196908                | 6/01/12            | 800000                | VISITING NURSE SERVICE                        | ANDINO, ESTEBAN CUSTOMER | 4.00<br><br>25.00 | 0.00    | 58.32 1<br><br>364.50       | [<br>     |
|                       |                    |                       |   | COSTOMER                 | 25.00             | 0.00    | 304.50                      |           |
|                       |                    |                       |   | CATEGORY                 | 25.00             | 0.00    | 364.50                      |           |

|           |          |         | YSIDE CITYWIDE         |                   |        |         | PAGE 1        | _        | 14        |
|-----------|----------|---------|------------------------|-------------------|--------|---------|---------------|----------|-----------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY         | D.     |         | ADU ADULT     | T.1.T.C. | 6 /00 /10 |
|           |          |         |                        | SALES REGISTE     | R      |         | BILL WEEK END | ING      | 6/08/12   |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE         | HOURS  | TAX AMT | AMOUNT        | TYP      | SURPLUS   |
| 196909    | 6/01/12  | 000008  | VISITING NURSE SERVICE | E ANDRADE, LOLA   | 72.00  |         | 1,049.76      | I        |           |
| 196910    | 6/01/12  | 800000  | VISITING NURSE SERVIO  | E ANDRADE, LOLA   | 12.00  |         | 174.96        | I        |           |
| 196911    | 6/01/12  | 800000  | VISITING NURSE SERVIO  | E ANDREWS, JOHNNI | 48.00  |         | 699.84        | I        |           |
| 196912    | 6/01/12  | 000008  | VISITING NURSE SERVIO  | E ANDREWS, JOHNNI | 8.00   |         | 116.64        | I        |           |
| 196913    | 6/01/12  | 800000  | VISITING NURSE SERVIO  | E ANGRISANO, RUTH | 20.00  |         | 291.60        | I        |           |
|           |          |         |                        | CUSTOMER          | 160.00 | 0.00    | 2,332.80      |          |           |
|           |          |         |                        | CATEGORY          | 160.00 | 0.00    | 2,332.80      |          |           |

| ı | RUN DATE  | 06/06/12 | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 -        | 15        |
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| ١ | SALES JRN | L # 0284 | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | VCP CHOICE LHCS | A         |
|   |           |          |            | Ş                      | SALES REGISTER  |       |         | BILL WEEK ENDIN | G 6/08/12 |
|   | INVOICE#  | DATE     | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TY       | P SURPLUS |
|   | 196914    | 6/01/12  | 800000     | VISITING NURSE SERVICE | ANGRISANO, RUTH | 4.00  |         | 58.32 I         |           |
|   |           |          |            |                        | CATEGORY        | 4.00  | 0.00    | 58.32           |           |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REGNY NY<br>SALES REGISTER |               |         | PAGE 1 - 16<br>LTC NURSING HOMEW/O WALLS (LT<br>BILL WEEK ENDING 6/08/12 |
|-----------------------|--------------------|-----------------------|---|----------------------------|---------------|---------|--|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                  | HOURS         | TAX AMT | AMOUNT TYP SURPLUS   |
| 196915<br>196916      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE VISITING NURSE SERVICE |                            | 12.00<br>4.00 |         | 174.96 I<br>58.32 I  |
|                       |                    |                       |   | CUSTOMER                   | 16.00         | 0.00    | 233.28   |
|                       |                    |                       |   | CATEGORY                   | 16.00         | 0.00    | 233.28   |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY                        |       |         | PAGE 1 -<br>ADU ADULT | 17      |
|-----------------------|--------------------|-----------------------|---|----------------------------------|-------|---------|-----------------------|---------|
| DALLO OIGI            | L # 0201           | 100 001               |   | SALES REGISTER                   |       |         | BILL WEEK ENDING      | 6/08/12 |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                        | HOURS | TAX AMT | AMOUNT TYP            | SURPLUS |
| 196917<br>196918      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE VISITING NURSE SERVICE | ANSELMI, PETER<br>ANSELMI, PETER | 8.00  |         | 116.64 I<br>29.16 I   |         |
|                       |                    |                       |   | CUSTOMER                         | 10.00 | 0.00    | 145.80                |         |
|                       |                    |                       |   | CATEGORY                         | 10.00 | 0.00    | 145.80                |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |         |          |       |         | PAGE 1       | - 1    | .8          |
|-----------|------------|------------|------------------------|---------|----------|-------|---------|--------------|--------|-------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY  | NY       |       |         | LTC NURSING  | HOMEW/ | O WALLS (LT |
|           |            |            | :                      | SALES R | EGIST    | E R   |         | BILL WEEK EN | DING   | 6/08/12     |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFE    | RENCE    | HOURS | TAX AMT | AMOUNT       | TYP    | SURPLUS     |
| 196919    | 6/01/12    | 800000     | VISITING NURSE SERVICE | ANUT,   | ALICE    | 52.00 |         | 758.16       | I      |             |
| 196920    | 6/01/12    | 000008     | VISITING NURSE SERVICE | ANUT,   | ALICE    | 9.00  |         | 131.22       | I      |             |
|           |            |            |                        |         | CUSTOMER | 61.00 | 0.00    | 889.38       |        |             |
|           |            |            |                        |         | -        |       |         |              |        |             |
|           |            |            |                        |         | CATEGORY | 61.00 | 0.00    | 889.38       |        |             |

|           |          |         | YSIDE CITYWIDE         |         |          |       |         | 11101        |      | 19      |
|-----------|----------|---------|------------------------|---------|----------|-------|---------|--------------|------|---------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | _       | NY       |       |         | VCP CHOICE L |      |         |
|           |          |         | S                      | SALES R | EGISTE   | E R   |         | BILL WEEK EN | DING | 6/08/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFE    | RENCE    | HOURS | TAX AMT | AMOUNT       | TYP  | SURPLUS |
| 196921    | 6/01/12  | 800000  | VISITING NURSE SERVICE | AOUN,   | ODETTE   | 24.00 |         | 349.92       | I    |         |
| 196922    | 6/01/12  | 800000  | VISITING NURSE SERVICE | AOUN,   | ODETTE   | 6.00  |         | 87.48        | I    |         |
|           |          |         |                        |         | CUSTOMER | 30.00 | 0.00    | 437.40       |      |         |
|           |          |         |                        |         | _        |       |         |              |      |         |
|           |          |         |                        |         | CATEGORY | 30.00 | 0.00    | 437.40       |      |         |

| RUN DATE 06/0<br>SALES JRNL # | 06/12 - SUP SUNN<br>0284 LOC 001 | SUNNYSIDE CITYWIDE                            | REG NY NY<br>SALES REGISTER |               |         | PAGE 1<br>ADU ADULT<br>BILL WEEK END |             |
|-------------------------------|----------------------------------|---|-----------------------------|---------------|---------|--------------------------------------|-------------|
| INVOICE# DA                   | ATE CUST NO                      | CUSTOMER NAME                                 | REFERENCE                   | HOURS         | TAX AMT | AMOUNT '                             | TYP SURPLUS |
|                               | 01/12 000008<br>01/12 000008     | VISITING NURSE SERVICE VISITING NURSE SERVICE | ,                           | 17.00<br>3.00 |         | 247.86<br>43.74                      | I<br>I      |
|                               |                                  |   | CUSTOMER                    | 20.00         | 0.00    | 291.60                               |             |
|                               |                                  |   | CATEGORY                    | 20.00         | 0.00    | 291.60                               |             |

|           |          |         | YSIDE CITYWIDE         |                 |       |         | PAGE 1 - 21          |       |
|-----------|----------|---------|------------------------|-----------------|-------|---------|----------------------|-------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | VCP CHOICE LHCSA     | 0 /10 |
|           |          |         | :                      | SALES REGISTER  |       |         | BILL WEEK ENDING 6/0 | 8/12  |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP SUR       | PLUS  |
| 196925    | 6/01/12  | 000008  | VISITING NURSE SERVICE | ARIAS, MAGDALEN | 37.75 |         | 550.40 I             |       |
| 196926    | 6/01/12  | 800000  | VISITING NURSE SERVICE | ARIAS, MAGDALEN | 8.00  |         | 116.64 I             |       |
|           |          |         |                        | CUSTOMER        | 45.75 | 0.00    | 667.04               |       |
|           |          |         |                        |                 |       |         |                      |       |
|           |          |         |                        | CATEGORY        | 45.75 | 0.00    | 667.04               |       |

|           |               |         | YSIDE CITYWIDE         |                           |       |         | PAGE 1 -                    | - 22        |
|-----------|---------------|---------|------------------------|---------------------------|-------|---------|-----------------------------|-------------|
| SALES JRN | L # 0284      | LOC 001 | SUNNYSIDE CITYWIDE     | REGNY NY<br>ALES REGISTER |       |         | ADU ADULT<br>BILL WEEK END: | ING 6/08/12 |
|           |               |         | 3                      | ALES REGISIER             |       |         | BILL WEEK END.              | ING 0/08/12 |
| INVOICE#  | DATE          | CUST NO | CUSTOMER NAME          | REFERENCE                 | HOURS | TAX AMT | AMOUNT 7                    | TYP SURPLUS |
| 106007    | C / O.1 / 1.0 | 000000  | WIGHTING MIDGE GERMAGE | A CA POLIDIANI GOD        | 21 00 |         | 206 10                      | <b>-</b>    |
| 196927    | 6/01/12       | 000008  | VISITING NURSE SERVICE | ASADOURIAN, COR           | 21.00 |         | 306.18                      | 1           |
| 196928    | 6/01/12       | 800000  | VISITING NURSE SERVICE | ASADOURIAN, COR           | 2.00  |         | 29.16                       | I           |
| 196929    | 6/01/12       | 800000  | VISITING NURSE SERVICE | ASH, MARIE                | 8.00  |         | 116.64                      | I           |
| 196930    | 6/01/12       | 800000  | VISITING NURSE SERVICE | ASH, MARIE                | 4.00  |         | 58.32                       | I           |
|           |               |         |                        |                           |       |         |                             |             |
|           |               |         |                        | CUSTOMER                  | 35.00 | 0.00    | 510.30                      |             |
|           |               |         |                        |                           |       |         |                             |             |
|           |               |         |                        | CATEGORY                  | 35.00 | 0.00    | 510.30                      |             |

| RUN DATE 0 | 06/06/12 - | SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1 -          | 23            |
|------------|------------|----------|------------------------|----------------|-------|---------|-------------------|---------------|
| SALES JRNL | 4 0284     | LOC 001  | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | LTC NURSING HOMEW | //O WALLS (LT |
|            |            |          | :                      | SALES REGISTER |       |         | BILL WEEK ENDING  | 6/08/12       |
| INVOICE#   | DATE       | CUST NO  | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT TYP        | SURPLUS       |
| 196931     | 6/01/12    | 800000   | VISITING NURSE SERVICE | ASHLEY, CLYDE  | 35.00 |         | 510.30 I          |               |
| 196932     | 6/01/12    | 800000   | VISITING NURSE SERVICE | ASHLEY, CLYDE  | 7.00  |         | 102.06 I          |               |
|            |            |          |                        | CUSTOMER       | 42.00 | 0.00    | 612.36            |               |
|            |            |          |                        | CATEGORY       | 42.00 | 0.00    | 612.36            |               |
| 1          |            |          |                        | CATEGORY       | 42.00 | 0.00    | 012.30            |               |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1 -         | 24      |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | VCP CHOICE LHCS  |         |
|           |            |            | S                      | SALES REGISTER |       |         | BILL WEEK ENDING | 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT TYPE      | SURPLUS |
| 196933    | 6/01/12    | 000008     | VISITING NURSE SERVICE | AVILA, ENIDIA  | 16.00 |         | 233.28 I         |         |
| 196934    | 6/01/12    | 800000     | VISITING NURSE SERVICE | AVILA, ENIDIA  | 4.00  |         | 58.32 I          |         |
|           |            |            |                        | CUSTOMER       | 20.00 | 0.00    | 291.60           |         |
|           |            |            |                        |                |       |         |                  |         |
|           |            |            |                        | CATEGORY       | 20.00 | 0.00    | 291.60           |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |         |          |       |         | PAGE 1       | - 2    | 25          |
|-----------|------------|------------|------------------------|---------|----------|-------|---------|--------------|--------|-------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY  | NY       |       |         | LTC NURSING  | HOMEW/ | O WALLS (LT |
|           |            |            | :                      | SALES R | EGISTE   | R     |         | BILL WEEK EN | DING   | 6/08/12     |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFE    | RENCE    | HOURS | TAX AMT | AMOUNT       | TYP    | SURPLUS     |
| 196935    | 6/01/12    | 000008     | VISITING NURSE SERVICE | AZAD,   | ABUL     | 7.25  |         | 105.71       | I      |             |
| 196936    | 6/01/12    | 800000     | VISITING NURSE SERVICE | AZAD,   | ABUL     | 4.00  |         | 58.32        | I      |             |
|           |            |            |                        |         | CUSTOMER | 11.25 | 0.00    | 164.03       |        |             |
|           |            |            |                        |         | CATEGORY | 11.25 | 0.00    | 164.03       |        |             |

|                  |                    |                  | YSIDE CITYWIDE                                | DEC NV NV                  |       |         | PAGE 1                         | -      | 26      |
|------------------|--------------------|------------------|---|----------------------------|-------|---------|--------------------------------|--------|---------|
| SALES JRN        | L # U284           | LOC 001          | SUNNYSIDE CITYWIDE                            | REGNY NY<br>SALES REGISTER |       |         | VCP CHOICE LE<br>BILL WEEK END |        | 6/08/12 |
| INVOICE#         | DATE               | CUST NO          | CUSTOMER NAME                                 | REFERENCE                  | HOURS | TAX AMT | AMOUNT                         | TYP    | SURPLUS |
| 196937<br>196938 | 6/01/12<br>6/01/12 | 800000<br>800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | -,                         | 4.00  |         | 58.32<br>54.68                 | I<br>I |         |
|                  |                    |                  |   | CUSTOMER                   | 7.75  | 0.00    | 113.00                         |        |         |
|                  |                    |                  |   | CATEGORY                   | 7.75  | 0.00    | 113.00                         |        |         |

| RUN DATE 06/06/1<br>SALES JRNL # 028 |           |   | REG NY | NY            |               |         | PAGE 1<br>ADU ADULT | - 2    | 27      |
|--------------------------------------|-----------|---|--------|---------------|---------------|---------|---------------------|--------|---------|
| SALES URNL # 020                     | 4 LOC 001 |   | -      | EGISTE        | R             |         | BILL WEEK END       | ING    | 6/08/12 |
| INVOICE# DATE                        | CUST NO   | CUSTOMER NAME                                 | REFE   | RENCE         | HOURS         | TAX AMT | AMOUNT              | TYP    | SURPLUS |
| 196939 6/01/1<br>196940 6/01/1       |           | VISITING NURSE SERVICE VISITING NURSE SERVICE | ,      |               | 21.00<br>7.00 |         | 306.18<br>102.06    | I<br>I |         |
|                                      |           |   |        | CUSTOMER      | 28.00         | 0.00    | 408.24              |        |         |
|                                      |           |   |        | -<br>CATEGORY | 28.00         | 0.00    | 408.24              |        |         |

|           |           |         | YSIDE CITYWIDE         |                 |        |         | 11102 1      |        | 28           |
|-----------|-----------|---------|------------------------|-----------------|--------|---------|--------------|--------|--------------|
| SALES JRN | r∟ # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY       |        |         | LTC NURSING  | HOMEW. | /O WALLS (LT |
|           |           |         | S                      | ALES REGISTER   |        |         | BILL WEEK EN | DING   | 6/08/12      |
| INVOICE#  | DATE      | CUST NO | CUSTOMER NAME          | REFERENCE       | HOURS  | TAX AMT | AMOUNT       | TYP    | SURPLUS      |
|           |           |         |                        |                 |        |         |              |        |              |
| 196941    | 6/01/12   | 800000  | VISITING NURSE SERVICE | BALLAS, VIOLA   | 25.00  |         | 364.50       | I      |              |
| 196942    | 6/01/12   | 800000  | VISITING NURSE SERVICE | BALLAS, VIOLA   | 5.00   |         | 72.90        | I      |              |
| 196943    | 6/01/12   | 800000  | VISITING NURSE SERVICE | BAQUERIZO, ANNA | 48.00  |         | 699.84       | I      |              |
| 196944    | 6/01/12   | 800000  | VISITING NURSE SERVICE | BAQUERIZO, ANNA | 8.00   |         | 116.64       | I      |              |
| 196945    | 6/01/12   | 800000  | VISITING NURSE SERVICE | BARDEANU, VICTO | 38.00  |         | 554.04       | I      |              |
| 196946    | 6/01/12   | 800000  | VISITING NURSE SERVICE | BARDEANU, VICTO | 7.00   |         | 102.06       | I      |              |
| 196947    | 6/01/12   | 800000  | VISITING NURSE SERVICE | BATTLE, JEANETT | 42.00  |         | 612.36       | I      |              |
| 196948    | 6/01/12   | 000008  | VISITING NURSE SERVICE | BATTLE, JEANETT | 7.50   |         | 109.35       | I      |              |
|           |           |         |                        | CUSTOMER        | 180.50 | 0.00    | 2,631.69     |        |              |
|           |           |         |                        | <br>CATEGORY    | 180.50 | 0.00    | 2,631.69     |        |              |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY                          |              |         | PAGE 1 -<br>HOA HOSPICE A | _      | 29      |
|-----------------------|--------------------|-----------------------|---|------------------------------------|--------------|---------|---------------------------|--------|---------|
|                       |                    |                       | S   | SALES REGISTER                     |              |         | BILL WEEK END             | ING    | 6/08/12 |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                          | HOURS        | TAX AMT | AMOUNT '                  | TYP    | SURPLUS |
| 196949<br>196950      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE VISITING NURSE SERVICE | BECERRA, FELIPE<br>BECERRA, FELIPE | 6.00<br>3.00 |         | 87.48<br>43.74            | I<br>T |         |
| 150550                | 0/01/12            | 000000                | VIBITING NORBE BERVICE                        | ·                                  |              |         |                           |        |         |
|                       |                    |                       |   | CUSTOMER                           | 9.00         | 0.00    | 131.22                    |        |         |
|                       |                    |                       |   |                                    |              |         |                           |        |         |
|                       |                    |                       |   | CATEGORY                           | 9.00         | 0.00    | 131.22                    |        |         |

| RUN DATE  | 06/06/12 - |         | YSIDE CITYWIDE        |                   |        |         | PAGE 1        | _    | 30      |
|-----------|------------|---------|-----------------------|-------------------|--------|---------|---------------|------|---------|
| SALES JRN | rL # 0284  | LOC 001 | SUNNYSIDE CITYWIDE    | REG NY NY         |        |         | VCP CHOICE LE | ICSA |         |
|           |            |         |                       | SALES REGISTER    |        |         | BILL WEEK END | DING | 6/08/12 |
| INVOICE#  | DATE       | CUST NO | CUSTOMER NAME         | REFERENCE         | HOURS  | TAX AMT | AMOUNT        | TYP  | SURPLUS |
| 196951    | 6/01/12    | 000008  | VISITING NURSE SERVIC | E BELLOROFONTE, M | 117.00 |         | 1,705.86      | I    |         |
| 196952    | 6/01/12    | 800000  | VISITING NURSE SERVIC | E BELLOROFONTE, M | 22.00  |         | 320.76        | I    |         |
| 196953    | 5/25/12    | 800000  | VISITING NURSE SERVIC | E BERENBLIT, SARA | 3.00   |         | 43.74         | I    |         |
| 196954    | 6/01/12    | 800000  | VISITING NURSE SERVIC | E BERENBLIT, SARA | 3.00   |         | 43.74         | I    |         |
| 196955    | 6/01/12    | 800000  | VISITING NURSE SERVIC | E BERENBLIT, SARA | 3.00   |         | 43.74         | I    |         |
|           |            |         |                       | CUSTOMER          | 148.00 | 0.00    | 2,157.84      |      |         |
|           |            |         |                       | CATEGORY          | 148.00 | 0.00    | 2,157.84      |      |         |

| RUN DATE<br>SALES JRN                |  |                            | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE   | REG NY NY<br>SALES REGISTER        |                                |         | PAGE 1 - 31<br>LTC NURSING HOMEW/O WALLS (LT<br>BILL WEEK ENDING 6/08/12 |
|--------------------------------------|--|----------------------------|--|------------------------------------|--------------------------------|---------|--|
| INVOICE#                             | DATE                                     | CUST NO                    | CUSTOMER NAME  | REFERENCE                          | HOURS                          | TAX AMT | AMOUNT TYP SURPLUS   |
| 196956<br>196957<br>196958<br>196959 | 6/01/12<br>6/01/12<br>6/01/12<br>6/01/12 | 000008<br>000008<br>000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | BETHUNE, HARRYD<br>BHAWNANI, BISHU | 10.00<br>5.00<br>24.00<br>6.00 |         | 145.80 I<br>72.90 I<br>349.92 I<br>87.48 I                               |
|                                      |  |                            |  | CUSTOMER                           | 45.00                          | 0.00    | 656.10   |
|                                      |  |                            |  | CATEGORY                           | 45.00                          | 0.00    | <br>656.10   |

| RUN DATE | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1 -         | 32      |
|----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JR | NL # 0284  | LOC 001    |                        | REG NY NY      |       |         | VCP CHOICE LHCSA |         |
|          |            |            | 5                      | SALES REGISTER |       |         | BILL WEEK ENDING | 6/08/12 |
| INVOICE# | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS |
| 196960   | 6/01/12    | 800000     | VISITING NURSE SERVICE | BHULLA, JIWAN  | 24.00 |         | 349.92 I         |         |
|          |            |            |                        |                |       |         |                  |         |
|          |            |            |                        | CATEGORY       | 24.00 | 0.00    | 349.92           |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY      |               |         | PAGE 1 - 33<br>ADU ADULT |         |
|-----------------------|--------------------|-----------------------|---|----------------|---------------|---------|--------------------------|---------|
| SALES URN             | L # U204           | LOC UUI               |   | SALES REGISTER |               |         |                          | 5/08/12 |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE      | HOURS         | TAX AMT | AMOUNT TYP S             | URPLUS  |
| 196961<br>196962      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE VISITING NURSE SERVICE |                | 16.00<br>4.00 |         | 233.28 I<br>58.32 I      |         |
|                       |                    |                       |   | CUSTOMER       | 20.00         | 0.00    | 291.60                   |         |
|                       |                    |                       |   | CATEGORY       | 20.00         | 0.00    | 291.60                   |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 -          | 34           |
|-----------|------------|------------|------------------------|-----------------|-------|---------|-------------------|--------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING HOMEW | /O WALLS (LT |
|           |            |            | :                      | SALES REGISTER  |       |         | BILL WEEK ENDING  | 6/08/12      |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP        | SURPLUS      |
| 196963    | 6/01/12    | 000008     | VISITING NURSE SERVICE | BLANCAFLOR, PUR | 32.00 |         | 466.56 I          |              |
| 196964    | 6/01/12    | 800000     | VISITING NURSE SERVICE | BLANCAFLOR, PUR | 8.00  |         | 116.64 I          |              |
|           |            |            |                        | CUSTOMER        | 40.00 | 0.00    | 583.20            |              |
|           |            |            |                        |                 |       |         |                   |              |
|           |            |            |                        | CATEGORY        | 40.00 | 0.00    | 583.20            |              |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY                          |               |         | PAGE 1 -<br>VCP CHOICE LHO | 33          |
|-----------------------|--------------------|-----------------------|---|------------------------------------|---------------|---------|----------------------------|-------------|
| BALLED GIGV           | L # 0201           | 100 001               |   | SALES REGISTER                     |               |         | BILL WEEK END              |             |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                          | HOURS         | TAX AMT | AMOUNT T                   | TYP SURPLUS |
| 196965<br>196966      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE VISITING NURSE SERVICE | BLUNNIE, ELIZAB<br>BLUNNIE, ELIZAB | 12.00<br>4.00 |         | 174.96<br>58.32            | I<br>I      |
|                       |                    |                       |   | CUSTOMER                           | 16.00         | 0.00    | 233.28                     |             |
|                       |                    |                       |   | CATEGORY                           | 16.00         | 0.00    | 233.28                     |             |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 -       | 36         |
|-----------|------------|------------|------------------------|-----------------|-------|---------|----------------|------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | ADU ADULT      |            |
|           |            |            | S                      | BALES REGISTER  |       |         | BILL WEEK ENDI | NG 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | TYUOMA         | YP SURPLUS |
| 196967    | 6/01/12    | 000008     | VISITING NURSE SERVICE | BOCANEGRA, GLAD | 12.00 |         | 174.96         | Ι          |
| 196968    | 6/01/12    | 800000     | VISITING NURSE SERVICE | BOCANEGRA, GLAD | 4.00  |         | 58.32          | Γ          |
| 196969    | 6/01/12    | 800000     | VISITING NURSE SERVICE | BONILLA, ESPERA | 42.00 |         | 612.36         | I          |
| 196970    | 6/01/12    | 800000     | VISITING NURSE SERVICE | BONILLA, ESPERA | 7.00  |         | 102.06         | Ι          |
|           |            |            |                        | CUSTOMER        | 65.00 | 0.00    | 947.70         |            |
|           |            |            |                        | CATEGORY        | 65.00 | 0.00    | 947.70         |            |

|           |          |         | YSIDE CITYWIDE         |                |       |         | PAGE 1 - 37          |      |
|-----------|----------|---------|------------------------|----------------|-------|---------|----------------------|------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | VCP CHOICE LHCSA     |      |
|           |          |         | 5                      | SALES REGISTER |       |         | BILL WEEK ENDING 6/0 | 8/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT TYP SUR       | PLUS |
| 196971    | 6/01/12  | 000008  | VISITING NURSE SERVICE | BONILLA, LYDIA | 16.00 |         | 233.28 I             |      |
| 196972    | 6/01/12  | 800000  | VISITING NURSE SERVICE | BONILLA, LYDIA | 4.00  |         | 58.32 I              |      |
|           |          |         |                        | CUSTOMER       | 20.00 | 0.00    | 291.60               |      |
|           |          |         |                        | COSTOMER       | 20.00 | 0.00    | 271.00               |      |
|           |          |         |                        |                |       |         |                      |      |
|           |          |         |                        | CATEGORY       | 20.00 | 0.00    | 291.60               |      |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1        | - 38             |
|-----------|------------|------------|------------------------|-----------------|-------|---------|---------------|------------------|
| SALES JRN | ъ # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING H | OMEW/O WALLS (LT |
|           |            |            |                        | SALES REGISTER  |       |         | BILL WEEK END | ING 6/08/12      |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT        | TYP SURPLUS      |
| 196973    | 6/01/12    | 000008     | VISITING NURSE SERVICE | BONSIGNORE, GAE | 20.00 |         | 291.60        | I                |
| 196974    | 6/01/12    | 800000     | VISITING NURSE SERVICE | BONSIGNORE, GAE | 5.00  |         | 72.90         | I                |
|           |            |            |                        | CUSTOMER        | 25.00 | 0.00    | 364.50        |                  |
|           |            |            |                        |                 |       |         |               |                  |
|           |            |            |                        | CATEGORY        | 25.00 | 0.00    | 364.50        |                  |

| RUN DATE 06 |            |         | SIDE CITYWIDE<br>SUNNYSIDE CITYWIDE              | REG NY NY      |              |         | PAGE 1<br>ADU ADULT | - : | 39      |
|-------------|------------|---------|--|----------------|--------------|---------|---------------------|-----|---------|
| SALES ORGE  | # 0201 100 | C 001   |  | SALES REGISTER |              |         | BILL WEEK END       | ING | 6/08/12 |
| INVOICE#    | DATE CUS   | ST NO ( | CUSTOMER NAME                                    | REFERENCE      | HOURS        | TAX AMT | AMOUNT              | TYP | SURPLUS |
|             |            |         | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE |                | 5.00<br>5.00 |         | 72.90<br>72.90      | I   |         |
|             |            |         |  | CUSTOMER       | 10.00        | 0.00    | 145.80              |     |         |
|             |            |         |  | CATEGORY       | 10.00        | 0.00    | 145.80              |     |         |

| RUN DATE<br>SALES JRN      |                               |                            | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE<br>S                                  | REGNY NY<br>SALES REGISTER                            |                      |         | PAGE 1 -<br>AUR ADULT REHAB O<br>BILL WEEK ENDING | 40<br>NLY<br>6/08/12 |
|----------------------------|-------------------------------|----------------------------|--|---|----------------------|---------|---|----------------------|
| INVOICE#                   | DATE                          | CUST NO                    | CUSTOMER NAME  | REFERENCE   | HOURS                | TAX AMT | AMOUNT TYP  | SURPLUS              |
| 196977<br>196978<br>196979 | 5/11/12<br>6/01/12<br>6/01/12 | 000008<br>000008<br>000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | BORSARI, ANTOIN<br>BORSARI, ANTOIN<br>BORSARI, ANTOIN | 2.00<br>3.00<br>2.00 |         | 29.16 I<br>43.74 I<br>29.16 I                     |                      |
|                            |                               |                            |  | CUSTOMER  | 7.00                 | 0.00    | 102.06  |                      |
|                            |                               |                            |  | CATEGORY  | 7.00                 | 0.00    | 102.06  |                      |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE             | REG NY NY       |              |         | PAGE 1 - 4<br>VCP CHOICE LHCSA | 11      |
|-----------------------|--------------------|-----------------------|--|-----------------|--------------|---------|--------------------------------|---------|
| SALES URN             | L # U204           | TOC 001               |  | SALES REGISTER  |              |         | BILL WEEK ENDING               | 6/08/12 |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                    | REFERENCE       | HOURS        | TAX AMT | AMOUNT TYP                     | SURPLUS |
| 196980<br>196981      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | ,               | 8.00<br>4.00 |         | 116.64 I<br>58.32 I            |         |
| 190901                | 0/01/12            | 000008                | VISITING NORSE SERVICE                           | BORISEWICZ, MAR | 4.00         |         | 30.32 1                        |         |
|                       |                    |                       |  | CUSTOMER        | 12.00        | 0.00    | 174.96                         |         |
|                       |                    |                       |  |                 |              |         |                                |         |
|                       |                    |                       |  | CATEGORY        | 12.00        | 0.00    | 174.96                         |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1        | - 42             |
|-----------|------------|------------|------------------------|-----------------|-------|---------|---------------|------------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING H | OMEW/O WALLS (LT |
|           |            |            | Ş                      | SALES REGISTER  |       |         | BILL WEEK END | ING 6/08/12      |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT        | TYP SURPLUS      |
| 196982    | 6/01/12    | 000008     | VISITING NURSE SERVICE | BOYADJIAN, ZARO | 29.00 |         | 422.82        | I                |
| 196983    | 6/01/12    | 000008     | VISITING NURSE SERVICE | BOYADJIAN, ZARO | 6.00  |         | 87.48         | I                |
|           |            |            |                        | CUSTOMER        | 35.00 | 0.00    | 510.30        |                  |
|           |            |            |                        |                 |       |         |               |                  |
|           |            |            |                        | CATEGORY        | 35.00 | 0.00    | 510.30        |                  |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1 -        | 43         |
|-----------|------------|------------|------------------------|----------------|-------|---------|-----------------|------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | VCP CHOICE LHCS |            |
|           |            |            | S                      | SALES REGISTER |       |         | BILL WEEK ENDIN | IG 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT TY       | P SURPLUS  |
| 196984    | 6/01/12    | 800000     | VISITING NURSE SERVICE | BOYLAN, FRANK  | 54.00 |         | 787.32 I        |            |
| 196985    | 6/01/12    | 800000     | VISITING NURSE SERVICE | BOYLAN, FRANK  | 9.00  |         | 131.22 I        |            |
|           |            |            |                        | CUSTOMER       | 63.00 | 0.00    | 918.54          |            |
|           |            |            |                        | COBTONER       | 03.00 | 0.00    | J10.51          |            |
|           |            |            |                        |                |       |         |                 |            |
|           |            |            |                        | CATEGORY       | 63.00 | 0.00    | 918.54          |            |

|           |          |         | YSIDE CITYWIDE         | 222                        |       |         | 11101                        |      | 14      |
|-----------|----------|---------|------------------------|----------------------------|-------|---------|------------------------------|------|---------|
| SALES JRN | L # U284 | LOC 001 | SUNNYSIDE CITYWIDE     | REGNY NY<br>SALES REGISTER |       |         | CCL CONGREGA<br>BILL WEEK EN |      | 6/08/12 |
|           |          |         |                        |                            |       |         | 2122 (12211 211              | 2110 | 0,00,12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE                  | HOURS | TAX AMT | AMOUNT                       | TYP  | SURPLUS |
| 196986    | 6/01/12  | 000008  | VISITING NURSE SERVICE | ,                          | 11.75 |         | 171.32                       | I    |         |
| 196987    | 6/01/12  | 000008  | VISITING NURSE SERVICE | BROWN, BETTY               | 3.00  |         | 43.74                        | Т    |         |
|           |          |         |                        | CUSTOMER                   | 14.75 | 0.00    | 215.06                       |      |         |
|           |          |         |                        |                            |       |         |                              |      |         |
|           |          |         |                        | CATEGORY                   | 14.75 | 0.00    | 215.06                       |      |         |

|           |          |         | YSIDE CITYWIDE         |                 |       |         | 11102          | - 45        |
|-----------|----------|---------|------------------------|-----------------|-------|---------|----------------|-------------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | VCP CHOICE LHO |             |
|           |          |         |                        | SALES REGISTER  |       |         | BILL WEEK END  | ING 6/08/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT 7       | TYP SURPLUS |
| 196988    | 6/01/12  | 000008  | VISITING NURSE SERVICE | BURGOS, RAFAELA | 6.00  |         | 87.48          | I           |
| 196989    | 6/01/12  | 800000  | VISITING NURSE SERVICE | BURGOS, RAFAELA | 3.00  |         | 43.74          | I           |
|           |          |         |                        | CUSTOMER        | 9.00  | 0.00    | 131.22         |             |
|           |          |         |                        |                 |       |         |                |             |
|           |          |         |                        | CATEGORY        | 9.00  | 0.00    | 131.22         |             |
| [         |          |         |                        | CAILGORI        | 9.00  | 0.00    | 131.22         |             |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 -       | - 46        |
|-----------|------------|------------|------------------------|-----------------|-------|---------|----------------|-------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | ADU ADULT      |             |
|           |            |            | S                      | SALES REGISTER  |       |         | BILL WEEK END: | ING 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT T       | TYP SURPLUS |
| 196990    | 6/01/12    | 000008     | VISITING NURSE SERVICE | BURNS, MARGARET | 47.75 |         | 696.20         | I           |
| 196991    | 6/01/12    | 800000     | VISITING NURSE SERVICE | BURNS, MARGARET | 8.00  |         | 116.64         | I           |
|           |            |            |                        | CUSTOMER        | 55.75 | 0.00    | 812.84         |             |
|           |            |            |                        |                 |       |         |                |             |
|           |            |            |                        | CATEGORY        | 55.75 | 0.00    | 812.84         |             |

| RUN DATE ( | 06/06/12 - | SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 -         | 47           |
|------------|------------|----------|------------------------|-----------------|-------|---------|------------------|--------------|
| SALES JRNI | L # 0284   | LOC 001  | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LAD NURSING HOME | W/O WALLS LT |
|            |            |          | ;                      | SALES REGISTER  |       |         | BILL WEEK ENDING | 6/08/12      |
| INVOICE#   | DATE       | CUST NO  | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYPE      | SURPLUS      |
| 196992     | 6/01/12    | 800000   | VISITING NURSE SERVICE | BUSCARELLO, JOH | 54.00 |         | 787.32 I         |              |
| 196993     | 6/01/12    | 800000   | VISITING NURSE SERVICE | BUSCARELLO, JOH | 8.00  |         | 116.64 I         |              |
|            |            |          |                        | CUSTOMER        | 62.00 | 0.00    | 903.96           |              |
|            |            |          |                        | CATEGORY        | 62.00 | 0.00    | 903.96           |              |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY | NY           |              |         | PAGE 1<br>VCP CHOICE L |     | 48      |
|-----------------------|--------------------|-----------------------|---|--------|--------------|--------------|---------|------------------------|-----|---------|
| SALES UKN             | L # 0204           | LOC 001               |   |        | E G I S T    | E R          |         | BILL WEEK EN           |     | 6/08/12 |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFE   | RENCE        | HOURS        | TAX AMT | AMOUNT                 | TYP | SURPLUS |
| 196994<br>196995      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE VISITING NURSE SERVICE | - ,    | PURA<br>PURA | 6.00<br>2.00 |         | 87.48<br>29.16         | I   |         |
|                       |                    |                       |   |        | CUSTOMER     | 8.00         | 0.00    | 116.64                 |     |         |
|                       |                    |                       |   |        | CATEGORY     | 8.00         | 0.00    | 116.64                 |     |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1       | _    | 49      |
|-----------|------------|------------|------------------------|-----------------|-------|---------|--------------|------|---------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | ADU ADULT    |      |         |
|           |            |            | 5                      | SALES REGISTER  |       |         | BILL WEEK EN | DING | 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT       | TYP  | SURPLUS |
| 196996    | 6/01/12    | 000008     | VISITING NURSE SERVICE | CALABRO, JOSEPH | 60.00 |         | 874.80       | I    |         |
| 196997    | 6/01/12    | 800000     | VISITING NURSE SERVICE | CALABRO, JOSEPH | 10.00 |         | 145.80       | I    |         |
|           |            |            |                        | CUSTOMER        | 70.00 | 0.00    | 1,020.60     |      |         |
|           |            |            |                        | CATEGORY        | 70.00 | 0.00    | 1,020.60     |      |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY                          |               |         | VCP CHOICE L    | HCSA | 50      |
|-----------------------|--------------------|-----------------------|---|------------------------------------|---------------|---------|-----------------|------|---------|
|                       |                    |                       |   | SALES REGISTER                     |               |         | BILL WEEK EN    |      | 6/08/12 |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                          | HOURS         | TAX AMT | AMOUNT          | TYP  | SURPLUS |
| 196998                | 6/01/12            | 000008                | VISITING NURSE SERVICE                        | CALDERON, FRANC                    | 43.75         |         | 637.88          | I    |         |
| 196999<br>197000      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE VISITING NURSE SERVICE | CALDERON, FRANC<br>CALDERON, VIRGI | 4.00<br>35.75 |         | 58.32<br>521.24 | I    |         |
| 197000                | 6/01/12            | 000008                | VISITING NORSE SERVICE                        | CALDERON, VIRGI                    | 35.75         |         | 521.24          |      |         |
|                       |                    |                       |   | CUSTOMER                           | 83.50         | 0.00    | 1,217.44        |      |         |
|                       |                    |                       |   |                                    |               |         |                 |      |         |
|                       |                    |                       |   | CATEGORY                           | 83.50         | 0.00    | 1,217.44        |      |         |

| RUN DATE<br>SALES JRN |            | - SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY       |           |         | PAGE 1 -<br>HOA HOSPICE ADULT | 51      |
|-----------------------|------------|------------|-----------------------------------|-----------------|-----------|---------|-------------------------------|---------|
|                       | .2    0201 | 200 001    |                                   | SALES REGISTER  |           |         | BILL WEEK ENDING              | 6/08/12 |
| INVOICE#              | DATE       | CUST NO    | CUSTOMER NAME                     | REFERENCE       | HOURS     | TAX AMT | AMOUNT TYP                    | SURPLUS |
| 197001                | 6/01/12    | 000008     | VISITING NURSE SERVICE            | CALKOSZ, JOSEFI | 54.00     |         | 787.32 I                      |         |
| 197002                | 6/01/12    | 800000     | VISITING NURSE SERVICE            | CALKOSZ, JOSEFI | 9.00      |         | 131.22 I                      |         |
|                       |            |            |                                   | CUSTOMER        | 63.00     | 0.00    | 918.54                        |         |
|                       |            |            |                                   | CATEGORY        | <br>63.00 | 0.00    | <br>918.54                    |         |

|           |          |         | YSIDE CITYWIDE         |                 |       |         | PAGE 1 - 52        |        |
|-----------|----------|---------|------------------------|-----------------|-------|---------|--------------------|--------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | VCP CHOICE LHCSA   |        |
|           |          |         | \$                     | SALES REGISTER  |       |         | BILL WEEK ENDING 6 | /08/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP S       | URPLUS |
| 197003    | 6/01/12  | 000008  | VISITING NURSE SERVICE | CAMBARA, JOSEFA | 40.00 |         | 583.20 I           |        |
| 197004    | 6/01/12  | 800000  | VISITING NURSE SERVICE | CAMBARA, JOSEFA | 8.00  |         | 116.64 I           |        |
|           |          |         |                        | CUSTOMER        | 48.00 | 0.00    | 699.84             |        |
|           |          |         |                        |                 |       |         |                    |        |
|           |          |         |                        | CATEGORY        | 48.00 | 0.00    | 699.84             |        |

| RUN DATE (<br>SALES JRNI |                    | SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE             |      | NY<br>E G I S T H  | E R           |         | PAGE 1<br>LTC NURSING<br>BILL WEEK EN | HOMEW | 53<br>/O WALLS (LT<br>6/08/12 |
|--------------------------|--------------------|---------------------|--|------|--------------------|---------------|---------|---------------------------------------|-------|-------------------------------|
| INVOICE#                 | DATE               | CUST NO             | CUSTOMER NAME                                    | REFE | RENCE              | HOURS         | TAX AMT | AMOUNT                                | TYP   | SURPLUS                       |
|                          | 6/01/12<br>6/01/12 | 000008<br>000008    | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | ,    | ADELINA<br>ADELINA | 36.00<br>6.00 |         | 524.88<br>87.48                       | I     |                               |
|                          |                    |                     |  |      | CUSTOMER           | 42.00         | 0.00    | 612.36                                |       |                               |
|                          |                    |                     |  |      | CATEGORY           | 42.00         | 0.00    | 612.36                                |       |                               |

|           |          |         | YSIDE CITYWIDE         |         |          |       |         | PAGE 1       | - 5  | 54      |
|-----------|----------|---------|------------------------|---------|----------|-------|---------|--------------|------|---------|
| SALES JRN | L # 0284 | LOC 001 |                        |         | NY       |       |         | ADU ADULT    |      |         |
|           |          |         | 5                      | SALES R | EGISTI   | E R   |         | BILL WEEK EN | DING | 6/08/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFE    | RENCE    | HOURS | TAX AMT | AMOUNT       | TYP  | SURPLUS |
| 197007    | 6/01/12  | 800000  | VISITING NURSE SERVICE | CANO,   | GLORIA   | 9.75  |         | 142.16       | I    |         |
| 197008    | 6/01/12  | 800000  | VISITING NURSE SERVICE | CANO,   | GLORIA   | 3.00  |         | 43.74        | I    |         |
|           |          |         |                        |         | CUSTOMER | 12.75 | 0.00    | 185.90       |      |         |
|           |          |         |                        |         | _        |       |         |              |      |         |
|           |          |         |                        |         | CATEGORY | 12.75 | 0.00    | 185.90       |      |         |

|                  |                    |                  | YSIDE CITYWIDE                                | DEG NY NY                  |                |         | 11102                        |        | 55      |
|------------------|--------------------|------------------|---|----------------------------|----------------|---------|------------------------------|--------|---------|
| SALES JRN        | L # U284           | LOC 001          | SUNNYSIDE CITYWIDE                            | REGNY NY<br>SALES REGISTER |                |         | VCP CHOICE L<br>BILL WEEK EN |        | 6/08/12 |
| INVOICE#         | DATE               | CUST NO          | CUSTOMER NAME                                 | REFERENCE                  | HOURS          | TAX AMT | AMOUNT                       | TYP    | SURPLUS |
| 197009<br>197010 | 6/01/12<br>6/01/12 | 800000<br>800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | · · · · · ·                | 70.75<br>12.00 |         | 1,031.54<br>174.96           | I<br>I |         |
|                  |                    |                  |   | CUSTOMER                   | 82.75          | 0.00    | 1,206.50                     |        |         |
|                  |                    |                  |   | CATEGORY                   | 82.75          | 0.00    | 1,206.50                     |        |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 -         | 56            |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING HOME | W/O WALLS (LT |
|           |            |            | :                      | SALES REGISTER  |       |         | BILL WEEK ENDING | 6/08/12       |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS       |
| 197011    | 6/01/12    | 000008     | VISITING NURSE SERVICE | CARBAJAL, MERCE | 29.00 |         | 422.82 I         |               |
| 197012    | 6/01/12    | 800000     | VISITING NURSE SERVICE | CARBAJAL, MERCE | 6.00  |         | 87.48 I          |               |
|           |            |            |                        | CUSTOMER        | 35.00 | 0.00    | 510.30           |               |
|           |            |            |                        |                 |       |         |                  |               |
|           |            |            |                        | CATEGORY        | 35.00 | 0.00    | 510.30           |               |

|           |          |         | YSIDE CITYWIDE         |                 |       |         | 11100         |     | 57        |
|-----------|----------|---------|------------------------|-----------------|-------|---------|---------------|-----|-----------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | VCP CHOICE LH |     | 6 (00 (10 |
|           |          |         |                        | SALES REGISTER  |       |         | BILL WEEK END | ING | 6/08/12   |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT        | TYP | SURPLUS   |
|           |          |         |                        |                 |       |         |               |     |           |
| 197013    | 6/01/12  | 800000  | VISITING NURSE SERVICE | CARDOSO, ORLAND | 48.00 |         | 699.84        | I   |           |
| 197014    | 6/01/12  | 800000  | VISITING NURSE SERVICE | CARDOSO, ORLAND | 8.00  |         | 116.64        | I   |           |
| 197015    | 6/01/12  | 800000  | VISITING NURSE SERVICE | CARDOZA, ANAIDA | 25.00 |         | 364.50        | I   |           |
| 197016    | 6/01/12  | 800000  | VISITING NURSE SERVICE | CARDOZA, ANAIDA | 6.00  |         | 87.48         | I   |           |
| 197017    | 5/18/12  | 800000  | VISITING NURSE SERVICE | CARELA-REYES, M | 5.00  |         | 72.90         | I   |           |
|           |          |         |                        | CUSTOMER        | 92.00 | 0.00    | 1,341.36      |     |           |
|           |          |         |                        | CUSTOMER        | 92.00 | 0.00    | 1,341.30      |     |           |
|           |          |         |                        |                 |       |         |               |     |           |
|           |          |         |                        | CATEGORY        | 92.00 | 0.00    | 1,341.36      |     |           |

| RUN DATE<br>SALES JRN |         | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY       |       |         | PAGE 1 -<br>HOA HOSPICE ADU | 58<br>T.T |
|-----------------------|---------|-----------------------|--------------------------------------|-----------------|-------|---------|-----------------------------|-----------|
| Brilling Grav         | 1 0201  | 100 001               |                                      | ALES REGISTER   |       |         | BILL WEEK ENDIN             |           |
| INVOICE#              | DATE    | CUST NO               | CUSTOMER NAME                        | REFERENCE       | HOURS | TAX AMT | AMOUNT TY                   | P SURPLUS |
| 197018                | 6/01/12 | 000008                | VISITING NURSE SERVICE               | CARRALERO, ROSA | 34.00 |         | 495.72 I                    |           |
| 197019                | 6/01/12 | 800000                | VISITING NURSE SERVICE               | CARRALERO, ROSA | 6.00  |         | 87.48 I                     |           |
|                       |         |                       |                                      | CUSTOMER        | 40.00 | 0.00    | 583.20                      |           |
|                       |         |                       |                                      | CATEGORY        | 40.00 | 0.00    | <br>583.20                  |           |

| RUN DATE 06, | /06/12 - SUP SUN<br># 0284 LOC 001 |   | REG NY NY                          |               |         | PAGE 1 -<br>ADU ADULT | 59      |
|--------------|------------------------------------|---|------------------------------------|---------------|---------|-----------------------|---------|
| SALES ORNE 1 | # 0204 LOC 001                     |   | SALES REGISTER                     |               |         | BILL WEEK ENDING      | 6/08/12 |
| INVOICE# I   | DATE CUST NO                       | CUSTOMER NAME                                 | REFERENCE                          | HOURS         | TAX AMT | AMOUNT TYPE           | SURPLUS |
|              | /01/12 000008<br>/01/12 000008     | VISITING NURSE SERVICE VISITING NURSE SERVICE | CARRENO, CRISTI<br>CARRENO, CRISTI | 16.00<br>4.00 |         | 233.28 I<br>58.32 I   |         |
|              |                                    |   | CUSTOMER                           | 20.00         | 0.00    | 291.60                |         |
|              |                                    |   | CATEGORY                           | 20.00         | 0.00    | 291.60                |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |           |         | PAGE 1        | - 60              |
|-----------|------------|------------|------------------------|-----------------|-----------|---------|---------------|-------------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |           |         | LTC NURSING H | IOMEW/O WALLS (LT |
|           |            |            |                        | SALES REGISTER  |           |         | BILL WEEK END | OING 6/08/12      |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS     | TAX AMT | AMOUNT        | TYP SURPLUS       |
| 197022    | 6/01/12    | 000008     | VISITING NURSE SERVICE | CARTAGENA, FRAN | 48.00     |         | 699.84        | I                 |
| 197023    | 6/01/12    | 800000     | VISITING NURSE SERVICE | CARTAGENA, FRAN | 8.00      |         | 116.64        | I                 |
|           |            |            |                        | CUSTOMER        | <br>56.00 | 0.00    | 816.48        |                   |
|           |            |            |                        |                 |           |         |               |                   |
|           |            |            |                        | CATEGORY        | 56.00     | 0.00    | 816.48        |                   |

| RUN DATE<br>SALES JRN |         |         | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY      |       |         | PAGE 1 -<br>ADU ADULT | 61        |
|-----------------------|---------|---------|-----------------------------------|----------------|-------|---------|-----------------------|-----------|
|                       |         |         |                                   | SALES REGISTER |       |         | BILL WEEK ENDIN       | G 6/08/12 |
| INVOICE#              | DATE    | CUST NO | CUSTOMER NAME                     | REFERENCE      | HOURS | TAX AMT | AMOUNT TY             | P SURPLUS |
| 197024                | 6/01/12 | 800000  | VISITING NURSE SERVICE            | CASTANO, MARIA | 3.00  |         | 43.74 I               |           |
|                       |         |         |                                   | CATEGORY       | 3.00  | 0.00    | 43.74                 |           |

| RUN DATE<br>SALES JRN |          |         | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY       |       |         | PAGE 1 - 62<br>VCP CHOICE LHCSA |  |
|-----------------------|----------|---------|-----------------------------------|-----------------|-------|---------|---------------------------------|--|
| DALES OIGN            | 1 H 0201 | 100 001 |                                   | SALES REGISTER  |       |         | BILL WEEK ENDING 6/08/12        |  |
| INVOICE#              | DATE     | CUST NO | CUSTOMER NAME                     | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP SURPLUS              |  |
| 197025                | 6/01/12  | 000008  | VISITING NURSE SERVICE            | CEBALLOS, CLEME | 15.75 |         | 229.64 I                        |  |
| 197026                | 6/01/12  | 800000  | VISITING NURSE SERVICE            | CEBALLOS, CLEME | 4.00  |         | 58.32 I                         |  |
| 197027                | 6/01/12  | 000008  | VISITING NURSE SERVICE            | CERNILLI, MARIA | 21.00 |         | 306.18 I                        |  |
| 197028                | 6/01/12  | 800000  | VISITING NURSE SERVICE            | CERNILLI, MARIA | 7.00  |         | 102.06 I                        |  |
|                       |          |         |                                   | CUSTOMER        | 47.75 | 0.00    | 696.20                          |  |
|                       |          |         |                                   | CATEGORY        | 47.75 | 0.00    | 696.20                          |  |

| RUN DATE 0 |                    | SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY      |               |         | PAGE 1          | - 63<br>HOMEW/O WALLS (LT |
|------------|--------------------|---------------------|---|----------------|---------------|---------|-----------------|---------------------------|
| SALES UNIL | # 0204             | LOC 001             |   | SALES REGISTER |               |         | BILL WEEK END   |                           |
| INVOICE#   | DATE               | CUST NO             | CUSTOMER NAME                                 | REFERENCE      | HOURS         | TAX AMT | AMOUNT          | TYP SURPLUS               |
|            | 6/01/12<br>6/01/12 | 000008<br>000008    | VISITING NURSE SERVICE VISITING NURSE SERVICE | ,              | 16.00<br>4.00 |         | 233.28<br>58.32 | I<br>I                    |
|            |                    |                     |   | CUSTOMER       | 20.00         | 0.00    | 291.60          |                           |
|            |                    |                     |   | CATEGORY       | 20.00         | 0.00    | 291.60          |                           |

|                  |                    |                  | YSIDE CITYWIDE                                |                            |               |         | PAGE 1 -            | 64        |
|------------------|--------------------|------------------|---|----------------------------|---------------|---------|---------------------|-----------|
| SALES JRN        | L # 0284           | LOC 001          | SUNNYSIDE CITYWIDE                            | REGNY NY<br>SALES REGISTER |               |         | VCP CHOICE LHCS     |           |
|                  |                    |                  |   | SALES REGISIER             |               |         | DILL MEEK ENDIN     | 3 0/00/12 |
| INVOICE#         | DATE               | CUST NO          | CUSTOMER NAME                                 | REFERENCE                  | HOURS         | TAX AMT | AMOUNT TY           | P SURPLUS |
| 107021           | C / O.1 / 1.0      | 000000           | THE CHARLES AND OR CORNELLOR                  | GUADI EG DIEDDE            | 24.00         |         | 240.00 +            |           |
| 197031<br>197032 | 6/01/12<br>6/01/12 | 000008<br>000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE |                            | 24.00<br>6.00 |         | 349.92 I<br>87.48 I |           |
| 157032           | 0/01/12            | 000000           | VIBILING NORDE BERVICE                        |                            |               |         |                     |           |
|                  |                    |                  |   | CUSTOMER                   | 30.00         | 0.00    | 437.40              |           |
|                  |                    |                  |   |                            |               |         |                     |           |
|                  |                    |                  |   | CATEGORY                   | 30.00         | 0.00    | 437.40              |           |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1 -         | 65           |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|--------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | LAD NURSING HOME | W/O WALLS LT |
|           |            |            | :                      | SALES REGISTER | _     |         | BILL WEEK ENDING | 6/08/12      |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS      |
| 197033    | 6/01/12    | 000008     | VISITING NURSE SERVICE | CHARLES, JOSE  | 15.00 |         | 218.70 I         |              |
| 197034    | 6/01/12    | 800000     | VISITING NURSE SERVICE | CHARLES, JOSE  | 5.00  |         | 72.90 I          |              |
|           |            |            |                        | CUSTOMER       | 20.00 | 0.00    | 291.60           |              |
|           |            |            |                        |                |       |         |                  |              |
|           |            |            |                        | CATEGORY       | 20.00 | 0.00    | 291.60           |              |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1 -         | 66      |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | VCP CHOICE LHCSA |         |
|           |            |            | S                      | SALES REGISTER |       |         | BILL WEEK ENDING | 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS |
| 197035    | 6/01/12    | 800000     | VISITING NURSE SERVICE | CHAUCA, PEDRO  | 60.00 |         | 874.80 I         |         |
| 197036    | 6/01/12    | 800000     | VISITING NURSE SERVICE | CHAUCA, PEDRO  | 10.00 |         | 145.80 I         |         |
|           |            |            |                        | CUSTOMER       | 70.00 | 0.00    | 1,020.60         |         |
|           |            |            |                        | CATEGORY       | 70.00 | 0.00    | 1,020.60         |         |

| RUN DATE 0 |                    | SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY      |               |         | PAGE 1<br>LTC NURSING H | - 67<br>OMEW/O WALLS (LT |
|------------|--------------------|---------------------|---|----------------|---------------|---------|-------------------------|--------------------------|
|            |                    |                     |   | SALES REGISTER |               |         | BILL WEEK END           | ING 6/08/12              |
| INVOICE#   | DATE               | CUST NO             | CUSTOMER NAME                                 | REFERENCE      | HOURS         | TAX AMT | AMOUNT                  | TYP SURPLUS              |
|            | 6/01/12<br>6/01/12 | 000008<br>000008    | VISITING NURSE SERVICE VISITING NURSE SERVICE | ,              | 28.00<br>7.00 |         | 408.24<br>102.06        | I<br>T                   |
| 157050     | 0/01/12            | 000000              | VIBILING NORDE BERVICE                        | ,              |               |         |                         |                          |
|            |                    |                     |   | CUSTOMER       | 35.00         | 0.00    | 510.30                  |                          |
|            |                    |                     |   | CATEGORY       | 35.00         | 0.00    | 510.30                  |                          |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY                    |               |         | PAGE 1 -<br>VCP CHOICE LHCSA | 68      |
|-----------------------|--------------------|-----------------------|---|------------------------------|---------------|---------|------------------------------|---------|
| BALLED OIGN           | L # 0201           | HOC 001               |   | SALES REGISTER               |               |         | BILL WEEK ENDING             |         |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                    | HOURS         | TAX AMT | AMOUNT TYPE                  | SURPLUS |
| 197039<br>197040      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE VISITING NURSE SERVICE | CHINGA, ALBA<br>CHINGA, ALBA | 16.00<br>6.00 |         | 233.28 I<br>87.48 I          |         |
|                       |                    |                       |   | CUSTOMER                     | 22.00         | 0.00    | 320.76                       |         |
|                       |                    |                       |   | CATEGORY                     | 22.00         | 0.00    | 320.76                       |         |

| RUN DATE 0<br>SALES JRNL |                    | SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY<br>SALES R | NY<br>.EGISTE  | E R           |         | PAGE 1<br>LTC NURSING<br>BILL WEEK EN | HOMEW/ | 69<br>O WALLS (LT<br>6/08/12 |
|--------------------------|--------------------|---------------------|---|-------------------|----------------|---------------|---------|---------------------------------------|--------|------------------------------|
| INVOICE#                 | DATE               | CUST NO             | CUSTOMER NAME                                 | REF               | ERENCE         | HOURS         | TAX AMT | AMOUNT                                | TYP    | SURPLUS                      |
|                          | 6/01/12<br>6/01/12 | 800000<br>800000    | VISITING NURSE SERVICE VISITING NURSE SERVICE | ,                 | MOGEE<br>MOGEE | 24.00<br>6.00 |         | 349.92<br>87.48                       | I      |                              |
|                          |                    |                     |   |                   | CUSTOMER       | 30.00         | 0.00    | 437.40                                |        |                              |
|                          |                    |                     |   |                   | CATEGORY       | 30.00         | 0.00    | 437.40                                |        |                              |

| RUN DATE<br>SALES JRN |         | - SUP SUNN | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY       |        |         | PAGE 1<br>VCP CHOICE LH | , 0         |
|-----------------------|---------|------------|--------------------------------------|-----------------|--------|---------|-------------------------|-------------|
| SALES OWN             | H 0201  | 100 001    |                                      | ALES REGISTEF   | 2      |         | BILL WEEK END           |             |
| INVOICE#              | DATE    | CUST NO    | CUSTOMER NAME                        | REFERENCE       | HOURS  | TAX AMT | AMOUNT                  | TYP SURPLUS |
| 197043                | 6/01/12 | 000008     | VISITING NURSE SERVICE               | CHOUDHURY, SHAM | 47.00  |         | 685.27                  | I           |
| 197044                | 6/01/12 | 800000     | VISITING NURSE SERVICE               | CHOUDHURY, SHAM | 8.00   |         | 116.64                  | I           |
| 197045                | 6/01/12 | 800000     | VISITING NURSE SERVICE               | CHU, MOLLY      | 32.00  |         | 466.56                  | I           |
| 197046                | 6/01/12 | 800000     | VISITING NURSE SERVICE               | CHU, MOLLY      | 8.00   |         | 116.64                  | I           |
| 197047                | 6/01/12 | 800000     | VISITING NURSE SERVICE               | CHUCK, ENA      | 29.00  |         | 422.84                  | I           |
| 197048                | 6/01/12 | 800000     | VISITING NURSE SERVICE               | CHUCK, ENA      | 7.25   |         | 105.71                  | I           |
|                       |         |            |                                      | CUSTOMER        | 131.25 | 0.00    | 1,913.66                |             |
|                       |         |            |                                      | CATEGORY        | 131.25 | 0.00    | 1,913.66                |             |

|                  |          |         | YSIDE CITYWIDE                                |                            |               |         | PAGE 1 -       | . –                           |
|------------------|----------|---------|---|----------------------------|---------------|---------|----------------|-------------------------------|
| SALES JRN        | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE                            | REGNY NY<br>SALES REGISTER |               |         | BILL WEEK ENDI | MEW/O WALLS (LT<br>NG 6/08/12 |
|                  |          |         |   |                            |               |         | DILL WEEK ENDI | 10 0/00/12                    |
| INVOICE#         | DATE     | CUST NO | CUSTOMER NAME                                 | REFERENCE                  | HOURS         | TAX AMT | AMOUNT T       | YP SURPLUS                    |
| 107040           | 6/01/12  | 000008  | VICTORING NUDGE CEDVICE                       | CIDDIAN EDEDEN             | 47 E0         |         | 692.55         | т                             |
| 197049<br>197050 | 6/01/12  | 000008  | VISITING NURSE SERVICE VISITING NURSE SERVICE | •                          | 47.50<br>8.00 |         | 116.64         | I                             |
|                  |          |         |   | ,                          |               |         |                |                               |
|                  |          |         |   | CUSTOMER                   | 55.50         | 0.00    | 809.19         |                               |
|                  |          |         |   |                            |               |         |                |                               |
|                  |          |         |   | CATEGORY                   | 55.50         | 0.00    | 809.19         |                               |

|                  |                    |                  | YSIDE CITYWIDE                                | DEC MY NV                  |           |         | -                             | 72      |
|------------------|--------------------|------------------|---|----------------------------|-----------|---------|-------------------------------|---------|
| SALES JRN        | L # U284           | LOC 001          | SUNNYSIDE CITYWIDE                            | REGNY NY<br>SALES REGISTER |           |         | ADU ADULT<br>BILL WEEK ENDING | 6/08/12 |
| INVOICE#         | DATE               | CUST NO          | CUSTOMER NAME                                 | REFERENCE                  | HOURS     | TAX AMT | AMOUNT TYP                    | SURPLUS |
| 197051<br>197052 | 6/01/12<br>6/01/12 | 800000<br>800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | ,                          | 4.00 2.00 |         | 58.32 I<br>29.16 I            |         |
|                  |                    |                  |   | CUSTOMER                   | 6.00      | 0.00    | 87.48                         |         |
|                  |                    |                  |   | CATEGORY                   | 6.00      | 0.00    | 87.48                         |         |

| RUN DATE 06/<br>SALES JRNL #   | /06/12 - SUP SUNN<br># 0284 LOC 001  | SUNNYSIDE CITYWIDE  | REG NY NY L E G I S T E R   |  |         | 11102  | - 73<br>HOMEW/O WALLS (LT<br>DING 6/08/12 |
|--|--|---|---|--|---------|--|---|
| INVOICE# D   | DATE CUST NO   | CUSTOMER NAME   | REFERENCE   | HOURS  | TAX AMT | AMOUNT   | TYP SURPLUS                               |
| 197054 6/<br>197055 6/<br>197056 6/<br>197057 6/<br>197058 6/<br>197059 6/ | 701/12 000008<br>701/12 000008<br>701/12 000008<br>701/12 000008<br>701/12 000008<br>701/12 000008<br>701/12 000008<br>701/12 000008 | VISITING NURSE SERVICE | COLLER, FELISA COLLER, FELISA COLLER, JOSE COLLER, JOSE COLON, ANTONIA COLON, ANTONIA COLON, ISABEL COLON, ISABEL | 16.00<br>4.00<br>12.00<br>3.00<br>36.00<br>6.00<br>11.25<br>6.00 |         | 233.28<br>58.32<br>174.96<br>43.74<br>524.88<br>87.48<br>164.03<br>87.48 | I<br>I<br>I<br>I<br>I                     |
| 197000 07  | 01/12 000008   | VISITING NORSE SERVICE  | CUSTOMER  CATEGORY  | 94.25  | 0.00    | 1,374.17   |   |

|           |          |         | YSIDE CITYWIDE         | DEG NV NV                  |        |         | 11102                        | - T | =       |
|-----------|----------|---------|------------------------|----------------------------|--------|---------|------------------------------|-----|---------|
| SALES JRN | L # U284 | LOC 001 | SUNNYSIDE CITYWIDE     | REGNY NY<br>SALES REGISTER | 1      |         | CCL CONGREGA<br>BILL WEEK EN |     | 6/08/12 |
|           |          |         |                        |                            |        |         |                              |     |         |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE                  | HOURS  | TAX AMT | AMOUNT                       | TYP | SURPLUS |
| 197061    | 6/01/12  | 000008  | VISITING NURSE SERVICE | CORDERO, NELLY             | 144.00 |         | 2,099.52                     | I   |         |
| 197062    | 6/01/12  | 800000  | VISITING NURSE SERVICE | CORDERO, NELLY             | 24.00  |         | 349.92                       | I   |         |
|           |          |         |                        | <br>CUSTOMER               | 168.00 | 0.00    | 2,449.44                     |     |         |
|           |          |         |                        | COSTONER                   | 100.00 | 0.00    | 2,117.11                     |     |         |
|           |          |         |                        |                            |        |         |                              |     |         |
|           |          |         |                        | CATEGORY                   | 168.00 | 0.00    | 2,449.44                     |     |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 -         | 75            |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING HOME | W/O WALLS (LT |
|           |            |            | :                      | SALES REGISTER  |       |         | BILL WEEK ENDING | 6/08/12       |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS       |
| 197063    | 6/01/12    | 000008     | VISITING NURSE SERVICE | CORREA, MARGARI | 24.00 |         | 349.92 I         |               |
| 197064    | 6/01/12    | 800000     | VISITING NURSE SERVICE | CORREA, MARGARI | 6.00  |         | 87.48 I          |               |
|           |            |            |                        | CUSTOMER        | 30.00 | 0.00    | 437.40           |               |
|           |            |            |                        |                 |       |         |                  |               |
|           |            |            |                        | CATEGORY        | 30.00 | 0.00    | 437.40           |               |

|                  |                    |                  | YSIDE CITYWIDE                                |                             |               |         | PAGE 1 -        | 76         |
|------------------|--------------------|------------------|---|-----------------------------|---------------|---------|-----------------|------------|
| SALES JRN        | IL # U284          | LOC 001          | SUNNYSIDE CITYWIDE                            | REG NY NY<br>SALES REGISTER |               |         | VCP CHOICE LHC  |            |
| INVOICE#         | DATE               | CUST NO          | CUSTOMER NAME                                 | REFERENCE                   | HOURS         | TAX AMT | AMOUNT T        | YP SURPLUS |
| 197065<br>197066 | 6/01/12<br>6/01/12 | 000008<br>000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE |                             | 16.00<br>4.00 |         | 233.28<br>58.32 | I<br>I     |
|                  |                    |                  |   | CUSTOMER                    | 20.00         | 0.00    | 291.60          |            |
|                  |                    |                  |   | CATEGORY                    | 20.00         | 0.00    | 291.60          |            |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 |  | REG NY NY<br>SALES REGISTER |               |         | PAGE 1 - 77<br>LTC NURSING HOMEW/O WALLS (LT<br>BILL WEEK ENDING 6/08/12 |  |
|-----------------------|--------------------|-----------------------|--|-----------------------------|---------------|---------|--|--|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                    | REFERENCE                   | HOURS         | TAX AMT | AMOUNT TYP SURPLUS   |  |
| 197067<br>197068      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | ,                           | 24.00<br>6.00 |         | 349.92 I<br>87.48 I  |  |
|                       |                    |                       |  | CUSTOMER                    | 30.00         | 0.00    | 437.40   |  |
|                       |                    |                       |  | <br>CATEGORY                | 30.00         | 0.00    | 437.40   |  |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1        |      | 78        |
|-----------|------------|------------|------------------------|-----------------|-------|---------|---------------|------|-----------|
| SALES JRN | L # 0284   | LOC 001    |                        | REG NY NY       |       |         | ADU ADULT     |      | C (00 (10 |
|           |            |            | 2                      | SALES REGISTER  |       |         | BILL WEEK ENI | DING | 6/08/12   |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT        | TYP  | SURPLUS   |
| 197069    | 6/01/12    | 000008     | VISITING NURSE SERVICE | COVALIU, SIMION | 27.75 |         | 404.61        | I    |           |
| 197070    | 6/01/12    | 800000     | VISITING NURSE SERVICE | COVALIU, SIMION | 5.75  |         | 83.84         | I    |           |
|           |            |            |                        | CUSTOMER        | 33.50 | 0.00    | 488.45        |      |           |
|           |            |            |                        | CATEGORY        | 33.50 | 0.00    | 488.45        |      |           |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE<br>S     | REG NY<br>SALES R | NY<br>EGISTE   | : R           |         | PAGE 1<br>HOA HOSPICE<br>BILL WEEK EN | -   | 79<br>6/08/12 |
|-----------------------|--------------------|-----------------------|---|-------------------|----------------|---------------|---------|---------------------------------------|-----|---------------|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REF               | ERENCE         | HOURS         | TAX AMT | AMOUNT                                | TYP | SURPLUS       |
| 197071<br>197072      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE VISITING NURSE SERVICE |                   | PETRA<br>PETRA | 16.00<br>3.00 |         | 233.28<br>43.74                       | I   |               |
|                       |                    |                       |   |                   | CUSTOMER       | 19.00         | 0.00    | 277.02                                |     |               |
|                       |                    |                       |   |                   | -<br>CATEGORY  | 19.00         | 0.00    | 277.02                                |     |               |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 -         | 80      |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | ADU ADULT        |         |
|           |            |            | 5                      | SALES REGISTER  |       |         | BILL WEEK ENDING | 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS |
| 197073    | 6/01/12    | 000008     | VISITING NURSE SERVICE | COZZOLINO, MARG | 6.00  |         | 87.48 I          |         |
| 197074    | 6/01/12    | 800000     | VISITING NURSE SERVICE | COZZOLINO, MARG | 3.00  |         | 43.74 I          |         |
| 197075    | 6/01/12    | 000008     | VISITING NURSE SERVICE | CROUSE, MARIA   | 6.00  |         | 87.48 I          |         |
| 197076    | 6/01/12    | 800000     | VISITING NURSE SERVICE | CROUSE, MARIA   | 3.00  |         | 43.74 I          |         |
|           |            |            |                        | CUSTOMER        | 18.00 | 0.00    | 262.44           |         |
|           |            |            |                        | CATEGORY        | 18.00 | 0.00    | 262.44           |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |         |          |       |         | PAGE 1       | _    | 81           |
|-----------|------------|------------|------------------------|---------|----------|-------|---------|--------------|------|--------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY  | NY       |       |         | LAD NURSING  | HOME | W/O WALLS LT |
|           |            |            |                        | SALES R | EGIST    | E R   |         | BILL WEEK EN | DING | 6/08/12      |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFE    | RENCE    | HOURS | TAX AMT | AMOUNT       | TYP  | SURPLUS      |
| 197077    | 6/01/12    | 000008     | VISITING NURSE SERVICE | CRUZ,   | HECTOR   | 33.50 |         | 488.43       | I    |              |
| 197078    | 6/01/12    | 800000     | VISITING NURSE SERVICE | CRUZ,   | HECTOR   | 5.00  |         | 72.90        | I    |              |
|           |            |            |                        |         | CUSTOMER | 38.50 | 0.00    | 561.33       |      |              |
|           |            |            |                        |         | COSTOMER | 30.30 | 0.00    | 301.33       |      |              |
|           |            |            |                        |         |          |       |         |              |      |              |
|           |            |            |                        |         | CATEGORY | 38.50 | 0.00    | 561.33       |      |              |

|           |          |         | YSIDE CITYWIDE         |                             |       |         | PAGE 1 -                           | 82        |
|-----------|----------|---------|------------------------|-----------------------------|-------|---------|------------------------------------|-----------|
| SALES JRN | L # 0284 | LOC 001 |                        | REG NY NY<br>SALES REGISTER |       |         | VCP CHOICE LHCS<br>BILL WEEK ENDIN |           |
|           |          |         |                        | SALES KEGISIEK              |       |         | DITT MEEV FUNTIN                   | G 0/00/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE                   | HOURS | TAX AMT | AMOUNT TY                          | P SURPLUS |
| 197079    | 6/01/12  | 800000  | VISITING NURSE SERVICE | CRUZ, JUANA                 | 16.00 |         | 233.28 I                           |           |
|           |          |         |                        | CATEGORY                    | 16.00 | 0.00    | 233.28                             |           |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 -       | 83              |
|-----------|------------|------------|------------------------|-----------------|-------|---------|----------------|-----------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING HO | MEW/O WALLS (LT |
|           |            |            |                        | SALES REGISTER  |       |         | BILL WEEK ENDI | NG 6/08/12      |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT T       | YP SURPLUS      |
| 197080    | 6/01/12    | 000008     | VISITING NURSE SERVICE | DAMICO, ANGELA  | 20.00 |         | 291.60         | I               |
| 197081    | 6/01/12    | 000008     | VISITING NURSE SERVICE | DAMICO, ANGELA  | 5.00  |         | 72.90          | I               |
| 197082    | 6/01/12    | 000008     | VISITING NURSE SERVICE | DANNY, RAMDULAR | 48.00 |         | 699.84         | I               |
| 197083    | 6/01/12    | 800000     | VISITING NURSE SERVICE | DANNY, RAMDULAR | 8.00  |         | 116.64         | I               |
|           |            |            |                        | CUSTOMER        | 81.00 | 0.00    | 1,180.98       |                 |
|           |            |            |                        | CATEGORY        | 81.00 | 0.00    | 1,180.98       |                 |

|           |          |         | YSIDE CITYWIDE         |                            |       |         | PAGE 1                         |     | 34      |
|-----------|----------|---------|------------------------|----------------------------|-------|---------|--------------------------------|-----|---------|
| SALES JRN | L # U284 | LOC 001 | SUNNYSIDE CITYWIDE     | REGNY NY<br>SALES REGISTER |       |         | VCP CHOICE LH<br>BILL WEEK END |     | 6/08/12 |
|           |          |         | ·                      |                            |       |         | D122 W22K 2K                   |     | 0,00,12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE                  | HOURS | TAX AMT | AMOUNT                         | TYP | SURPLUS |
| 197084    | 6/01/12  | 000008  | VISITING NURSE SERVICE | DAVIS, LOUELLEN            | 30.00 |         | 437.40                         | т   |         |
| 197085    | 6/01/12  | 000008  | VISITING NURSE SERVICE | ,                          | 6.00  |         | 87.48                          | Ī   |         |
|           |          |         |                        | CUSTOMER                   | 36.00 | 0.00    | 524.88                         |     |         |
|           |          |         |                        | CUSTOMER                   | 30.00 | 0.00    | 524.00                         |     |         |
|           |          |         |                        |                            |       |         |                                |     |         |
|           |          |         |                        | CATEGORY                   | 36.00 | 0.00    | 524.88                         |     |         |

| RUN DATE<br>SALES JRN |         |         | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY      |       |         | PAGE 1 -<br>ADU ADULT | 85      |
|-----------------------|---------|---------|--------------------------------------|----------------|-------|---------|-----------------------|---------|
|                       |         |         | S                                    | ALES REGISTER  |       |         | BILL WEEK ENDING      | 6/08/12 |
| INVOICE#              | DATE    | CUST NO | CUSTOMER NAME                        | REFERENCE      | HOURS | TAX AMT | AMOUNT TYP            | SURPLUS |
| 197086                | 6/01/12 | 000008  | VISITING NURSE SERVICE               | DEJESUS, FELIX | 10.00 |         | 145.80 I              |         |
|                       |         |         |                                      | CATEGORY       | 10.00 | 0.00    | 145.80                |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1 -        | 86        |
|-----------|------------|------------|------------------------|----------------|-------|---------|-----------------|-----------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | VCP CHOICE LHCS |           |
|           |            |            | 5                      | SALES REGISTER |       |         | BILL WEEK ENDIN | G 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT TY       | P SURPLUS |
| 197087    | 6/01/12    | 800000     | VISITING NURSE SERVICE | DEJESUS, FELIX | 5.00  |         | 72.90 I         |           |
|           |            |            |                        |                |       |         |                 |           |
|           |            |            |                        | CATEGORY       | 5.00  | 0.00    | 72.90           |           |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 -        | 87            |
|-----------|------------|------------|------------------------|-----------------|-------|---------|-----------------|---------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING HOM |               |
|           |            |            | \$                     | SALES REGISTER  |       |         | BILL WEEK ENDIN | IG 6/08/12    |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TY       | P SURPLUS     |
| 197088    | 6/01/12    | 000008     | VISITING NURSE SERVICE | DEL CARPIO, FEL | 29.25 |         | 426.47          | -             |
| 197089    | 6/01/12    | 800000     | VISITING NURSE SERVICE | DEL CARPIO, FEL | 8.00  |         | 116.64          | -<br>-        |
| 197090    | 6/01/12    | 800000     | VISITING NURSE SERVICE | DELACRUZ, SEFER | 8.00  |         | 116.64          | <u>.</u><br>- |
|           |            |            |                        |                 |       |         |                 |               |
|           |            |            |                        | CUSTOMER        | 45.25 | 0.00    | 659.75          |               |
|           |            |            |                        |                 |       |         |                 |               |
|           |            |            |                        | CATEGORY        | 45.25 | 0.00    | 659.75          |               |

| RUN DATE<br>SALES JRN | , ,        | - SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY       |       |         | PAGE 1<br>VCP CHOICE L |     | 88      |
|-----------------------|------------|------------|-----------------------------------|-----------------|-------|---------|------------------------|-----|---------|
| 011220 0144           | .2    0201 | 200 001    |                                   | SALES REGISTER  |       |         | BILL WEEK EN           |     | 6/08/12 |
| INVOICE#              | DATE       | CUST NO    | CUSTOMER NAME                     | REFERENCE       | HOURS | TAX AMT | AMOUNT                 | TYP | SURPLUS |
| 197091                | 6/01/12    | 000008     | VISITING NURSE SERVICE            | DELOSSANTOS, MA | 18.00 |         | 262.44                 | I   |         |
| 197092                | 6/01/12    | 800000     | VISITING NURSE SERVICE            | DELOSSANTOS, MA | 6.00  |         | 87.48                  | I   |         |
| 197093                | 5/25/12    | 800000     | VISITING NURSE SERVICE            | DELPOZO, MIGUEL | 20.00 |         | 291.60                 | I   |         |
| 197094                | 6/01/12    | 800000     | VISITING NURSE SERVICE            | DELPOZO, MIGUEL | 20.00 |         | 291.60                 | I   |         |
| 197095                | 6/01/12    | 000008     | VISITING NURSE SERVICE            | DELPOZO, MIGUEL | 4.00  |         | 58.32                  | I   |         |
| 197096                | 6/01/12    | 000008     | VISITING NURSE SERVICE            | DELUCA, ANTIONE | 16.00 |         | 233.28                 | I   |         |
| 197097                | 6/01/12    | 800000     | VISITING NURSE SERVICE            | DELUCA, ANTIONE | 4.00  |         | 58.32                  | I   |         |
|                       |            |            |                                   | CUSTOMER        | 88.00 | 0.00    | 1,283.04               |     |         |
|                       |            |            |                                   | CATEGORY        | 88.00 | 0.00    | 1,283.04               |     |         |

| RUN DATE  | 06/06/12 - | SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 - 8:        | 9           |
|-----------|------------|----------|------------------------|-----------------|-------|---------|--------------------|-------------|
| SALES JRN | L # 0284   | LOC 001  | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING HOMEW/ | O WALLS (LT |
|           |            |          | :                      | SALES REGISTER  |       |         | BILL WEEK ENDING   | 6/08/12     |
| INVOICE#  | DATE       | CUST NO  | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP         | SURPLUS     |
| 197098    | 6/01/12    | 800000   | VISITING NURSE SERVICE | DELVALLE, JESUS | 29.00 |         | 422.82 I           |             |
|           |            |          |                        | CATEGORY        | 29.00 | 0.00    | 422.82             |             |

| RUN DATE<br>SALES JRN |           | - SUP SUNN | YSIDE CITYWIDE<br>SUNNYSIDE CITYW | WIDE REG NY | NY            |       |         | PAGE 1<br>VCP CHOICE L |     | 90      |
|-----------------------|-----------|------------|-----------------------------------|-------------|---------------|-------|---------|------------------------|-----|---------|
| DALLES OWN            | IL # 0204 | 100 001    | SOUNTSIDE CITIM                   | SALES       | REGISTER      |       |         | BILL WEEK EN           |     | 6/08/12 |
| INVOICE#              | DATE      | CUST NO    | CUSTOMER NAME                     | R           | REFERENCE     | HOURS | TAX AMT | AMOUNT                 | TYP | SURPLUS |
| 197099                | 6/01/12   | 000008     | VISITING NURSE S                  | SERVICE DE  | Y, KRISHNA    | 3.00  |         | 43.74                  | I   |         |
| 197100                | 6/01/12   | 000008     | VISITING NURSE S                  | SERVICE DE  | ZUMARAN, REBE | 24.25 |         | 353.57                 | I   |         |
| 197101                | 6/01/12   | 000008     | VISITING NURSE S                  | SERVICE DE  | ZUMARAN, REBE | 1.00  |         | 14.58                  | I   |         |
| 197102                | 6/01/12   | 000008     | VISITING NURSE S                  | SERVICE DI  | AZ, MARIA     | 28.00 |         | 408.24                 | I   |         |
| 197103                | 6/01/12   | 000008     | VISITING NURSE S                  | SERVICE DI  | AZ, MARIA     | 7.00  |         | 102.06                 | I   |         |
| 197104                | 6/01/12   | 000008     | VISITING NURSE S                  | SERVICE DI  | AZ, OLGA      | 30.00 |         | 437.40                 | I   |         |
| 197105                | 6/01/12   | 800000     | VISITING NURSE S                  | SERVICE DI  | AZ, OLGA      | 6.00  |         | 87.48                  | I   |         |
|                       |           |            |                                   |             | CUSTOMER      | 99.25 | 0.00    | 1,447.07               |     |         |
|                       |           |            |                                   |             | CATEGORY      | 99.25 | 0.00    | 1,447.07               |     |         |

| RUN DATE (       |                    | SUP SUNN | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE             | REG NY  | NY       |               |         | PAGE 1<br>ADU ADULT | - 9  | 91      |
|------------------|--------------------|----------|--|---------|----------|---------------|---------|---------------------|------|---------|
|                  |                    |          | i  | SALES R | EGISTE   | R             |         | BILL WEEK EN        | DING | 6/08/12 |
| INVOICE#         | DATE               | CUST NO  | CUSTOMER NAME                                    | REFE    | RENCE    | HOURS         | TAX AMT | AMOUNT              | TYP  | SURPLUS |
| 197106<br>197107 | 6/01/12<br>6/01/12 | 000008   | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | ,       |          | 36.00<br>6.00 |         | 524.88<br>87.48     | I    |         |
| 19/10/           | 0/01/12            | 000008   | VISITING NURSE SERVICE                           | DIAZ,   | RUSA     | 6.00<br>      |         | 87.48               |      |         |
|                  |                    |          |  |         | CUSTOMER | 42.00         | 0.00    | 612.36              |      |         |
|                  |                    |          |  |         |          |               |         |                     |      |         |
|                  |                    |          |  |         | CATEGORY | 42.00         | 0.00    | 612.36              |      |         |

|           |          |         | YSIDE CITYWIDE         |                 |        |         | PAGE 1       |      | 92      |
|-----------|----------|---------|------------------------|-----------------|--------|---------|--------------|------|---------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY       |        |         | VCP CHOICE L | HCSA |         |
|           |          |         | S                      | ALES REGISTER   |        |         | BILL WEEK EN | DING | 6/08/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE       | HOURS  | TAX AMT | AMOUNT       | TYP  | SURPLUS |
| 197108    | 6/01/12  | 000008  | VISITING NURSE SERVICE | DILLUVIO, MATTI | 58.00  |         | 845.64       | I    |         |
| 197109    | 6/01/12  | 800000  | VISITING NURSE SERVICE | DILLUVIO, MATTI | 10.00  |         | 145.80       | I    |         |
| 197110    | 6/01/12  | 800000  | VISITING NURSE SERVICE | DOMINGUEZ, MARI | 29.75  |         | 433.76       | I    |         |
| 197111    | 6/01/12  | 800000  | VISITING NURSE SERVICE | DOMINGUEZ, MARI | 6.00   |         | 87.48        | I    |         |
| 197112    | 6/01/12  | 800000  | VISITING NURSE SERVICE | DOMINGUEZ-REIN, | 12.00  |         | 174.96       | I    |         |
| 197113    | 6/01/12  | 800000  | VISITING NURSE SERVICE | DOMINGUEZ-REIN, | 4.00   |         | 58.32        | I    |         |
|           |          |         |                        | CUSTOMER        | 119.75 | 0.00    | 1,745.96     |      |         |
|           |          |         |                        | CATEGORY        | 119.75 | 0.00    | 1,745.96     |      |         |

| RUN DATE<br>SALES JRN                |  |                            | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE   | REG NY NY<br>SALES REGISTER  |                              |         | PAGE 1 -<br>LTC NURSING HOME<br>BILL WEEK ENDING |         |
|--------------------------------------|--|----------------------------|--|--|------------------------------|---------|--|---------|
| INVOICE#                             | DATE                                     | CUST NO                    | CUSTOMER NAME  | REFERENCE  | HOURS                        | TAX AMT | AMOUNT TYP                                       | SURPLUS |
| 197114<br>197115<br>197116<br>197117 | 6/01/12<br>6/01/12<br>6/01/12<br>6/01/12 | 000008<br>000008<br>000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | DOMINICK, GINA<br>DUTAN, SELINDA<br>DUTAN, SELINDA<br>DUTAN, SELINDA | 6.00<br>5.00<br>5.75<br>7.00 |         | 87.48 I<br>72.90 I<br>83.84 I<br>102.06 I        |         |
|                                      |  |                            |  | CUSTOMER   | 23.75                        | 0.00    | 346.28   |         |
|                                      |  |                            |  | CATEGORY   | 23.75                        | 0.00    | 346.28   |         |

| RUN DATE 06<br>SALES JRNL |         | SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY      |              |         | CCL CONGREGA    |      | E PROGRAM |
|---------------------------|---------|---------------------|---|----------------|--------------|---------|-----------------|------|-----------|
|                           |         |                     | :   | SALES REGISTER |              |         | BILL WEEK EN    | DING | 6/08/12   |
| INVOICE#                  | DATE    | CUST NO             | CUSTOMER NAME                                 | REFERENCE      | HOURS        | TAX AMT | AMOUNT          | TYP  | SURPLUS   |
|                           | - , - , | 800000<br>800000    | VISITING NURSE SERVICE VISITING NURSE SERVICE | - · · · · · ·  | 9.00<br>3.00 |         | 131.22<br>43.74 | I    |           |
|                           |         |                     |   | CUSTOMER       | 12.00        | 0.00    | 174.96          |      |           |
|                           |         |                     |   | CATEGORY       | 12.00        | 0.00    | 174.96          |      |           |

| RUN DATE 06/06/12 - SUP SUNNYSIDE CITYWIDE                         | PAGE 1 - 95              |
|--|--------------------------|
| SALES JRNL # 0284 LOC 001 SUNNYSIDE CITYWIDE REG NY NY             | VCP CHOICE LHCSA         |
| SALES REGISTER   | BILL WEEK ENDING 6/08/12 |
| INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX            | AMT AMOUNT TYP SURPLUS   |
| 197120 6/01/12 000008 VISITING NURSE SERVICE ECHEGARAY, MARI 35.75 | 521.24 I                 |
| 197121 6/01/12 000008 VISITING NURSE SERVICE ECHEGARAY, MARI 7.00  | 102.06 I                 |
| CUSTOMER 42.75   | 0.00 623.30              |
| CATEGORY 42.75   | 0.00 623.30              |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY                       |               |         | PAGE 1 - 96<br>ADU ADULT |     |
|-----------------------|--------------------|-----------------------|---|---------------------------------|---------------|---------|--------------------------|-----|
| SALES UKN             | L # 0204           | TOC 001               |   | SALES REGISTER                  |               |         | BILL WEEK ENDING 6/08    | /12 |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                       | HOURS         | TAX AMT | AMOUNT TYP SURP          | LUS |
| 197122<br>197123      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE VISITING NURSE SERVICE | EDELMAN, MILDRE EDELMAN, MILDRE | 12.00<br>3.00 |         | 174.96 I<br>43.74 I      |     |
|                       |                    |                       |   | CUSTOMER                        | 15.00         | 0.00    | 218.70                   |     |
|                       |                    |                       |   | CATEGORY                        | 15.00         | 0.00    | 218.70                   |     |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 -         | 97        |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|-----------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | VCP CHOICE LHCS  | A         |
|           |            |            | 5                      | SALES REGISTER  |       |         | BILL WEEK ENDING | G 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TY        | P SURPLUS |
| 197124    | 6/01/12    | 800000     | VISITING NURSE SERVICE | EMILIAN, SIRPOO | 4.00  |         | 58.32 I          |           |
|           |            |            |                        |                 |       |         |                  |           |
|           |            |            |                        | CATEGORY        | 4.00  | 0.00    | 58.32            |           |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 |   | REG NY NY<br>SALES REGISTER |               |         | PAGE 1 -<br>CCL CONGREGATE<br>BILL WEEK ENDI | CARE PROGRAM |
|-----------------------|--------------------|-----------------------|---|-----------------------------|---------------|---------|--|--------------|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                   | HOURS         | TAX AMT | AMOUNT T                                     | YP SURPLUS   |
| 197125<br>197126      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE VISITING NURSE SERVICE |                             | 16.00<br>4.00 |         | 233.28<br>58.32                              | I<br>I       |
|                       |                    |                       |   | CUSTOMER                    | 20.00         | 0.00    | 291.60                                       |              |
|                       |                    |                       |   | CATEGORY                    | 20.00         | 0.00    | <br>291.60                                   |              |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE             | REG NY NY                          |               |         | PAGE 1 -<br>VCP CHOICE LHCSA | 99      |
|-----------------------|--------------------|-----------------------|---|------------------------------------|---------------|---------|------------------------------|---------|
| SALES UKN             | H 0204             | LOC 001               |   | SALES REGISTER                     |               |         | BILL WEEK ENDING             |         |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                          | HOURS         | TAX AMT | AMOUNT TYP                   | SURPLUS |
| 197127<br>197128      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE VISITING NURSE SERVICE | ESPEJO, FLORENC<br>ESPEJO, FLORENC | 21.50<br>6.00 |         | 313.47 I<br>87.48 I          |         |
|                       |                    |                       |   | CUSTOMER                           | 27.50         | 0.00    | 400.95                       |         |
|                       |                    |                       |   | CATEGORY                           | 27.50         | 0.00    | 400.95                       |         |

| RUN DATE 06/06/<br>SALES JRNL # 02 |         |   | REG NY NY                    |               |         | PAGE 1 -<br>ADU ADULT | 100        |
|------------------------------------|---------|---|------------------------------|---------------|---------|-----------------------|------------|
|                                    |         | S   | SALES REGISTER               |               |         | BILL WEEK ENDI        | NG 6/08/12 |
| INVOICE# DATE                      | CUST NO | CUSTOMER NAME                                 | REFERENCE                    | HOURS         | TAX AMT | AMOUNT T              | YP SURPLUS |
| 197129 6/01/<br>197130 6/01/       |         | VISITING NURSE SERVICE VISITING NURSE SERVICE | ESPIN, CESAR<br>ESPIN, CESAR | 44.00<br>9.00 |         | 641.52<br>131.22      | I<br>I     |
|                                    |         |   | CUSTOMER                     | 53.00         | 0.00    | 772.74                |            |
|                                    |         |   | CATEGORY                     | 53.00         | 0.00    | 772.74                |            |

| RUN DATE<br>SALES JRN |                    |         | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY       |               |         | PAGE 1 -<br>VCP CHOICE LHCS |            |
|-----------------------|--------------------|---------|---|-----------------|---------------|---------|-----------------------------|------------|
|                       |                    |         | 5   | SALES REGISTER  |               |         | BILL WEEK ENDIN             | NG 6/08/12 |
| INVOICE#              | DATE               | CUST NO | CUSTOMER NAME                                 | REFERENCE       | HOURS         | TAX AMT | AMOUNT TY                   | P SURPLUS  |
| 197131<br>197132      | 6/01/12<br>6/01/12 | 000008  | VISITING NURSE SERVICE VISITING NURSE SERVICE | EVERETT, SHIRLE | 9.00<br>14.00 |         | 131.22 1<br>204.12 1        | -<br>[     |
| 197133                | 6/01/12            | 000008  | VISITING NURSE SERVICE                        | EVERETT, SHIRLE | 7.00          |         | 102.06                      |            |
|                       |                    |         |   | CUSTOMER        | 30.00         | 0.00    | 437.40                      |            |
|                       |                    |         |   | CATEGORY        | 30.00         | 0.00    | 437.40                      |            |

| RUN DATE 0<br>SALES JRNL |  | SUP SUNN<br>LOC 001                  | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE   | REGNY NY<br>SALES REGISTER      |                                |         | PAGE 1<br>ADU ADULT<br>BILL WEEK ENI |             | 6/08/12 |
|--------------------------|--|--------------------------------------|--|---------------------------------|--------------------------------|---------|--------------------------------------|-------------|---------|
| INVOICE#                 | DATE                                     | CUST NO                              | CUSTOMER NAME  | REFERENCE                       | HOURS                          | TAX AMT | AMOUNT                               | TYP         | SURPLUS |
| 197135<br>197136         | 6/01/12<br>6/01/12<br>6/01/12<br>6/01/12 | 000008<br>000008<br>000008<br>000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | FADEN, ROBIN<br>FAMBIATOU, PARA | 50.00<br>10.00<br>8.25<br>3.00 |         | 729.00<br>145.80<br>120.29<br>43.74  | I<br>I<br>I |         |
|                          |  |                                      |  | CUSTOMER                        | 71.25                          | 0.00    | 1,038.83                             |             |         |
|                          |  |                                      |  | CATEGORY                        | 71.25                          | 0.00    | 1,038.83                             |             |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE<br>S     |       | NY<br>E G I S T E | R             |         | PAGE 1<br>HOA HOSPICE<br>BILL WEEK EN | _   | 6/08/12 |
|-----------------------|--------------------|-----------------------|---|-------|-------------------|---------------|---------|---------------------------------------|-----|---------|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFEI | RENCE             | HOURS         | TAX AMT | AMOUNT                                | TYP | SURPLUS |
| 197138<br>197139      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE VISITING NURSE SERVICE | ,     | JOSEPH<br>JOSEPH  | 17.50<br>3.00 |         | 255.16<br>43.74                       | I   |         |
|                       |                    |                       |   |       | CUSTOMER          | 20.50         | 0.00    | 298.90                                |     |         |
|                       |                    |                       |   |       | -<br>CATEGORY     | 20.50         | 0.00    | 298.90                                |     |         |

| RUN DATE ( | 06/06/12 - | SUP SUNN | YSIDE CITYWIDE         |         |          |       |         | PAGE 1       | - 10 | 04      |  |
|------------|------------|----------|------------------------|---------|----------|-------|---------|--------------|------|---------|--|
| SALES JRNI | L # 0284   | LOC 001  | SUNNYSIDE CITYWIDE     | REG NY  | NY       |       |         | ADU ADULT    |      |         |  |
|            |            |          |                        | SALES R | EGISTER  |       |         | BILL WEEK EN | DING | 6/08/12 |  |
| INVOICE#   | DATE       | CUST NO  | CUSTOMER NAME          | REF     | ERENCE   | HOURS | TAX AMT | AMOUNT       | TYP  | SURPLUS |  |
|            | 6/01/12    | 000008   | VISITING NURSE SERVICE | FAY,    | JULIA    | 20.00 |         | 291.60       | I    |         |  |
| 197141     | 6/01/12    | 800000   | VISITING NURSE SERVICE | FAY,    | JULIA    | 5.00  |         | 72.90        | I    |         |  |
|            |            |          |                        |         | CUSTOMER | 25.00 | 0.00    | 364.50       |      |         |  |
|            |            |          |                        |         | CATEGORY | 25.00 | 0.00    | 364.50       |      |         |  |

| RUN DATE 0<br>SALES JRNL |                    | SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE             | REG NY NY<br>SALES REGISTER |       |         | PAGE 1 - 105<br>VCP CHOICE LHCSA<br>BILL WEEK ENDING 6/08/12 |  |
|--------------------------|--------------------|---------------------|--|-----------------------------|-------|---------|--|--|
| INVOICE#                 | DATE               | CUST NO             | CUSTOMER NAME                                    | REFERENCE                   | HOURS | TAX AMT | AMOUNT TYP SURPLUS   |  |
|                          | 6/01/12<br>6/01/12 | 000008              | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | , - ~ -                     | 48.00 |         | 699.84 I<br>116.64 I   |  |
|                          |                    |                     |  | CUSTOMER                    | 56.00 | 0.00    | 816.48   |  |
|                          |                    |                     |  | CATEGORY                    | 56.00 | 0.00    | 816.48   |  |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY      |              |         | PAGE 1<br>CCL CONGREGA | - 10<br>TE CAF |         |
|-----------------------|--------------------|-----------------------|---|----------------|--------------|---------|------------------------|----------------|---------|
|                       |                    |                       |   | SALES REGISTER |              |         | BILL WEEK EN           | DING           | 6/08/12 |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE      | HOURS        | TAX AMT | AMOUNT                 | TYP            | SURPLUS |
| 197144<br>197145      | 6/01/12<br>6/01/12 | 000008                | VISITING NURSE SERVICE VISITING NURSE SERVICE | ,              | 9.00<br>3.00 |         | 131.22<br>43.74        | I              |         |
|                       | 0,01,12            |                       | VIBITING NONDE BENVIOL                        | CUSTOMER       | 12.00        | 0.00    | 174.96                 |                |         |
|                       |                    |                       |   |                |              |         |                        |                |         |
|                       |                    |                       |   | CATEGORY       | 12.00        | 0.00    | 174.96                 |                |         |

| RUN DATE<br>SALES JRN |                    | PAGE 1<br>VCP CHOICE LH |   | 7                                  |               |         |                 |        |         |
|-----------------------|--------------------|-------------------------|---|------------------------------------|---------------|---------|-----------------|--------|---------|
|                       | _ "                | LOC 001                 | SUNNYSIDE CITYWIDE                            | REGNY NY<br>SALES REGISTER         |               |         | BILL WEEK END   |        | 6/08/12 |
| INVOICE#              | DATE               | CUST NO                 | CUSTOMER NAME                                 | REFERENCE                          | HOURS         | TAX AMT | AMOUNT          | TYP    | SURPLUS |
| 197146<br>197147      | 6/01/12<br>6/01/12 | 000008<br>000008        | VISITING NURSE SERVICE VISITING NURSE SERVICE | FERREIRO, JOSEP<br>FERREIRO, JOSEP | 15.00<br>3.00 |         | 218.70<br>43.74 | I<br>T |         |
|                       | 0,01,12            | 00000                   | VIBILING NORDE BERVICE                        | CUSTOMER                           | 18.00         | 0.00    | 262.44          |        |         |
|                       |                    |                         |   | CODIONER                           |               |         | 202.11          |        |         |
|                       |                    |                         |   | CATEGORY                           | 18.00         | 0.00    | 262.44          |        |         |

|           |          |         | YSIDE CITYWIDE         |                |       |         | 11102 1      | - 10 |         |
|-----------|----------|---------|------------------------|----------------|-------|---------|--------------|------|---------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | CCL CONGREGA |      |         |
|           |          |         |                        | SALES REGISTER |       |         | BILL WEEK EN | DING | 6/08/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT       | TYP  | SURPLUS |
| 197148    | 6/01/12  | 000008  | VISITING NURSE SERVICE | FERRER, MARIE  | 9.00  |         | 131.22       | I    |         |
| 197149    | 6/01/12  | 800000  | VISITING NURSE SERVICE | FERRER, MARIE  | 3.00  |         | 43.74        | I    |         |
|           |          |         |                        | CUSTOMER       | 12.00 | 0.00    | 174.96       |      |         |
|           |          |         |                        | COSTONER       | 12.00 | 0.00    | 174.90       |      |         |
|           |          |         |                        |                |       |         |              |      |         |
|           |          |         |                        | CATEGORY       | 12.00 | 0.00    | 174.96       |      |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1 - 109       | )         |
|-----------|------------|------------|------------------------|----------------|-------|---------|--------------------|-----------|
| SALES JRN | rL # 0284  | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | LTC NURSING HOMEW/ | WALLS (LT |
|           |            |            | :                      | SALES REGISTER |       |         | BILL WEEK ENDING   | 6/08/12   |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT TYP         | SURPLUS   |
| 197150    | 5/25/12    | 000008     | VISITING NURSE SERVICE | FIUMARA, ROSE  | 8.00  |         | 116.64 I           |           |
| 197151    | 6/01/12    | 800000     | VISITING NURSE SERVICE | FIUMARA, ROSE  | 44.25 |         | 645.17 I           |           |
| 197152    | 6/01/12    | 800000     | VISITING NURSE SERVICE | FIUMARA, ROSE  | 8.00  |         | 116.64 I           |           |
|           |            |            |                        |                | 60.05 |         |                    |           |
|           |            |            |                        | CUSTOMER       | 60.25 | 0.00    | 878.45             |           |
|           |            |            |                        |                |       |         |                    |           |
|           |            |            |                        | CATEGORY       | 60.25 | 0.00    | 878.45             |           |

| RUN DATE<br>SALES JRN |           | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY       |       |         | PAGE 1<br>CCL CONGREGA | - 11 |         |
|-----------------------|-----------|-----------------------|--------------------------------------|-----------------|-------|---------|------------------------|------|---------|
| Brilling Grav         | 1 11 0201 | 100 001               |                                      | SALES REGISTER  |       |         | BILL WEEK EN           |      | 6/08/12 |
| INVOICE#              | DATE      | CUST NO               | CUSTOMER NAME                        | REFERENCE       | HOURS | TAX AMT | AMOUNT                 | TYP  | SURPLUS |
| 197153                | 6/01/12   | 800000                | VISITING NURSE SERVICE               | ,               | 4.00  |         | 58.32                  | I    |         |
| 197154                | 6/01/12   | 000008                | VISITING NURSE SERVICE               | FLEITMAN, KLARA | 2.00  |         | 29.16                  | Τ    |         |
|                       |           |                       |                                      | CUSTOMER        | 6.00  | 0.00    | 87.48                  |      |         |
|                       |           |                       |                                      |                 |       |         |                        |      |         |
|                       |           |                       |                                      | CATEGORY        | 6.00  | 0.00    | 87.48                  |      |         |

| RUN DATE<br>SALES JRN |           | - SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY               |       |         | PAGE 1<br>VCP CHOICE L | - 11 | L1      |
|-----------------------|-----------|------------|-----------------------------------|-------------------------|-------|---------|------------------------|------|---------|
| DALLES OWN            | IL # 0204 | 100 001    |                                   | A L E S R E G I S T E R |       |         | BILL WEEK EN           |      | 6/08/12 |
| INVOICE#              | DATE      | CUST NO    | CUSTOMER NAME                     | REFERENCE               | HOURS | TAX AMT | AMOUNT                 | TYP  | SURPLUS |
| 197155                | 6/01/12   | 000008     | VISITING NURSE SERVICE            | FOLLETTO, ROSIN         | 19.00 |         | 277.02                 | I    |         |
| 197156                | 6/01/12   | 800000     | VISITING NURSE SERVICE            | FOLLETTO, ROSIN         | 7.00  |         | 102.06                 | I    |         |
| 197157                | 6/01/12   | 800000     | VISITING NURSE SERVICE            | FONG, ALEFINA           | 8.00  |         | 116.64                 | I    |         |
| 197158                | 6/01/12   | 800000     | VISITING NURSE SERVICE            | FONG, ALEFINA           | 4.00  |         | 58.32                  | I    |         |
| 197159                | 5/25/12   | 800000     | VISITING NURSE SERVICE            | FONTEBOA, GUILL         | 1.00  |         | 14.58                  | I    |         |
| 197160                | 6/01/12   | 000008     | VISITING NURSE SERVICE            | FONTEBOA, GUILL         | 30.00 |         | 437.40                 | I    |         |
| 197161                | 6/01/12   | 800000     | VISITING NURSE SERVICE            | FONTEBOA, GUILL         | 5.00  |         | 72.90                  | I    |         |
|                       |           |            |                                   | CUSTOMER                | 74.00 | 0.00    | 1,078.92               |      |         |
|                       |           |            |                                   | CATEGORY                | 74.00 | 0.00    | 1,078.92               |      |         |

| RUN DATE 06/06/12<br>SALES JRNL # 0284 |              | NYSIDE CITYWIDE    | REG NY NY<br>A L E S R E G I S T E R |               |         | PAGE 1 -<br>ADU ADULT<br>BILL WEEK ENDIN | 112<br>IG 6/08/12 |
|--|--------------|--------------------|--------------------------------------|---------------|---------|--|-------------------|
| INVOICE# DATE                          | CUST NO CUST | OMER NAME          | REFERENCE                            | HOURS         | TAX AMT | AMOUNT TY                                | P SURPLUS         |
| 197162 6/01/12<br>197163 6/01/12       |              | TING NURSE SERVICE | FRADELAKIS, EVA<br>FRADELAKIS, EVA   | 19.75<br>4.00 |         | 287.96 I<br>58.32 I                      |                   |
|  |              |                    | CUSTOMER                             | 23.75         | 0.00    | 346.28                                   |                   |
|  |              |                    | CATEGORY                             | 23.75         | 0.00    | 346.28                                   |                   |

| RUN DATE 06/06/12<br>SALES JRNL # 0284 |         | SUNNYSIDE CITYWIDE                            | -    | NY<br>EGISTI       | E R           |         | PAGE 1<br>LTC NURSING<br>BILL WEEK EN |     |         |
|--|---------|---|------|--------------------|---------------|---------|---------------------------------------|-----|---------|
| INVOICE# DATE                          | CUST NO | CUSTOMER NAME                                 | REFE | RENCE              | HOURS         | TAX AMT | AMOUNT                                | TYP | SURPLUS |
| 197164 6/01/12<br>197165 6/01/12       |         | VISITING NURSE SERVICE VISITING NURSE SERVICE | ,    | EULALIA<br>EULALIA | 47.00<br>8.00 |         | 685.26<br>116.64                      | I   |         |
|  |         |   |      | CUSTOMER           | 55.00         | 0.00    | 801.90                                |     |         |
|  |         |   |      | CATEGORY           | 55.00         | 0.00    | 801.90                                |     |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY      |               |         | PAGE 1 - 114<br>VCP CHOICE LHCSA |  |
|-----------------------|--------------------|-----------------------|---|----------------|---------------|---------|----------------------------------|--|
| DALLS OW              | 11 # 0204          | HOC 001               |   | SALES REGISTER |               |         | BILL WEEK ENDING 6/08/12         |  |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE      | HOURS         | TAX AMT | AMOUNT TYP SURPLUS               |  |
| 197166<br>197167      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE VISITING NURSE SERVICE | - •            | 28.00<br>7.00 |         | 408.24 I<br>102.06 I             |  |
|                       |                    |                       |   | CUSTOMER       | 35.00         | 0.00    | 510.30                           |  |
|                       |                    |                       |   | CATEGORY       | 35.00         | 0.00    | 510.30                           |  |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 -       | 115             |
|-----------|------------|------------|------------------------|-----------------|-------|---------|----------------|-----------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING HO | MEW/O WALLS (LT |
|           |            |            | S                      | SALES REGISTER  |       |         | BILL WEEK ENDI | ING 6/08/12     |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT T       | YP SURPLUS      |
| 197168    | 6/01/12    | 000008     | VISITING NURSE SERVICE | FREIJOSO, ROSA  | 38.00 |         | 554.04         | I               |
| 197169    | 6/01/12    | 000008     | VISITING NURSE SERVICE | FREIJOSO, ROSA  | 8.00  |         | 116.64         | I               |
| 197170    | 6/01/12    | 800000     | VISITING NURSE SERVICE | FUNES, GEORGINA | 30.00 |         | 437.40         | I               |
| 197171    | 6/01/12    | 800000     | VISITING NURSE SERVICE | FUNES, GEORGINA | 5.00  |         | 72.90          | I               |
|           |            |            |                        | CUSTOMER        | 81.00 | 0.00    | 1,180.98       |                 |
|           |            |            |                        | CATEGORY        | 81.00 | 0.00    | 1,180.98       |                 |

| RUN DATE 06/06/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 116 SALES JRNL # 0284 LOC 001 SUNNYSIDE CITYWIDE REG NY NY VCP CHOICE LHCSA |          |         |                        |                 |        |         |               |      |         |
|---|----------|---------|------------------------|-----------------|--------|---------|---------------|------|---------|
| SALES JRN   | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY       |        |         | VCP CHOICE LE |      |         |
|   |          |         | S I                    | ALES REGISTER   |        |         | BILL WEEK ENI | DING | 6/08/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE       | HOURS  | TAX AMT | AMOUNT        | TYP  | SURPLUS |
| 197172  | 6/01/12  | 000008  | VISITING NURSE SERVICE | GAID, ASILA     | 30.00  |         | 437.40        | I    |         |
| 197173  | 6/01/12  | 800000  | VISITING NURSE SERVICE | GAID, ASILA     | 5.00   |         | 72.90         | I    |         |
| 197174  | 6/01/12  | 800000  | VISITING NURSE SERVICE | GALARZA, JOSE   | 17.00  |         | 247.86        | I    |         |
| 197175  | 6/01/12  | 800000  | VISITING NURSE SERVICE | GALARZA, JOSE   | 7.00   |         | 102.06        | I    |         |
| 197176  | 6/01/12  | 800000  | VISITING NURSE SERVICE | GALLARDO, ZOILA | 36.00  |         | 524.88        | I    |         |
| 197177  | 6/01/12  | 000008  | VISITING NURSE SERVICE | GALLARDO, ZOILA | 6.00   |         | 87.48         | I    |         |
| 197178  | 6/01/12  | 000008  | VISITING NURSE SERVICE | GALLINA, VIRGIN | 6.00   |         | 87.48         | I    |         |
| 197179  | 6/01/12  | 800000  | VISITING NURSE SERVICE | GALLINA, VIRGIN | 3.00   |         | 43.74         | I    |         |
|   |          |         |                        | CUSTOMER        | 110.00 | 0.00    | 1,603.80      |      |         |
|   |          |         |                        | CATEGORY        | 110.00 | 0.00    | 1,603.80      |      |         |

| RUN DATE 06/0 | 6/12 - SUP SUNN | NYSIDE CITYWIDE        |                 |       |         | PAGE 1       | - 117   |           |
|---------------|-----------------|------------------------|-----------------|-------|---------|--------------|---------|-----------|
| SALES JRNL #  | 0284 LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING  | HOMEW/O | WALLS (LT |
|               |                 | S                      | SALES REGISTER  |       |         | BILL WEEK EN | DING    | 6/08/12   |
| INVOICE# DA   | TE CUST NO      | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT       | TYP     | SURPLUS   |
| 197180 6/0    | 1/12 000008     | VISITING NURSE SERVICE | GALLO, BENJAMIN | 32.00 |         | 466.56       | I       |           |
| 197181 6/0    | 1/12 000008     | VISITING NURSE SERVICE | GALLO, BENJAMIN | 8.00  |         | 116.64       | I       |           |
| 197182 6/0    | 1/12 000008     | VISITING NURSE SERVICE | GARAY, ANGELES  | 8.00  |         | 116.64       | I       |           |
| 197183 6/0    | 1/12 000008     | VISITING NURSE SERVICE | GARAY, ANGELES  | 4.00  |         | 58.32        | I       |           |
|               |                 |                        |                 |       |         |              |         |           |
|               |                 |                        | CUSTOMER        | 52.00 | 0.00    | 758.16       |         |           |
|               |                 |                        |                 |       |         |              |         |           |
|               |                 |                        |                 |       |         |              |         |           |
|               |                 |                        | CATEGORY        | 52.00 | 0.00    | 758.16       |         |           |

|           |          |         | YSIDE CITYWIDE         |                 |       |         | PAGE 1 - 1:      | 18            |
|-----------|----------|---------|------------------------|-----------------|-------|---------|------------------|---------------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | ADU ADULT        | 6 / 0 0 / 1 0 |
|           |          |         | 2                      | SALES REGISTER  |       |         | BILL WEEK ENDING | 6/08/12       |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS       |
| 197184    | 5/18/12  | 000008  | VISITING NURSE SERVICE | GARCIA, CONCEPC | 10.00 |         | 145.80 I         |               |
| 197185    | 6/01/12  | 800000  | VISITING NURSE SERVICE | GARCIA, CONCEPC | 36.00 |         | 524.88 I         |               |
| 197186    | 6/01/12  | 800000  | VISITING NURSE SERVICE | GARCIA, CONCEPC | 7.00  |         | 102.06 I         |               |
|           |          |         |                        |                 |       |         |                  |               |
|           |          |         |                        | CUSTOMER        | 53.00 | 0.00    | 772.74           |               |
|           |          |         |                        |                 |       |         |                  |               |
|           |          |         |                        | CATEGORY        | 53.00 | 0.00    | 772.74           |               |

| RUN DATE 06/<br>SALES JRNL # | 06/12 - SUP SUNN<br>0284 LOC 001                | SUNNYSIDE CITYWIDE   | REG NY NY<br>ALES REGISTER                      |                       |         | PAGE 1 - 13<br>HOA HOSPICE ADULT<br>BILL WEEK ENDING |         |
|------------------------------|---|--|---|-----------------------|---------|--|---------|
| INVOICE# D                   | DATE CUST NO                                    | CUSTOMER NAME  | REFERENCE                                       | HOURS                 | TAX AMT | AMOUNT TYP   | SURPLUS |
| 197188 6/                    | 725/12 000008<br>701/12 000008<br>701/12 000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | GARCIA, JESUS<br>GARCIA, JESUS<br>GARCIA, JESUS | 4.00<br>16.00<br>4.00 |         | 58.32 I<br>233.28 I<br>58.32 I                       |         |
|                              |   |  | CUSTOMER  | 24.00                 | 0.00    | 349.92   |         |
|                              |   |  | CATEGORY  | 24.00                 | 0.00    | 349.92   |         |

| RUN DATE<br>SALES JRN |         |         | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY       |       |         |                | MEW/O WALLS (LT |
|-----------------------|---------|---------|--------------------------------------|-----------------|-------|---------|----------------|-----------------|
|                       |         |         | \$                                   | SALES REGISTER  |       |         | BILL WEEK ENDI | ING 6/08/12     |
| INVOICE#              | DATE    | CUST NO | CUSTOMER NAME                        | REFERENCE       | HOURS | TAX AMT | AMOUNT I       | YP SURPLUS      |
| 197190                | 6/01/12 | 000008  | VISITING NURSE SERVICE               | GARCIA, OLGA    | 24.00 |         | 349.92         | I               |
| 197191                | 6/01/12 | 800000  | VISITING NURSE SERVICE               | GARCIA, OLGA    | 6.00  |         | 87.48          | I               |
| 197192                | 6/01/12 | 000008  | VISITING NURSE SERVICE               | GEBHARDT, DOROT | 23.75 |         | 346.28         | I               |
| 197193                | 6/01/12 | 000008  | VISITING NURSE SERVICE               | GEBHARDT, DOROT | 8.00  |         | 116.64         | I               |
|                       |         |         |                                      | CUSTOMER        | 61.75 | 0.00    | 900.32         |                 |
|                       |         |         |                                      | CATEGORY        | 61.75 | 0.00    | 900.32         |                 |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 -         | 121     |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | VCP CHOICE LHCSA |         |
|           |            |            | :                      | SALES REGISTER  |       |         | BILL WEEK ENDING | 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS |
| 197194    | 6/01/12    | 000008     | VISITING NURSE SERVICE | GEORGE, MERCEDE | 42.00 |         | 612.36 I         |         |
| 197195    | 6/01/12    | 800000     | VISITING NURSE SERVICE | GEORGE, MERCEDE | 7.00  |         | 102.06 I         |         |
|           |            |            |                        | CUSTOMER        | 49.00 | 0.00    | 714.42           |         |
|           |            |            |                        |                 |       |         |                  |         |
|           |            |            |                        | CATEGORY        | 49.00 | 0.00    | 714.42           |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE             | REG NY NY<br>SALES REGISTER |               |         | PAGE 1 - 122<br>LTC NURSING HOMEW/O WALLS (LT<br>BILL WEEK ENDING 6/08/12 |
|-----------------------|--------------------|-----------------------|--|-----------------------------|---------------|---------|---|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                    | REFERENCE                   | HOURS         | TAX AMT | AMOUNT TYP SURPLUS  |
| 197196<br>197197      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE |                             | 39.50<br>7.00 |         | 575.92 I<br>102.06 I  |
|                       |                    |                       |  | CUSTOMER                    | 46.50         | 0.00    | 677.98  |
|                       |                    |                       |  | CATEGORY                    | 46.50         | 0.00    | <br>677.98  |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1       | 1    | 23      |
|-----------|------------|------------|------------------------|-----------------|-------|---------|--------------|------|---------|
| SALES JRN | IL # 0284  | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | VCP CHOICE I | HCSA |         |
|           |            |            | S A                    | ALES REGISTER   |       |         | BILL WEEK EN | DING | 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT       | TYP  | SURPLUS |
| 197198    | 5/18/12    | 000008     | VISITING NURSE SERVICE | GOLIGHTLY, OZEL | 2.25  |         | 32.81        | I    |         |
| 197199    | 6/01/12    | 800000     | VISITING NURSE SERVICE | GOLIGHTLY, OZEL | 48.00 |         | 699.84       | I    |         |
| 197200    | 6/01/12    | 800000     | VISITING NURSE SERVICE | GOLIGHTLY, OZEL | 8.00  |         | 116.64       | I    |         |
| 197201    | 6/01/12    | 800000     | VISITING NURSE SERVICE | GOMEZ, JOSEFINA | 15.00 |         | 218.70       | I    |         |
| 197202    | 6/01/12    | 800000     | VISITING NURSE SERVICE | GOMEZ, JOSEFINA | 5.00  |         | 72.90        | I    |         |
|           |            |            |                        | CUSTOMER        | 78.25 | 0.00    | 1,140.89     |      |         |
|           |            |            |                        | CATEGORY        | 78.25 | 0.00    | 1,140.89     |      |         |

| RUN DATE<br>SALES JRN                |  | SUP SUNN<br>LOC 001        | TYSIDE CITYWIDE SUNNYSIDE CITYWIDE   | REG NY NY<br>SALES REGISTER  |                                |         | PAGE 1 - 1<br>LTC NURSING HOMEW<br>BILL WEEK ENDING | .24<br>//O WALLS (LT<br>6/08/12 |
|--------------------------------------|--|----------------------------|--|--|--------------------------------|---------|---|---------------------------------|
| INVOICE#                             | DATE                                     | CUST NO                    | CUSTOMER NAME  | REFERENCE  | HOURS                          | TAX AMT | AMOUNT TYP  | SURPLUS                         |
| 197203<br>197204<br>197205<br>197206 | 6/01/12<br>6/01/12<br>6/01/12<br>6/01/12 | 000008<br>000008<br>000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | GOMEZ, ROSANA<br>GOMEZ, ROSANA<br>GOMEZ, VICTORIA<br>GOMEZ, VICTORIA | 14.00<br>7.00<br>28.00<br>5.00 |         | 204.12 I<br>102.06 I<br>408.24 I<br>72.90 I         |                                 |
|                                      |  |                            |  | CUSTOMER   | 54.00                          | 0.00    | 787.32  |                                 |
|                                      |  |                            |  | CATEGORY   | 54.00                          | 0.00    | 787.32  |                                 |

| RUN DATE 06/<br>SALES JRNL # | /06/12 - SUP SUNN<br># 0284 LOC 001 | SUNNYSIDE CITYWIDE                            | REG NY NY                          |              |         | VCP CHOICE L   |        |         |
|------------------------------|-------------------------------------|---|------------------------------------|--------------|---------|----------------|--------|---------|
|                              |                                     | 5   | SALES REGISTER                     |              |         | BILL WEEK EN   | DING   | 6/08/12 |
| INVOICE# I                   | DATE CUST NO                        | CUSTOMER NAME                                 | REFERENCE                          | HOURS        | TAX AMT | AMOUNT         | TYP    | SURPLUS |
|                              | /01/12 000008<br>/01/12 000008      | VISITING NURSE SERVICE VISITING NURSE SERVICE | GONGORA, MARUJA<br>GONGORA, MARUJA | 4.00<br>3.75 |         | 58.32<br>54.68 | I<br>I |         |
|                              |                                     |   | CUSTOMER                           | 7.75         | 0.00    | 113.00         |        |         |
|                              |                                     |   | CATEGORY                           | 7.75         | 0.00    | 113.00         |        |         |

| RUN DATE<br>SALES JRN |                    |                  | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY                          |              |         | PAGE 1 -<br>ADU ADULT | 126     |
|-----------------------|--------------------|------------------|---|------------------------------------|--------------|---------|-----------------------|---------|
|                       |                    |                  | S   | SALES REGISTER                     |              |         | BILL WEEK ENDING      | 6/08/12 |
| INVOICE#              | DATE               | CUST NO          | CUSTOMER NAME                                 | REFERENCE                          | HOURS        | TAX AMT | AMOUNT TY             | SURPLUS |
| 197209<br>197210      | 5/25/12<br>6/01/12 | 000008<br>000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | GONZALEZ, CARLO                    | 3.00<br>6.00 |         | 43.74 I<br>87.48 I    |         |
| 197211                | 6/01/12            | 000008           | VISITING NURSE SERVICE                        | GONZALEZ, CARLO<br>GONZALEZ, CARLO | 3.00         |         | 43.74 I               |         |
|                       |                    |                  |   | CUSTOMER                           | 12.00        | 0.00    | 174.96                |         |
|                       |                    |                  |   | CATEGORY                           | 12.00        | 0.00    | 174.96                |         |

| RUN DATE ( | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |        |               |       |         | PAGE 1 -       | 127        |  |
|------------|------------|------------|------------------------|--------|---------------|-------|---------|----------------|------------|--|
| SALES JRNI | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY | NY            |       |         | VCP CHOICE LHC | SA         |  |
|            |            |            | S                      | SALES  | REGISTER      |       |         | BILL WEEK ENDI | NG 6/08/12 |  |
|            |            |            |                        |        |               |       |         |                |            |  |
| INVOICE#   | DATE       | CUST NO    | CUSTOMER NAME          | R      | EFERENCE      | HOURS | TAX AMT | AMOUNT T       | YP SURPLUS |  |
|            |            |            |                        |        |               |       |         |                |            |  |
| 197212     | 6/01/12    | 800000     | VISITING NURSE SERVICE | GO     | NZALEZ, DOLOR | 12.00 |         | 174.96         | I          |  |
|            |            |            |                        |        |               |       |         |                |            |  |
|            |            |            |                        |        |               |       |         |                |            |  |
| 1          |            |            |                        |        | CATEGORY      | 12.00 | 0.00    | 174.96         |            |  |

|           |          |         | YSIDE CITYWIDE         |                            |       |         | PAGE 1 - 12                   | 8       |
|-----------|----------|---------|------------------------|----------------------------|-------|---------|-------------------------------|---------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REGNY NY<br>SALES REGISTER |       |         | ADU ADULT<br>BILL WEEK ENDING | 6/08/12 |
|           |          |         | •                      | SALES REGISIER             |       |         | BILL WEEK ENDING              | 0/00/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE                  | HOURS | TAX AMT | AMOUNT TYP                    | SURPLUS |
| 197213    | 6/01/12  | 000008  | VISITING NURSE SERVICE | GONZALEZ, ELBA             | 35.25 |         | 513.95 I                      |         |
| 197214    | 6/01/12  | 800000  | VISITING NURSE SERVICE | GONZALEZ, ELBA             | 6.00  |         | 87.48 I                       |         |
|           |          |         |                        | CUSTOMER                   | 41.25 | 0.00    | 601.43                        |         |
|           |          |         |                        |                            |       |         |                               |         |
|           |          |         |                        |                            |       |         |                               |         |
|           |          |         |                        | CATEGORY                   | 41.25 | 0.00    | 601.43                        |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE             | REG NY NY<br>SALES REGISTER |               |         | PAGE 1 - 129<br>LTC NURSING HOMEW/O WALLS (LT<br>BILL WEEK ENDING 6/08/12 |
|-----------------------|--------------------|-----------------------|--|-----------------------------|---------------|---------|---|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                    | REFERENCE                   | HOURS         | TAX AMT | AMOUNT TYP SURPLUS  |
| 197215<br>197216      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | •                           | 15.00<br>3.00 |         | 218.70 I<br>43.74 I   |
|                       |                    |                       |  | CUSTOMER                    | 18.00         | 0.00    | 262.44  |
|                       |                    |                       |  | CATEGORY                    | 18.00         | 0.00    | <br>262.44  |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1       | - 13 | 0       |
|-----------|------------|------------|------------------------|----------------|-------|---------|--------------|------|---------|
| SALES JRN | IL # 0284  | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | VCP CHOICE L | HCSA |         |
|           |            |            | S                      | SALES REGISTER |       |         | BILL WEEK EN | DING | 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT       | TYP  | SURPLUS |
| 197217    | 5/25/12    | 000008     | VISITING NURSE SERVICE | GOYES, ELBA    | 20.00 |         | 291.60       | I    |         |
| 197218    | 6/01/12    | 800000     | VISITING NURSE SERVICE | GOYES, ELBA    | 20.00 |         | 291.60       | I    |         |
| 197219    | 6/01/12    | 800000     | VISITING NURSE SERVICE | GOYES, ELBA    | 4.00  |         | 58.32        | I    |         |
| 197220    | 6/01/12    | 800000     | VISITING NURSE SERVICE | GRAVER, EDNA   | 32.00 |         | 466.56       | I    |         |
| 197221    | 6/01/12    | 800000     | VISITING NURSE SERVICE | GRAVER, EDNA   | 8.00  |         | 116.64       | I    |         |
|           |            |            |                        | CUSTOMER       | 84.00 | 0.00    | 1,224.72     |      |         |
|           |            |            |                        | CATEGORY       | 84.00 | 0.00    | 1,224.72     |      |         |

| RUN DATE<br>SALES JRN |         |         | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY       |       |         | PAGE 1 -<br>ADU ADULT | 131     |
|-----------------------|---------|---------|-----------------------------------|-----------------|-------|---------|-----------------------|---------|
|                       |         |         | \$                                | SALES REGISTER  |       |         | BILL WEEK ENDING      | 6/08/12 |
| INVOICE#              | DATE    | CUST NO | CUSTOMER NAME                     | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP            | SURPLUS |
| 197222                | 6/01/12 | 800000  | VISITING NURSE SERVICE            | GREENBAUM, MASA | 4.00  |         | 58.32 I               |         |
|                       |         |         |                                   | CATEGORY        | 4.00  | 0.00    | 58.32                 |         |

|   | RUN DATE  | 06/06/12 - | SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 - 1        | 32          |
|---|-----------|------------|----------|------------------------|-----------------|-------|---------|-------------------|-------------|
|   | SALES JRN | L # 0284   | LOC 001  | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LAA LOMBARDI AIDS | ADULT POPUL |
|   |           |            |          | S                      | SALES REGISTER  |       |         | BILL WEEK ENDING  | 6/08/12     |
| ı |           |            |          |                        |                 |       |         |                   |             |
| ı | INVOICE#  | DATE       | CUST NO  | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP        | SURPLUS     |
| ı |           |            |          |                        |                 |       |         |                   |             |
| ı | 197223    | 6/01/12    | 800000   | VISITING NURSE SERVICE | GRESSINE, ARNOL | 42.00 |         | 612.36 I          |             |
|   |           |            |          |                        |                 |       |         |                   |             |
|   |           |            |          |                        |                 |       |         |                   |             |
| ı |           |            |          |                        | CATEGORY        | 42.00 | 0.00    | 612.36            |             |

| RUN DATE ( |         |         | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY      |           |         | PAGE 1 - 1<br>ADU ADULT | 33      |
|------------|---------|---------|--------------------------------------|----------------|-----------|---------|-------------------------|---------|
|            |         |         | 2                                    | SALES REGISTER |           |         | BILL WEEK ENDING        | 6/08/12 |
| INVOICE#   | DATE    | CUST NO | CUSTOMER NAME                        | REFERENCE      | HOURS     | TAX AMT | AMOUNT TYP              | SURPLUS |
| 197224     | 6/01/12 | 800000  | VISITING NURSE SERVICE               | GUEVARA, ELENA | 59.75     |         | 871.16 I                |         |
|            |         |         |                                      | CATEGORY       | <br>59.75 | 0.00    | <br>871.16              |         |

| RUN DATE 0 | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1 - 1       | .34     |
|------------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRNL | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | VCP CHOICE LHCSA |         |
|            |            |            | 5                      | SALES REGISTER |       |         | BILL WEEK ENDING | 6/08/12 |
| INVOICE#   | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS |
| 197225     | 6/01/12    | 800000     | VISITING NURSE SERVICE | GUEVARA, ELENA | 12.00 |         | 174.96 I         |         |
| 197226     | 6/01/12    | 800000     | VISITING NURSE SERVICE | GUEVARA, ELENA | 12.00 |         | 174.96 I         |         |
|            |            |            |                        | CUSTOMER       | 24.00 | 0.00    | 349.92           |         |
|            |            |            |                        |                |       |         |                  |         |
|            |            |            |                        | CATEGORY       | 24.00 | 0.00    | 349.92           |         |
| 1          |            |            |                        | CATEGORY       | Z4.00 | 0.00    | 349.94           |         |

|           |          |         | YSIDE CITYWIDE         |                 |       |         | PAGE 1        | - 135 | 5       |
|-----------|----------|---------|------------------------|-----------------|-------|---------|---------------|-------|---------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | ADU ADULT     |       |         |
|           |          |         | S                      | SALES REGISTER  |       |         | BILL WEEK END | ING   | 6/08/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT '      | TYP   | SURPLUS |
| 197227    | 6/01/12  | 000008  | VISITING NURSE SERVICE | GUTHRIE, LORETH | 3.00  |         | 43.74         | I     |         |
| 197228    | 6/01/12  | 800000  | VISITING NURSE SERVICE | GUTHRIE, LORETH | 3.00  |         | 43.74         | I     |         |
| 197229    | 6/01/12  | 800000  | VISITING NURSE SERVICE | GUTHRIE, LORETH | 3.00  |         | 43.74         | I     |         |
| 197230    | 6/01/12  | 800000  | VISITING NURSE SERVICE | GUTIERREZ, ANGE | 68.00 |         | 991.44        | I     |         |
| 197231    | 6/01/12  | 800000  | VISITING NURSE SERVICE | GUTIERREZ, ANGE | 12.00 |         | 174.96        | I     |         |
|           |          |         |                        | CUSTOMER        | 89.00 | 0.00    | 1,297.62      |       |         |
|           |          |         |                        | CATEGORY        | 89.00 | 0.00    | 1,297.62      |       |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1       | - 13   | 36          |
|-----------|------------|------------|------------------------|-----------------|-------|---------|--------------|--------|-------------|
| SALES JRN | rL # 0284  | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING  | HOMEW/ | O WALLS (LT |
|           |            |            | S                      | SALES REGISTER  |       |         | BILL WEEK EN | DING   | 6/08/12     |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT       | TYP    | SURPLUS     |
| 197232    | 6/01/12    | 000008     | VISITING NURSE SERVICE | GUTIERREZ, JOSE | 6.00  |         | 87.48        | I      |             |
| 197233    | 6/01/12    | 800000     | VISITING NURSE SERVICE | GUTIERREZ, JOSE | 6.00  |         | 87.48        | I      |             |
|           |            |            |                        | <br>CUSTOMER    | 12.00 | 0.00    | 174.96       |        |             |
|           |            |            |                        | 0001011111      | 12.00 | 3.33    | 1,1,50       |        |             |
|           |            |            |                        |                 |       |         |              |        |             |
|           |            |            |                        | CATEGORY        | 12.00 | 0.00    | 174.96       |        |             |

| RUN DATE 06 | 6/06/12 - | SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 - 13      | 7       |
|-------------|-----------|----------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRNL  | # 0284    | LOC 001  | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | VCP CHOICE LHCSA |         |
|             |           |          | S                      | SALES REGISTER  |       |         | BILL WEEK ENDING | 6/08/12 |
| INVOICE#    | DATE      | CUST NO  | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS |
| 197234      | 6/01/12   | 000008   | VISITING NURSE SERVICE | HENAO, VICTORIA | 20.00 |         | 291.60 I         |         |
| 197235      | 6/01/12   | 800000   | VISITING NURSE SERVICE | HENAO, VICTORIA | 4.00  |         | 58.32 I          |         |
| 197236      | 6/01/12   | 800000   | VISITING NURSE SERVICE | HENDY, BERNICE  | 20.50 |         | 298.89 I         |         |
| 197237      | 6/01/12   | 800000   | VISITING NURSE SERVICE | HENDY, BERNICE  | 7.00  |         | 102.06 I         |         |
|             |           |          |                        | CUSTOMER        | 51.50 | 0.00    | 750.87           |         |
|             |           |          |                        | CATEGORY        | 51.50 | 0.00    | 750.87           |         |

| RUN DATE<br>SALES JRN |          | - SUP SUNN | NYSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY       |        |         | PAGE 1 -<br>ADU ADULT | 138        |
|-----------------------|----------|------------|---------------------------------------|-----------------|--------|---------|-----------------------|------------|
| DALLS OWN             | L # 0204 | ПОС 001    |                                       | ALES REGISTER   | 2      |         | BILL WEEK ENDI        | NG 6/08/12 |
| INVOICE#              | DATE     | CUST NO    | CUSTOMER NAME                         | REFERENCE       | HOURS  | TAX AMT | AMOUNT T              | YP SURPLUS |
| 197238                | 6/01/12  | 800000     | VISITING NURSE SERVICE                | HENRIQUEZ, MARI | 48.00  |         | 699.84                | Ι          |
| 197239                | 6/01/12  | 800000     | VISITING NURSE SERVICE                | HENRIQUEZ, MARI | 8.00   |         | 116.64                | Ι          |
| 197240                | 5/11/12  | 800000     | VISITING NURSE SERVICE                | HERNANDEZ, MARI | 12.00  |         | 174.96                | Ι          |
| 197241                | 5/25/12  | 800000     | VISITING NURSE SERVICE                | HERNANDEZ, MARI | 50.00  |         | 729.00                | Ι          |
| 197242                | 6/01/12  | 800000     | VISITING NURSE SERVICE                | HERNANDEZ, MARI | 40.00  |         | 583.20                | Ι          |
| 197243                | 6/01/12  | 800000     | VISITING NURSE SERVICE                | HERNANDEZ, MARI | 10.00  |         | 145.80                | I          |
|                       |          |            |                                       | CUSTOMER        | 168.00 | 0.00    | 2,449.44              |            |
|                       |          |            |                                       | CATEGORY        | 168.00 | 0.00    | 2,449.44              |            |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY                          |               |         | PAGE 1<br>VCP CHOICE LH | - 13 | 39      |
|-----------------------|--------------------|-----------------------|---|------------------------------------|---------------|---------|-------------------------|------|---------|
| SALES URN             | L # UZ04           | LOC 001               |   | SALES REGISTER                     |               |         | BILL WEEK END           |      | 6/08/12 |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                          | HOURS         | TAX AMT | AMOUNT                  | TYP  | SURPLUS |
| 197244<br>197245      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE VISITING NURSE SERVICE | HERNANDEZ, MERC<br>HERNANDEZ, MERC | 24.00<br>6.00 |         | 349.92<br>87.48         | I    |         |
| 177243                | 0/01/12            | 000000                | VISITING NORSE SERVICE                        | ·                                  |               |         |                         |      |         |
|                       |                    |                       |   | CUSTOMER                           | 30.00         | 0.00    | 437.40                  |      |         |
|                       |                    |                       |   |                                    |               |         |                         |      |         |
|                       |                    |                       |   | CATEGORY                           | 30.00         | 0.00    | 437.40                  |      |         |

|           |          |         | YSIDE CITYWIDE         |                 |       |         | PAGE 1        |      |         |
|-----------|----------|---------|------------------------|-----------------|-------|---------|---------------|------|---------|
| SALES JRN | L # 0284 | TOG 001 | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING H |      | •       |
|           |          |         | •                      | SALES REGISTER  |       |         | BILL WEEK END | JING | 6/08/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT        | TYP  | SURPLUS |
| 197246    | 6/01/12  | 000008  | VISITING NURSE SERVICE | HERRERA, ANGELA | 18.00 |         | 262.44        | I    |         |
| 197247    | 6/01/12  | 800000  | VISITING NURSE SERVICE | HERRERA, ANGELA | 6.00  |         | 87.48         | I    |         |
| 197248    | 6/01/12  | 000008  | VISITING NURSE SERVICE | HERRERA, HORACI | 12.00 |         | 174.96        | I    |         |
| 197249    | 6/01/12  | 000008  | VISITING NURSE SERVICE | HERRERA, HORACI | 6.00  |         | 87.48         | I    |         |
| 197250    | 6/01/12  | 000008  | VISITING NURSE SERVICE | HUNGRIA, SABINA | 33.00 |         | 481.14        | I    |         |
| 197251    | 6/01/12  | 800000  | VISITING NURSE SERVICE | HUNGRIA, SABINA | 7.00  |         | 102.06        | I    |         |
|           |          |         |                        | CUSTOMER        | 82.00 | 0.00    | 1,195.56      |      |         |
|           |          |         |                        | CATEGORY        | 82.00 | 0.00    | 1,195.56      |      |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1 -        | 141        |
|-----------|------------|------------|------------------------|----------------|-------|---------|-----------------|------------|
| SALES JRN | rL # 0284  | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | VCP CHOICE LHCS |            |
|           |            |            | S                      | SALES REGISTER |       |         | BILL WEEK ENDIN | IG 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT TY       | P SURPLUS  |
| 197252    | 6/01/12    | 000008     | VISITING NURSE SERVICE | IBASCO, SOFIA  | 16.00 |         | 233.28          | <u>.</u>   |
| 197253    | 6/01/12    | 800000     | VISITING NURSE SERVICE | IBASCO, SOFIA  | 4.00  |         | 58.32           | •<br>•     |
|           |            |            |                        | CUSTOMER       | 20.00 | 0.00    | 291.60          |            |
|           |            |            |                        | CATEGORY       | 20.00 | 0.00    | 291.60          |            |

| RUN DATE 06/06/ |            |                        |                 |       |         | -                | 142       |
|-----------------|------------|------------------------|-----------------|-------|---------|------------------|-----------|
| SALES JRNL # 02 | 84 LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | ADU ADULT        | 6 (00 (10 |
|                 |            |                        | SALES REGISTER  |       |         | BILL WEEK ENDING | 6/08/12   |
| INVOICE# DATE   | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYPE      | SURPLUS   |
| 197254 6/01/    | 12 000008  | VISITING NURSE SERVICE | ICIANO, ALFREDO | 15.75 |         | 229.64 I         |           |
| 197255 6/01/    | 12 000008  | VISITING NURSE SERVICE | ICIANO, ALFREDO | 4.00  |         | 58.32 I          |           |
|                 |            |                        | CUSTOMER        | 19.75 | 0.00    | 287.96           |           |
|                 |            |                        | 0021011211      |       | 0.00    |                  |           |
|                 |            |                        | GAERGODY        | 10.75 |         | 207.06           |           |
|                 |            |                        | CATEGORY        | 19.75 | 0.00    | 287.96           |           |

|           |          |         | YSIDE CITYWIDE         |                 |       |         | PAGE 1 -         |         |
|-----------|----------|---------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0284 | LOC 001 |                        | REG NY NY       |       |         | LAA LOMBARDI AID |         |
|           |          |         |                        | SALES REGISTER  |       |         | BILL WEEK ENDING | 6/08/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS |
| 197256    | 6/01/12  | 000008  | VISITING NURSE SERVICE | INOSTROZA, RAPH | 38.00 |         | 554.04 I         |         |
|           |          |         |                        |                 |       |         |                  |         |
|           |          |         |                        | CATEGORY        | 38.00 | 0.00    | 554.04           |         |

| RUN DATE 0<br>SALES JRNL |                               | SUP SUNN<br>LOC 001        | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE                                       | REG NY NY<br>SALES REGISTER                           |                        |         | PAGE 1 - 144<br>VCP CHOICE LHCSA<br>BILL WEEK ENDING | 5/08/12 |
|--------------------------|-------------------------------|----------------------------|--|---|------------------------|---------|--|---------|
| INVOICE#                 | DATE                          | CUST NO                    | CUSTOMER NAME  | REFERENCE   | HOURS                  | TAX AMT | AMOUNT TYP S   | SURPLUS |
| 197258                   | 6/01/12<br>6/01/12<br>6/01/12 | 000008<br>000008<br>000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | INSERRA, CATHER<br>ISKENDERIAN, KA<br>ISKENDERIAN, KA | 14.00<br>24.00<br>6.00 |         | 204.12 I<br>349.92 I<br>87.48 I                      |         |
|                          |                               |                            |  | CUSTOMER  | 44.00                  | 0.00    | 641.52   |         |
|                          |                               |                            |  | CATEGORY  | 44.00                  | 0.00    | 641.52   |         |

| RUN DATE (                 |                               | - SUP SUNN<br>LOC 001      | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE                                       | REGNY NY<br>SALES REGISTER |                       |         | PAGE 1 -<br>CCL CONGREGATE<br>BILL WEEK ENDII |             |
|----------------------------|-------------------------------|----------------------------|--|----------------------------|-----------------------|---------|---|-------------|
| INVOICE#                   | DATE                          | CUST NO                    | CUSTOMER NAME  | REFERENCE                  | HOURS                 | TAX AMT | AMOUNT T                                      | P SURPLUS   |
| 197260<br>197261<br>197262 | 5/25/12<br>6/01/12<br>6/01/12 | 000008<br>000008<br>000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE |                            | 12.00<br>6.00<br>1.00 |         | 174.96<br>87.48<br>14.58                      | [<br>[<br>[ |
|                            |                               |                            |  | CUSTOMER                   | 19.00                 | 0.00    | 277.02  |             |
|                            |                               |                            |  | CATEGORY                   | 19.00                 | 0.00    | 277.02  |             |

| RUN DATE 0<br>SALES JRNL |                    | SUP SUNN<br>LOC 001 |   | PAGE 1 - 146<br>LTC NURSING HOMEW/O WALLS (LT<br>BILL WEEK ENDING 6/08/12 |               |         |                  |        |         |
|--------------------------|--------------------|---------------------|---|---|---------------|---------|------------------|--------|---------|
| INVOICE#                 | DATE               | CUST NO             | CUSTOMER NAME                                 | REFERENCE   | HOURS         | TAX AMT | AMOUNT           | TYP    | SURPLUS |
|                          | 6/01/12<br>6/01/12 | 800000<br>800000    | VISITING NURSE SERVICE VISITING NURSE SERVICE | JAKLITSCH, ELIZ<br>JAKLITSCH, ELIZ  | 38.00<br>8.00 |         | 554.04<br>116.64 | I<br>I |         |
|                          |                    |                     |   | CUSTOMER  | 46.00         | 0.00    | 670.68           |        |         |
|                          |                    |                     |   | CATEGORY  | 46.00         | 0.00    | 670.68           |        |         |

| RUN DATE<br>SALES JRN |          | - SUP SUNN | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY       |        |         | PAGE 1<br>VCP CHOICE LH | - 14 | 7       |
|-----------------------|----------|------------|--------------------------------------|-----------------|--------|---------|-------------------------|------|---------|
| SALES UKN             | L # 0204 | TOC 001    |                                      | ALES REGISTER   | 1      |         | BILL WEEK END           |      | 6/08/12 |
| INVOICE#              | DATE     | CUST NO    | CUSTOMER NAME                        | REFERENCE       | HOURS  | TAX AMT | AMOUNT                  | TYP  | SURPLUS |
| 197265                | 6/01/12  | 000008     | VISITING NURSE SERVICE               | JARA DEURUCHIM, | 10.00  |         | 145.80                  | I    |         |
| 197266                | 6/01/12  | 000008     | VISITING NURSE SERVICE               | JARAMILLO PAL,  | 9.00   |         | 131.22                  | I    |         |
| 197267                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | JEWAT, LUCILLE  | 64.50  |         | 940.41                  | I    |         |
| 197268                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | JEWAT, LUCILLE  | 11.00  |         | 160.38                  | I    |         |
| 197269                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | JHAVERI, RAMESH | 19.25  |         | 280.67                  | I    |         |
| 197270                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | JHAVERI, RAMESH | 4.00   |         | 58.32                   | I    |         |
|                       |          |            |                                      | CUSTOMER        | 117.75 | 0.00    | 1,716.80                |      |         |
|                       |          |            |                                      | CATEGORY        | 117.75 | 0.00    | 1,716.80                |      |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | TYSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE<br>S    | REGNY NY<br>SALES REGISTER         |                |         | PAGE 1 - 1<br>HOA HOSPICE ADULT<br>BILL WEEK ENDING |         |
|-----------------------|--------------------|-----------------------|---|------------------------------------|----------------|---------|---|---------|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                          | HOURS          | TAX AMT | AMOUNT TYP  | SURPLUS |
| 197271<br>197272      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE VISITING NURSE SERVICE | JIANNARAS, ANNA<br>JIANNARAS, ANNA | 50.00<br>10.00 |         | 729.00 I<br>145.80 I                                |         |
|                       |                    |                       |   | CUSTOMER                           | 60.00          | 0.00    | 874.80  |         |
|                       |                    |                       |   | CATEGORY                           | 60.00          | 0.00    | 874.80  |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 - 149             |        |
|-----------|------------|------------|------------------------|-----------------|-------|---------|--------------------------|--------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING HOMEW/O WALI | LS (LT |
|           |            |            | :                      | SALES REGISTER  |       |         | BILL WEEK ENDING 6/08    | /12    |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP SURPI         | LUS    |
| 197273    | 6/01/12    | 000008     | VISITING NURSE SERVICE | JIMENEZ, ALTAGR | 15.00 |         | 218.70 I                 |        |
| 197274    | 6/01/12    | 800000     | VISITING NURSE SERVICE | JIMENEZ, ALTAGR | 5.00  |         | 72.90 I                  |        |
|           |            |            |                        | CUSTOMER        | 20.00 | 0.00    | 291.60                   |        |
|           |            |            |                        |                 |       |         |                          |        |
|           |            |            |                        | CATEGORY        | 20.00 | 0.00    | 291.60                   |        |

|           |          |         | YSIDE CITYWIDE         |                |       |         | PAGE 1 - 1       | 50      |
|-----------|----------|---------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0284 | LOC 001 |                        | REG NY NY      |       |         | VCP CHOICE LHCSA |         |
|           |          |         | 2                      | SALES REGISTER |       |         | BILL WEEK ENDING | 6/08/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS |
| 197275    | 6/01/12  | 800000  | VISITING NURSE SERVICE | JIMENEZ, BETTY | 15.00 |         | 218.70 I         |         |
|           |          |         |                        |                |       |         |                  |         |
|           |          |         |                        | CATEGORY       | 15.00 | 0.00    | 218.70           |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | NYSIDE CITYWIDE        |           |             |         | PAGE 1       | . – 15 | 1       |
|-----------|------------|------------|------------------------|-----------|-------------|---------|--------------|--------|---------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY |             |         | ADU ADULT    |        |         |
|           |            |            |                        | SALES REG | SISTER      |         | BILL WEEK EN | DING   | 6/08/12 |
|           |            |            |                        |           |             |         |              |        |         |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFEREN   | ICE HOURS   | TAX AMT | AMOUNT       | TYP    | SURPLUS |
| 197276    | 6/01/12    | 000008     | VISITING NURSE SERVICE | JOHNSON,  | DOROTH 8.00 |         | 116.64       | т      |         |
| 197270    | 0/01/12    | 000008     | VISITING NURSE SERVICE | OOHNSON,  | DOROTH 8.00 |         | 110.04       | _      |         |
|           |            |            |                        |           |             |         |              |        |         |
|           |            |            |                        | CA        | TEGORY 8.00 | 0.00    | 116.64       |        |         |
|           |            |            |                        |           |             |         |              |        |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1        | - 15   | 52          |
|-----------|------------|------------|------------------------|-----------------|-------|---------|---------------|--------|-------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING H | HOMEW/ | O WALLS (LT |
|           |            |            | S                      | SALES REGISTER  |       |         | BILL WEEK EN  | DING   | 6/08/12     |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT        | TYP    | SURPLUS     |
| 197277    | 6/01/12    | 000008     | VISITING NURSE SERVICE | JORRIN, HORTENS | 14.75 |         | 215.06        | I      |             |
| 197278    | 6/01/12    | 800000     | VISITING NURSE SERVICE | JORRIN, HORTENS | 4.50  |         | 65.61         | I      |             |
| 197279    | 6/01/12    | 800000     | VISITING NURSE SERVICE | JORRIN, NILIO   | 22.00 |         | 320.76        | I      |             |
| 197280    | 6/01/12    | 800000     | VISITING NURSE SERVICE | JORRIN, NILIO   | 5.00  |         | 72.90         | I      |             |
|           |            |            |                        | CUSTOMER        | 46.25 | 0.00    | 674.33        |        |             |
|           |            |            |                        | CATEGORY        | 46.25 | 0.00    | 674.33        |        |             |

| RUN DATE<br>SALES JRN |         | - SUP SUNN | NYSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY       |       |         | PAGE 1<br>VCP CHOICE LH |     | 3       |
|-----------------------|---------|------------|---------------------------------------|-----------------|-------|---------|-------------------------|-----|---------|
| SALES OIGN            | H 0201  | 100 001    |                                       | ALES REGISTER   |       |         | BILL WEEK END           |     | 6/08/12 |
| INVOICE#              | DATE    | CUST NO    | CUSTOMER NAME                         | REFERENCE       | HOURS | TAX AMT | AMOUNT                  | TYP | SURPLUS |
| 197281                | 6/01/12 | 000008     | VISITING NURSE SERVICE                | KAUR, SARD      | 4.00  |         | 58.32                   | I   |         |
| 197282                | 6/01/12 | 800000     | VISITING NURSE SERVICE                | KAUR, SHARAN    | 43.25 |         | 630.59                  | I   |         |
| 197283                | 6/01/12 | 800000     | VISITING NURSE SERVICE                | KAUR, SHARAN    | 8.00  |         | 116.64                  | I   |         |
| 197284                | 5/25/12 | 800000     | VISITING NURSE SERVICE                | KEARNEY, LORRAI | 4.00  |         | 58.32                   | I   |         |
| 197285                | 6/01/12 | 800000     | VISITING NURSE SERVICE                | KEARNEY, LORRAI | 14.75 |         | 215.06                  | I   |         |
| 197286                | 6/01/12 | 800000     | VISITING NURSE SERVICE                | KEARNEY, LORRAI | 4.00  |         | 58.32                   | I   |         |
|                       |         |            |                                       | CUSTOMER        | 78.00 | 0.00    | 1,137.25                |     |         |
|                       |         |            |                                       | CATEGORY        | 78.00 | 0.00    | 1,137.25                |     |         |

| RUN DATE (<br>SALES JRN) |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE<br>S     | REGNY NY<br>SALES REGISTER         |              |         | PAGE 1 -<br>AUR ADULT REHA<br>BILL WEEK ENDI |            |
|--------------------------|--------------------|-----------------------|---|------------------------------------|--------------|---------|--|------------|
| INVOICE#                 | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                          | HOURS        | TAX AMT | AMOUNT T                                     | YP SURPLUS |
| 197287<br>197288         | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE VISITING NURSE SERVICE | KEHOE, ELIZABET<br>KEHOE, ELIZABET | 5.75<br>3.00 |         | 83.84<br>43.74                               | I<br>I     |
|                          |                    |                       |   | CUSTOMER                           | 8.75         | 0.00    | 127.58                                       |            |
|                          |                    |                       |   | CATEGORY                           | 8.75         | 0.00    | 127.58                                       |            |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE<br>S     | -    | NY<br>E G I S T E    | R             |         | PAGE 1<br>HOA HOSPICE<br>BILL WEEK EN | -   | 6/08/12 |
|-----------------------|--------------------|-----------------------|---|------|----------------------|---------------|---------|---------------------------------------|-----|---------|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFE | RENCE                | HOURS         | TAX AMT | AMOUNT                                | TYP | SURPLUS |
| 197289<br>197290      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE VISITING NURSE SERVICE |      | MARGARET<br>MARGARET | 10.00<br>6.00 |         | 145.80<br>87.48                       | I   |         |
|                       |                    |                       |   |      | CUSTOMER             | 16.00         | 0.00    | 233.28                                |     |         |
|                       |                    |                       |   |      | CATEGORY             | 16.00         | 0.00    | 233.28                                |     |         |

|           |          |         | YSIDE CITYWIDE         |                 |        |         | PAGE 1 -       | 156        |
|-----------|----------|---------|------------------------|-----------------|--------|---------|----------------|------------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY       |        |         | VCP CHOICE LHC |            |
|           |          |         | S                      | BALES REGISTER  | ?      |         | BILL WEEK ENDI | NG 6/08/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE       | HOURS  | TAX AMT | AMOUNT T       | YP SURPLUS |
| 197291    | 6/01/12  | 000008  | VISITING NURSE SERVICE | KILIMLIAN, PEPR | 39.75  |         | 579.56         | I          |
| 197292    | 6/01/12  | 800000  | VISITING NURSE SERVICE | KILIMLIAN, PEPR | 8.00   |         | 116.64         | I          |
| 197293    | 6/01/12  | 800000  | VISITING NURSE SERVICE | KOUTROUBAS, THE | 48.00  |         | 699.84         | I          |
| 197294    | 6/01/12  | 800000  | VISITING NURSE SERVICE | KOUTROUBAS, THE | 8.00   |         | 116.64         | I          |
|           |          |         |                        | CUSTOMER        | 103.75 | 0.00    | 1,512.68       |            |
|           |          |         |                        | CATEGORY        | 103.75 | 0.00    | 1,512.68       |            |

| RUN DATE 06/06<br>SALES JRNL # 0 |            | NYSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE         | REG NY NY      |              |         | PAGE 1 -<br>ADU ADULT | 157         |
|----------------------------------|------------|---|----------------|--------------|---------|-----------------------|-------------|
|                                  |            | :   | SALES REGISTER |              |         | BILL WEEK ENDIN       | IG 6/08/12  |
| INVOICE# DAT                     | E CUST NO  | CUSTOMER NAME                                 | REFERENCE      | HOURS        | TAX AMT | AMOUNT TY             | P SURPLUS   |
| 197295 6/01<br>197296 6/01       |            | VISITING NURSE SERVICE VISITING NURSE SERVICE | •              | 9.00<br>3.00 |         | 131.22 I<br>43.74 I   | -<br>-<br>- |
| 157250 0701                      | 712 000000 | VIBITING NONSE SERVICE                        | CUSTOMER       | 12.00        | 0.00    | 174.96                |             |
|                                  |            |   | CUSTOMER       | 12.00        | 0.00    | 174.90                |             |
|                                  |            |   | CATEGORY       | 12.00        | 0.00    | 174.96                |             |

| RUN DATE 06/06/1<br>SALES JRNL # 028 | 12 - SUP SUNNYSIDE CITYWI<br>34 LOC 001 SUNNYSIDE |           |                                 |         | PAGE 1 -<br>VCP CHOICE LHCS | 158       |
|--------------------------------------|---|-----------|---------------------------------|---------|-----------------------------|-----------|
| SALES URIL # 020                     | 94 LOC 001 SUNNISIDE                              |           | GISTER                          |         | BILL WEEK ENDIN             |           |
| INVOICE# DATE                        | CUST NO CUSTOMER NA                               | ME REFERE | NCE HOURS                       | TAX AMT | AMOUNT TY                   | P SURPLUS |
| 197297 6/01/3<br>197298 6/01/3       |   |           | RA, BELE 40.00<br>RA, BELE 8.00 |         | 583.20 1<br>116.64          | <u>.</u>  |
|                                      |   | C         | USTOMER 48.00                   | 0.00    | 699.84                      |           |
|                                      |   | C         | ATEGORY 48.00                   | 0.00    | 699.84                      |           |

|            |                                | SUNNYSIDE CITYWIDE | DEC NV NV                        |              |         | PAGE 1 - 159                    |        |
|------------|--------------------------------|--------------------|----------------------------------|--------------|---------|---------------------------------|--------|
| SALES JRNL | # 0284 LOC 0                   |                    | REGNY NY<br>SALES REGISTER       |              |         | ADU ADULT<br>BILL WEEK ENDING 6 | /08/12 |
| INVOICE#   | DATE CUST                      | NO CUSTOMER NAME   | REFERENCE                        | HOURS        | TAX AMT | AMOUNT TYP S                    | JRPLUS |
|            | 6/01/12 00000<br>6/01/12 00000 |                    | LASAK, MICHAEL<br>LASAK, MICHAEL | 6.00<br>3.00 |         | 87.48 I<br>43.74 I              |        |
|            |                                |                    | CUSTOMER                         | 9.00         | 0.00    | 131.22                          |        |
|            |                                |                    | CATEGORY                         | 9.00         | 0.00    | 131.22                          |        |

| RUN DATE  | 06/06/12 - | SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1        | - 160            |
|-----------|------------|----------|------------------------|-----------------|-------|---------|---------------|------------------|
| SALES JRN | L # 0284   | LOC 001  | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING H | OMEW/O WALLS (LT |
|           |            |          | S                      | ALES REGISTER   |       |         | BILL WEEK END | ING 6/08/12      |
|           |            |          |                        |                 |       |         |               |                  |
| INVOICE#  | DATE       | CUST NO  | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT '      | TYP SURPLUS      |
| 197301    | 6/01/12    | 000008   | VISITING NURSE SERVICE | LEE, KATHLEEN   | 20.00 |         | 291.60        | т                |
| 197302    | 6/01/12    | 000008   | VISITING NURSE SERVICE | LEE, KATHLEEN   | 4.00  |         | 58.32         | Ť                |
| 197303    | 6/01/12    | 000008   | VISITING NURSE SERVICE | LEGASPI, CECILI | 15.75 |         | 229.64        | Ť                |
| 197304    | 6/01/12    | 000008   | VISITING NURSE SERVICE | LEGASPI, CECILI | 4.00  |         | 58.32         | Ī                |
|           | *, *=, ==  |          |                        |                 |       |         |               |                  |
|           |            |          |                        | CUSTOMER        | 43.75 | 0.00    | 637.88        |                  |
|           |            |          |                        |                 |       |         |               |                  |
|           |            |          |                        |                 |       |         |               |                  |
|           |            |          |                        | CATEGORY        | 43.75 | 0.00    | 637.88        |                  |

| RUN DATE<br>SALES JRN |          | - SUP SUNN | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY       |        |         | PAGE 1<br>VCP CHOICE LH |     | 1       |
|-----------------------|----------|------------|--------------------------------------|-----------------|--------|---------|-------------------------|-----|---------|
| SALES UKN             | L # UZ04 | TOC 001    |                                      | ALES REGISTER   | 2      |         | BILL WEEK END           |     | 6/08/12 |
| INVOICE#              | DATE     | CUST NO    | CUSTOMER NAME                        | REFERENCE       | HOURS  | TAX AMT | AMOUNT                  | TYP | SURPLUS |
| 197305                | 6/01/12  | 000008     | VISITING NURSE SERVICE               | LEWIS, CATHERIN | 46.75  |         | 681.62                  | I   |         |
| 197306                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | LEWIS, CATHERIN | 8.00   |         | 116.64                  | I   |         |
| 197307                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | LIRIANO, FRANCI | 60.00  |         | 874.80                  | I   |         |
| 197308                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | LIRIANO, FRANCI | 10.00  |         | 145.80                  | I   |         |
| 197309                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | LITSAS, MARTHA  | 13.75  |         | 200.48                  | I   |         |
| 197310                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | LITSAS, MARTHA  | 6.75   |         | 98.42                   | I   |         |
|                       |          |            |                                      | CUSTOMER        | 145.25 | 0.00    | 2,117.76                |     |         |
|                       |          |            |                                      | CATEGORY        | 145.25 | 0.00    | 2,117.76                |     |         |

|           |          |         | YSIDE CITYWIDE         |                            |       |         | PAGE 1 - 162                   |      |
|-----------|----------|---------|------------------------|----------------------------|-------|---------|--------------------------------|------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REGNY NY<br>SALES REGISTER |       |         | ADU ADULT BILL WEEK ENDING 6/0 | 8/12 |
|           |          |         |                        | SALES REGISIER             |       |         | BILL WEEK ENDING 6/0           | 0/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE                  | HOURS | TAX AMT | AMOUNT TYP SUR                 | PLUS |
| 197311    | 6/01/12  | 000008  | VISITING NURSE SERVICE | LLANES, ELEAZER            | 14.00 |         | 204.12 I                       |      |
| 197312    | 6/01/12  | 000008  | VISITING NURSE SERVICE | •                          | 7.00  |         | 102.06 I                       |      |
|           |          |         |                        | GUGEOMED                   | 01 00 |         | 206 10                         |      |
|           |          |         |                        | CUSTOMER                   | 21.00 | 0.00    | 306.18                         |      |
|           |          |         |                        |                            |       |         |                                |      |
|           |          |         |                        | CATEGORY                   | 21.00 | 0.00    | 306.18                         |      |

| RUN DATE<br>SALES JRN |                    |                  | YSIDE CITYWIDE SUNNYSIDE CITYWIDE             | REG NY NY                    |               |         | PAGE 1 -        | - 163<br>DMEW/O WALLS (LT |
|-----------------------|--------------------|------------------|---|------------------------------|---------------|---------|-----------------|---------------------------|
|                       | 2    0201          | 200 001          |   | SALES REGISTER               |               |         | BILL WEEK ENDI  |                           |
| INVOICE#              | DATE               | CUST NO          | CUSTOMER NAME                                 | REFERENCE                    | HOURS         | TAX AMT | AMOUNT T        | TYP SURPLUS               |
| 197313                | 6/01/12            | 000008           | VISITING NURSE SERVICE                        | LOCORRIERE, JOS              | 40.00         |         | 583.20          | I                         |
| 197314                | 6/01/12            | 800000           | VISITING NURSE SERVICE                        | LOCORRIERE, JOS              | 8.00          |         | 116.64          | I                         |
| 197315<br>197316      | 6/01/12<br>6/01/12 | 000008<br>000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | LOGAN, ADELE<br>LOGAN, ADELE | 36.00<br>6.00 |         | 524.88<br>87.48 | T                         |
| 157510                | 0/01/12            | 000000           | VIBITING NORDE BERVICE                        |                              |               |         |                 |                           |
|                       |                    |                  |   | CUSTOMER                     | 90.00         | 0.00    | 1,312.20        |                           |
|                       |                    |                  |   |                              |               |         |                 |                           |
|                       |                    |                  |   | CATEGORY                     | 90.00         | 0.00    | 1,312.20        |                           |

| RUN DATE 06 | 5/06/12 - | SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1       | - 16 | 4       |
|-------------|-----------|----------|------------------------|----------------|-------|---------|--------------|------|---------|
| SALES JRNL  | # 0284    | LOC 001  | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | VCP CHOICE L | HCSA |         |
|             |           |          | i                      | SALES REGISTER |       |         | BILL WEEK EN | DING | 6/08/12 |
| INVOICE#    | DATE      | CUST NO  | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT       | TYP  | SURPLUS |
| 197317 6    | 5/01/12   | 000008   | VISITING NURSE SERVICE | LONDONO, AMIRA | 60.00 |         | 874.80       | I    |         |
| 197318 6    | 5/01/12   | 800000   | VISITING NURSE SERVICE | LONDONO, AMIRA | 10.00 |         | 145.80       | I    |         |
|             |           |          |                        | CUSTOMER       | 70.00 | 0.00    | 1,020.60     |      |         |
|             |           |          |                        |                |       |         |              |      |         |
|             |           |          |                        | CATEGORY       | 70.00 | 0.00    | 1,020.60     |      |         |

| RUN DATE 06/06/12<br>SALES JRNL # 0284 |                  | SUNNYSIDE CITYWIDE                               | REG NY NY<br>SALES REGISTER |               |         | PAGE 1 - 165<br>LTC NURSING HOMEW/O WALLS (LT<br>BILL WEEK ENDING 6/08/12 |
|--|------------------|--|-----------------------------|---------------|---------|---|
| INVOICE# DATE                          | CUST NO          | CUSTOMER NAME                                    | REFERENCE                   | HOURS         | TAX AMT | AMOUNT TYP SURPLUS  |
| 197319 6/01/12<br>197320 6/01/12       | 000008<br>000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | •                           | 30.00<br>6.00 |         | 437.40 I<br>87.48 I   |
|  |                  |  | CUSTOMER                    | 36.00         | 0.00    | 524.88  |
|  |                  |  | CATEGORY                    | 36.00         | 0.00    | 524.88  |

| RUN DATE<br>SALES JRN                |  | - SUP SUNN<br>LOC 001                | IYSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE  | REG NY NY<br>SALES REGISTER  |                               |         | PAGE 1 - 166<br>VCP CHOICE LHCSA<br>BILL WEEK ENDING 6/08/12 |  |
|--------------------------------------|--|--------------------------------------|--|--|-------------------------------|---------|--|--|
| INVOICE#                             | DATE                                     | CUST NO                              | CUSTOMER NAME  | REFERENCE  | HOURS                         | TAX AMT | AMOUNT TYP SURPLUS   |  |
| 197321<br>197322<br>197323<br>197324 | 6/01/12<br>6/01/12<br>6/01/12<br>6/01/12 | 000008<br>000008<br>000008<br>000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | LOPEZ, ANGELICA<br>LOPEZ, ANGELICA<br>LOPEZ, GRACIELA<br>LOPEZ, GRACIELA | 30.50<br>5.00<br>3.25<br>3.75 |         | 444.69 I<br>72.90 I<br>47.39 I<br>54.68 I                    |  |
|                                      |  |                                      |  | CUSTOMER   | 42.50                         | 0.00    | 619.66   |  |
|                                      |  |                                      |  | CATEGORY   | 42.50                         | 0.00    | 619.66   |  |

| RUN DATE (<br>SALES JRNI |                    | SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE             | REG NY NY<br>SALES REGISTER |               |         | PAGE 1 - 167<br>LTC NURSING HOMEW/O WALLS (LT<br>BILL WEEK ENDING 6/08/12 |
|--------------------------|--------------------|---------------------|--|-----------------------------|---------------|---------|---|
| INVOICE#                 | DATE               | CUST NO             | CUSTOMER NAME                                    | REFERENCE                   | HOURS         | TAX AMT | AMOUNT TYP SURPLUS  |
| 197325<br>197326         | 6/01/12<br>6/01/12 | 800000<br>800000    | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | - ,                         | 36.25<br>7.00 |         | 528.53 I<br>102.06 I  |
|                          |                    |                     |  | CUSTOMER                    | 43.25         | 0.00    | 630.59  |
|                          |                    |                     |  | CATEGORY                    | 43.25         | 0.00    | 630.59  |

|           |          |         | YSIDE CITYWIDE         |                 |       |         | 11101         | - 16 | 8         |
|-----------|----------|---------|------------------------|-----------------|-------|---------|---------------|------|-----------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | ADU ADULT     | TNG  | 6 (00 (10 |
|           |          |         | 2                      | SALES REGISTER  |       |         | BILL WEEK END | ING  | 6/08/12   |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT        | TYP  | SURPLUS   |
| 197327    | 6/01/12  | 000008  | VISITING NURSE SERVICE | LOPEZDELCASTIL, | 60.00 |         | 874.80        | I    |           |
| 197328    | 6/01/12  | 800000  | VISITING NURSE SERVICE | LOPEZDELCASTIL, | 10.00 |         | 145.80        | I    |           |
| 197329    | 6/01/12  | 800000  | VISITING NURSE SERVICE | LOZADA, LAURA   | 1.00  |         | 14.58         | I    |           |
|           |          |         |                        |                 |       |         | 1 025 10      |      |           |
|           |          |         |                        | CUSTOMER        | 71.00 | 0.00    | 1,035.18      |      |           |
|           |          |         |                        |                 |       |         |               |      |           |
|           |          |         |                        | CATEGORY        | 71.00 | 0.00    | 1,035.18      |      |           |

| RUN DATE<br>SALES JRN                |  | - SUP SUNN<br>LOC 001                |  | REG NY NY<br>A L E S R E G I S T E R                           |                                |         | PAGE 1 - 16<br>CCL CONGREGATE CAR<br>BILL WEEK ENDING |         |
|--------------------------------------|--|--------------------------------------|--|--|--------------------------------|---------|---|---------|
| INVOICE#                             | DATE                                     | CUST NO                              | CUSTOMER NAME  | REFERENCE  | HOURS                          | TAX AMT | AMOUNT TYP  | SURPLUS |
| 197330<br>197331<br>197332<br>197333 | 6/01/12<br>6/01/12<br>6/01/12<br>6/01/12 | 000008<br>000008<br>000008<br>000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | LUCES, LETICIA<br>LUCES, LETICIA<br>LYMN, ANGIE<br>LYMN, ANGIE | 15.75<br>4.00<br>25.00<br>5.00 |         | 229.64 I<br>58.32 I<br>364.50 I<br>72.90 I            |         |
|                                      |  |                                      |  | CUSTOMER   | 49.75                          | 0.00    | 725.36  |         |
|                                      |  |                                      |  | CATEGORY   | 49.75                          | 0.00    | 725.36  |         |

| RUN DATE 06/06/<br>SALES JRNL # 02 |            |   | REG NY NY      |               |         | PAGE 1 - 170<br>ADU ADULT |         |
|------------------------------------|------------|---|----------------|---------------|---------|---------------------------|---------|
| SALES ORNE # 02                    | 04 100 001 |   | SALES REGISTER |               |         |                           | 6/08/12 |
| INVOICE# DATE                      | CUST NO    | CUSTOMER NAME                                 | REFERENCE      | HOURS         | TAX AMT | AMOUNT TYP                | SURPLUS |
| 197334 6/01/<br>197335 6/01/       |            | VISITING NURSE SERVICE VISITING NURSE SERVICE | , -            | 31.00<br>5.00 |         | 451.98 I<br>72.90 I       |         |
|                                    |            |   | CUSTOMER       | 36.00         | 0.00    | 524.88                    |         |
|                                    |            |   | CATEGORY       | 36.00         | 0.00    | <br>524.88                |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY                          |              |         | PAGE 1 -<br>AUR ADULT REHA | AB ONLY     |
|-----------------------|--------------------|-----------------------|---|------------------------------------|--------------|---------|----------------------------|-------------|
|                       |                    |                       | S   | SALES REGISTER                     |              |         | BILL WEEK END              | ING 6/08/12 |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                          | HOURS        | TAX AMT | AMOUNT 7                   | TYP SURPLUS |
| 197336<br>197337      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE VISITING NURSE SERVICE | MADDALENA, CECE<br>MADDALENA, CECE | 6.00<br>2.00 |         | 87.48<br>29.16             | I<br>I      |
|                       |                    |                       |   | CUSTOMER                           | 8.00         | 0.00    | 116.64                     |             |
|                       |                    |                       |   | CATEGORY                           | 8.00         | 0.00    | 116.64                     |             |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE             | REGNY NY<br>SALES REGISTER |               |         | PAGE 1 CCL CONGREGATE BILL WEEK END | E CARE PROGRAI |  |
|-----------------------|--------------------|-----------------------|--|----------------------------|---------------|---------|-------------------------------------|----------------|--|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                    | REFERENCE                  | HOURS         | TAX AMT | AMOUNT '                            | TYP SURPLUS    |  |
| 197338<br>197339      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | - ,                        | 36.00<br>6.00 |         | 524.88<br>87.48                     | I              |  |
|                       |                    |                       |  | CUSTOMER                   | 42.00         | 0.00    | 612.36                              |                |  |
|                       |                    |                       |  | CATEGORY                   | 42.00         | 0.00    | 612.36                              |                |  |

| RUN DATE<br>SALES JRN | , ,      | - SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY       |        |         | PAGE 1<br>VCP CHOICE LE | - 17 | 73      |
|-----------------------|----------|------------|-----------------------------------|-----------------|--------|---------|-------------------------|------|---------|
| DALLS OIL             | 1 # 0204 | 100 001    |                                   | ALES REGISTER   |        |         | BILL WEEK ENI           |      | 6/08/12 |
| INVOICE#              | DATE     | CUST NO    | CUSTOMER NAME                     | REFERENCE       | HOURS  | TAX AMT | AMOUNT                  | TYP  | SURPLUS |
| 197340                | 6/01/12  | 800000     | VISITING NURSE SERVICE            | MAGNANI, VINCEN | 64.50  |         | 940.41                  | I    |         |
| 197341                | 6/01/12  | 800000     | VISITING NURSE SERVICE            | MAGNANI, VINCEN | 12.00  |         | 174.96                  | I    |         |
| 197342                | 6/01/12  | 800000     | VISITING NURSE SERVICE            | MANGAN, JOHN    | 16.00  |         | 233.28                  | I    |         |
| 197343                | 6/01/12  | 800000     | VISITING NURSE SERVICE            | MANGAN, JOHN    | 4.00   |         | 58.32                   | I    |         |
| 197344                | 6/01/12  | 800000     | VISITING NURSE SERVICE            | MANNINO, FRANCE | 66.00  |         | 962.28                  | I    |         |
| 197345                | 6/01/12  | 800000     | VISITING NURSE SERVICE            | MANNINO, FRANCE | 11.00  |         | 160.38                  | I    |         |
|                       |          |            |                                   | CUSTOMER        | 173.50 | 0.00    | 2,529.63                |      |         |
|                       |          |            |                                   | CATEGORY        | 173.50 | 0.00    | 2,529.63                |      |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 -         | 174     |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | rL # 0284  | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING HOME |         |
|           |            |            | \$                     | SALES REGISTER  |       |         | BILL WEEK ENDING | 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS |
| 197346    | 6/01/12    | 000008     | VISITING NURSE SERVICE | MANOS, ARCHIE   | 16.00 |         | 233.28 I         |         |
| 197347    | 6/01/12    | 800000     | VISITING NURSE SERVICE | MANOS, VASILIKE | 15.50 |         | 225.99 I         |         |
| 197348    | 6/01/12    | 800000     | VISITING NURSE SERVICE | MANOS, VASILIKE | 4.00  |         | 58.32 I          |         |
|           |            |            |                        |                 |       |         |                  |         |
|           |            |            |                        | CUSTOMER        | 35.50 | 0.00    | 517.59           |         |
|           |            |            |                        |                 |       |         |                  |         |
|           |            |            |                        | CATEGORY        | 35.50 | 0.00    | 517.59           |         |

| RUN DATE<br>SALES JRN      |                               |                            | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE                                       | REG NY NY<br>SALES REGISTER |                       |         | PAGE 1 -<br>CCL CONGREGATE<br>BILL WEEK ENDI | CARE PROGRAM |
|----------------------------|-------------------------------|----------------------------|--|-----------------------------|-----------------------|---------|--|--------------|
| INVOICE#                   | DATE                          | CUST NO                    | CUSTOMER NAME  | REFERENCE                   | HOURS                 | TAX AMT | AMOUNT T                                     | YP SURPLUS   |
| 197349<br>197350<br>197351 | 6/01/12<br>6/01/12<br>6/01/12 | 000008<br>000008<br>000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE |                             | 9.00<br>24.00<br>6.00 |         | 131.22<br>349.92<br>87.48                    | I<br>I<br>I  |
|                            |                               |                            |  | CUSTOMER                    | 39.00                 | 0.00    | 568.62                                       |              |
|                            |                               |                            |  | CATEGORY                    | 39.00                 | 0.00    | 568.62                                       |              |

| RUN DATE<br>SALES JRN                |  | - SUP SUNN<br>LOC 001      | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE   | REG NY NY<br>SALES REGISTER                                    |                               |         | PAGE 1 -<br>VCP CHOICE LHCSA<br>BILL WEEK ENDING | A         |
|--------------------------------------|--|----------------------------|--|--|-------------------------------|---------|--|-----------|
| INVOICE#                             | DATE                                     | CUST NO                    | CUSTOMER NAME  | REFERENCE  | HOURS                         | TAX AMT | AMOUNT TYI                                       | P SURPLUS |
| 197352<br>197353<br>197354<br>197355 | 6/01/12<br>6/01/12<br>6/01/12<br>6/01/12 | 000008<br>000008<br>000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | MARKS, ANN<br>MARKS, ANN<br>MARMOL ESPINAL,<br>MARMOL ESPINAL, | 8.00<br>8.00<br>20.00<br>5.00 |         | 116.64 I<br>116.64 I<br>291.60 I<br>72.90 I      |           |
|                                      |  |                            |  | CUSTOMER   | 41.00                         | 0.00    | 597.78   |           |
|                                      |  |                            |  | CATEGORY   | 41.00                         | 0.00    | 597.78   |           |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1       | - 17   | 17          |
|-----------|------------|------------|------------------------|----------------|-------|---------|--------------|--------|-------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | LTC NURSING  | HOMEW/ | O WALLS (LT |
|           |            |            | 5                      | SALES REGISTER |       |         | BILL WEEK EN | DING   | 6/08/12     |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT       | TYP    | SURPLUS     |
| 197356    | 6/01/12    | 000008     | VISITING NURSE SERVICE | MARMOL, LIDIA  | 36.00 |         | 524.88       | I      |             |
| 197357    | 6/01/12    | 800000     | VISITING NURSE SERVICE | MARMOL, LIDIA  | 7.00  |         | 102.06       | I      |             |
|           |            |            |                        | <br>CUSTOMER   | 43.00 | 0.00    | 626.94       |        |             |
|           |            |            |                        | CUSTOMER       | 43.00 | 0.00    | 020.94       |        |             |
|           |            |            |                        |                |       |         |              |        |             |
|           |            |            |                        | CATEGORY       | 43.00 | 0.00    | 626.94       |        |             |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY<br>SALES REGISTER    |               |         | PAGE 1 VCP CHOICE LE |       | 78<br>6/08/12 |
|-----------------------|--------------------|-----------------------|---|--------------------------------|---------------|---------|----------------------|-------|---------------|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                      | HOURS         | TAX AMT |                      | TYP   | SURPLUS       |
|                       |                    |                       |   |                                |               | TAX ANT |                      | -     | SORFIOS       |
| 197358<br>197359      | 6/01/12<br>6/01/12 | 000008                | VISITING NURSE SERVICE VISITING NURSE SERVICE | MARTE, JOSE<br>MARTIN, ELAUCAD | 3.25<br>12.00 |         | 47.39<br>174.96      | I     |               |
| 197360                | 6/01/12            | 000008                | VISITING NURSE SERVICE                        | MARTIN, ELAUCAD                | 3.00          |         | 43.74                | I<br> |               |
|                       |                    |                       |   | CUSTOMER                       | 18.25         | 0.00    | 266.09               |       |               |
|                       |                    |                       |   | CATEGORY                       | 18.25         | 0.00    | 266.09               |       |               |

|              | /06/12 - SUP SUNN              |   | DEC MY MY                  |               |         | PAGE 1 - 1                    | .79     |
|--------------|--------------------------------|---|----------------------------|---------------|---------|-------------------------------|---------|
| SALES JRNL ‡ | # 0284 LOC 001                 | SUNNYSIDE CITYWIDE                            | REGNY NY<br>SALES REGISTER |               |         | ADU ADULT<br>BILL WEEK ENDING | 6/08/12 |
| INVOICE# I   | DATE CUST NO                   | CUSTOMER NAME                                 | REFERENCE                  | HOURS         | TAX AMT | AMOUNT TYP                    | SURPLUS |
|              | /01/12 000008<br>/01/12 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE |                            | 17.50<br>6.00 |         | 255.15 I<br>87.48 I           |         |
|              |                                |   | CUSTOMER                   | 23.50         | 0.00    | 342.63                        |         |
|              |                                |   | CATEGORY                   | 23.50         | 0.00    | 342.63                        |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY                          |              |         | PAGE 1 -<br>VCP CHOICE LHCS |            |
|-----------------------|--------------------|-----------------------|---|------------------------------------|--------------|---------|-----------------------------|------------|
|                       |                    |                       | S   | SALES REGISTER                     |              |         | BILL WEEK ENDI              | NG 6/08/12 |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                          | HOURS        | TAX AMT | AMOUNT TY                   | YP SURPLUS |
| 197363<br>197364      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE VISITING NURSE SERVICE | MARTINEZ, CAMIL<br>MARTINEZ, CAMIL | 5.00<br>3.00 |         | 72.90<br>43.74              | I<br>I     |
|                       |                    |                       |   | CUSTOMER                           | 8.00         | 0.00    | 116.64                      |            |
|                       |                    |                       |   | CATEGORY                           | 8.00         | 0.00    | 116.64                      |            |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 |   | REG NY NY<br>SALES REGISTER |                |         | PAGE 1 - 1<br>CCL CONGREGATE CA<br>BILL WEEK ENDING |         |
|-----------------------|--------------------|-----------------------|---|-----------------------------|----------------|---------|---|---------|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                   | HOURS          | TAX AMT | AMOUNT TYP  | SURPLUS |
| 197365<br>197366      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE VISITING NURSE SERVICE | •                           | 11.00<br>10.00 |         | 160.38 I<br>145.80 I                                |         |
|                       |                    |                       |   | CUSTOMER                    | 21.00          | 0.00    | 306.18  |         |
|                       |                    |                       |   | CATEGORY                    | 21.00          | 0.00    | 306.18  |         |

| RUN DATE<br>SALES JRN |          | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY       |        |         | PAGE 1<br>VCP CHOICE LE | - 18 | 32      |
|-----------------------|----------|-----------------------|-----------------------------------|-----------------|--------|---------|-------------------------|------|---------|
| SALES UKN             | L # U204 | TOC 001               |                                   | ALES REGISTER   |        |         | BILL WEEK ENI           |      | 6/08/12 |
| INVOICE#              | DATE     | CUST NO               | CUSTOMER NAME                     | REFERENCE       | HOURS  | TAX AMT | AMOUNT                  | TYP  | SURPLUS |
| 197367                | 6/01/12  | 000008                | VISITING NURSE SERVICE            | MARTINEZ, MARGA | 24.00  |         | 349.92                  | I    |         |
| 197368                | 6/01/12  | 800000                | VISITING NURSE SERVICE            | MARTINEZ, MARGA | 6.00   |         | 87.48                   | I    |         |
| 197369                | 6/01/12  | 800000                | VISITING NURSE SERVICE            | MARTINEZ, MARTA | 18.00  |         | 262.44                  | I    |         |
| 197370                | 6/01/12  | 800000                | VISITING NURSE SERVICE            | MARTINEZ, MARTA | 6.00   |         | 87.48                   | I    |         |
| 197371                | 6/01/12  | 800000                | VISITING NURSE SERVICE            | MARTINEZ, ROSA  | 72.00  |         | 1,049.76                | I    |         |
| 197372                | 6/01/12  | 800000                | VISITING NURSE SERVICE            | MARTINEZ, ROSA  | 12.00  |         | 174.96                  | I    |         |
|                       |          |                       |                                   | CUSTOMER        | 138.00 | 0.00    | 2,012.04                |      |         |
|                       |          |                       |                                   | CATEGORY        | 138.00 | 0.00    | 2,012.04                |      |         |

| RUN DATE 06/06<br>SALES JRNL # 0 |         |   | REG NY NY<br>SALES REGISTER |               |         | PAGE 1 - 183<br>LTC NURSING HOMEW/O<br>BILL WEEK ENDING 6 | WALLS (LT |
|----------------------------------|---------|---|-----------------------------|---------------|---------|---|-----------|
| INVOICE# DAT                     | CUST NO | CUSTOMER NAME                                 | REFERENCE                   | HOURS         | TAX AMT | AMOUNT TYP S  | URPLUS    |
| 197373 6/01<br>197374 6/01       |         | VISITING NURSE SERVICE VISITING NURSE SERVICE | ,                           | 32.00<br>6.00 |         | 466.56 I<br>87.48 I                                       |           |
|                                  |         |   | CUSTOMER                    | 38.00         | 0.00    | 554.04  |           |
|                                  |         |   | CATEGORY                    | 38.00         | 0.00    | 554.04  |           |

| RUN DATE (       |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY                  |               |         | PAGE 1 -<br>VCP CHOICE LHCSA |         |
|------------------|--------------------|-----------------------|---|----------------------------|---------------|---------|------------------------------|---------|
|                  | - "                |                       |   | SALES REGISTER             |               |         | BILL WEEK ENDING             |         |
| INVOICE#         | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                  | HOURS         | TAX AMT | AMOUNT TYP                   | SURPLUS |
| 197375<br>197376 | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE VISITING NURSE SERVICE | MATOS, ROSA<br>MATOS, ROSA | 32.00<br>8.00 |         | 466.56 I<br>116.64 I         |         |
|                  |                    |                       |   | CUSTOMER                   | 40.00         | 0.00    | 583.20                       |         |
|                  |                    |                       |   |                            |               |         |                              |         |
|                  |                    |                       |   | CATEGORY                   | 40.00         | 0.00    | 583.20                       |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |        |         | PAGE 1 - 1       | L85     |
|-----------|------------|------------|------------------------|-----------------|--------|---------|------------------|---------|
| SALES JRN | IL # 0284  | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |        |         | ADU ADULT        |         |
|           |            |            |                        | SALES REGISTER  |        |         | BILL WEEK ENDING | 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS  | TAX AMT | AMOUNT TYP       | SURPLUS |
| 197377    | 6/01/12    | 000008     | VISITING NURSE SERVICE | MAZZONE, FRANCE | 54.00  |         | 787.32 I         |         |
| 197378    | 6/01/12    | 000008     | VISITING NURSE SERVICE | MAZZONE, FRANCE | 9.00   |         | 131.22 I         |         |
| 197379    | 6/01/12    | 000008     | VISITING NURSE SERVICE | MCBRAYER, SYLVI | 143.50 |         | 2,092.24 I       |         |
| 197380    | 6/01/12    | 800000     | VISITING NURSE SERVICE | MCBRAYER, SYLVI | 24.00  |         | 349.92 I         |         |
|           |            |            |                        | CUSTOMER        | 230.50 | 0.00    | 3,360.70         |         |
|           |            |            |                        | CATEGORY        | 230.50 | 0.00    | 3,360.70         |         |

|           |           |         | YSIDE CITYWIDE         | DEG NV NV                  |       |         | PAGE 1 - 186                         |         |
|-----------|-----------|---------|------------------------|----------------------------|-------|---------|--------------------------------------|---------|
| SALES JRN | IL # U284 | LOC 001 | SUNNYSIDE CITYWIDE     | REGNY NY<br>SALES REGISTER |       |         | VCP CHOICE LHCSA<br>BILL WEEK ENDING | 6/08/12 |
|           |           |         |                        |                            |       |         |                                      |         |
| INVOICE#  | DATE      | CUST NO | CUSTOMER NAME          | REFERENCE                  | HOURS | TAX AMT | AMOUNT TYP                           | SURPLUS |
| 197381    | 6/01/12   | 000008  | VISITING NURSE SERVICE | MCGUIRE, HELEN             | 48.00 |         | 699.84 I                             |         |
| 197382    | 6/01/12   | 800000  | VISITING NURSE SERVICE | MCGUIRE, HELEN             | 8.00  |         | 116.64 I                             |         |
|           |           |         |                        | CUSTOMER                   | 56.00 | 0.00    | 816.48                               |         |
|           |           |         |                        |                            |       |         |                                      |         |
|           |           |         |                        | CATEGORY                   | 56.00 | 0.00    | 816.48                               |         |

| RUN DATE<br>SALES JRN |                    |                  | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE             | REGNY NY<br>SALES REGISTER |               |         | PAGE 1 ADU ADULT BILL WEEK END |        | 6/08/12 |  |
|-----------------------|--------------------|------------------|--|----------------------------|---------------|---------|--------------------------------|--------|---------|--|
| INVOICE#              | DATE               | CUST NO          | CUSTOMER NAME                                    | REFERENCE                  | HOURS         | TAX AMT |                                | TYP    | SURPLUS |  |
| 197383<br>197384      | 6/01/12<br>6/01/12 | 000008<br>000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | ·                          | 12.00<br>3.00 |         | 174.96<br>43.74                | I<br>I |         |  |
|                       |                    |                  |  | CUSTOMER                   | 15.00         | 0.00    | 218.70                         |        |         |  |
|                       |                    |                  |  | CATEGORY                   | 15.00         | 0.00    | 218.70                         |        |         |  |

| RUN DATE 06/06/<br>SALES JRNL # 02           |           |  | REG NY NY<br>SALES REGISTER                       |                        |         | PAGE 1<br>VCP CHOICE LE<br>BILL WEEK ENI | ICSA        | 6/08/12 |
|--|-----------|--|---|------------------------|---------|--|-------------|---------|
| INVOICE# DATE                                | CUST NO   | CUSTOMER NAME  | REFERENCE   | HOURS                  | TAX AMT | AMOUNT                                   | TYP         | SURPLUS |
| 197385 6/01,<br>197386 6/01,<br>197387 6/01, | 12 000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | MEJIA, DINORAH<br>MEJIA, DINORAH<br>MEJIA, MARINA | 13.00<br>4.00<br>20.00 |         | 189.54<br>58.32<br>291.60                | I<br>I<br>I |         |
|  |           |  | CUSTOMER  | 37.00                  | 0.00    | 539.46                                   |             |         |
|  |           |  | CATEGORY  | 37.00                  | 0.00    | 539.46                                   |             |         |

| RUN DATE 06/06/12<br>SALES JRNL # 0284 |         | SUNNYSIDE CITYWIDE                               | REG NY NY<br>SALES REGIST | E R           |         | 11102            | - 189<br>HOMEW/O WALLS (LT<br>DING 6/08/12 |
|--|---------|--|---------------------------|---------------|---------|------------------|--|
| INVOICE# DATE                          | CUST NO | CUSTOMER NAME                                    | REFERENCE                 | HOURS         | TAX AMT | AMOUNT           | TYP SURPLUS                                |
| 197388 6/01/12<br>197389 6/01/12       |         | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | •                         | 31.00<br>7.00 |         | 451.98<br>102.06 | I<br>I                                     |
|  |         |  | CUSTOMER                  | 38.00         | 0.00    | 554.04           |  |
|  |         |  | CATEGORY                  | 38.00         | 0.00    | 554.04           |  |

| RUN DATE 06/06/1<br>SALES JRNL # 028            |           | SUNNYSIDE CITYWIDE   | REG NY NY<br>SALES REGISTER |                       |         | PAGE 1 - :<br>ADU ADULT<br>BILL WEEK ENDING | 6/08/12 |
|---|-----------|--|-----------------------------|-----------------------|---------|---|---------|
| INVOICE# DATE                                   | CUST NO   | CUSTOMER NAME  | REFERENCE                   | HOURS                 | TAX AMT | AMOUNT TYP                                  | SURPLUS |
| 197390 5/25/1<br>197391 6/01/1<br>197392 6/01/1 | .2 000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | MENDEZ, ADA                 | 6.00<br>30.00<br>6.00 |         | 87.48 I<br>437.40 I<br>87.48 I              |         |
|   |           |  | CUSTOMER                    | 42.00                 | 0.00    | 612.36                                      |         |
|   |           |  | CATEGORY                    | 42.00                 | 0.00    | 612.36                                      |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE             | REG NY NY<br>SALES REGISTER |       |         | PAGE 1 - 191<br>LAD NURSING HOME W/O WALLS LT<br>BILL WEEK ENDING 6/08/12 |  |
|-----------------------|--------------------|-----------------------|--|-----------------------------|-------|---------|---|--|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                    | REFERENCE                   | HOURS | TAX AMT | AMOUNT TYP SURPLUS  |  |
| 197393<br>197394      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | •                           | 4.00  |         | 58.32 I<br>58.32 I  |  |
|                       |                    |                       |  | CUSTOMER                    | 8.00  | 0.00    | 116.64  |  |
|                       |                    |                       |  | <br>CATEGORY                | 8.00  | 0.00    | <br>116.64  |  |

|            |         |         | YSIDE CITYWIDE         | 222                                    |       |         | PAGE 1         |      | 2       |
|------------|---------|---------|------------------------|--|-------|---------|----------------|------|---------|
| SALES JRNL | # 0284  | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY<br>S A L E S R E G I S T E R |       |         | VCP CHOICE LHO |      | 6/08/12 |
|            |         |         |                        |  |       |         | DIEE WEEK END  | 1110 | 0/00/12 |
| INVOICE#   | DATE    | CUST NO | CUSTOMER NAME          | REFERENCE                              | HOURS | TAX AMT | AMOUNT '       | TYP  | SURPLUS |
| 197395     | 6/01/12 | 000008  | VISITING NURSE SERVICE | MENDOLIA, ANTOI                        | 66.00 |         | 962.28         | I    |         |
| 197396     | 6/01/12 | 800000  | VISITING NURSE SERVICE | MENDOLIA, ANTOI                        | 11.00 |         | 160.38         | I    |         |
|            |         |         |                        | CUSTOMER                               | 77.00 | 0.00    | 1,122.66       |      |         |
|            |         |         |                        | GATEGODY.                              |       |         | 1 100 66       |      |         |
|            |         |         |                        | CATEGORY                               | 77.00 | 0.00    | 1,122.66       |      |         |

| RUN DATE 06/0<br>SALES JRNL # |                            |   | REG NY NY<br>SALES REGISTER |               |         | PAGE 1 - 1<br>LTC NURSING HOMEW<br>BILL WEEK ENDING | 93<br>//O WALLS (LT<br>6/08/12 |
|-------------------------------|----------------------------|---|-----------------------------|---------------|---------|---|--------------------------------|
| INVOICE# DA                   | TE CUST NO                 | CUSTOMER NAME                                 | REFERENCE                   | HOURS         | TAX AMT | AMOUNT TYP  | SURPLUS                        |
|                               | 1/12 000008<br>1/12 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | ,                           | 28.00<br>7.00 |         | 408.24 I<br>102.06 I                                |                                |
|                               |                            |   | CUSTOMER                    | 35.00         | 0.00    | 510.30  |                                |
|                               |                            |   | <br>CATEGORY                | 35.00         | 0.00    | 510.30  |                                |

|                  |                    |                  | YSIDE CITYWIDE                                | DEC NV NV                  |              |         | 11102                          | - 19 | 4       |
|------------------|--------------------|------------------|---|----------------------------|--------------|---------|--------------------------------|------|---------|
| SALES JRN        | L # UZ84           | LOC 001          | SUNNYSIDE CITYWIDE                            | REGNY NY<br>SALES REGISTER |              |         | VCP CHOICE LH<br>BILL WEEK END |      | 6/08/12 |
| INVOICE#         | DATE               | CUST NO          | CUSTOMER NAME                                 | REFERENCE                  | HOURS        | TAX AMT | AMOUNT                         | TYP  | SURPLUS |
| 197399<br>197400 | 6/01/12<br>6/01/12 | 800000<br>800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE |                            | 8.00<br>4.00 |         | 116.64<br>58.32                | I    |         |
|                  |                    |                  |   | CUSTOMER                   | 12.00        | 0.00    | 174.96                         |      |         |
|                  |                    |                  |   | CATEGORY                   | 12.00        | 0.00    | 174.96                         |      |         |

|           |          |         | YSIDE CITYWIDE         |               |       |         | PAGE 1 -         | 195         |
|-----------|----------|---------|------------------------|---------------|-------|---------|------------------|-------------|
| SALES JRN | L # 0284 | LOC 001 |                        | REG NY NY     |       |         | ADU ADULT        | 7 6 (00 (10 |
|           |          |         | S                      | ALES REGISTER |       |         | BILL WEEK ENDING | G 6/08/12   |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE     | HOURS | TAX AMT | AMOUNT TY        | P SURPLUS   |
| 197401    | 6/01/12  | 000008  | VISITING NURSE SERVICE | MILEO, MARY   | 36.00 |         | 524.88 I         |             |
| 197402    | 6/01/12  | 800000  | VISITING NURSE SERVICE | MILEO, MARY   | 6.00  |         | 87.48 I          |             |
|           |          |         |                        | CUSTOMER      | 42.00 | 0.00    | 612.36           |             |
|           |          |         |                        | CATEGORY      | 42.00 | 0.00    | 612.36           |             |

| RUN DATE  | 06/06/12 | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1       | - 19 | 96      |
|-----------|----------|------------|------------------------|-----------------|-------|---------|--------------|------|---------|
| SALES JRN | L # 0284 | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | VCP CHOICE L | HCSA |         |
|           |          |            | S I                    | ALES REGISTER   |       |         | BILL WEEK EN | DING | 6/08/12 |
| INVOICE#  | DATE     | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT       | TYP  | SURPLUS |
| 197403    | 6/01/12  | 800000     | VISITING NURSE SERVICE | MONSERRAT, DORI | 6.00  |         | 87.48        | I    |         |
| 197404    | 6/01/12  | 800000     | VISITING NURSE SERVICE | MONTES, MARTA   | 24.00 |         | 349.92       | I    |         |
| 197405    | 6/01/12  | 800000     | VISITING NURSE SERVICE | MONTES, MARTA   | 6.00  |         | 87.48        | I    |         |
| 197406    | 6/01/12  | 800000     | VISITING NURSE SERVICE | MORAITIS, AGATH | 20.00 |         | 291.60       | I    |         |
| 197407    | 6/01/12  | 800000     | VISITING NURSE SERVICE | MORAITIS, AGATH | 5.00  |         | 72.90        | I    |         |
|           |          |            |                        | CUSTOMER        | 61.00 | 0.00    | 889.38       |      |         |
|           |          |            |                        | CATEGORY        | 61.00 | 0.00    | 889.38       |      |         |

| RUN DATE<br>SALES JRN      |                               | - SUP SUNN<br>LOC 001      | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE                                       | REG NY NY<br>SALES REGISTER |                       |         | PAGE 1 -<br>LTC NURSING HO<br>BILL WEEK ENDI | MEW/O WALLS (LT |
|----------------------------|-------------------------------|----------------------------|--|-----------------------------|-----------------------|---------|--|-----------------|
| INVOICE#                   | DATE                          | CUST NO                    | CUSTOMER NAME  | REFERENCE                   | HOURS                 | TAX AMT | AMOUNT T                                     | YP SURPLUS      |
| 197408<br>197409<br>197410 | 5/11/12<br>6/01/12<br>6/01/12 | 000008<br>000008<br>000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE |                             | 6.00<br>36.00<br>6.00 |         | 87.48<br>524.88<br>87.48                     | I<br>I          |
|                            |                               |                            |  | CUSTOMER                    | 48.00                 | 0.00    | 699.84                                       |                 |
|                            |                               |                            |  | CATEGORY                    | 48.00                 | 0.00    | 699.84                                       |                 |

| RUN DATE<br>SALES JRN |          | - SUP SUNN | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY       |        |         | PAGE 1<br>ADU ADULT | - 19 | 8       |
|-----------------------|----------|------------|--------------------------------------|-----------------|--------|---------|---------------------|------|---------|
| SALES URN             | L # UZ04 | TOC 001    |                                      | ALES REGISTER   | 1      |         | BILL WEEK END       | ING  | 6/08/12 |
| INVOICE#              | DATE     | CUST NO    | CUSTOMER NAME                        | REFERENCE       | HOURS  | TAX AMT | AMOUNT              | TYP  | SURPLUS |
| 197411                | 6/01/12  | 000008     | VISITING NURSE SERVICE               | MORALES, GENERO | 72.00  |         | 1,049.76            | I    |         |
| 197412                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | MORALES, GENERO | 12.00  |         | 174.96              | I    |         |
| 197413                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | MOURAS, ANNA    | 8.00   |         | 116.64              | I    |         |
| 197414                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | MOURAS, ANNA    | 2.00   |         | 29.16               | I    |         |
| 197415                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | MUSSALLI, NAIM  | 4.00   |         | 58.32               | I    |         |
| 197416                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | MUSSALLI, NAIM  | 2.00   |         | 29.16               | I    |         |
|                       |          |            |                                      | CUSTOMER        | 100.00 | 0.00    | 1,458.00            |      |         |
|                       |          |            |                                      | CATEGORY        | 100.00 | 0.00    | 1,458.00            |      |         |

|           |           |         | YSIDE CITYWIDE         |          |              |       |         |              | - 19 | 99      |
|-----------|-----------|---------|------------------------|----------|--------------|-------|---------|--------------|------|---------|
| SALES JRN | IL # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     |          | NY           | D     |         | VCP CHOICE L |      | 6/00/10 |
|           |           |         |                        | SALES RI | EGISTE       | R     |         | BILL WEEK EN | DING | 6/08/12 |
| INVOICE#  | DATE      | CUST NO | CUSTOMER NAME          | REFE     | RENCE        | HOURS | TAX AMT | AMOUNT       | TYP  | SURPLUS |
| 197417    | 6/01/12   | 000008  | VISITING NURSE SERVICE | NAGY,    | GEORGE       | 36.00 |         | 524.88       | I    |         |
| 197418    | 6/01/12   | 800000  | VISITING NURSE SERVICE | NAGY,    | GEORGE       | 6.00  |         | 87.48        | I    |         |
|           |           |         |                        |          | CUSTOMER     | 42.00 | 0.00    | 612.36       |      |         |
|           |           |         |                        |          | <br>CATEGORY | 42.00 | 0.00    | 612.36       |      |         |

|           |          |         | YSIDE CITYWIDE         |                |       |         | PAGE 1 -       | 200        |
|-----------|----------|---------|------------------------|----------------|-------|---------|----------------|------------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | CCL CONGREGATE |            |
|           |          |         |                        | SALES REGISTER |       |         | BILL WEEK ENDI | NG 6/08/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT T       | YP SURPLUS |
| 197419    | 6/01/12  | 000008  | VISITING NURSE SERVICE | NAVARRO, MARIA | 12.00 |         | 174.96         | I          |
| 197420    | 6/01/12  | 800000  | VISITING NURSE SERVICE | NAVARRO, MARIA | 4.00  |         | 58.32          | I          |
|           |          |         |                        | CUSTOMER       | 16.00 | 0.00    | 233.28         |            |
|           |          |         |                        |                |       |         |                |            |
|           |          |         |                        |                | 16.00 |         | 222 20         |            |
| 1         |          |         |                        | CATEGORY       | 16.00 | 0.00    | 233.28         |            |

| RUN DATE 06/06/12 | - SUP SUN | NYSIDE CITYWIDE        |                 |       |         | PAGE 1 - 201        |        |
|-------------------|-----------|------------------------|-----------------|-------|---------|---------------------|--------|
| SALES JRNL # 0284 | LOC 001   | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | ADU ADULT           |        |
|                   |           | \$                     | SALES REGISTER  |       |         | BILL WEEK ENDING 6, | /08/12 |
| INVOICE# DATE     | CUST NO   | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP ST       | URPLUS |
| 197421 6/01/12    | 000008    | VISITING NURSE SERVICE | NEAL, GWENDOLYN | 3.00  |         | 43.74 I             |        |
| 197422 6/01/12    | 000008    | VISITING NURSE SERVICE | NEAL, GWENDOLYN | 3.00  |         | 43.74 I             |        |
| 197423 6/01/12    | 000008    | VISITING NURSE SERVICE | NELLINI, MARY   | 36.00 |         | 524.88 I            |        |
| 197424 6/01/12    | 800000    | VISITING NURSE SERVICE | NELLINI, MARY   | 6.00  |         | 87.48 I             |        |
|                   |           |                        | CUSTOMER        | 48.00 | 0.00    | 699.84              |        |
|                   |           |                        | CATEGORY        | 48.00 | 0.00    | 699.84              |        |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1       | - 20 | 12      |
|-----------|------------|------------|------------------------|----------------|-------|---------|--------------|------|---------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | LTC NURSING  |      | ,       |
|           |            |            | 2                      | SALES REGISTER |       |         | BILL WEEK EN | DING | 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT       | TYP  | SURPLUS |
| 197425    | 6/01/12    | 000008     | VISITING NURSE SERVICE | NIDO, MICHAEL  | 41.75 |         | 608.72       | I    |         |
| 197426    | 6/01/12    | 800000     | VISITING NURSE SERVICE | NIDO, MICHAEL  | 7.00  |         | 102.06       | I    |         |
|           |            |            |                        | CUSTOMER       | 48.75 | 0.00    | 710.78       |      |         |
|           |            |            |                        | COSTOMER       | 48.75 | 0.00    | /10./8       |      |         |
|           |            |            |                        |                |       |         |              |      |         |
|           |            |            |                        | CATEGORY       | 48.75 | 0.00    | 710.78       |      |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE             | REG NY NY      |               |         | PAGE 1<br>CCL CONGREGA | - 20   |         |
|-----------------------|--------------------|-----------------------|--|----------------|---------------|---------|------------------------|--------|---------|
| SALES ORN             | 1 # 0204           | 100 001               |  | SALES REGISTER |               |         | BILL WEEK EN           |        | 6/08/12 |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                    | REFERENCE      | HOURS         | TAX AMT | AMOUNT                 | TYP    | SURPLUS |
| 197427<br>197428      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE |                | 54.00<br>9.00 |         | 787.32<br>131.22       | I<br>I |         |
|                       | .,,                |                       |  | CUSTOMER       | 63.00         | 0.00    | 918.54                 |        |         |
|                       |                    |                       |  |                |               |         |                        |        |         |
|                       |                    |                       |  | CATEGORY       | 63.00         | 0.00    | 918.54                 |        |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY                     |                |         | PAGE 1 - :<br>VCP CHOICE LHCSA | 204     |
|-----------------------|--------------------|-----------------------|---|-------------------------------|----------------|---------|--------------------------------|---------|
|                       |                    |                       | S   | SALES REGISTER                |                |         | BILL WEEK ENDING               | 6/08/12 |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                     | HOURS          | TAX AMT | AMOUNT TYP                     | SURPLUS |
| 197429<br>197430      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE VISITING NURSE SERVICE | NIEVES, NANCY<br>NINO, CARMEN | 27.00<br>16.00 |         | 393.66 I<br>233.28 I           |         |
| 197431                | 6/01/12            | 800000                | VISITING NURSE SERVICE                        | NINO, CARMEN                  | 4.00           |         | 58.32 I                        |         |
|                       |                    |                       |   | CUSTOMER                      | 47.00          | 0.00    | 685.26                         |         |
|                       |                    |                       |   |                               |                |         |                                |         |
|                       |                    |                       |   | CATEGORY                      | 47.00          | 0.00    | 685.26                         |         |

| RUN DATE 06/06/12<br>SALES JRNL # 0284                               | - SUP SUN<br>LOC 001                 | SUNNYSIDE CITYWIDE   | REG NY NY<br>SALES REGISTER  |                                |         | PAGE 1 -<br>LTC NURSING HOM<br>BILL WEEK ENDIN |           |
|--|--------------------------------------|--|--|--------------------------------|---------|--|-----------|
| INVOICE# DATE  | CUST NO                              | CUSTOMER NAME  | REFERENCE  | HOURS                          | TAX AMT | AMOUNT TY                                      | P SURPLUS |
| 197432 6/01/12<br>197433 6/01/12<br>197434 6/01/12<br>197435 6/01/12 | 000008<br>000008<br>000008<br>000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | NOBLIN, ELOISE<br>NOBLIN, ELOISE<br>NOBOADESALAZAR,<br>NOBOADESALAZAR, | 17.00<br>5.00<br>20.00<br>8.00 |         | 247.86 I<br>72.90 I<br>291.60 I<br>116.64 I    |           |
|  |                                      |  | CUSTOMER   | 50.00                          | 0.00    | 729.00   |           |
|  |                                      |  | CATEGORY   | 50.00                          | 0.00    | 729.00   |           |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                         |       |         | PAGE 1        | - 20 | )6      |
|-----------|------------|------------|------------------------|-------------------------|-------|---------|---------------|------|---------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY               |       |         | VCP CHOICE LH | ICSA |         |
|           |            |            | S                      | A L E S R E G I S T E R |       |         | BILL WEEK END | DING | 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE               | HOURS | TAX AMT | AMOUNT        | TYP  | SURPLUS |
| 197436    | 6/01/12    | 000008     | VISITING NURSE SERVICE | NUZIALE, CONCET         | 41.75 |         | 608.72        | I    |         |
| 197437    | 6/01/12    | 800000     | VISITING NURSE SERVICE | NUZIALE, CONCET         | 7.00  |         | 102.06        | I    |         |
| 197438    | 6/01/12    | 800000     | VISITING NURSE SERVICE | OCHOA, LUIS             | 31.75 |         | 462.92        | I    |         |
| 197439    | 6/01/12    | 800000     | VISITING NURSE SERVICE | OCHOA, LUIS             | 7.00  |         | 102.06        | I    |         |
|           |            |            |                        | CUSTOMER                | 87.50 | 0.00    | 1,275.76      |      |         |
|           |            |            |                        | CATEGORY                | 87.50 | 0.00    | 1,275.76      |      |         |

| RU. | N DATE ( | 06/06/12 - | SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 -         | 207            |
|-----|----------|------------|----------|------------------------|-----------------|-------|---------|------------------|----------------|
| SA  | LES JRNI | L # 0284   | LOC 001  | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING HOME | EW/O WALLS (LT |
|     |          |            |          | S                      | SALES REGISTER  |       |         | BILL WEEK ENDING | 6/08/12        |
| IN  | VOICE#   | DATE       | CUST NO  | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYPE      | SURPLUS        |
| 19  | 7440     | 6/01/12    | 800000   | VISITING NURSE SERVICE | OLVERA, ROSALIA | 20.00 |         | 291.60 I         |                |
|     |          |            |          |                        |                 |       |         |                  |                |
|     |          |            |          |                        | CATEGORY        | 20.00 | 0.00    | 291.60           |                |

|    |           |          |         | YSIDE CITYWIDE         |                |       |         |                  | 208           |  |
|----|-----------|----------|---------|------------------------|----------------|-------|---------|------------------|---------------|--|
| SZ | ALES JRNI | և # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | ADU ADULT        | C / O O / 1 O |  |
|    |           |          |         |                        | SALES REGISTER |       |         | BILL WEEK ENDING | 6/08/12       |  |
| II | NVOICE#   | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS       |  |
| 19 | 97441     | 6/01/12  | 000008  | VISITING NURSE SERVICE | ONATE, MIGUEL  | 6.00  |         | 87.48 I          |               |  |
|    |           |          |         |                        | CATEGORY       | 6.00  | 0.00    | 87.48            |               |  |

| RUN DATE 06<br>SALES JRNL |  | SUP SUNN<br>LOC 001                  | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE<br>S  | REG NY NY<br>SALES REGISTER   |                                |         | PAGE 1 - :<br>VCP CHOICE LHCSA<br>BILL WEEK ENDING | 6/08/12 |
|---------------------------|--|--------------------------------------|--|---|--------------------------------|---------|--|---------|
| INVOICE#                  | DATE                                     | CUST NO                              | CUSTOMER NAME  | REFERENCE   | HOURS                          | TAX AMT | AMOUNT TYP   | SURPLUS |
| 197443<br>197444          | 6/01/12<br>6/01/12<br>6/01/12<br>6/01/12 | 000008<br>000008<br>000008<br>000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | ORTEGA, CARLOS<br>OSPINA, ANA<br>PANASKAROLIDIS,<br>PANASKAROLIDIS, | 16.00<br>8.00<br>23.50<br>1.00 |         | 233.28 I<br>116.64 I<br>342.64 I<br>14.58 I        |         |
|                           |  |                                      |  | CUSTOMER  | 48.50                          | 0.00    | 707.14   |         |
|                           |  |                                      |  | CATEGORY  | 48.50                          | 0.00    | 707.14   |         |

|                  |                    |                  | YSIDE CITYWIDE                                |                             |              |         | -                             | 10      |
|------------------|--------------------|------------------|---|-----------------------------|--------------|---------|-------------------------------|---------|
| SALES JRNI       | L # U204           | LOC 001          | SUNNYSIDE CITYWIDE                            | REG NY NY<br>SALES REGISTER |              |         | ADU ADULT<br>BILL WEEK ENDING | 6/08/12 |
| INVOICE#         | DATE               | CUST NO          | CUSTOMER NAME                                 | REFERENCE                   | HOURS        | TAX AMT | AMOUNT TYP                    | SURPLUS |
| 197446<br>197447 | 6/01/12<br>6/01/12 | 800000<br>800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | - · ·                       | 6.00<br>3.00 |         | 87.48 I<br>43.74 I            |         |
|                  |                    |                  |   | CUSTOMER                    | 9.00         | 0.00    | 131.22                        |         |
|                  |                    |                  |   | CATEGORY                    | 9.00         | 0.00    | 131.22                        |         |

| RUN DATE<br>SALES JRN | , ,      | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY       |        |         | PAGE 1<br>VCP CHOICE L | - 21 | 11      |
|-----------------------|----------|-----------------------|--------------------------------------|-----------------|--------|---------|------------------------|------|---------|
| SALES UKN             | L # 0204 | HOC 001               |                                      | SALES REGISTER  |        |         | BILL WEEK EN           |      | 6/08/12 |
| INVOICE#              | DATE     | CUST NO               | CUSTOMER NAME                        | REFERENCE       | HOURS  | TAX AMT | AMOUNT                 | TYP  | SURPLUS |
| 197448                | 6/01/12  | 000008                | VISITING NURSE SERVICE               | PAPAZIAN, MANNI | 40.00  |         | 583.20                 | I    |         |
| 197449                | 6/01/12  | 800000                | VISITING NURSE SERVICE               | PAPAZIAN, MANNI | 10.00  |         | 145.80                 | I    |         |
| 197450                | 6/01/12  | 800000                | VISITING NURSE SERVICE               | PAPOUTSIS, MARY | 6.00   |         | 87.48                  | I    |         |
| 197451                | 6/01/12  | 800000                | VISITING NURSE SERVICE               | PAPP, TEREZIA   | 3.00   |         | 43.74                  | I    |         |
| 197452                | 6/01/12  | 800000                | VISITING NURSE SERVICE               | PARETTI, MARIE  | 47.50  |         | 692.55                 | I    |         |
| 197453                | 6/01/12  | 800000                | VISITING NURSE SERVICE               | PARETTI, MARIE  | 8.00   |         | 116.64                 | I    |         |
|                       |          |                       |                                      | CUSTOMER        | 114.50 | 0.00    | 1,669.41               |      |         |
|                       |          |                       |                                      | CATEGORY        | 114.50 | 0.00    | 1,669.41               |      |         |

| RUN DATE 06/06/12 - SUP SUNNYSIDE CITYWIDE                 |             | PAGE 1 - 212                  |
|--|-------------|-------------------------------|
| SALES JRNL # 0284 LOC 001 SUNNYSIDE CITYWIDE REG NY NY     |             | LTC NURSING HOMEW/O WALLS (LT |
| SALES REGISTER   |             | BILL WEEK ENDING 6/08/12      |
|  |             |                               |
| INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOU          | URS TAX AMT | AMOUNT TYP SURPLUS            |
| 1074F4   | 0.0         | 14 FO T                       |
| 197454 6/01/12 000008 VISITING NURSE SERVICE PARK, SUNG 1. | .00         | 14.58 I                       |
|  |             |                               |
| CATEGORY 1.  | .00 0.00    | 14.58                         |

| RUN DATE<br>SALES JRN |          | - SUP SUNN | NYSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE |                            |        |         | PAGE 1<br>VCP CHOICE LE | - 21 | .3      |
|-----------------------|----------|------------|---------------------------------------|----------------------------|--------|---------|-------------------------|------|---------|
| SALES URN             | L # U284 | TOC 001    |                                       | REG NY NY<br>ALES REGISTER |        |         | BILL WEEK ENI           |      | 6/08/12 |
|                       |          |            | 5                                     | ALES KEGISTER              | -      |         | DIDD WEEK EN            | JING | 0/00/12 |
| INVOICE#              | DATE     | CUST NO    | CUSTOMER NAME                         | REFERENCE                  | HOURS  | TAX AMT | AMOUNT                  | TYP  | SURPLUS |
|                       |          |            |                                       |                            |        |         |                         |      |         |
| 197455                | 6/01/12  | 800000     | VISITING NURSE SERVICE                | PENA, VICTORIA             | 30.50  |         | 444.69                  | I    |         |
| 197456                | 6/01/12  | 800000     | VISITING NURSE SERVICE                | PENA, VICTORIA             | 5.75   |         | 83.84                   | I    |         |
| 197457                | 6/01/12  | 800000     | VISITING NURSE SERVICE                | PENAGOS, MARIA             | 20.00  |         | 291.60                  | I    |         |
| 197458                | 6/01/12  | 800000     | VISITING NURSE SERVICE                | PENAGOS, MARIA             | 5.00   |         | 72.90                   | I    |         |
| 197459                | 6/01/12  | 800000     | VISITING NURSE SERVICE                | PEREZ MONSER, C            | 35.00  |         | 510.30                  | I    |         |
| 197460                | 6/01/12  | 800000     | VISITING NURSE SERVICE                | PEREZ MONSER, C            | 7.00   |         | 102.06                  | I    |         |
|                       |          |            |                                       |                            |        |         |                         |      |         |
|                       |          |            |                                       | CUSTOMER                   | 103.25 | 0.00    | 1,505.39                |      |         |
|                       |          |            |                                       |                            |        |         |                         |      |         |
|                       |          |            |                                       |                            | 102 25 | 0.00    | 1 505 20                |      |         |
|                       |          |            |                                       | CATEGORY                   | 103.25 | 0.00    | 1,505.39                |      |         |

| - 1 |            |          |         | YSIDE CITYWIDE         |                |       |         | PAGE 1 - 2        |         |
|-----|------------|----------|---------|------------------------|----------------|-------|---------|-------------------|---------|
| ı   | SALES JRNI | և # 0284 | LOC 001 |                        | REG NY NY      |       |         | LTC NURSING HOMEW |         |
|     |            |          |         | :                      | SALES REGISTER |       |         | BILL WEEK ENDING  | 6/08/12 |
|     | INVOICE#   | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT TYP        | SURPLUS |
|     | 197461     | 6/01/12  | 800000  | VISITING NURSE SERVICE | PEREZ, DOMINGA | 41.00 |         | 597.78 I          |         |
|     |            |          |         |                        |                |       |         |                   |         |
|     |            |          |         |                        | CATEGORY       | 41.00 | 0.00    | 597.78            |         |

|                  |                    |                  | YSIDE CITYWIDE                                | DEC NE NE             | ,            |               |         | PAGE 1                       | - 21 | .5      |
|------------------|--------------------|------------------|---|-----------------------|--------------|---------------|---------|------------------------------|------|---------|
| SALES JRN        | L # UZ84           | LOC 001          | SUNNYSIDE CITYWIDE                            | REG NY NY<br>SALES RE | GISTEF       | 8             |         | VCP CHOICE L<br>BILL WEEK EN |      | 6/08/12 |
| INVOICE#         | DATE               | CUST NO          | CUSTOMER NAME                                 | REFERE                | INCE         | HOURS         | TAX AMT | AMOUNT                       | TYP  | SURPLUS |
| 197462<br>197463 | 6/01/12<br>6/01/12 | 800000<br>800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | ,                     |              | 36.00<br>6.00 |         | 524.88<br>87.48              | I    |         |
|                  |                    |                  |   | C                     | USTOMER      | 42.00         | 0.00    | 612.36                       |      |         |
|                  |                    |                  |   | C                     | <br>LATEGORY | 42.00         | 0.00    | 612.36                       |      |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1        | - 216       |
|-----------|------------|------------|------------------------|----------------|-------|---------|---------------|-------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | ADU ADULT     |             |
|           |            |            | 5                      | SALES REGISTER |       |         | BILL WEEK END | ING 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT        | TYP SURPLUS |
| 197464    | 6/01/12    | 000008     | VISITING NURSE SERVICE | PEREZ, JOAQUIN | 24.00 |         | 349.92        | I           |
| 197465    | 6/01/12    | 800000     | VISITING NURSE SERVICE | PEREZ, JOAQUIN | 6.00  |         | 87.48         | I           |
|           |            |            |                        | <br>CUSTOMER   | 30.00 | 0.00    | 437.40        |             |
|           |            |            |                        | COSTOMER       | 30.00 | 0.00    | 437.40        |             |
|           |            |            |                        |                |       |         |               |             |
|           |            |            |                        | CATEGORY       | 30.00 | 0.00    | 437.40        |             |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY<br>SALES REGISTER | <u>.</u>      |         | PAGE 1 - 217<br>LTC NURSING HOMEW/O WALLS (LT<br>BILL WEEK ENDING 6/08/12 |  |
|-----------------------|--------------------|-----------------------|---|-----------------------------|---------------|---------|---|--|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                   | HOURS         | TAX AMT | AMOUNT TYP SURPLUS  |  |
| 197466<br>197467      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE VISITING NURSE SERVICE | ,                           | 30.00<br>5.00 |         | 437.40 I<br>72.90 I   |  |
|                       |                    |                       |   | CUSTOMER                    | 35.00         | 0.00    | 510.30  |  |
|                       |                    |                       |   | CATEGORY                    | 35.00         | 0.00    | 510.30  |  |

| RUN DATE<br>SALES JRN |          | - SUP SUNN | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY       |       |         | PAGE 1 - 2<br>VCP CHOICE LHCSA | 18      |
|-----------------------|----------|------------|--------------------------------------|-----------------|-------|---------|--------------------------------|---------|
| SALES UKN             | L # UZ04 | TOC 001    |                                      | ALES REGISTER   |       |         | BILL WEEK ENDING               | 6/08/12 |
|                       |          |            |                                      |                 |       |         |                                | .,      |
| INVOICE#              | DATE     | CUST NO    | CUSTOMER NAME                        | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP                     | SURPLUS |
| 197468                | 5/18/12  | 000008     | VISITING NURSE SERVICE               | PHILIPPS, MARY  | 8.00  |         | 116.64 I                       |         |
| 197469                | 6/01/12  | 000008     | VISITING NURSE SERVICE               | PHILIPPS, MARY  | 16.00 |         | 233.28 I                       |         |
| 197470                | 6/01/12  | 000008     | VISITING NURSE SERVICE               | PHILIPPS, MARY  | 8.00  |         | 116.64 I                       |         |
| 197471                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | PIZARRO, BARBAR | 0.50  |         | 7.29 I                         |         |
| 197472                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | PLACIDO, GENARO | 30.00 |         | 437.40 I                       |         |
| 197473                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | PLACIDO, GENARO | 4.50  |         | 65.61 I                        |         |
|                       |          |            |                                      | CUSTOMER        | 67.00 | 0.00    | 976.86                         |         |
|                       |          |            |                                      | CATEGORY        | 67.00 | 0.00    | 976.86                         |         |

|            |          |         | YSIDE CITYWIDE         |                 |       |         | -                | 219       |
|------------|----------|---------|------------------------|-----------------|-------|---------|------------------|-----------|
| SALES JRNI | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | ADU ADULT        | 6 (00 (10 |
|            |          |         |                        | SALES REGISTER  |       |         | BILL WEEK ENDING | 6/08/12   |
| INVOICE#   | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS   |
| 197474     | 6/01/12  | 000008  | VISITING NURSE SERVICE | PLACIDO, MERCED | 36.00 |         | 524.88 I         |           |
| 197475     | 6/01/12  | 800000  | VISITING NURSE SERVICE | PLACIDO, MERCED | 6.00  |         | 87.48 I          |           |
|            |          |         |                        | CUSTOMER        | 42.00 | 0.00    | 612.36           |           |
|            |          |         |                        |                 |       |         |                  |           |
|            |          |         |                        | CATEGORY        | 42.00 | 0.00    | 612.36           |           |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN       | YSIDE CITYWIDE SUNNYSIDE CITYWIDE             | REG NY NY      |               |         | PAGE 1 - 220<br>VCP CHOICE LHCSA |        |
|-----------------------|--------------------|------------------|---|----------------|---------------|---------|----------------------------------|--------|
| SALES UKN             | IL # U204          | TOC 001          |   | SALES REGISTER |               |         |                                  | /08/12 |
| INVOICE#              | DATE               | CUST NO          | CUSTOMER NAME                                 | REFERENCE      | HOURS         | TAX AMT | AMOUNT TYP S                     | URPLUS |
| 197476<br>197477      | 6/01/12<br>6/01/12 | 000008<br>000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | ,              | 30.00<br>6.00 |         | 437.40 I<br>87.48 I              |        |
|                       |                    |                  |   | CUSTOMER       | 36.00         | 0.00    | 524.88                           |        |
|                       |                    |                  |   | CATEGORY       | 36.00         | 0.00    | <br>524.88                       |        |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE             | REG NY NY<br>SALES REGISTER |               |         | PAGE 1 - 221<br>LTC NURSING HOMEW/O WALLS (LT<br>BILL WEEK ENDING 6/08/12 |
|-----------------------|--------------------|-----------------------|--|-----------------------------|---------------|---------|---|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                    | REFERENCE                   | HOURS         | TAX AMT | AMOUNT TYP SURPLUS  |
| 197478<br>197479      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | •                           | 24.00<br>8.00 |         | 349.92 I<br>116.64 I  |
|                       |                    |                       |  | CUSTOMER                    | 32.00         | 0.00    | 466.56  |
|                       |                    |                       |  | CATEGORY                    | 32.00         | 0.00    | <br>466.56  |

|                  |                    |                  | YSIDE CITYWIDE                                | DDG 377                    |               |         | -                             | 222     |
|------------------|--------------------|------------------|---|----------------------------|---------------|---------|-------------------------------|---------|
| SALES JRN        | IL # U284          | LOC 001          | SUNNYSIDE CITYWIDE                            | REGNY NY<br>SALES REGISTER |               |         | ADU ADULT<br>BILL WEEK ENDING | 6/08/12 |
| INVOICE#         | DATE               | CUST NO          | CUSTOMER NAME                                 | REFERENCE                  | HOURS         | TAX AMT | AMOUNT TYP                    | SURPLUS |
| 197480<br>197481 | 6/01/12<br>6/01/12 | 800000<br>800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | ,                          | 12.00<br>3.00 |         | 174.96 I<br>43.74 I           |         |
|                  |                    |                  |   | CUSTOMER                   | 15.00         | 0.00    | 218.70                        |         |
|                  |                    |                  |   | CATEGORY                   | 15.00         | 0.00    | 218.70                        |         |

|                  |                    |                  | YSIDE CITYWIDE                                   |                             |               |         | -                                    | 223     |
|------------------|--------------------|------------------|--|-----------------------------|---------------|---------|--------------------------------------|---------|
| SALES JRN        | IL # 0284          | LOC 001          | SUNNYSIDE CITYWIDE                               | REG NY NY<br>SALES REGISTER |               |         | VCP CHOICE LHCSA<br>BILL WEEK ENDING |         |
|                  |                    |                  |  |                             |               |         | DIDD WEEK ENDING                     | 0/00/12 |
| INVOICE#         | DATE               | CUST NO          | CUSTOMER NAME                                    | REFERENCE                   | HOURS         | TAX AMT | AMOUNT TYPE                          | SURPLUS |
| 197482<br>197483 | 6/01/12<br>6/01/12 | 800000<br>800000 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE |                             | 21.50<br>4.00 |         | 313.47 I<br>58.32 I                  |         |
|                  |                    |                  |  | CUSTOMER                    | 25.50         | 0.00    | 371.79                               |         |
|                  |                    |                  |  | CATEGORY                    | 25.50         | 0.00    | 371.79                               |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE             | REG NY NY<br>SALES REGISTER |               |         | PAGE 1 -<br>CCL CONGREGATE<br>BILL WEEK ENDIN |           |
|-----------------------|--------------------|-----------------------|--|-----------------------------|---------------|---------|---|-----------|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                    | REFERENCE                   | HOURS         | TAX AMT | AMOUNT TY                                     | P SURPLUS |
| 197484<br>197485      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | - ,                         | 34.75<br>6.00 |         | 506.66<br>87.48                               | <u> </u>  |
|                       |                    |                       |  | CUSTOMER                    | 40.75         | 0.00    | 594.14  |           |
|                       |                    |                       |  | CATEGORY                    | 40.75         | 0.00    | 594.14  |           |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1       | - 22   | 25          |
|-----------|------------|------------|------------------------|----------------|-------|---------|--------------|--------|-------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | LTC NURSING  | HOMEW/ | O WALLS (LT |
|           |            |            | 5                      | SALES REGISTER |       |         | BILL WEEK EN | DING   | 6/08/12     |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT       | TYP    | SURPLUS     |
| 197486    | 6/01/12    | 000008     | VISITING NURSE SERVICE | QUIZHPI, MARIA | 41.75 |         | 608.72       | I      |             |
| 197487    | 6/01/12    | 800000     | VISITING NURSE SERVICE | QUIZHPI, MARIA | 7.00  |         | 102.06       | I      |             |
|           |            |            |                        | CUSTOMER       | 48.75 | 0.00    | 710.78       |        |             |
|           |            |            |                        |                |       |         |              |        |             |
|           |            |            |                        | CATEGORY       | 48.75 | 0.00    | 710.78       |        |             |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1       | - 22  | 16        |
|-----------|------------|------------|------------------------|----------------|-------|---------|--------------|-------|-----------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | LAP LOMBARDI | AIDES | PEDIATRIC |
|           |            |            |                        | SALES REGISTER |       |         | BILL WEEK EN | DING  | 6/08/12   |
|           |            |            |                        |                |       |         |              |       |           |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT       | TYP   | SURPLUS   |
|           |            |            |                        |                |       |         |              |       |           |
| 197488    | 6/01/12    | 800000     | VISITING NURSE SERVICE | ,              | 32.00 |         | 466.56       | I     |           |
| 197489    | 6/01/12    | 800000     | VISITING NURSE SERVICE | RAMIREZ, ANA   | 8.00  |         | 116.64       | I     |           |
|           |            |            |                        |                |       |         |              |       |           |
|           |            |            |                        | CUSTOMER       | 40.00 | 0.00    | 583.20       |       |           |
|           |            |            |                        |                |       |         |              |       |           |
|           |            |            |                        |                |       |         |              |       |           |
|           |            |            |                        | CATEGORY       | 40.00 | 0.00    | 583.20       |       |           |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 - 22        | 7       |
|-----------|------------|------------|------------------------|-----------------|-------|---------|--------------------|---------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING HOMEW/ | •       |
|           |            |            | \$                     | SALES REGISTER  |       |         | BILL WEEK ENDING   | 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP         | SURPLUS |
| 197490    | 6/01/12    | 000008     | VISITING NURSE SERVICE | RAMIREZ, JUANA  | 44.00 |         | 641.52 I           |         |
| 197491    | 6/01/12    | 800000     | VISITING NURSE SERVICE | RAMIREZ, JUANA  | 8.00  |         | 116.64 I           |         |
| 197492    | 6/01/12    | 800000     | VISITING NURSE SERVICE | RAMLALL, LILOWT | 1.00  |         | 14.58 I            |         |
|           |            |            |                        |                 |       |         |                    |         |
|           |            |            |                        | CUSTOMER        | 53.00 | 0.00    | 772.74             |         |
|           |            |            |                        |                 |       |         |                    |         |
|           |            |            |                        | CATEGORY        | 53.00 | 0.00    | 772.74             |         |

| RUN DATE<br>SALES JRN |         | - SUP SUNN | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY       |       |         | PAGE 1<br>VCP CHOICE LE | - 22 | 28      |
|-----------------------|---------|------------|--------------------------------------|-----------------|-------|---------|-------------------------|------|---------|
| SALES ORN             | H 0201  | 100 001    |                                      | LES REGISTER    |       |         | BILL WEEK ENI           |      | 6/08/12 |
| INVOICE#              | DATE    | CUST NO    | CUSTOMER NAME                        | REFERENCE       | HOURS | TAX AMT | AMOUNT                  | TYP  | SURPLUS |
| 197493                | 6/01/12 | 000008     | VISITING NURSE SERVICE               | RAMPHAL, INDRIA | 12.00 |         | 174.96                  | I    |         |
| 197494                | 6/01/12 | 800000     | VISITING NURSE SERVICE               | RANDAZZO, ROSAL | 16.00 |         | 233.28                  | I    |         |
| 197495                | 6/01/12 | 800000     | VISITING NURSE SERVICE               | RANDAZZO, ROSAL | 4.00  |         | 58.32                   | I    |         |
| 197496                | 6/01/12 | 800000     | VISITING NURSE SERVICE               | RASMUSSEN, GEOR | 6.00  |         | 87.48                   | I    |         |
| 197497                | 6/01/12 | 800000     | VISITING NURSE SERVICE               | REINA, JOSE     | 16.00 |         | 233.28                  | I    |         |
| 197498                | 6/01/12 | 800000     | VISITING NURSE SERVICE               | REINA, JOSE     | 4.00  |         | 58.32                   | I    |         |
| 197499                | 6/01/12 | 000008     | VISITING NURSE SERVICE               | RICCA, MARIE    | 10.25 |         | 149.45                  | I    |         |
| 197500                | 6/01/12 | 800000     | VISITING NURSE SERVICE               | RICCA, MARIE    | 4.00  |         | 58.32                   | I    |         |
| 197501                | 6/01/12 | 800000     | VISITING NURSE SERVICE               | RIVADENEIRA, OL | 16.00 |         | 233.28                  | I    |         |
| 197502                | 6/01/12 | 800000     | VISITING NURSE SERVICE               | RIVADENEIRA, OL | 4.00  |         | 58.32                   | I    |         |
|                       |         |            |                                      | CUSTOMER        | 92.25 | 0.00    | 1,345.01                |      |         |
|                       |         |            |                                      | CATEGORY        | 92.25 | 0.00    | 1,345.01                |      |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 - 229          |          |
|-----------|------------|------------|------------------------|-----------------|-------|---------|-----------------------|----------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING HOMEW/O W | ALLS (LT |
|           |            |            | :                      | SALES REGISTER  |       |         | BILL WEEK ENDING 6/   | 08/12    |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP SU         | RPLUS    |
| 197503    | 6/01/12    | 000008     | VISITING NURSE SERVICE | RIVADENEIRA, RO | 48.00 |         | 699.84 I              |          |
| 197504    | 6/01/12    | 800000     | VISITING NURSE SERVICE | RIVADENEIRA, RO | 8.00  |         | 116.64 I              |          |
|           |            |            |                        | CUSTOMER        | 56.00 | 0.00    | 816.48                |          |
|           |            |            |                        |                 |       |         |                       |          |
|           |            |            |                        | CATEGORY        | 56.00 | 0.00    | 816.48                |          |

| RUN DATE ( | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 - 23      | 0       |
|------------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRNI | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | VCP CHOICE LHCSA |         |
|            |            |            | S                      | SALES REGISTER  |       |         | BILL WEEK ENDING | 6/08/12 |
| INVOICE#   | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS |
| 197505     | 6/01/12    | 000008     | VISITING NURSE SERVICE | RIVERA, CARMEN  | 15.00 |         | 218.70 I         |         |
| 197506     | 6/01/12    | 800000     | VISITING NURSE SERVICE | RIVERA, CARMEN  | 5.00  |         | 72.90 I          |         |
| 197507     | 6/01/12    | 800000     | VISITING NURSE SERVICE | RIVERA, ERNESTO | 16.00 |         | 233.28 I         |         |
| 197508     | 6/01/12    | 800000     | VISITING NURSE SERVICE | RIVERA, ERNESTO | 4.00  |         | 58.32 I          |         |
|            |            |            |                        | CUSTOMER        | 40.00 | 0.00    | 583.20           |         |
|            |            |            |                        | CATEGORY        | 40.00 | 0.00    | 583.20           |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | IYSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE         | REG NY NY<br>SALES REGISTER |               |         | PAGE 1 - 231<br>LTC NURSING HOMEW/O WAI<br>BILL WEEK ENDING 6/08 | ,    |
|-----------------------|--------------------|-----------------------|---|-----------------------------|---------------|---------|--|------|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                   | HOURS         | TAX AMT | AMOUNT TYP SURF  | PLUS |
| 197509<br>197510      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE VISITING NURSE SERVICE | ,                           | 16.00<br>4.00 |         | 233.28 I<br>58.32 I  |      |
|                       |                    |                       |   | CUSTOMER                    | 20.00         | 0.00    | 291.60   |      |
|                       |                    |                       |   | CATEGORY                    | 20.00         | 0.00    | 291.60   |      |

|                  |                    |                  | YSIDE CITYWIDE                                | DEC NY NY                        |       |         | PAGE 1 -                    | 232        |
|------------------|--------------------|------------------|---|----------------------------------|-------|---------|-----------------------------|------------|
| SALES JRN        | L # UZ84           | LOC 001          | SUNNYSIDE CITYWIDE<br>S                       | REG NY NY<br>ALES REGISTER       |       |         | ADU ADULT<br>BILL WEEK ENDI | NG 6/08/12 |
| INVOICE#         | DATE               | CUST NO          | CUSTOMER NAME                                 | REFERENCE                        | HOURS | TAX AMT | AMOUNT T                    | YP SURPLUS |
| 197511<br>197512 | 6/01/12<br>6/01/12 | 800000<br>800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | RIVERA, RAQUEL<br>RIVERA, RAQUEL | 20.00 |         | 291.60<br>58.32             | I          |
|                  |                    |                  |   | CUSTOMER                         | 24.00 | 0.00    | 349.92                      |            |
|                  |                    |                  |   | CATEGORY                         | 24.00 | 0.00    | 349.92                      |            |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1 -         | 233           |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | LTC NURSING HOME | W/O WALLS (LT |
|           |            |            | S                      | ALES REGISTER  |       |         | BILL WEEK ENDING | 6/08/12       |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS       |
| 197513    | 6/01/12    | 000008     | VISITING NURSE SERVICE | RIVERA, WANDA  | 28.75 |         | 419.18 I         |               |
| 197514    | 6/01/12    | 800000     | VISITING NURSE SERVICE | RIVERA, WANDA  | 6.75  |         | 98.42 I          |               |
| 197515    | 6/01/12    | 800000     | VISITING NURSE SERVICE | ROBERTS, SARAH | 8.50  |         | 123.94 I         |               |
| 197516    | 6/01/12    | 800000     | VISITING NURSE SERVICE | ROBERTS, SARAH | 4.00  |         | 58.32 I          |               |
|           |            |            |                        | CUSTOMER       | 48.00 | 0.00    | 699.86           |               |
|           |            |            |                        | CATEGORY       | 48.00 | 0.00    | 699.86           |               |

| RUN DATE  | 06/06/12  | - SUP SUNN | YSIDE CITYWIDE         |                 |           |         | PAGE 1        | - 23 | 4       |
|-----------|-----------|------------|------------------------|-----------------|-----------|---------|---------------|------|---------|
| SALES JRN | IL # 0284 | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |           |         | VCP CHOICE LH |      |         |
|           |           |            | :                      | SALES REGISTER  |           |         | BILL WEEK END | ING  | 6/08/12 |
| INVOICE#  | DATE      | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS     | TAX AMT | AMOUNT '      | TYP  | SURPLUS |
| 197517    | 5/25/12   | 000008     | VISITING NURSE SERVICE | ROBINSON, MARGA | 7.00      |         | 102.06        | I    |         |
| 197518    | 6/01/12   | 800000     | VISITING NURSE SERVICE | ROBINSON, MARGA | 27.75     |         | 404.60        | I    |         |
| 197519    | 6/01/12   | 800000     | VISITING NURSE SERVICE | ROBINSON, MARGA | 7.00      |         | 102.06        | I    |         |
|           |           |            |                        | CUSTOMER        | 41.75     | 0.00    | 608.72        |      |         |
|           |           |            |                        | CATEGORY        | <br>41.75 | 0.00    | 608.72        |      |         |

| RUN DATE 06/06/<br>SALES JRNL # 02 |         | SUNNYSIDE CITYWIDE                               | REG NY NY<br>S A L E S R E G I S T E R |       |         | PAGE 1 - 239<br>LTC NURSING HOMEW/O<br>BILL WEEK ENDING |         |
|------------------------------------|---------|--|--|-------|---------|---|---------|
| INVOICE# DATE                      | CUST NO | CUSTOMER NAME                                    | REFERENCE                              | HOURS | TAX AMT | AMOUNT TYP  | SURPLUS |
| 197520 6/01/<br>197521 6/01/       |         | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | •                                      | 40.00 |         | 583.20 I<br>116.64 I                                    |         |
|                                    |         |  | CUSTOMER                               | 48.00 | 0.00    | 699.84  |         |
|                                    |         |  | CATEGORY                               | 48.00 | 0.00    | 699.84  |         |

| RUN DATE 06/06/12 SALES JRNL # 0284                                  | - SUP SUNN<br>LOC 001                | SUNNYSIDE CITYWIDE   | REG NY NY<br>SALES REGISTER        |                                |         | PAGE 1 -<br>VCP CHOICE LHCS<br>BILL WEEK ENDIN | A         |
|--|--------------------------------------|--|------------------------------------|--------------------------------|---------|--|-----------|
| INVOICE# DATE  | CUST NO                              | CUSTOMER NAME  | REFERENCE                          | HOURS                          | TAX AMT | AMOUNT TY                                      | P SURPLUS |
| 197522 6/01/12<br>197523 6/01/12<br>197524 6/01/12<br>197525 6/01/12 | 000008<br>000008<br>000008<br>000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | RODRIGUEZ, FERM<br>RODRIGUEZ, IRMA | 20.25<br>3.50<br>36.00<br>6.00 |         | 295.25 I<br>51.03 I<br>524.88 I<br>87.48 I     |           |
|  |                                      |  | CUSTOMER                           | 65.75                          | 0.00    | 958.64   |           |
|  |                                      |  | CATEGORY                           | 65.75                          | 0.00    | 958.64   |           |

|           |          |         | YSIDE CITYWIDE         |                 |       |         | 11102        | - 23 |         |
|-----------|----------|---------|------------------------|-----------------|-------|---------|--------------|------|---------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | CCL CONGREGA |      |         |
|           |          |         |                        | SALES REGISTER  |       |         | BILL WEEK EN | DING | 6/08/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT       | TYP  | SURPLUS |
| 197526    | 6/01/12  | 000008  | VISITING NURSE SERVICE | RODRIGUEZ, MARC | 72.00 |         | 1,049.76     | I    |         |
| 197527    | 6/01/12  | 800000  | VISITING NURSE SERVICE | RODRIGUEZ, MARC | 12.00 |         | 174.96       | I    |         |
|           |          |         |                        | CUSTOMER        | 84.00 | 0.00    | 1,224.72     |      |         |
|           |          |         |                        | COSTOMER        | 04.00 | 0.00    | 1,224.72     |      |         |
|           |          |         |                        |                 |       |         |              |      |         |
|           |          |         |                        | CATEGORY        | 84.00 | 0.00    | 1,224.72     |      |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 - 23        | 38          |
|-----------|------------|------------|------------------------|-----------------|-------|---------|--------------------|-------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING HOMEW/ | O WALLS (LT |
|           |            |            | Ş                      | SALES REGISTER  |       |         | BILL WEEK ENDING   | 6/08/12     |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP         | SURPLUS     |
| 197528    | 6/01/12    | 000008     | VISITING NURSE SERVICE | RODRIGUEZ, OLGA | 20.00 |         | 291.60 I           |             |
| 197529    | 6/01/12    | 800000     | VISITING NURSE SERVICE | RODRIGUEZ, OLGA | 5.00  |         | 72.90 I            |             |
|           |            |            |                        | CUSTOMER        | 25.00 | 0.00    | 364.50             |             |
|           |            |            |                        |                 |       |         | 264 50             |             |
|           |            |            |                        | CATEGORY        | 25.00 | 0.00    | 364.50             |             |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY                          |               |         | PAGE 1 - 2<br>VCP CHOICE LHCSA | 39      |
|-----------------------|--------------------|-----------------------|---|------------------------------------|---------------|---------|--------------------------------|---------|
| Brilling Grav         | 1 11 0201          | 100 001               |   | ALES REGISTER                      |               |         | BILL WEEK ENDING               | 6/08/12 |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                          | HOURS         | TAX AMT | AMOUNT TYP                     | SURPLUS |
| 197530<br>197531      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE VISITING NURSE SERVICE | RODRIGUEZ, PORF<br>RODRIGUEZ, PORF | 31.00<br>7.00 |         | 451.99 I<br>102.06 I           |         |
|                       |                    |                       |   | CUSTOMER                           | 38.00         | 0.00    | 554.05                         |         |
|                       |                    |                       |   | CATEGORY                           | 38.00         | 0.00    | <br>554.05                     |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 |  | REG NY NY<br>SALES REGISTER |               |         | PAGE 1 - 240<br>LTC NURSING HOMEW/O WALLS (LT<br>BILL WEEK ENDING 6/08/12 |
|-----------------------|--------------------|-----------------------|--|-----------------------------|---------------|---------|---|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                    | REFERENCE                   | HOURS         | TAX AMT | AMOUNT TYP SURPLUS  |
| 197532<br>197533      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE |                             | 33.50<br>5.75 |         | 488.44 I<br>83.84 I   |
|                       |                    |                       |  | CUSTOMER                    | 39.25         | 0.00    | 572.28  |
|                       |                    |                       |  | CATEGORY                    | 39.25         | 0.00    | <br>572.28  |

|            |         |         | YSIDE CITYWIDE         |                 |       |         | 11102        | - 241        |
|------------|---------|---------|------------------------|-----------------|-------|---------|--------------|--------------|
| SALES JRNL | # 0284  | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | ADU ADULT    |              |
|            |         |         | 2                      | SALES REGISTER  |       |         | BILL WEEK EN | DING 6/08/12 |
| INVOICE#   | DATE    | CUST NO | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT       | TYP SURPLUS  |
| 197534 6   | 5/01/12 | 800000  | VISITING NURSE SERVICE | RODRIGUEZ, YLMA | 32.00 |         | 466.56       | I            |
| 197535 6   | 5/01/12 | 800000  | VISITING NURSE SERVICE | RODRIGUEZ, YLMA | 8.00  |         | 116.64       | I            |
|            |         |         |                        | CUSTOMER        | 40.00 | 0.00    | 583.20       |              |
|            |         |         |                        | COSTOMER        | 40.00 | 0.00    | 303.20       |              |
|            |         |         |                        |                 |       |         |              |              |
|            |         |         |                        | CATEGORY        | 40.00 | 0.00    | 583.20       |              |

| RUN DATE  | 06/06/12 | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1 - 242                  |
|-----------|----------|------------|------------------------|----------------|-------|---------|-------------------------------|
| SALES JRN | L # 0284 | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | LTC NURSING HOMEW/O WALLS (LT |
|           |          |            | S                      | SALES REGISTER |       |         | BILL WEEK ENDING 6/08/12      |
| INVOICE#  | DATE     | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT TYP SURPLUS            |
| 197536    | 5/25/12  | 000008     | VISITING NURSE SERVICE | ROLON, JUANITA | 8.00  |         | 116.64 I                      |
| 197537    | 6/01/12  | 000008     | VISITING NURSE SERVICE | ROLON, JUANITA | 40.00 |         | 583.20 I                      |
| 197538    | 6/01/12  | 800000     | VISITING NURSE SERVICE | ROLON, JUANITA | 8.00  |         | 116.64 I                      |
|           |          |            |                        |                |       |         |                               |
|           |          |            |                        | CUSTOMER       | 56.00 | 0.00    | 816.48                        |
|           |          |            |                        |                |       |         |                               |
|           |          |            |                        | CATEGORY       | 56.00 | 0.00    | 816.48                        |

|           |          |         | YSIDE CITYWIDE         |                |       |         | PAGE 1 -        | 243        |
|-----------|----------|---------|------------------------|----------------|-------|---------|-----------------|------------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | VCP CHOICE LHCS |            |
|           |          |         | :                      | SALES REGISTER |       |         | BILL WEEK ENDIN | IG 6/08/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT TY       | P SURPLUS  |
| 197539    | 6/01/12  | 000008  | VISITING NURSE SERVICE | ROMERO, SANTHY | 40.00 |         | 583.20          | <u>.</u>   |
| 197540    | 6/01/12  | 800000  | VISITING NURSE SERVICE | ROMERO, SANTHY | 8.00  |         | 116.64          | •<br>•     |
|           |          |         |                        | CUSTOMER       | 48.00 | 0.00    | 699.84          |            |
|           |          |         |                        |                |       |         |                 |            |
|           |          |         |                        | CATEGORY       | 48.00 | 0.00    | 699.84          |            |

| RUN DATE    |           |         | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY | NY       |       |         | PAGE 1<br>LTC NURSING | – 24<br>НОМЕЖ/ |         |
|-------------|-----------|---------|--------------------------------------|--------|----------|-------|---------|-----------------------|----------------|---------|
| DILLED GIAN | L    0201 | 100 001 |                                      | _      | EGISTE   | R     |         | BILL WEEK EN          |                | 6/08/12 |
| INVOICE#    | DATE      | CUST NO | CUSTOMER NAME                        | REFE   | RENCE    | HOURS | TAX AMT | AMOUNT                | TYP            | SURPLUS |
| 197541      | 6/01/12   | 000008  | VISITING NURSE SERVICE               | ROMO,  | FLOR     | 40.00 |         | 583.20                | I              |         |
| 197542      | 6/01/12   | 000008  | VISITING NURSE SERVICE               | ROMO,  | FLOR     | 8.00  |         | 116.64                | I              |         |
| 197543      | 6/01/12   | 800000  | VISITING NURSE SERVICE               | ROSA,  | ANA      | 31.75 |         | 462.92                | I              |         |
| 197544      | 6/01/12   | 800000  | VISITING NURSE SERVICE               | ROSA,  | ANA      | 8.00  |         | 116.64                | I              |         |
|             |           |         |                                      |        | CUSTOMER | 87.75 | 0.00    | 1,279.40              |                |         |
|             |           |         |                                      |        | CATEGORY | 87.75 | 0.00    | 1,279.40              |                |         |

| RUN DATE 0 | 06/06/12 - | SUP SUNN | YSIDE CITYWIDE         |         |          |       |         | PAGE 1       | - 24 | 15      |
|------------|------------|----------|------------------------|---------|----------|-------|---------|--------------|------|---------|
| SALES JRNL | # 0284     | LOC 001  | SUNNYSIDE CITYWIDE     | REG NY  | NY       |       |         | ADU ADULT    |      |         |
|            |            |          |                        | SALES R | EGISTER  |       |         | BILL WEEK EN | DING | 6/08/12 |
| INVOICE#   | DATE       | CUST NO  | CUSTOMER NAME          | REFE    | RENCE    | HOURS | TAX AMT | AMOUNT       | TYP  | SURPLUS |
| 197545     | 6/01/12    | 000008   | VISITING NURSE SERVICE | ROSA,   | LUZ E    | 47.75 |         | 696.20       | I    |         |
| 197546     | 6/01/12    | 800000   | VISITING NURSE SERVICE | ROSA,   | LUZ E    | 8.00  |         | 116.64       | I    |         |
|            |            |          |                        |         | CUSTOMER | 55.75 | 0.00    | 812.84       |      |         |
|            |            |          |                        |         | CATEGORY | 55.75 | 0.00    | 812.84       |      |         |

| RUN DATE ( |          | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY      |       |         | PAGE 1<br>VCP CHOICE LE | - 24 | 6       |
|------------|----------|-----------------------|--------------------------------------|----------------|-------|---------|-------------------------|------|---------|
| SALES UNI  | J # 0204 | 100 001               |                                      | ALES REGISTER  | 1     |         | BILL WEEK END           |      | 6/08/12 |
| INVOICE#   | DATE     | CUST NO               | CUSTOMER NAME                        | REFERENCE      | HOURS | TAX AMT | AMOUNT                  | TYP  | SURPLUS |
| 197547     | 6/01/12  | 000008                | VISITING NURSE SERVICE               | ROSA, MANOLO   | 16.00 |         | 233.28                  | I    |         |
| 197548     | 5/25/12  | 800000                | VISITING NURSE SERVICE               | ROSARIO, ELSA  | 12.00 |         | 174.96                  | I    |         |
| 197549     | 6/01/12  | 800000                | VISITING NURSE SERVICE               | ROSARIO, ELSA  | 30.00 |         | 437.40                  | I    |         |
| 197550     | 6/01/12  | 800000                | VISITING NURSE SERVICE               | ROSARIO, ELSA  | 6.00  |         | 87.48                   | I    |         |
| 197551     | 6/01/12  | 800000                | VISITING NURSE SERVICE               | ROSARIO, MARIA | 16.25 |         | 236.93                  | I    |         |
| 197552     | 6/01/12  | 000008                | VISITING NURSE SERVICE               | ROSARIO, MARIA | 5.00  |         | 72.90                   | I    |         |
|            |          |                       |                                      | CUSTOMER       | 85.25 | 0.00    | 1,242.95                |      |         |
|            |          |                       |                                      | CATEGORY       | 85.25 | 0.00    | 1,242.95                |      |         |

| RUN DATE<br>SALES JRN |          | - SUP SUNN | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY       |       |         | PAGE 1 -<br>ADU ADULT | 247     |
|-----------------------|----------|------------|--------------------------------------|-----------------|-------|---------|-----------------------|---------|
| SALES UKN             | L # 0204 | LOC 001    |                                      | ALES REGISTER   |       |         | BILL WEEK ENDING      | 6/08/12 |
| INVOICE#              | DATE     | CUST NO    | CUSTOMER NAME                        | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP            | SURPLUS |
| 197553                | 6/01/12  | 000008     | VISITING NURSE SERVICE               | ROSARIOBREU, EM | 20.00 |         | 291.60 I              |         |
| 197554                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | ROSARIOBREU, EM | 5.00  |         | 72.90 I               |         |
| 197555                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | RUBIN, EVGENY   | 15.25 |         | 222.35 I              |         |
| 197556                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | RUBIN, EVGENY   | 4.00  |         | 58.32 I               |         |
| 197557                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | RUECKHER, PATRI | 9.00  |         | 131.22 I              |         |
| 197558                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | RUECKHER, PATRI | 3.00  |         | 43.74 I               |         |
|                       |          |            |                                      | CUSTOMER        | 56.25 | 0.00    | 820.13                |         |
|                       |          |            |                                      | CATEGORY        | 56.25 | 0.00    | 820.13                |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1 - 2       | 48      |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | rL # 0284  | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | VCP CHOICE LHCSA |         |
|           |            |            | \$                     | SALES REGISTER | 1     |         | BILL WEEK ENDING | 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS |
| 197559    | 6/01/12    | 000008     | VISITING NURSE SERVICE | RUEDA, INES    | 34.00 |         | 495.72 I         |         |
| 197560    | 6/01/12    | 800000     | VISITING NURSE SERVICE | RUEDA, INES    | 7.00  |         | 102.06 I         |         |
|           |            |            |                        | CUSTOMER       | 41.00 | 0.00    | 597.78           |         |
|           |            |            |                        |                |       |         |                  |         |
|           |            |            |                        | CATEGORY       | 41.00 | 0.00    | 597.78           |         |

| RUN DATE 06/06<br>SALES JRNL # 0 |           |   | REG NY NY<br>SALES REGISTE | R             |         | PAGE 1<br>LTC NURSING H<br>BILL WEEK END | IOMEW/O WALLS (LT |
|----------------------------------|-----------|---|----------------------------|---------------|---------|--|-------------------|
| INVOICE# DAT                     | E CUST NO | CUSTOMER NAME                                 | REFERENCE                  | HOURS         | TAX AMT | AMOUNT                                   | TYP SURPLUS       |
| 197561 6/01<br>197562 6/01       | ,         | VISITING NURSE SERVICE VISITING NURSE SERVICE | - ,                        | 18.00<br>6.00 |         | 262.44<br>87.48                          | I<br>I            |
|                                  |           |   | CUSTOMER                   | 24.00         | 0.00    | 349.92                                   |                   |
|                                  |           |   | <br>CATEGORY               | 24.00         | 0.00    | 349.92                                   |                   |

| RUN DATE 06/06/1 | 2 - SUP SUNI | NYSIDE CITYWIDE        |                |       |         | PAGE 1       | - 250        |
|------------------|--------------|------------------------|----------------|-------|---------|--------------|--------------|
| SALES JRNL # 028 | 4 LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | ADU ADULT    |              |
|                  |              | S                      | SALES REGISTER |       |         | BILL WEEK EN | DING 6/08/12 |
| INVOICE# DATE    | CUST NO      | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT       | TYP SURPLUS  |
| 197563 6/01/1    | 2 000008     | VISITING NURSE SERVICE | RUSSO, MONICA  | 59.00 |         | 860.22       | I            |
| 197564 6/01/1    | 2 000008     | VISITING NURSE SERVICE | RUSSO, MONICA  | 10.00 |         | 145.80       | I            |
|                  |              |                        | CUSTOMER       | 69.00 | 0.00    | 1,006.02     |              |
|                  |              |                        | CATEGORY       | 69.00 | 0.00    | 1,006.02     |              |

|            |                    |                  | YSIDE CITYWIDE   |                             |               |         | PAGE 1 -        |                                 |
|------------|--------------------|------------------|--|-----------------------------|---------------|---------|-----------------|---------------------------------|
| SALES JRNL | # 0284             | LOC 001          | SUNNYSIDE CITYWIDE   | REG NY NY<br>SALES REGISTER |               |         | BILL WEEK ENDI  | OMEW/O WALLS (LT<br>ING 6/08/12 |
|            |                    |                  |  | SALES KEGISIEK              |               |         | PILL MEEK ENDI  | ING 0/00/12                     |
| INVOICE#   | DATE               | CUST NO          | CUSTOMER NAME  | REFERENCE                   | HOURS         | TAX AMT | AMOUNT T        | TYP SURPLUS                     |
| 107565     | C (01 (10          | 000000           | THE COMPANY AND COMPANY OF THE COMPA |                             | 20.00         |         | 400 04          | <b>-</b>                        |
|            | 6/01/12<br>6/01/12 | 000008<br>000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE  | ,                           | 28.00<br>5.25 |         | 408.24<br>76.55 | T T                             |
| 137300     | 0,01,12            | 000000           | VIBILING NORDE BERVICE   |                             |               |         |                 |                                 |
|            |                    |                  |  | CUSTOMER                    | 33.25         | 0.00    | 484.79          |                                 |
|            |                    |                  |  |                             |               |         |                 |                                 |
|            |                    |                  |  | CATEGORY                    | 33.25         | 0.00    | 484.79          |                                 |

| RUN DATE<br>SALES JRN                |  | SUP SUNN<br>LOC 001        | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE<br>S  | REG NY NY<br>SALES REGISTER                                      |                                 |         | PAGE 1 -<br>VCP CHOICE LHC<br>BILL WEEK ENDI | SA          |
|--------------------------------------|--|----------------------------|--|--|---------------------------------|---------|--|-------------|
| INVOICE#                             | DATE                                     | CUST NO                    | CUSTOMER NAME  | REFERENCE  | HOURS                           | TAX AMT | AMOUNT T                                     | YP SURPLUS  |
| 197567<br>197568<br>197569<br>197570 | 6/01/12<br>6/01/12<br>6/01/12<br>6/01/12 | 000008<br>000008<br>000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | SAK, FIRDEVS<br>SAK, FIRDEVS<br>SALADIN, MARIA<br>SALADIN, MARIA | 10.00<br>5.00<br>66.00<br>11.00 |         | 145.80<br>72.90<br>962.28<br>160.38          | I<br>I<br>I |
|                                      |  |                            |  | CUSTOMER   | 92.00                           | 0.00    | 1,341.36                                     |             |
|                                      |  |                            |  | CATEGORY   | 92.00                           | 0.00    | 1,341.36                                     |             |

| RUN DATE 06/06/12 - S | SUP SUNNY | SIDE CITYWIDE          |                 |       |         | PAGE 1 -         | 253     |
|-----------------------|-----------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRNL # 0284 L   | LOC 001   | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING HOME | •       |
|                       |           | ·                      | SALES REGISTER  |       |         | BILL WEEK ENDING | 6/08/12 |
| INVOICE# DATE C       | CUST NO   | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS |
| 197571 6/01/12 0      | 80000     | VISITING NURSE SERVICE | SALVATIERRA, TE | 30.00 |         | 437.40 I         |         |
| 197572 6/01/12 0      | 80000     | VISITING NURSE SERVICE | SALVATIERRA, TE | 6.00  |         | 87.48 I          |         |
|                       |           |                        | CUSTOMER        | 36.00 | 0.00    | 524.88           |         |
|                       |           |                        |                 |       |         |                  |         |
|                       |           |                        | CATEGORY        | 36.00 | 0.00    | 524.88           |         |

| RUN DATE  | 06/06/12 | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1 -         | 254       |
|-----------|----------|------------|------------------------|----------------|-------|---------|------------------|-----------|
| SALES JRN | L # 0284 | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | VCP CHOICE LHCS  |           |
|           |          |            | S                      | ALES REGISTER  | -     |         | BILL WEEK ENDING | G 6/08/12 |
| INVOICE#  | DATE     | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS   |
| 197573    | 5/25/12  | 000008     | VISITING NURSE SERVICE | SAMPOGNA, LUCY | 4.00  |         | 58.32 I          |           |
| 197574    | 6/01/12  | 800000     | VISITING NURSE SERVICE | SAMPOGNA, LUCY | 16.00 |         | 233.28 I         |           |
| 197575    | 6/01/12  | 800000     | VISITING NURSE SERVICE | SAMPOGNA, LUCY | 4.00  |         | 58.32 I          |           |
| 197576    | 6/01/12  | 000008     | VISITING NURSE SERVICE | SANCHEZ, LIDIA | 42.00 |         | 612.36 I         |           |
| 197577    | 6/01/12  | 000008     | VISITING NURSE SERVICE | SANCHEZ, LIDIA | 7.00  |         | 102.06 I         |           |
|           |          |            |                        | CUSTOMER       | 73.00 | 0.00    | 1,064.34         |           |
|           |          |            |                        | CATEGORY       | 73.00 | 0.00    | 1,064.34         |           |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1        | - 25 | 55      |
|-----------|------------|------------|------------------------|----------------|-------|---------|---------------|------|---------|
| SALES JRN | IL # 0284  | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | CCL CONGREGAT |      |         |
|           |            |            |                        | SALES REGISTER |       |         | BILL WEEK EN  | DING | 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT        | TYP  | SURPLUS |
| 197578    | 6/01/12    | 000008     | VISITING NURSE SERVICE | SANCHEZ, MARIA | 24.00 |         | 349.92        | I    |         |
| 197579    | 6/01/12    | 800000     | VISITING NURSE SERVICE | SANCHEZ, MARIA | 6.00  |         | 87.48         | I    |         |
|           |            |            |                        | CUSTOMER       | 30.00 | 0.00    | 437.40        |      |         |
|           |            |            |                        | CODICIENT      | 50.00 | 0.00    | 137.10        |      |         |
|           |            |            |                        |                |       |         |               |      |         |
|           |            |            |                        | CATEGORY       | 30.00 | 0.00    | 437.40        |      |         |

| RUN DATE 06/06<br>SALES JRNL # 0 |   | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE<br>S                                  | REG NY NY<br>SALES REGISTER                         |                       |         | PAGE 1 - 2<br>ADU ADULT<br>BILL WEEK ENDING | 56<br>6/08/12 |
|----------------------------------|---|--|---|-----------------------|---------|---|---------------|
| INVOICE# DAT                     | CE CUST NO                                | CUSTOMER NAME  | REFERENCE   | HOURS                 | TAX AMT | AMOUNT TYP                                  | SURPLUS       |
|                                  | 1/12 000008<br>1/12 000008<br>1/12 000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | SANCHEZ, NILSA<br>SANCHEZ, NILSA<br>SANCHEZ, RAQUEL | 24.00<br>4.00<br>3.75 |         | 349.92 I<br>58.32 I<br>54.68 I              |               |
|                                  |   |  | CUSTOMER  | 31.75                 | 0.00    | 462.92                                      |               |
|                                  |   |  | CATEGORY  | 31.75                 | 0.00    | 462.92                                      |               |

| RUN DATE<br>SALES JRN |          | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY       |        |         | PAGE 1<br>VCP CHOICE L | - 25 | 57      |
|-----------------------|----------|-----------------------|-----------------------------------|-----------------|--------|---------|------------------------|------|---------|
| SALES UKN             | L # UZ04 | TOC 001               |                                   | LES REGISTER    |        |         | BILL WEEK EN           |      | 6/08/12 |
| INVOICE#              | DATE     | CUST NO               | CUSTOMER NAME                     | REFERENCE       | HOURS  | TAX AMT | AMOUNT                 | TYP  | SURPLUS |
| 197583                | 6/01/12  | 000008                | VISITING NURSE SERVICE            | SCOTT, CATHERIN | 47.25  |         | 688.91                 | I    |         |
| 197584                | 6/01/12  | 800000                | VISITING NURSE SERVICE            | SCOTT, CATHERIN | 8.00   |         | 116.64                 | I    |         |
| 197585                | 6/01/12  | 800000                | VISITING NURSE SERVICE            | SEGOVIA, BEATRI | 25.00  |         | 364.50                 | I    |         |
| 197586                | 6/01/12  | 800000                | VISITING NURSE SERVICE            | SEGOVIA, BEATRI | 6.00   |         | 87.48                  | I    |         |
| 197587                | 6/01/12  | 800000                | VISITING NURSE SERVICE            | SERAFIN, WALTER | 42.25  |         | 616.01                 | I    |         |
| 197588                | 6/01/12  | 800000                | VISITING NURSE SERVICE            | SERAFIN, WALTER | 8.00   |         | 116.64                 | I    |         |
| 197589                | 6/01/12  | 800000                | VISITING NURSE SERVICE            | SERRANO, AGUEDA | 47.75  |         | 696.20                 | I    |         |
| 197590                | 6/01/12  | 800000                | VISITING NURSE SERVICE            | SERRANO, AGUEDA | 8.00   |         | 116.64                 | I    |         |
| 197591                | 6/01/12  | 800000                | VISITING NURSE SERVICE            | SHANNON, ELNORA | 34.75  |         | 506.66                 | I    |         |
| 197592                | 6/01/12  | 800000                | VISITING NURSE SERVICE            | SHANNON, ELNORA | 7.00   |         | 102.06                 | I    |         |
|                       |          |                       |                                   | CUSTOMER        | 234.00 | 0.00    | 3,411.74               |      |         |
|                       |          |                       |                                   | CATEGORY        | 234.00 | 0.00    | 3,411.74               |      |         |

|           |          |         | YSIDE CITYWIDE         |                 |       |         | PAGE 1 - 25      | 8         |
|-----------|----------|---------|------------------------|-----------------|-------|---------|------------------|-----------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | ADU ADULT        | C 100 110 |
|           |          |         | 2                      | SALES REGISTER  |       |         | BILL WEEK ENDING | 6/08/12   |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS   |
| 197593    | 6/01/12  | 000008  | VISITING NURSE SERVICE | SHARMA, DEROPDI | 23.75 |         | 346.28 I         |           |
| 197594    | 6/01/12  | 800000  | VISITING NURSE SERVICE | SHUBERT, ANN    | 1.00  |         | 14.58 I          |           |
|           |          |         |                        | CUSTOMER        | 24.75 | 0.00    | 360.86           |           |
|           |          |         |                        |                 |       |         |                  |           |
|           |          |         |                        | CATEGORY        | 24.75 | 0.00    | 360.86           |           |

| RUN DATE  | 06/06/12 - | - SUP SUNN | NYSIDE CITYWIDE        |                   |       |         | PAGE 1        | - 259       |
|-----------|------------|------------|------------------------|-------------------|-------|---------|---------------|-------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY         |       |         | VCP CHOICE LH | CSA         |
|           |            |            |                        | SALES REGISTER    |       |         | BILL WEEK END | ING 6/08/12 |
|           |            |            |                        |                   |       |         |               |             |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE         | HOURS | TAX AMT | AMOUNT '      | TYP SURPLUS |
| 105505    | E /0E /10  |            |                        |                   | 10 00 |         | 1.45.00       | _           |
| 197595    | 5/25/12    | 800000     | VISITING NURSE SERVICE | E SIFFETI, ROHAFZ | 10.00 |         | 145.80        | Ţ           |
|           |            |            |                        |                   |       |         |               |             |
|           |            |            |                        | CA EEGODY         | 10.00 | 0.00    | 145.00        |             |
| 1         |            |            |                        | CATEGORY          | 10.00 | 0.00    | 145.80        |             |

| RUN DATE (<br>SALES JRNI |                    | SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE             | REG NY NY<br>SALES REGISTER |               |         | PAGE 1 - 260<br>LTC NURSING HOMEW/O WALLS (LT<br>BILL WEEK ENDING 6/08/12 |
|--------------------------|--------------------|---------------------|--|-----------------------------|---------------|---------|---|
| INVOICE#                 | DATE               | CUST NO             | CUSTOMER NAME                                    | REFERENCE                   | HOURS         | TAX AMT | AMOUNT TYP SURPLUS  |
| 197596<br>197597         | 6/01/12<br>6/01/12 | 800000<br>800000    | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | ,                           | 36.00<br>6.00 |         | 524.88 I<br>87.48 I   |
|                          |                    |                     |  | CUSTOMER                    | 42.00         | 0.00    | 612.36  |
|                          |                    |                     |  | CATEGORY                    | 42.00         | 0.00    | 612.36  |

| RUN DATE 06/06/1<br>SALES JRNL # 028                             |                        | SUNNYSIDE CITYWIDE  | REGNY NY<br>SALES REGISTER       |                                |         | PAGE 1 -<br>VCP CHOICE LHCSA<br>BILL WEEK ENDING |         |
|--|------------------------|---|----------------------------------|--------------------------------|---------|--|---------|
| INVOICE# DATE  | CUST NO                | CUSTOMER NAME   | REFERENCE                        | HOURS                          | TAX AMT | AMOUNT TYP                                       | SURPLUS |
| 197598 6/01/1<br>197599 6/01/1<br>197600 6/01/1<br>197601 6/01/1 | .2 000008<br>.2 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE | SINGH, BADREE<br>SINGH, JAMOONIE | 23.00<br>6.00<br>12.00<br>3.00 |         | 335.34 I<br>87.48 I<br>174.96 I<br>43.74 I       |         |
|  |                        |   | CUSTOMER                         | 44.00                          | 0.00    | 641.52   |         |
|  |                        |   | CATEGORY                         | 44.00                          | 0.00    | 641.52   |         |

| ı | RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 - 2        | 62         |
|---|-----------|------------|------------|------------------------|-----------------|-------|---------|-------------------|------------|
| ı | SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | CCL CONGREGATE CA | RE PROGRAM |
|   |           |            |            | S                      | SALES REGISTER  |       |         | BILL WEEK ENDING  | 6/08/12    |
|   | INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP        | SURPLUS    |
|   | 197602    | 6/01/12    | 000008     | VISITING NURSE SERVICE | SOPCHEK, SAMUEL | 12.00 |         | 174.96 I          |            |
|   |           |            |            |                        |                 |       |         |                   |            |
| ı |           |            |            |                        | CATEGORY        | 12.00 | 0.00    | 174.96            |            |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE             | REG NY NY<br>SALES REGISTER             | 2             |         | PAGE 1 - 263<br>LTC NURSING HOMEW/O WALLS (LT<br>BILL WEEK ENDING 6/08/12 |  |
|-----------------------|--------------------|-----------------------|--|---|---------------|---------|---|--|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                    | REFERENCE                               | HOURS         | TAX AMT | AMOUNT TYP SURPLUS  |  |
| 197603<br>197604      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | , | 24.00<br>6.00 |         | 349.92 I<br>87.48 I   |  |
|                       |                    |                       |  | CUSTOMER                                | 30.00         | 0.00    | 437.40  |  |
|                       |                    |                       |  | CATEGORY                                | 30.00         | 0.00    | 437.40  |  |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE             | REG NY NY      |              |         | PAGE 1<br>VCP CHOICE L | - 264       |
|-----------------------|--------------------|-----------------------|---|----------------|--------------|---------|------------------------|-------------|
| SALES URN             | L # UZ04           | TOC 001               |   | SALES REGISTER |              |         | BILL WEEK EN           |             |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE      | HOURS        | TAX AMT | AMOUNT                 | TYP SURPLUS |
| 197605<br>197606      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE VISITING NURSE SERVICE |                | 8.00<br>4.00 |         | 116.64<br>58.32        | I<br>T      |
| 157000                | 0/01/12            | 000000                | VISITING MORSE SERVICE                        | CUSTOMER       | 12.00        | 0.00    | 174.96                 |             |
|                       |                    |                       |   | COSTONER       | 12.00        |         | 174.50                 |             |
|                       |                    |                       |   | CATEGORY       | 12.00        | 0.00    | 174.96                 |             |

| RUN DATE 06/06/1 | 2 - SUP SUN | NYSIDE CITYWIDE        |                 |       |         | PAGE 1 - 2       | 265     |
|------------------|-------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRNL # 028 | 34 LOC 001  | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | ADU ADULT        |         |
|                  |             | Ş                      | SALES REGISTER  |       |         | BILL WEEK ENDING | 6/08/12 |
| INVOICE# DATE    | CUST NO     | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS |
| 197607 6/01/1    | 2 000008    | VISITING NURSE SERVICE | STALZER, STEPHA | 4.00  |         | 58.32 I          |         |
| 197608 6/01/1    | 2 000008    | VISITING NURSE SERVICE | STALZER, STEPHA | 4.00  |         | 58.32 I          |         |
| 197609 6/01/1    | .2 000008   | VISITING NURSE SERVICE | STAMATIADES, ME | 5.50  |         | 80.19 I          |         |
| 197610 6/01/1    | 2 000008    | VISITING NURSE SERVICE | STAMATIADES, ME | 3.00  |         | 43.74 I          |         |
|                  |             |                        | CUSTOMER        | 16.50 | 0.00    | 240.57           |         |
|                  |             |                        | CATEGORY        | 16.50 | 0.00    | 240.57           |         |

|           |           |         | YSIDE CITYWIDE         | DEC NV NV                   |           |         | PAGE 1 - 26                          | 6       |
|-----------|-----------|---------|------------------------|-----------------------------|-----------|---------|--------------------------------------|---------|
| SALES JRN | IL # U284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY<br>SALES REGISTER |           |         | VCP CHOICE LHCSA<br>BILL WEEK ENDING | 6/08/12 |
|           |           |         |                        |                             |           |         | DIES WEST ENDING                     | 0,00,12 |
| INVOICE#  | DATE      | CUST NO | CUSTOMER NAME          | REFERENCE                   | HOURS     | TAX AMT | AMOUNT TYP                           | SURPLUS |
| 197611    | 6/01/12   | 000008  | VISITING NURSE SERVICE | STAMBOULIDIS, V             | 47.75     |         | 696.20 I                             |         |
| 197612    | 6/01/12   | 800000  | VISITING NURSE SERVICE | STAMBOULIDIS, V             | 8.00      |         | 116.64 I                             |         |
|           |           |         |                        | CUSTOMER                    | 55.75     | 0.00    | 812.84                               |         |
|           |           |         |                        | CATEGORY                    | <br>55.75 | 0.00    | 812.84                               |         |

| RUN DATE 06/06/<br>SALES JRNL # 02           |           | SUNNYSIDE CITYWIDE   | REGNY NY<br>SALES REGISTER                            |                       |         | PAGE 1 - 2<br>HOA HOSPICE ADULT<br>BILL WEEK ENDING |         |
|--|-----------|--|---|-----------------------|---------|---|---------|
| INVOICE# DATE                                | CUST NO   | CUSTOMER NAME  | REFERENCE   | HOURS                 | TAX AMT | AMOUNT TYP  | SURPLUS |
| 197613 5/25/<br>197614 6/01/<br>197615 6/01/ | 12 000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | STEIN, STEPHANI<br>STEIN, STEPHANI<br>STEIN, STEPHANI | 3.00<br>18.00<br>3.00 |         | 43.74 I<br>262.44 I<br>43.74 I                      |         |
|  |           |  | CUSTOMER  | 24.00                 | 0.00    | 349.92  |         |
|  |           |  | CATEGORY  | 24.00                 | 0.00    | 349.92  |         |

| RUN DATE 06/0<br>SALES JRNL # | 06/12 - SUP SUNN<br>0284 LOC 001             | SUNNYSIDE CITYWIDE   | REGNY NY<br>SALES REGISTER |                       |         | PAGE 1<br>ADU ADULT<br>BILL WEEK END | - 268<br>ING 6/08/12 |
|-------------------------------|--|--|----------------------------|-----------------------|---------|--------------------------------------|----------------------|
| INVOICE# DA                   | ATE CUST NO                                  | CUSTOMER NAME  | REFERENCE                  | HOURS                 | TAX AMT | AMOUNT                               | TYP SURPLUS          |
| 197617 6/0                    | 18/12 000008<br>01/12 000008<br>01/12 000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE |                            | 3.00<br>10.00<br>2.75 |         | 43.74<br>145.80<br>40.10             | I<br>I               |
|                               |  |  | CUSTOMER                   | 15.75                 | 0.00    | 229.64                               |                      |
|                               |  |  | CATEGORY                   | 15.75                 | 0.00    | 229.64                               |                      |

|           |          |         | YSIDE CITYWIDE         |                            |       |         | -             | - 26 | 59      |
|-----------|----------|---------|------------------------|----------------------------|-------|---------|---------------|------|---------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REGNY NY<br>SALES REGISTER |       |         | VCP CHOICE LE |      | 6/08/12 |
|           |          |         | •                      | ALES REGISTER              |       |         | DITH MEEK END | TING | 0/08/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE                  | HOURS | TAX AMT | AMOUNT        | TYP  | SURPLUS |
|           |          |         |                        |                            |       |         |               |      |         |
| 197619    | 6/01/12  | 800000  | VISITING NURSE SERVICE | STERGIOU, GLORI            | 16.00 |         | 233.28        | I    |         |
| 197620    | 6/01/12  | 800000  | VISITING NURSE SERVICE | STERGIOU, GLORI            | 4.00  |         | 58.32         | I    |         |
| 197621    | 6/01/12  | 800000  | VISITING NURSE SERVICE | STICKELL, BLANC            | 35.50 |         | 517.59        | I    |         |
| 197622    | 6/01/12  | 800000  | VISITING NURSE SERVICE | STROBL, ALFRED             | 24.00 |         | 349.92        | I    |         |
| 197623    | 6/01/12  | 800000  | VISITING NURSE SERVICE | STROBL, ALFRED             | 6.00  |         | 87.48         | I    |         |
|           |          |         |                        |                            |       |         |               |      |         |
|           |          |         |                        | CUSTOMER                   | 85.50 | 0.00    | 1,246.59      |      |         |
|           |          |         |                        |                            |       |         |               |      |         |
|           |          |         |                        |                            |       |         |               |      |         |
|           |          |         |                        | CATEGORY                   | 85.50 | 0.00    | 1,246.59      |      |         |

| RUN DATE<br>SALES JRN |                    | SUP SUNN<br>LOC 001 |  | REG NY NY<br>SALES REGISTER |               |         | PAGE 1<br>LTC NURSING :<br>BILL WEEK EN |        |         |
|-----------------------|--------------------|---------------------|--|-----------------------------|---------------|---------|---|--------|---------|
| INVOICE#              | DATE               | CUST NO             | CUSTOMER NAME                                    | REFERENCE                   | HOURS         | TAX AMT | AMOUNT                                  | TYP    | SURPLUS |
| 197624<br>197625      | 6/01/12<br>6/01/12 | 800000<br>800000    | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE |                             | 32.00<br>6.00 |         | 466.56<br>87.48                         | I<br>I |         |
|                       |                    |                     |  | CUSTOMER                    | 38.00         | 0.00    | 554.04                                  |        |         |
|                       |                    |                     |  | CATEGORY                    | 38.00         | 0.00    | 554.04                                  |        |         |

|           |          |         | YSIDE CITYWIDE         |  |       |         |               | - 27 | 71      |
|-----------|----------|---------|------------------------|--|-------|---------|---------------|------|---------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY<br>S A L E S R E G I S T E R |       |         | VCP CHOICE LE |      | 6/08/12 |
|           |          |         |                        | SALES REGISIER                         |       |         | PILL MEEV ENI | JING | 0/00/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE                              | HOURS | TAX AMT | AMOUNT        | TYP  | SURPLUS |
|           |          |         |                        |  |       |         |               |      |         |
| 197626    | 6/01/12  | 000008  | VISITING NURSE SERVICE | - ,                                    | 59.25 |         | 863.88        | I    |         |
| 197627    | 6/01/12  | 800000  | VISITING NURSE SERVICE | TABOADA, ELIZAB                        | 11.75 |         | 171.32        | Τ    |         |
|           |          |         |                        | CUSTOMER                               | 71.00 | 0.00    | 1,035.20      |      |         |
|           |          |         |                        |  |       |         | _,,,,,,       |      |         |
|           |          |         |                        |  |       |         |               |      |         |
|           |          |         |                        | CATEGORY                               | 71.00 | 0.00    | 1,035.20      |      |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1        | - 27   | '2          |
|-----------|------------|------------|------------------------|----------------|-------|---------|---------------|--------|-------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | LTC NURSING H | HOMEW/ | O WALLS (LT |
|           |            |            | S                      | ALES REGISTER  |       |         | BILL WEEK END | DING   | 6/08/12     |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT        | TYP    | SURPLUS     |
| 197628    | 6/01/12    | 000008     | VISITING NURSE SERVICE | TADDEO, LENA   | 48.00 |         | 699.84        | I      |             |
| 197629    | 6/01/12    | 000008     | VISITING NURSE SERVICE | TADDEO, LENA   | 8.00  |         | 116.64        | I      |             |
| 197630    | 6/01/12    | 800000     | VISITING NURSE SERVICE | TAVERAS ARIAS, | 16.00 |         | 233.28        | I      |             |
| 197631    | 6/01/12    | 800000     | VISITING NURSE SERVICE | TAVERAS ARIAS, | 4.00  |         | 58.32         | I      |             |
|           |            |            |                        |                |       |         |               |        |             |
|           |            |            |                        | CUSTOMER       | 76.00 | 0.00    | 1,108.08      |        |             |
|           |            |            |                        |                |       |         |               |        |             |
|           |            |            |                        | CATEGORY       | 76.00 | 0.00    | 1,108.08      |        |             |

| RUN DATE 06/06<br>SALES JRNL # 0 |           | SUNNYSIDE CITYWIDE                            | REGNY NY<br>SALES REGISTER         |               |         | PAGE 1 -<br>ADU ADULT<br>BILL WEEK ENDING | 273<br>6/08/12 |
|----------------------------------|-----------|---|------------------------------------|---------------|---------|---|----------------|
| INVOICE# DAT                     | E CUST NO |   | REFERENCE                          | HOURS         | TAX AMT | AMOUNT TYPE                               |                |
| 197632 6/01<br>197633 6/01       |           | VISITING NURSE SERVICE VISITING NURSE SERVICE | TAVERAS, BERNAR<br>TAVERAS, BERNAR | 16.00<br>4.00 |         | 233.28 I<br>58.32 I                       |                |
|                                  |           |   | CUSTOMER                           | 20.00         | 0.00    | 291.60                                    |                |
|                                  |           |   | CATEGORY                           | 20.00         | 0.00    |   |                |

| RUN DATE (<br>SALES JRNI |                               | - SUP SUNN<br>LOC 001      | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE                                       | REG NY NY<br>SALES REGISTER                           |                       |         | PAGE 1 - 274 VCP CHOICE LHCSA BILL WEEK ENDING | 6/08/12 |
|--------------------------|-------------------------------|----------------------------|--|---|-----------------------|---------|--|---------|
| INVOICE#                 | DATE                          | CUST NO                    | CUSTOMER NAME  | REFERENCE   | HOURS                 | TAX AMT | AMOUNT TYP                                     | SURPLUS |
| 197635                   | 5/25/12<br>6/01/12<br>6/01/12 | 000008<br>000008<br>000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | TEJADA, BALDOME<br>TEJADA, BALDOME<br>TEJADA, BALDOME | 4.00<br>16.00<br>4.00 |         | 58.32 I<br>233.28 I<br>58.32 I                 |         |
|                          |                               |                            |  | CUSTOMER  | 24.00                 | 0.00    | 349.92   |         |
|                          |                               |                            |  | CATEGORY  | 24.00                 | 0.00    | 349.92   |         |

|           |           |         | YSIDE CITYWIDE         | DEG NV NV                  |       |         | -                             | 175     |
|-----------|-----------|---------|------------------------|----------------------------|-------|---------|-------------------------------|---------|
| SALES URI | IL # 0284 | TOC 001 | SUNNYSIDE CITYWIDE     | REGNY NY<br>SALES REGISTER |       |         | ADU ADULT<br>BILL WEEK ENDING | 6/08/12 |
| INVOICE#  | DATE      | CUST NO | CUSTOMER NAME          | REFERENCE                  | HOURS | TAX AMT | AMOUNT TYP                    | SURPLUS |
| 197637    | 6/01/12   | 800000  | VISITING NURSE SERVICE | TEJADA, MARIA              | 1.00  |         | 14.58 I                       |         |
|           |           |         |                        | CATEGORY                   | 1.00  | 0.00    | 14.58                         |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |        |         | PAGE 1        | - 276       |
|-----------|------------|------------|------------------------|-----------------|--------|---------|---------------|-------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |        |         | VCP CHOICE LH | ICSA        |
|           |            |            | S.                     | ALES REGISTER   |        |         | BILL WEEK END | ING 6/08/12 |
|           |            |            |                        |                 |        |         |               |             |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS  | TAX AMT | AMOUNT        | TYP SURPLUS |
|           |            |            |                        |                 |        |         |               |             |
| 197638    | 6/01/12    | 800000     | VISITING NURSE SERVICE | TERZIAN, ASDGHI | 30.00  |         | 437.40        | I           |
| 197639    | 6/01/12    | 800000     | VISITING NURSE SERVICE | TERZIAN, ASDGHI | 6.00   |         | 87.48         | I           |
| 197640    | 6/01/12    | 000008     | VISITING NURSE SERVICE | TINOCO, INES    | 27.75  |         | 404.60        | I           |
| 197641    | 6/01/12    | 000008     | VISITING NURSE SERVICE | TINOCO, INES    | 7.00   |         | 102.06        | I           |
| 197642    | 6/01/12    | 000008     | VISITING NURSE SERVICE | TORO VEGA, LUZV | 24.00  |         | 349.92        | I           |
| 197643    | 6/01/12    | 000008     | VISITING NURSE SERVICE | TORO VEGA, LUZV | 4.00   |         | 58.32         | I           |
| 197644    | 6/01/12    | 000008     | VISITING NURSE SERVICE | TORO, PURA      | 72.00  |         | 1,049.76      | I           |
| 197645    | 6/01/12    | 000008     | VISITING NURSE SERVICE | TORO, PURA      | 12.00  |         | 174.96        | I           |
| 197646    | 6/01/12    | 000008     | VISITING NURSE SERVICE | TORRES, EMELINA | 24.00  |         | 349.92        | I           |
| 197647    | 6/01/12    | 000008     | VISITING NURSE SERVICE | TORRES, EMELINA | 8.00   |         | 116.64        | I           |
| 197648    | 6/01/12    | 000008     | VISITING NURSE SERVICE | TORRES, LUZ M   | 72.00  |         | 1,049.76      | Ī           |
| 197649    | 6/01/12    | 000008     | VISITING NURSE SERVICE | TORRES, LUZ M   | 12.00  |         | 174.96        | _<br>T      |
| 13,013    | 0,01,12    | 00000      | VIDITING NONDE BENVIOL |                 |        |         |               |             |
|           |            |            |                        | CUSTOMER        | 298.75 | 0.00    | 4,355.78      |             |
|           |            |            |                        | CODIONER        | 2,0.75 | 0.00    | 1,333.70      |             |
|           |            |            |                        |                 |        |         |               |             |
|           |            |            |                        | CATEGORY        | 298.75 | 0.00    | 4,355.78      |             |
| 1         |            |            |                        | CHILDORT        |        | 0.00    | 2,333.70      |             |

|           |           |         | YSIDE CITYWIDE         | DDG NV NV                  |        |         | PAGE 1 - 2                             |         |
|-----------|-----------|---------|------------------------|----------------------------|--------|---------|--|---------|
| SALES JRN | IL # U284 | LOC 001 | SUNNYSIDE CITYWIDE     | REGNY NY<br>SALES REGISTER |        |         | LTC NURSING HOMEW,<br>BILL WEEK ENDING | 6/08/12 |
| INVOICE#  | DATE      | CUST NO | CUSTOMER NAME          | REFERENCE                  | HOURS  | TAX AMT | AMOUNT TYP                             | SURPLUS |
| INVOICE   | DAIL      | CODI NO | CODIONER NAME          | KEI EKENCE                 | 110010 | IAM ANI | AMOUNT III                             | DOM HOD |
| 197650    | 6/01/12   | 000008  | VISITING NURSE SERVICE | TORRES, MARGOT             | 36.00  |         | 524.88 I                               |         |
| 197651    | 6/01/12   | 800000  | VISITING NURSE SERVICE | TORRES, MARGOT             | 6.00   |         | 87.48 I                                |         |
|           |           |         |                        | CUSTOMER                   | 42.00  | 0.00    | 612.36                                 |         |
|           |           |         |                        | CODICIENT                  | 12.00  | 0.00    | 012.50                                 |         |
|           |           |         |                        |                            |        |         |  |         |
|           |           |         |                        | CATEGORY                   | 42.00  | 0.00    | 612.36                                 |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY      |               |         | PAGE 1 - 2<br>ADU ADULT | 278     |
|-----------------------|--------------------|-----------------------|---|----------------|---------------|---------|-------------------------|---------|
| DALLO OIGN            | L # 0201           | 100 001               |   | SALES REGISTER |               |         | BILL WEEK ENDING        | 6/08/12 |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE      | HOURS         | TAX AMT | AMOUNT TYP              | SURPLUS |
| 197652<br>197653      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE VISITING NURSE SERVICE | ,              | 28.00<br>7.00 |         | 408.24 I<br>102.06 I    |         |
|                       |                    |                       |   | CUSTOMER       | 35.00         | 0.00    | 510.30                  |         |
|                       |                    |                       |   | CATEGORY       | 35.00         | 0.00    | 510.30                  |         |

| RUN DATE 06/<br>SALES JRNL # | 06/12 - SUP SUNN<br>0284 LOC 001             | SUNNYSIDE CITYWIDE   | REGNY NY<br>SALES REGISTER                            |                       |         | PAGE 1 -<br>VCP CHOICE LHO<br>BILL WEEK END |             |  |
|------------------------------|--|--|---|-----------------------|---------|---|-------------|--|
| INVOICE# D.                  | ATE CUST NO                                  | CUSTOMER NAME  | REFERENCE   | HOURS                 | TAX AMT | AMOUNT :                                    | TYP SURPLUS |  |
| 197655 6/                    | 25/12 000008<br>01/12 000008<br>01/12 000008 | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | TRUJILLO, AMPAR<br>TRUJILLO, AMPAR<br>TRUJILLO, AMPAR | 8.00<br>16.00<br>4.00 |         | 116.64<br>233.28<br>58.32                   | I<br>I      |  |
|                              |  |  | CUSTOMER  | 28.00                 | 0.00    | 408.24                                      |             |  |
|                              |  |  | CATEGORY  | 28.00                 | 0.00    | 408.24                                      |             |  |

|                  | 06/06/12 -<br>NL # 0284 | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY                    |              |         | PAGE 1 -<br>ADU ADULT | 280        |
|------------------|-------------------------|-----------------------|---|------------------------------|--------------|---------|-----------------------|------------|
|                  |                         |                       | S   | SALES REGISTER               |              |         | BILL WEEK ENDI        | NG 6/08/12 |
| INVOICE#         | DATE                    | CUST NO               | CUSTOMER NAME                                 | REFERENCE                    | HOURS        | TAX AMT | AMOUNT T              | YP SURPLUS |
| 197657<br>197658 | 6/01/12<br>6/01/12      | 000008<br>000008      | VISITING NURSE SERVICE VISITING NURSE SERVICE | TRUONG, TINH<br>TRUONG, TINH | 6.00<br>3.00 |         | 87.48<br>43.74        | I          |
| 197030           | 6/01/12                 | 000006                | VISITING NURSE SERVICE                        | ·                            |              |         |                       |            |
|                  |                         |                       |   | CUSTOMER                     | 9.00         | 0.00    | 131.22                |            |
|                  |                         |                       |   | CATEGORY                     | 9.00         | 0.00    | 131.22                |            |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY                       |       |         | PAGE 1 -<br>VCP CHOICE LHO | - 28:<br>CSA | 1       |
|-----------------------|--------------------|-----------------------|---|---------------------------------|-------|---------|----------------------------|--------------|---------|
|                       | _ "                |                       |   | SALES REGISTER                  |       |         | BILL WEEK END              |              | 6/08/12 |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                       | HOURS | TAX AMT | AMOUNT 1                   | TYP          | SURPLUS |
| 197659<br>197660      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE VISITING NURSE SERVICE | TSOLISOS, FOTIN TSOLISOS, FOTIN | 40.00 |         | 583.20<br>116.64           | I<br>T       |         |
| 137000                | 0,01,12            | 00000                 | VIBILING NORDE BERVICE                        | CUSTOMER                        | 48.00 | 0.00    | 699.84                     |              |         |
|                       |                    |                       |   |                                 |       |         |                            |              |         |
|                       |                    |                       |   | CATEGORY                        | 48.00 | 0.00    | 699.84                     |              |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE             | REG NY NY<br>SALES REGISTER |               |         | PAGE 1 - 282<br>LAD NURSING HOME W/O WALLS LT<br>BILL WEEK ENDING 6/08/12 |
|-----------------------|--------------------|-----------------------|--|-----------------------------|---------------|---------|---|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                    | REFERENCE                   | HOURS         | TAX AMT | AMOUNT TYP SURPLUS  |
| 197661<br>197662      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | •                           | 16.00<br>4.00 |         | 233.28 I<br>58.32 I   |
|                       |                    |                       |  | CUSTOMER                    | 20.00         | 0.00    | 291.60  |
|                       |                    |                       |  | CATEGORY                    | 20.00         | 0.00    | <br>291.60  |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE             | REG NY NY      |               |         | PAGE 1 - 28<br>VCP CHOICE LHCSA | 33      |
|-----------------------|--------------------|-----------------------|--|----------------|---------------|---------|---------------------------------|---------|
| SALES OWN             | IL # 0204          | ПОС 001               |  | SALES REGISTER |               |         | BILL WEEK ENDING                | 6/08/12 |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                    | REFERENCE      | HOURS         | TAX AMT | AMOUNT TYP                      | SURPLUS |
| 197663<br>197664      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | ,              | 53.00<br>9.00 |         | 772.74 I<br>131.22 I            |         |
|                       |                    |                       |  | CUSTOMER       | 62.00         | 0.00    | 903.96                          |         |
|                       |                    |                       |  | CATEGORY       | 62.00         | 0.00    | 903.96                          |         |

| RUN DATE 0  |         | SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY      |              |         | PAGE 1<br>ADU ADULT | - 28   | 34      |
|-------------|---------|---------------------|---|----------------|--------------|---------|---------------------|--------|---------|
| DIEED GIGVE | 11 0201 | 100 001             |   | SALES REGISTER |              |         | BILL WEEK EN        | DING   | 6/08/12 |
| INVOICE#    | DATE    | CUST NO             | CUSTOMER NAME                                 | REFERENCE      | HOURS        | TAX AMT | AMOUNT              | TYP    | SURPLUS |
|             | - , - , | 800000<br>800000    | VISITING NURSE SERVICE VISITING NURSE SERVICE |                | 6.00<br>1.00 |         | 1,049.76<br>174.96  | I<br>I |         |
|             |         |                     |   | CUSTOMER       | 7.00         | 0.00    | 1,224.72            |        |         |
|             |         |                     |   | CATEGORY       | 7.00         | 0.00    | 1,224.72            |        |         |

| RUN DATE 0 | 06/06/12 - | SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1        | - 285            |
|------------|------------|----------|------------------------|----------------|-------|---------|---------------|------------------|
| SALES JRNL | # 0284     | LOC 001  | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         |               | OMEW/O WALLS (LT |
|            |            |          | i                      | SALES REGISTER |       |         | BILL WEEK END | ING 6/08/12      |
| INVOICE#   | DATE       | CUST NO  | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT        | TYP SURPLUS      |
| 197667     | 6/01/12    | 000008   | VISITING NURSE SERVICE | URBINA, ANA    | 25.00 |         | 364.50        | I                |
| 197668     | 6/01/12    | 800000   | VISITING NURSE SERVICE | URBINA, ANA    | 5.00  |         | 72.90         | I                |
|            |            |          |                        | CUSTOMER       | 30.00 | 0.00    | 437.40        |                  |
|            |            |          |                        | COSTONER       | 30.00 | 0.00    | 437.40        |                  |
|            |            |          |                        |                |       |         |               |                  |
|            |            |          |                        | CATEGORY       | 30.00 | 0.00    | 437.40        |                  |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE<br>S     | REG NY NY<br>SALES REGISTER  |              |         | PAGE 1<br>AUR ADULT REH<br>BILL WEEK END | -           |
|-----------------------|--------------------|-----------------------|---|------------------------------|--------------|---------|--|-------------|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                    | HOURS        | TAX AMT | AMOUNT                                   | TYP SURPLUS |
| 197669<br>197670      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE VISITING NURSE SERVICE | VACCA, MARIA<br>VACCA, MARIA | 6.00<br>3.00 |         | 87.48<br>43.74                           | I<br>I      |
|                       |                    |                       |   | CUSTOMER                     | 9.00         | 0.00    | 131.22                                   |             |
|                       |                    |                       |   | CATEGORY                     | 9.00         | 0.00    | 131.22                                   |             |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 - 287             |   |
|-----------|------------|------------|------------------------|-----------------|-------|---------|--------------------------|---|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | ADU ADULT                | _ |
|           |            |            | 2                      | SALES REGISTER  |       |         | BILL WEEK ENDING 6/08/12 | 2 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP SURPLUS       | 3 |
| 197671    | 6/01/12    | 000008     | VISITING NURSE SERVICE | VALENCIA, ESTHE | 9.00  |         | 131.22 I                 |   |
| 197672    | 6/01/12    | 800000     | VISITING NURSE SERVICE | VALENCIA, ESTHE | 3.00  |         | 43.74 I                  |   |
|           |            |            |                        | CUSTOMER        | 12.00 | 0.00    | 174.96                   | _ |
|           |            |            |                        | CATEGORY        | 12.00 | 0.00    | 174.96                   | - |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                |       |         | PAGE 1       | - 28 | 38      |
|-----------|------------|------------|------------------------|----------------|-------|---------|--------------|------|---------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | CCL CONGREGA |      |         |
|           |            |            |                        | SALES REGISTER |       |         | BILL WEEK EN | DING | 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | AMOUNT       | TYP  | SURPLUS |
| 197673    | 6/01/12    | 000008     | VISITING NURSE SERVICE | VALENTI, HELEN | 6.00  |         | 87.48        | I    |         |
| 197674    | 6/01/12    | 800000     | VISITING NURSE SERVICE | VALENTI, HELEN | 2.00  |         | 29.16        | I    |         |
|           |            |            |                        | CUSTOMER       | 8.00  | 0.00    | 116.64       |      |         |
|           |            |            |                        |                |       |         |              |      |         |
|           |            |            |                        | CATEGORY       | 8.00  | 0.00    | 116.64       |      |         |

| RUN DATE 06/   | /06/12 - SUP SUNN<br># 0284 LOC 001 |  | REG NY NY                      |               |         | PAGE 1<br>ADU ADULT | - 28   | 39      |
|----------------|-------------------------------------|--|--------------------------------|---------------|---------|---------------------|--------|---------|
| DALLED GIAVE 7 | # 0201 LOC 001                      |  | LES REGISTER                   |               |         | BILL WEEK END       | DING   | 6/08/12 |
| INVOICE# I     | DATE CUST NO                        | CUSTOMER NAME                                    | REFERENCE                      | HOURS         | TAX AMT | AMOUNT              | TYP    | SURPLUS |
|                | /01/12 000008                       | VISITING NURSE SERVICE                           | VALENTIN, ALEJA                | 15.50         |         | 225.99              | I      |         |
|                | /01/12 000008<br>/01/12 000008      | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | VARELAS, ANNA<br>VARELAS, ANNA | 12.00<br>3.00 |         | 174.96<br>43.74     | I<br>I |         |
|                |                                     |  | CUSTOMER                       | 30.50         | 0.00    | 444.69              |        |         |
|                |                                     |  |                                |               |         |                     |        |         |
|                |                                     |  | CATEGORY                       | 30.50         | 0.00    | 444.69              |        |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE             | REG NY NY<br>SALES REGISTEF | 2     |         | PAGE 1 - 290<br>LTC NURSING HOMEW/O W<br>BILL WEEK ENDING 6 | ALLS (LT<br>08/12 |
|-----------------------|--------------------|-----------------------|--|-----------------------------|-------|---------|---|-------------------|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                    | REFERENCE                   | HOURS | TAX AMT | AMOUNT TYP SU   | JRPLUS            |
| 197678<br>197679      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE |                             | 4.00  |         | 58.32 I<br>58.32 I  |                   |
|                       |                    |                       |  | CUSTOMER                    | 8.00  | 0.00    | 116.64  |                   |
|                       |                    |                       |  | CATEGORY                    | 8.00  | 0.00    | 116.64  |                   |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1        | - 29 | 1       |
|-----------|------------|------------|------------------------|-----------------|-------|---------|---------------|------|---------|
| SALES JRN | ъ # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | VCP CHOICE LH | ICSA |         |
|           |            |            |                        | SALES REGISTER  |       |         | BILL WEEK END | DING | 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT        | TYP  | SURPLUS |
| 197680    | 6/01/12    | 000008     | VISITING NURSE SERVICE | VASQUEZ, ARTURO | 7.00  |         | 102.06        | I    |         |
| 197681    | 6/01/12    | 800000     | VISITING NURSE SERVICE | VASQUEZ, ARTURO | 7.00  |         | 102.06        | I    |         |
|           |            |            |                        | CUSTOMER        | 14.00 | 0.00    | 204.12        |      |         |
|           |            |            |                        | CATEGORY        | 14.00 | 0.00    | 204.12        |      |         |

|           |           |         | YSIDE CITYWIDE         |                 |       |         | PAGE 1                        |     |         |  |
|-----------|-----------|---------|------------------------|-----------------|-------|---------|-------------------------------|-----|---------|--|
| SALES JRN | IL # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | LTC NURSING HOMEW/O WALLS (LT |     |         |  |
|           |           |         | 2                      | SALES REGISTER  |       |         | BILL WEEK END                 | ING | 6/08/12 |  |
| INVOICE#  | DATE      | CUST NO | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT                        | TYP | SURPLUS |  |
| 197682    | 6/01/12   | 800000  | VISITING NURSE SERVICE | VASOUEZ, EUSTAG | 28.00 |         | 408.24                        | I   |         |  |
| 197683    | 6/01/12   | 800000  | VISITING NURSE SERVICE | VASQUEZ, EUSTAG | 4.50  |         | 65.61                         | I   |         |  |
| 197684    | 6/01/12   | 800000  | VISITING NURSE SERVICE | VASQUEZ, RAPHAE | 18.00 |         | 262.44                        | I   |         |  |
| 197685    | 6/01/12   | 800000  | VISITING NURSE SERVICE | VASQUEZ, RAPHAE | 3.00  |         | 43.74                         | I   |         |  |
| 197686    | 6/01/12   | 800000  | VISITING NURSE SERVICE | VAZQUEZ, ESTHER | 34.00 |         | 495.72                        | I   |         |  |
|           |           |         |                        | CUSTOMER        | 87.50 | 0.00    | 1,275.75                      |     |         |  |
|           |           |         |                        | CATEGORY        | 87.50 | 0.00    | 1,275.75                      |     |         |  |

| RUN DATE<br>SALES JRN |            | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY       |       |         | PAGE 1<br>VCP CHOICE LE | - 29 | 3       |
|-----------------------|------------|-----------------------|--------------------------------------|-----------------|-------|---------|-------------------------|------|---------|
| Bribbs orde           | 12    0201 | 100 001               |                                      | SALES REGISTER  |       |         | BILL WEEK END           |      | 6/08/12 |
| INVOICE#              | DATE       | CUST NO               | CUSTOMER NAME                        | REFERENCE       | HOURS | TAX AMT | AMOUNT                  | TYP  | SURPLUS |
| 197687                | 6/01/12    | 000008                | VISITING NURSE SERVICE               | VELASQUEZ, NELL | 12.00 |         | 174.96                  | I    |         |
| 197688                | 6/01/12    | 000008                | VISITING NURSE SERVICE               | VELASQUEZ, NELL | 4.00  |         | 58.32                   | Τ    |         |
|                       |            |                       |                                      | CUSTOMER        | 16.00 | 0.00    | 233.28                  |      |         |
|                       |            |                       |                                      | CATEGORY        | 16.00 | 0.00    | 233.28                  |      |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE             | REG NY NY<br>SALES REGISTEF | 2             |         | PAGE 1 - 294<br>LTC NURSING HOMEW/O WAL<br>BILL WEEK ENDING 6/08 | ,    |
|-----------------------|--------------------|-----------------------|--|-----------------------------|---------------|---------|--|------|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                    | REFERENCE                   | HOURS         | TAX AMT | AMOUNT TYP SURP  | PLUS |
| 197689<br>197690      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE<br>VISITING NURSE SERVICE | - ,                         | 35.00<br>7.00 |         | 510.30 I<br>102.06 I   |      |
|                       |                    |                       |  | CUSTOMER                    | 42.00         | 0.00    | 612.36   |      |
|                       |                    |                       |  | CATEGORY                    | 42.00         | 0.00    | 612.36   |      |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY      |               |         | PAGE 1 -<br>VCP CHOICE LHC |            |
|-----------------------|--------------------|-----------------------|---|----------------|---------------|---------|----------------------------|------------|
|                       | _ "                |                       |   | SALES REGISTER |               |         | BILL WEEK ENDII            |            |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE      | HOURS         | TAX AMT | AMOUNT T                   | YP SURPLUS |
| 197691<br>197692      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE VISITING NURSE SERVICE |                | 32.00<br>8.50 |         | 466.56<br>123.93           | I<br>T     |
| 197092                | 0/01/12            | 000008                | VISITING NURSE SERVICE                        | VERAS, UUANA   |               |         | 123.93                     |            |
|                       |                    |                       |   | CUSTOMER       | 40.50         | 0.00    | 590.49                     |            |
|                       |                    |                       |   | CATEGORY       | 40.50         | 0.00    | <br>590.49                 |            |

|           |           |         | YSIDE CITYWIDE         |                            |       |         | PAGE 1 - 29                        | 16      |
|-----------|-----------|---------|------------------------|----------------------------|-------|---------|------------------------------------|---------|
| SALES JRI | NL # 0284 | LOC 001 |                        | REGNY NY<br>SALES REGISTER |       |         | HOA HOSPICE ADULT BILL WEEK ENDING | 6/08/12 |
|           |           |         | •                      | SALES REGISIER             |       |         | BILL WEEK ENDING                   | 0/00/12 |
| INVOICE#  | DATE      | CUST NO | CUSTOMER NAME          | REFERENCE                  | HOURS | TAX AMT | AMOUNT TYP                         | SURPLUS |
| 197693    | 6/01/12   | 000008  | VISITING NURSE SERVICE | VIGORITO, ANN              | 20.00 |         | 291.60 I                           |         |
|           |           |         |                        | CATEGORY                   | 20.00 | 0.00    | 291.60                             |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY                        |               |         | PAGE 1<br>VCP CHOICE L | - 29<br>HCSA | 97      |
|-----------------------|--------------------|-----------------------|---|----------------------------------|---------------|---------|------------------------|--------------|---------|
|                       | _ "                |                       |   | SALES REGISTER                   |               |         | BILL WEEK EN           |              | 6/08/12 |
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                        | HOURS         | TAX AMT | AMOUNT                 | TYP          | SURPLUS |
| 197694<br>197695      | 6/01/12<br>6/01/12 | 000008<br>000008      | VISITING NURSE SERVICE VISITING NURSE SERVICE | VILLAPOL, ANNA<br>VILLAPOL, ANNA | 18.00<br>6.00 |         | 262.44<br>87.48        | I            |         |
| 157055                | 0/01/12            | 000000                | VIBILING NORBE BERVICE                        | VIIIAI OII, AIVIA                |               |         |                        |              |         |
|                       |                    |                       |   | CUSTOMER                         | 24.00         | 0.00    | 349.92                 |              |         |
|                       |                    |                       |   |                                  |               |         |                        |              |         |
|                       |                    |                       |   | CATEGORY                         | 24.00         | 0.00    | 349.92                 |              |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY NY<br>SALES REGISTER |       |         | PAGE 1 - 29<br>CCL CONGREGATE CAR<br>BILL WEEK ENDING |         |
|-----------------------|--------------------|-----------------------|---|-----------------------------|-------|---------|---|---------|
| INVOICE#              | DATE               | CUST NO               | CUSTOMER NAME                                 | REFERENCE                   | HOURS | TAX AMT | AMOUNT TYP  | SURPLUS |
| 197696<br>197697      | 6/01/12<br>6/01/12 | 800000<br>800000      | VISITING NURSE SERVICE VISITING NURSE SERVICE | ,                           | 2.00  |         | 29.16 I<br>29.16 I                                    |         |
|                       |                    |                       |   | CUSTOMER                    | 4.00  | 0.00    | 58.32   |         |
|                       |                    |                       |   | CATEGORY                    | 4.00  | 0.00    | 58.32   |         |

| RUN DATE<br>SALES JRN |                    | SUP SUNN         | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE          | REG NY N |               |               |         | LTC NURSING H   |        | O WALLS (LT |
|-----------------------|--------------------|------------------|---|----------|---------------|---------------|---------|-----------------|--------|-------------|
|                       |                    |                  |   | SALES RE | GIST          | E R           |         | BILL WEEK ENI   | DING   | 6/08/12     |
| INVOICE#              | DATE               | CUST NO          | CUSTOMER NAME                                 | REFERI   | ENCE          | HOURS         | TAX AMT | AMOUNT          | TYP    | SURPLUS     |
| 197698<br>197699      | 6/01/12<br>6/01/12 | 000008<br>000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE |          |               | 18.00<br>6.00 |         | 262.44<br>87.48 | I<br>I |             |
|                       |                    |                  |   |          | CUSTOMER      | 24.00         | 0.00    | 349.92          |        |             |
|                       |                    |                  |   | (        | -<br>CATEGORY | 24.00         | 0.00    | 349.92          |        |             |

|           |          |         | YSIDE CITYWIDE         |                |       |         | PAGE 1 -       | 300         |
|-----------|----------|---------|------------------------|----------------|-------|---------|----------------|-------------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY      |       |         | VCP CHOICE LHO |             |
|           |          |         |                        | SALES REGISTER |       |         | BILL WEEK ENDI | ING 6/08/12 |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE      | HOURS | TAX AMT | T TRUOMA       | YP SURPLUS  |
| 197700    | 6/01/12  | 000008  | VISITING NURSE SERVICE | VIVACQUA, EMMA | 60.00 |         | 874.80         | I           |
| 197701    | 6/01/12  | 800000  | VISITING NURSE SERVICE | VIVACQUA, EMMA | 10.00 |         | 145.80         | I           |
|           |          |         |                        | CUSTOMER       | 70.00 | 0.00    | 1,020.60       |             |
|           |          |         |                        |                |       |         |                |             |
|           |          |         |                        | CATEGORY       | 70.00 | 0.00    | 1,020.60       |             |

| RUN DATE 06/06<br>SALES JRNL # 0 |             | NYSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE         | REG NY NY     |               |         | PAGE 1 -<br>ADU ADULT | 301        |
|----------------------------------|-------------|---|---------------|---------------|---------|-----------------------|------------|
| SALES ORNE # 0                   | 204 100 001 |   | SALES REGISTE | R             |         | BILL WEEK ENDI        | NG 6/08/12 |
| INVOICE# DAT                     | E CUST NO   | CUSTOMER NAME                                 | REFERENCE     | HOURS         | TAX AMT | AMOUNT T              | YP SURPLUS |
| 197702 6/01<br>197703 6/01       | ,           | VISITING NURSE SERVICE VISITING NURSE SERVICE |               | 16.00<br>4.00 |         | 233.28<br>58.32       | I<br>I     |
|                                  |             |   | CUSTOMER      | 20.00         | 0.00    | 291.60                |            |
|                                  |             |   | <br>CATEGORY  | 20.00         | 0.00    | <br>291.60            |            |

| RUN DATE<br>SALES JRN |         | - SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY       |       |         | PAGE 1<br>VCP CHOICE LH |             |
|-----------------------|---------|------------|-----------------------------------|-----------------|-------|---------|-------------------------|-------------|
|                       | _ "     |            |                                   | ALES REGISTER   |       |         | BILL WEEK END           |             |
| INVOICE#              | DATE    | CUST NO    | CUSTOMER NAME                     | REFERENCE       | HOURS | TAX AMT | AMOUNT                  | TYP SURPLUS |
| 197704                | 6/01/12 | 800000     | VISITING NURSE SERVICE            | VOLASTRO, JOHN  | 3.00  |         | 43.74                   | I           |
| 197705                | 5/25/12 | 800000     | VISITING NURSE SERVICE            | WEINHAUS, SUSAN | 25.00 |         | 364.50                  | I           |
| 197706                | 6/01/12 | 800000     | VISITING NURSE SERVICE            | WEINHAUS, SUSAN | 25.00 |         | 364.50                  | I           |
| 197707                | 6/01/12 | 800000     | VISITING NURSE SERVICE            | WEINHAUS, SUSAN | 5.00  |         | 72.90                   | I           |
|                       |         |            |                                   | CUSTOMER        | 58.00 | 0.00    | 845.64                  |             |
|                       |         |            |                                   | CATEGORY        | 58.00 | 0.00    | 845.64                  |             |

| RUN DATE<br>SALES JRN |          | - SUP SUNN | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY       |       |         | PAGE 1 -<br>ADU ADULT | 303        |
|-----------------------|----------|------------|--------------------------------------|-----------------|-------|---------|-----------------------|------------|
| SALES OW              | L # 0204 | HOC 001    |                                      | ALES REGISTER   |       |         | BILL WEEK ENDIN       | NG 6/08/12 |
| INVOICE#              | DATE     | CUST NO    | CUSTOMER NAME                        | REFERENCE       | HOURS | TAX AMT | AMOUNT TY             | P SURPLUS  |
| 197708                | 6/01/12  | 000008     | VISITING NURSE SERVICE               | WERKMEISTER, JO | 15.50 |         | 225.99                | Ι          |
| 197709                | 6/01/12  | 000008     | VISITING NURSE SERVICE               | WERKMEISTER, JO | 4.00  |         | 58.32                 | <u> </u>   |
| 197710                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | WHITE, PATRICK  | 28.75 |         | 419.18                | [          |
| 197711                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | WHITE, PATRICK  | 10.00 |         | 145.80                | [          |
| 197712                | 5/25/12  | 000008     | VISITING NURSE SERVICE               | WOODS, JEWEL    | 4.00  |         | 58.32                 | [          |
| 197713                | 6/01/12  | 800000     | VISITING NURSE SERVICE               | WOODS, JEWEL    | 10.75 |         | 156.74                | Γ          |
|                       |          |            |                                      | CUSTOMER        | 73.00 | 0.00    | 1,064.35              |            |
|                       |          |            |                                      | CATEGORY        | 73.00 | 0.00    | 1,064.35              |            |

|           |           |         | YSIDE CITYWIDE         |                 |       |         | -                | 304     |
|-----------|-----------|---------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | IL # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | VCP CHOICE LHCSA |         |
|           |           |         |                        | SALES REGISTER  |       |         | BILL WEEK ENDING | 6/08/12 |
| INVOICE#  | DATE      | CUST NO | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS |
| 197714    | 6/01/12   | 000008  | VISITING NURSE SERVICE | YAGHDJIAN, SIRA | 12.00 |         | 174.96 I         |         |
| 197715    | 6/01/12   | 800000  | VISITING NURSE SERVICE | YAGHDJIAN, SIRA | 4.00  |         | 58.32 I          |         |
|           |           |         |                        | CUSTOMER        | 16.00 | 0.00    | 233.28           |         |
|           |           |         |                        | COSTOMER        | 10.00 | 0.00    | 255.20           |         |
|           |           |         |                        |                 |       |         |                  |         |
|           |           |         |                        | CATEGORY        | 16.00 | 0.00    | 233.28           |         |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE         |                 |       |         | PAGE 1 - 30        | 05         |
|-----------|------------|------------|------------------------|-----------------|-------|---------|--------------------|------------|
| SALES JRN | L # 0284   | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | CCL CONGREGATE CAI | RE PROGRAM |
|           |            |            | Ş                      | SALES REGISTER  |       |         | BILL WEEK ENDING   | 6/08/12    |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP         | SURPLUS    |
| 197716    | 6/01/12    | 800000     | VISITING NURSE SERVICE | YELLAPAH, DOLLI | 12.00 |         | 174.96 I           |            |
|           |            |            |                        | CATEGORY        | 12.00 | 0.00    | 174.96             |            |

|           |          |         | YSIDE CITYWIDE         |                 |       |         |                  | 06        |
|-----------|----------|---------|------------------------|-----------------|-------|---------|------------------|-----------|
| SALES JRN | L # 0284 | LOC 001 | SUNNYSIDE CITYWIDE     | REG NY NY       |       |         | ADU ADULT        | 6 (00 (10 |
|           |          |         | :                      | SALES REGISTER  |       |         | BILL WEEK ENDING | 6/08/12   |
| INVOICE#  | DATE     | CUST NO | CUSTOMER NAME          | REFERENCE       | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS   |
| 197717    | 6/01/12  | 000008  | VISITING NURSE SERVICE | ZAMBRANO, CRUZM | 47.75 |         | 696.20 I         |           |
| 197718    | 6/01/12  | 800000  | VISITING NURSE SERVICE | ZAMBRANO, CRUZM | 8.75  |         | 127.58 I         |           |
| 197719    | 6/01/12  | 800000  | VISITING NURSE SERVICE | ZAMBRANO, VICTO | 6.00  |         | 87.48 I          |           |
|           |          |         |                        | CUSTOMER        | 62.50 | 0.00    | 911.26           |           |
|           |          |         |                        |                 |       |         |                  |           |
|           |          |         |                        | CATEGORY        | 62.50 | 0.00    | 911.26           |           |

| RUN DAT | E 06/06/12 | - SUP SUNN | YSIDE CITYWIDE         |                 |        |          | PAGE 1 - 3       | 07      |
|---------|------------|------------|------------------------|-----------------|--------|----------|------------------|---------|
| SALES J | RNL # 0284 | LOC 001    | SUNNYSIDE CITYWIDE     | REG NY NY       |        |          | VCP CHOICE LHCSA |         |
|         |            |            | 5                      | SALES REGISTER  |        |          | BILL WEEK ENDING | 6/08/12 |
| INVOICE | # DATE     | CUST NO    | CUSTOMER NAME          | REFERENCE       | HOURS  | TAX AMT  | AMOUNT TYP       | SURPLUS |
| INVOICE | т БИТБ     | CODI NO    | CODIONER WANE          | KEL EKENCE      | 110010 | IAM AITI | AMOONI III       | DOM LOD |
| 197720  | 6/01/12    | 800000     | VISITING NURSE SERVICE | ZAMBRANO, VICTO | 4.00   |          | 58.32 I          |         |
|         |            |            |                        |                 |        |          |                  |         |
|         |            |            |                        | CATEGORY        | 4.00   | 0.00     | 58.32            |         |

RUN DATE 06/06/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 308 SALES JRNL # 0284 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 6/08/12 ACERNO, CLAIRE 22.75 330.33
ALI, AMRUNISSA 24.00 348.48
AMABILE, ANTOIN 7.00 1,321.04
AVALA, ENRIQUE 50.00 900.24
BEGUM, JAMILLA 62.00 900.24
BEGUM, JAMILLA 62.00 900.24
BEGUM, JAMILLA 62.00 900.24
BEGUM, JAMILLA 62.00 145.20
CARSWELL, LUELL 60.00 871.20
CARSWELL, LUELL 60.00 871.20
CARSWELL, LUELL 10.00 145.20
CEPEDA, TOMASA 30.00 435.60
COLAVITI, JEAN 56.00 813.12
COLEMAN, REGINA 31.00 450.12
DIAZ, CARMEN 31.00 450.12
DIAZ, CARMEN 30.00 435.60
DONOSO, MARGARE 24.00 348.48
EARLINGTON, ALB 41.00 535.32
ECKMAN, LOIS 7.00 1,321.04
EESCOBAR, DOMING 48.00 663.40
EESPINGZA, MARTIA 45.00 663.40
FERLICIANO, JOAN 32.00 464.64
FERLICIANO, JOAN 32.00 464.64
FERRIARA, ANN 42.00 609.84
FERRO, JOSEPHIN 70.00 1,016.40
GOMEZ, YOLANDA 8.00 161.616
GREENSPAN, ALIC 37.00 537.24
HUSTIU, SILVIA 2.75 39.93
JIMENEZ, EUGENI 10.50 152.46
JOHNSON, DOROTH 63.25 918.39
MARGRAY, KARMAD 40.00 580.80
MARTINEZ, EUGENI 10.50 152.46
JOHNSON, DOROTH 66.00 813.1.2
MONCRIP, JOUNS 55.50 805.86
MORA, PAULA 4.00 580.80
MARTINEZ, EUGENI 25.00 363.00
MICHEL, DOROTHY 56.00 813.1.2
MONCRIP, JOLE 55.50 805.86
MORA, PAULA 4.00 580.80
MARTINEZ, EUGENI 55.50 805.86
MORA, PAULA 4.00 580.80
MRSCAT, CARMEN 25.00 363.00
NETHLES, DONNA 4.00 580.80
MNESOLD, RAMONA 2.00 290.40
NEWBOLD, RAMONA 2.00 580.80
NEW INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 197721 330.33 I 6/01/12 000010 GUILDNET 348.48 I 197722 6/01/12 000010 GUILDNET 197723 6/01/12 000010 GUILDNET 197724 6/01/12 000010 GUILDNET 197725 GUILDNET 6/01/12 000010 GUILDNET 197726 6/01/12 000010 197727 6/01/12 000010 GUILDNET 6/01/12 197728 000010 GUILDNET 197729 6/01/12 000010 GUILDNET 197730 6/01/12 000010 GUILDNET 197731 6/01/12 000010 GUILDNET GUILDNET 197732 6/01/12 000010 197733 6/01/12 000010 GUILDNET 197734 6/01/12 000010 GUILDNET 197735 6/01/12 000010 GUILDNET 197736 6/01/12 000010 GUILDNET 197737 6/01/12 000010 GUILDNET 197738 5/25/12 000010 GUILDNET 197739 6/01/12 000010 GUILDNET 197740 6/01/12 000010 GUILDNET 197741 GUILDNET 6/01/12 000010 197742 GUILDNET 6/01/12 000010 197743 5/18/12 000010 GUILDNET 197744 6/01/12 000010 GUILDNET 197745 6/01/12 000010 GUILDNET 197746 6/01/12 000010 GUILDNET 197747 6/01/12 000010 GUILDNET 197748 6/01/12 000010 GUILDNET 197749 6/01/12 000010 GUILDNET 197750 6/01/12 000010 GUILDNET 197751 6/01/12 000010 GUILDNET 197752 6/01/12 000010 GUILDNET 197753 6/01/12 000010 GUILDNET 197754 6/01/12 000010 GUILDNET 197755 6/01/12 000010 GUILDNET 197756 6/01/12 000010 GUILDNET 197757 6/01/12 000010 GUILDNET 197758 6/01/12 000010 GUILDNET 197759 000010 GUILDNET 6/01/12 197760 000010 GUILDNET 6/01/12 197761 6/01/12 000010 GUILDNET 197762 6/01/12 000010 GUILDNET 197763 6/01/12 000010 GUILDNET 197764 000010 GUILDNET 6/01/12 197765 6/01/12 000010 GUILDNET 197766 6/01/12 000010 GUILDNET

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| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE     | REG NY NY<br>SALES REGISTER   |          |         | PAGE 2        | - 30  | )9      |
|-----------|------------|------------|--------------------|---|----------|---------|---------------|-------|---------|
| SALES JRN | IL # 0284  | LOC 001    | SUNNYSIDE CITYWIDE | REG NY NY   |          |         | GUI GUILDNET  |       |         |
|           |            |            |                    | SALES REGISTER  |          |         | BILL WEEK ENI | DING  | 6/08/12 |
| INVOICE#  | DATE       |            | CUSTOMER NAME      | REFERENCE   | HOURS    | TAX AMT | AMOUNT        | TYP   | SURPLUS |
| 197770    | 6/01/12    | 000010     | GUILDNET           | PAPHITIS RICHA  | 31 75    |         | 461 01        | т     |         |
| 197771    | 6/01/12    | 000010     | GUILDNET           | PAZIOULIS, GEOR   | 36.00    |         | 558.72        | T     |         |
| 197772    | 6/01/12    | 000010     | GUILDNET           | PAZIOULIS, GEOR   | 6.00     |         | 93.12         | Ī     |         |
| 197773    | 6/01/12    | 000010     | GUILDNET           | PAZIOULIS, KLEO   | 30.00    |         | 465.60        | Ī     |         |
| 197774    | 6/01/12    | 000010     | GUILDNET           | PAZIOULIS, KLEO   | 5.00     |         | 77.60         | Ī     |         |
| 197775    | 6/01/12    | 000010     | GUILDNET           | PENA, WALESKA   | 58.00    |         | 842.16        | Ī     |         |
| 197776    | 5/25/12    | 000010     | GUILDNET           | PEREZ. MARIA  | 36.00    |         | 522.72        | Ī     |         |
| 197777    | 6/01/12    | 000010     | GUILDNET           | PICHARDO, MARIA   | 63.00    |         | 914.76        | Ī     |         |
| 197778    | 6/01/12    | 000010     | GUILDNET           | PINILLA, VICTOR   | 15.00    |         | 217.80        | I     |         |
| 197779    | 6/01/12    | 000010     | GUILDNET           | PROANO, ALICIA  | 18.00    |         | 279.36        | I     |         |
| 197780    | 6/01/12    | 000010     | GUILDNET           | PROANO, ALICIA  | 3.00     |         | 46.56         | I     |         |
| 197781    | 6/01/12    | 000010     | GUILDNET           | PROANO, BRUNO   | 33.00    |         | 512.16        | I     |         |
| 197782    | 6/01/12    | 000010     | GUILDNET           | PRYCE, CLYDIA   | 16.00    |         | 232.32        | I     |         |
| 197783    | 6/01/12    | 000010     | GUILDNET           | RAMOS, ESTHER   | 18.00    |         | 261.36        | I     |         |
| 197784    | 6/01/12    | 000010     | GUILDNET           | RESTULA, VINCEN   | 14.00    |         | 203.28        | I     |         |
| 197785    | 6/01/12    | 000010     | GUILDNET           | RESTULA, VINCEN   | 4.00     |         | 58.08         | I     |         |
| 197786    | 6/01/12    | 000010     | GUILDNET           | RIVAS, GERTRUDI   | 16.00    |         | 232.32        | I     |         |
| 197787    | 6/01/12    | 000010     | GUILDNET           | RODRIGUEZ, FABI   | 28.00    |         | 406.56        | I     |         |
| 197788    | 6/01/12    | 000010     | GUILDNET           | RODRIGUEZ, HOLG   | 63.00    |         | 914.76        | I     |         |
| 197789    | 6/01/12    | 000010     | GUILDNET           | ROJAS, ANGEL  | 15.00    |         | 232.80        | I     |         |
| 197790    | 6/01/12    | 000010     | GUILDNET           | ROJAS, HAYDEE   | 20.00    |         | 310.40        | I     |         |
| 197791    | 6/01/12    | 000010     | GUILDNET           | RUBIANO, MARIA  | 12.00    |         | 174.24        | I     |         |
| 197792    | 6/01/12    | 000010     | GUILDNET           | SALJANIN, DILJA   | 52.00    |         | 755.04        | I     |         |
| 197793    | 6/01/12    | 000010     | GUILDNET           | SALJANIN, DILJA   | 9.00     |         | 130.68        | I     |         |
| 197794    | 5/25/12    | 000010     | GUILDNET           | SANCHEZ, ELIZAB   | 46.75    |         | 678.81        | I     |         |
| 197795    | 6/01/12    | 000010     | GUILDNET           | SHELTON, AGUEDA   | 34.25    |         | 497.31        | I     |         |
| 197796    | 6/01/12    | 000010     | GUILDNET           | SOMRAJ, UMILLA  | 9.00     |         | 130.68        | I     |         |
| 197797    | 6/01/12    | 000010     | GUILDNET           | TOROSSIAN, PARI   | 28.00    |         | 406.56        | I     |         |
| 197798    | 6/01/12    | 000010     | GUILDNET           | VILLACRES, LUZ  | 8.00     |         | 116.16        | I     |         |
| 197799    | 6/01/12    | 000010     | GUILDNET           | VLAHOS, MARIE   | 50.00    |         | 726.00        | I     |         |
| 197800    | 6/01/12    | 000010     | GUILDNET           | WEISZ, KLARA  | 7.75     |         | 112.53        | I     |         |
| 197801    | 6/01/12    | 000010     | GUILDNET           | WEST, BALDWIN   | 4.00     |         | 58.08         | I     |         |
| 197802    | 6/01/12    | 000010     | GUILDNET           | WHITE, GLORIA   | 25.00    |         | 363.00        | I     |         |
| 197803    | 6/01/12    | 000010     | GUILDNET           | WHITLEY, MYRNA  | 16.00    |         | 232.32        | I     |         |
| 197804    | 6/01/12    | 000010     | GUILDNET           | WHITLEY, MYRNA  | 4.00     |         | 58.08         | I     |         |
| 197805    | 5/25/12    | 000010     | GUILDNET           | YI, CARLOS  | 28.00    |         | 406.56        | I     |         |
| 197806    | 6/01/12    | 000010     | GUILDNET           | YIANTSELIS, VIR   | 7.00     |         | 1,321.04      | I     |         |
| 197807    | 6/01/12    | 000010     | GUILDNET           | ZARE, GLORIA  | 49.00    |         | 781.96        | I     |         |
| 197808    | 6/01/12    | 000010     | GUILDNET           | ZUMAETA, FANNY  | 64.00    |         | 929.28        | I<br> |         |
|           |            |            |                    | PAPHITIS, RICHA PAZIOULIS, GEOR PAZIOULIS, GEOR PAZIOULIS, KLEO PAZIOULIS, KLEO PAZIOULIS, KLEO PAZIOULIS, KLEO PENA, WALESKA PEREZ, MARIA PICHARDO, MARIA PINILLA, VICTOR PROANO, ALICIA PROANO, BRUNO PRYCE, CLYDIA RAMOS, ESTHER RESTULA, VINCEN RESTULA, VINCEN RIVAS, GERTRUDI RODRIGUEZ, FABI RODRIGUEZ, FABI RODRIGUEZ, HOLG ROJAS, ANGEL ROJAS, ANGEL ROJAS, HAYDEE RUBIANO, MARIA SALJANIN, DILJA SALJANIN, DILJA SALJANIN, DILJA SANCHEZ, ELIZAB SHELTON, AGUEDA SOMRAJ, UMILLA TOROSSIAN, PARI VILLACRES, LUZ VLAHOS, MARIE WEISZ, KLARA WEST, BALDWIN WHITE, GLORIA WHITLEY, MYRNA YI, CARLOS YIANTSELIS, VIR ZARE, GLORIA ZUMAETA, FANNY  CUSTOMER | 2,503.25 | 0.00    | 40,241.87     |       |         |
|           |            |            |                    | CATEGORY  | 2,503.25 | 0.00    | 40,241.87     |       |         |

| RUN DATE  | 06/06/12  | - SUP SUNN | YSIDE CITYWIDE     | REG NY NY<br>SALES REGISTER   |          |         | PAGE 1             | - 31     | 0       |
|-----------|-----------|------------|--------------------|---|----------|---------|--------------------|----------|---------|
| SALES JRN | IL # 0284 | LOC 001    | SUNNYSIDE CITYWIDE | REG NY NY   |          |         | HFS HEALTH FI      | RST      |         |
|           |           |            |                    | SALES REGISTER  | 2        |         | BILL WEEK END:     | ING      | 6/08/12 |
|           |           |            |                    |   |          |         |                    |          |         |
| INVOICE#  | DATE      | CUST NO    | CUSTOMER NAME      | REFERENCE   | HOURS    | TAX AMT | AMOUNT 7           | TYP      | SURPLUS |
|           |           |            |                    |   |          |         |                    |          |         |
| 197809    | 6/01/12   | 000122     | HEALTH FIRST       | BEGUM, MANWARA  | 28.00    |         | 472.64             | I        |         |
| 197810    | 6/01/12   | 000122     | HEALTH FIRST       | BHAIRO, KOWSILI   | 56.00    |         | 945.28             | I        |         |
| 197811    | 6/01/12   | 000122     | HEALTH FIRST       | BOCHENEC, JOLAN   | 42.00    |         | 708.96             | I        |         |
| 197812    | 6/01/12   | 000122     | HEALTH FIRST       | CARMONA, LUZ  | 40.00    |         | 675.20             | I        |         |
| 197813    | 6/01/12   | 000122     | HEALTH FIRST       | CARRION, MARIA  | 48.00    |         | 810.24             | I        |         |
| 197814    | 6/01/12   | 000122     | HEALTH FIRST       | CEBALLOS, ANA   | 32.00    |         | 540.16             | I        |         |
| 197815    | 5/18/12   | 000122     | HEALTH FIRST       | CHARITAR, RAMKA   | 32.00    |         | 540.16             | I        |         |
| 197816    | 5/11/12   | 000122     | HEALTH FIRST       | CORTES DE GALIN   | 42.00    |         | 708.96             | I        |         |
| 197817    | 6/01/12   | 000122     | HEALTH FIRST       | ESPAILLAT, AMPA   | 28.00    |         | 472.64             | I        |         |
| 197818    | 6/01/12   | 000122     | HEALTH FIRST       | ESTEVES, JOSE   | 40.00    |         | 675.20             | I        |         |
| 197819    | 6/01/12   | 000122     | HEALTH FIRST       | FERGERSON, TINA   | 35.00    |         | 590.80             | I        |         |
| 197820    | 5/25/12   | 000122     | HEALTH FIRST       | FERRERA, FRANCI   | 6.00     |         | 101.28             | I        |         |
| 197821    | 6/01/12   | 000122     | HEALTH FIRST       | FONTANES, PEDRO   | 49.00    |         | 827.12             | I        |         |
| 197822    | 6/01/12   | 000122     | HEALTH FIRST       | FRANCISCO. RICH   | 55.00    |         | 928.40             | T        |         |
| 197823    | 6/01/12   | 000122     | HEALTH FIRST       | HENRY, BRENDA   | 4.00     |         | 67.52              | T        |         |
| 197824    | 6/01/12   | 000122     | HEALTH FIRST       | HERRING CHARLE  | 12 00    |         | 202 56             | T        |         |
| 197825    | 6/01/12   | 000122     | HEALTH FIRST       | KAIIR HARRANG   | 42 00    |         | 708 96             | T        |         |
| 197826    | 6/01/12   | 000122     | HEALTH FIRST       | IARA TOMASA   | 28 00    |         | 472 64             | Ť        |         |
| 197827    | 6/01/12   | 000122     | HEALTH FIRST       | I.AZAI.A GI.ADVS  | 42 00    |         | 708 96             | T        |         |
| 197828    | 6/01/12   | 000122     | HEALTH FIRST       | I.ODEZ-RAMIREZ  | 77 00    |         | 1 299 76           | T        |         |
| 197829    | 6/01/12   | 000122     | UEALTH FIRST       | MACADENA CAHAD  | 63 00    |         | 1 063 44           | т т      |         |
| 197830    | 6/01/12   | 000122     | HEALIN FIRST       | MADTIN ADIANA   | 12 00    |         | 202.56             |          |         |
| 197831    | 6/01/12   | 000122     | DEVLAR ELDCA       | DIVEDA CUDICTO  | 21 00    |         | 264.40             | ±<br>T   |         |
| 197832    | 6/01/12   | 000122     | DEVILO EIDGE       | DIVERA, CHRISIO   | 21.00    |         | 151 02             | <u>+</u> |         |
| 197833    | 6/01/12   | 000122     | UEALTH FIRST       | RIVERA, EDDIE   | 20.00    |         | 151.92             |          |         |
| 197834    | 6/01/12   | 000122     | UEALDI FIRSI       | RUDRIGUEZ, MARG   | 20.00    |         | 337.00             |          |         |
| 197835    | 5/25/12   | 000122     | HEALTH FIRST       | RUIZ JR, SAMUEL   | 17.00    |         | ∠80.90<br>1 000 33 |          |         |
| 197836    | 6/01/12   | 000122     | HEALTH FIRST       | SALAZAR, LUZ MA   | 40.00    |         | 1,080.32           |          |         |
|           | 6/01/12   | 000122     | HEALIH FIRSI       | SALHUANA, YULAN   | 40.00    |         | 0/5.20             |          |         |
| 197837    | 6/01/12   | 000122     | HEALTH FIRST       | SPIVEY, PATRICI   | 20.00    |         | 337.60             | Τ_       |         |
| 197838    | 6/01/12   | 000122     | HEALTH FIRST       | ST ROMAINE, CLA   | 67.00    |         | 1,130.96           | Τ_       |         |
| 197839    | 6/01/12   | 000122     | HEALTH FIRST       | SURIEL, GERTRUD   | 20.00    |         | 337.60             |          |         |
| 197840    | 6/01/12   | 000122     | HEALTH FIRST       | VEGA, GLORIA  | 40.00    |         | 675.20             | I        |         |
| 197841    | 6/01/12   | 000122     | HEALTH FIRST       | WILLIAMS, RODNE   | 24.00    |         | 405.12             | I        |         |
|           |           |            |                    | CUSTOMER  | 1,155.00 | 0.00    | 19,496.40          |          |         |
|           |           |            |                    | REG NY NY S A L E S R E G I S T E R  REFERENCE  BEGUM, MANWARA BHAIRO, KOWSILI BOCHENEC, JOLAN CARMONA, LUZ CARRION, MARIA CEBALLOS, ANA CHARITAR, RAMKA CORTES DE GALIN ESPAILLAT, AMPA ESTEVES, JOSE FERGERSON, TINA FERRERA, FRANCI FONTANES, PEDRO FRANCISCO, RICH HENRY, BRENDA HERRING, CHARLE KAUR, HARBANS LARA, TOMASA LAZALA, GLADYS LOPEZ-RAMIREZ, MACARENA, SAHAR MARTIN, ARIANA RIVERA, CHRISTO RIVERA, EDDIE RODRIGUEZ, MARG RUIZ JR, SAMUEL SALAZAR, LUZ MA SALHUANA, YOLAN SPIVEY, PATRICI ST ROMAINE, CLA SURIEL, GERTRUD VEGA, GLORIA WILLIAMS, RODNE  CUSTOMER | 1,155.00 | 0.00    | 19,496.40          |          |         |

|          |                      | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE REG<br>SUNNYSIDE CITYWIDE REG<br>S A L E |   |        |         | PAGE 1 NHP NEIGHBORE   | - 31 |         |
|----------|----------------------|-----------------------|---|---|--------|---------|--|------|---------|
| INVOICE# | ר א עובי<br>ר א עובי | CUST NO               |   | REFERENCE   | HOURS  | TAX AMT |  |      | SURPLUS |
| INVOICE# | DATE                 | COSI NO               | CUSTOMER NAME   |   |        |         |  | TYP  | SURPLUS |
| 197842   | 6/01/12              | 000120                | NEIGHBORHOOD HEALTH PROVIDERS                           | AHMED, UMARA ARDITTO, PATRIC CHUKWUJIORAH, T DIAZ, CARMEN FERNANDEZ, MARI | 56.00  |         | 945.28   | I    |         |
| 197843   | 6/01/12              | 000120                | NEIGHBORHOOD HEALTH PROVIDERS                           | ARDITTO, PATRIC   | 17.00  |         | 286.96   | I    |         |
| 197844   | 6/01/12              | 000120                | NEIGHBORHOOD HEALTH PROVIDERS                           | CHUKWUJIORAH, T   | 50.00  |         | 844.00   | I    |         |
| 197845   | 6/01/12              | 000120                | NEIGHBORHOOD HEALTH PROVIDERS                           | DIAZ, CARMEN  | 20.00  |         | 337.60   | I    |         |
| 197846   | 6/01/12              | 000120                | NEIGHBORHOOD HEALTH PROVIDERS                           | FERNANDEZ, MARI   | 12.00  |         | 202.56   | I    |         |
| 197847   | 6/01/12              | 000120                | NEIGHBORHOOD HEALTH PROVIDERS                           | FLORES, MARITZA   | 70.00  |         | 202.56<br>1,181.60<br>759.60<br>1,333.52<br>590.80<br>708.96<br>506.40<br>337.60<br>506.40<br>202.56<br>945.28<br>388.24 | I    |         |
| 197848   | 6/01/12              | 000120                | NEIGHBORHOOD HEALTH PROVIDERS                           |   | 45.00  |         | 759.60   | I    |         |
| 197849   | 6/01/12              | 000120                | NEIGHBORHOOD HEALTH PROVIDERS                           | KHAN, FARUQUE<br>KROLL, KATHERIN  | 79.00  |         | 1,333.52   | I    |         |
| 197850   | 6/01/12              | 000120                | NEIGHBORHOOD HEALTH PROVIDERS                           | KROLL, KATHERIN   | 35.00  |         | 590.80   | I    |         |
| 197851   | 6/01/12              | 000120                | NEIGHBORHOOD HEALTH PROVIDERS                           |   | 42.00  |         | 708.96   | I    |         |
| 197852   | 6/01/12              | 000120                | NEIGHBORHOOD HEALTH PROVIDERS                           | •   | 30.00  |         | 506.40   | I    |         |
| 197853   | 6/01/12              | 000120                | NEIGHBORHOOD HEALTH PROVIDERS                           |   | 20.00  |         | 337.60   | I    |         |
| 197854   | 5/25/12              | 000120                | NEIGHBORHOOD HEALTH PROVIDERS                           | •   | 30.00  |         | 506.40   | I    |         |
| 197855   | 6/01/12              | 000120                | NEIGHBORHOOD HEALTH PROVIDERS                           |   | 12.00  |         | 202.56   | I    |         |
| 197856   | 6/01/12              | 000120                | NEIGHBORHOOD HEALTH PROVIDERS                           |   | 56.00  |         | 945.28   | I    |         |
| 197857   | 6/01/12              | 000120                | NEIGHBORHOOD HEALTH PROVIDERS                           | SCOTT, MICHAEL  | 23.00  |         | 388.24   | I    |         |
| 197858   | 6/01/12              | 000120                | NEIGHBORHOOD HEALTH PROVIDERS                           | SHEPPARD, ERMA  | 58.00  |         | 979.04   | I    |         |
| 197859   | 6/01/12              | 000120                | NEIGHBORHOOD HEALTH PROVIDERS                           | SHEPPARD, ERMA  | 10.00  |         | 168.80   | I    |         |
| 197860   | 5/25/12              | 000120                | NEIGHBORHOOD HEALTH PROVIDERS                           | SHEPPARD, ERMA SHEPPARD, ERMA WILSON, SHERYL                              | 38.00  |         | 641.44   | I    |         |
|          |                      |                       |   | CUSTOMER  | 703.00 |         | 11,866.64  |      |         |
|          |                      |                       |   | CATEGORY  | 703.00 | 0.00    | 11,866.64  |      |         |

|            |           |         | YSIDE CITYWIDE       |                 |        |         | PAGE 1        | - 31   | .2      |
|------------|-----------|---------|----------------------|-----------------|--------|---------|---------------|--------|---------|
| SALES JRNL | # 0284 I  | LOC 001 | SUNNYSIDE CITYWIDE   | REG NY NY       |        |         | FID NY CATHOI | LIC/FI | DELIS   |
|            |           |         |                      | SALES REGISTER  |        |         | BILL WEEK ENI | DING   | 6/08/12 |
|            |           |         |                      |                 |        |         |               |        |         |
| INVOICE#   | DATE (    | CUST NO | CUSTOMER NAME        | REFERENCE       | HOURS  | TAX AMT | AMOUNT        | TYP    | SURPLUS |
|            |           |         |                      |                 |        |         |               |        |         |
| 197861 6   | 5/01/12 ( | 000126  | NYS CATHOLIC/FIDELIS | BATISTA, JOSE   | 49.00  |         | 826.63        | I      |         |
| 197862 6   | 5/01/12 0 | 000126  | NYS CATHOLIC/FIDELIS | BERGES, MARITZA | 40.00  |         | 674.80        | I      |         |
| 197863 6   | 5/01/12 0 | 000126  | NYS CATHOLIC/FIDELIS | GIL, ALICIA M   | 28.00  |         | 472.36        | I      |         |
| 197864 6   | 5/01/12 0 | 000126  | NYS CATHOLIC/FIDELIS | LITMAN, GAIL    | 15.00  |         | 253.05        | I      |         |
| 197865 6   | 5/01/12 0 | 000126  | NYS CATHOLIC/FIDELIS | MARTINEZ, LUISA | 84.00  |         | 1,417.08      | I      |         |
| 197866 6   | 5/01/12   | 000126  | NYS CATHOLIC/FIDELIS | PANOS, DESPINA  | 63.00  |         | 1,062.81      | I      |         |
| 197867 6   | 5/01/12   | 000126  | NYS CATHOLIC/FIDELIS | SAMOJEDNY, MICH | 40.00  |         | 674.80        | I      |         |
| 197868 6   | 5/01/12   | 000126  | NYS CATHOLIC/FIDELIS | SZE, BECKY      | 31.00  |         | 522.97        | I      |         |
| 197869 6   | 5/01/12   | 000126  | NYS CATHOLIC/FIDELIS | VARGAS, RAOUEL  | 63.00  |         | 1,062.81      | I      |         |
|            |           |         |                      | · ~             |        |         |               |        |         |
|            |           |         |                      | CUSTOMER        | 413.00 | 0.00    | 6,967.31      |        |         |
|            |           |         |                      |                 |        |         |               |        |         |
|            |           |         |                      |                 |        |         |               |        |         |
|            |           |         |                      | CATEGORY        | 413.00 | 0.00    | 6,967.31      |        |         |
| 1          |           |         |                      |                 |        |         |               |        |         |

| RUN DATE<br>SALES JRN |          |         | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY       |        |         | PAGE 1<br>UHC UNITED H | – 31 | .3      |
|-----------------------|----------|---------|-----------------------------------|-----------------|--------|---------|------------------------|------|---------|
| SALES UKN             | L # 0204 | LOC UUI | SUNNISIDE CITIWIDE                | SALES REGISTER  |        |         | BILL WEEK EN           |      | 6/08/12 |
| INVOICE#              | DATE     | CUST NO | CUSTOMER NAME                     | REFERENCE       | HOURS  | TAX AMT | AMOUNT                 | TYP  | SURPLUS |
| 197870                | 6/01/12  | 000128  | UNITED HEALTH CARE                | CALDERON, MIGDA | 70.00  |         | 1,201.20               | I    |         |
| 197871                | 6/01/12  | 000128  | UNITED HEALTH CARE                | MILLAN, ARMIDA  | 42.00  |         | 720.72                 | I    |         |
| 197872                | 6/01/12  | 000128  | UNITED HEALTH CARE                | MUSHAYEV, BORIS | 15.00  |         | 257.40                 | I    |         |
| 197873                | 6/01/12  | 000128  | UNITED HEALTH CARE                | SAFOS, PATRA    | 56.00  |         | 960.96                 | I    |         |
| 197874                | 6/01/12  | 000128  | UNITED HEALTH CARE                | YUSUPOV, PULAT  | 28.00  |         | 480.48                 | I    |         |
|                       |          |         |                                   | CUSTOMER        | 211.00 | 0.00    | 3,620.76               |      |         |
|                       |          |         |                                   | CATEGORY        | 211.00 | 0.00    | 3,620.76               |      |         |

| RUN DATE<br>SALES JRN |         | - SUP SUNN | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY      |          |         | PAGE 1<br>EHP EMBLEM H | - 31<br>EALTH | .4      |
|-----------------------|---------|------------|--------------------------------------|----------------|----------|---------|------------------------|---------------|---------|
|                       | _       |            |                                      | SALES REGIST   | ER       |         | BILL WEEK EN           |               | 6/08/12 |
| INVOICE#              | DATE    | CUST NO    | CUSTOMER NAME                        | REFERENCE      | HOURS    | TAX AMT | AMOUNT                 | TYP           | SURPLUS |
| 197875                | 5/25/12 | 000114     | EMBLEM HEALTH                        | CAMPBELL, CARC | L 26.00  |         | 364.00                 | I             |         |
| 197876                | 6/01/12 | 000114     | EMBLEM HEALTH                        | COPE, WILLIE   | 84.00    |         | 1,176.00               | I             |         |
| 197877                | 6/01/12 | 000114     | EMBLEM HEALTH                        | GAFFNEY, FREDE | R 20.00  |         | 280.00                 | I             |         |
| 197878                | 6/01/12 | 000114     | EMBLEM HEALTH                        | HENRIQUEZ, TER | E 20.00  |         | 280.00                 | I             |         |
| 197879                | 6/01/12 | 000114     | EMBLEM HEALTH                        | JACKSON, FRANC | E 35.00  |         | 490.00                 | I             |         |
| 197880                | 6/01/12 | 000114     | EMBLEM HEALTH                        | KEATON, CATHER | EI 84.00 |         | 1,176.00               | I             |         |
| 197881                | 6/01/12 | 000114     | EMBLEM HEALTH                        | REYNOLDS, HARR | 12.00    |         | 168.00                 | I             |         |
| 197882                | 6/01/12 | 000114     | EMBLEM HEALTH                        | WESTFIELD, BRE | 56.00    |         | 784.00                 | I<br>         |         |
|                       |         |            |                                      | CUSTOMER       | 337.00   | 0.00    | 4,718.00               |               |         |
|                       |         |            |                                      | CATEGORY       | 337.00   | 0.00    | 4,718.00               |               |         |

| RUN DATE<br>SALES JRN |         |         | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG     | NY NY           |        |         | PAGE 1<br>HIP HEALTH I | - 31<br>NSURAN |         |
|-----------------------|---------|---------|--------------------------------------|---------|-----------------|--------|---------|------------------------|----------------|---------|
|                       |         |         |                                      | S A L E | S REGISTER      | :      |         | BILL WEEK EN           | DING           | 6/08/12 |
| INVOICE#              | DATE    | CUST NO | CUSTOMER NAME                        |         | REFERENCE       | HOURS  | TAX AMT | AMOUNT                 | TYP            | SURPLUS |
| 197883                | 6/01/12 | 000136  | HEALTH INSURANCE PLAN                | OF NY   | AHMAD, AMATUL   | 14.00  |         | 236.32                 | I              |         |
| 197884                | 6/01/12 | 000136  | HEALTH INSURANCE PLAN                | OF NY   | CIPRIAN, JACQUE | 16.00  |         | 270.08                 | I              |         |
| 197885                | 6/01/12 | 000136  | HEALTH INSURANCE PLAN                | OF NY   | DE JESUS, TIBUR | 54.00  |         | 911.52                 | I              |         |
| 197886                | 6/01/12 | 000136  | HEALTH INSURANCE PLAN                | OF NY   | GOMES, AGUSTINA | 63.00  |         | 1,063.44               | I              |         |
| 197887                | 6/01/12 | 000136  | HEALTH INSURANCE PLAN                | OF NY   | LOYOLA, MARIA   | 50.00  |         | 844.00                 | I              |         |
| 197888                | 6/01/12 | 000136  | HEALTH INSURANCE PLAN                | OF NY   | ORR, LOUISE     | 34.00  |         | 573.92                 | I              |         |
| 197889                | 6/01/12 | 000136  | HEALTH INSURANCE PLAN                | OF NY   | SHAH, HANSIKABE | 5.00   |         | 84.40                  | I              |         |
| 197890                | 6/01/12 | 000136  | HEALTH INSURANCE PLAN                | OF NY   | TOWLES, ADA     | 12.00  |         | 202.56                 | I              |         |
| 197891                | 6/01/12 | 000136  | HEALTH INSURANCE PLAN                | OF NY   | WILLIAMS, DIANE | 20.00  |         | 337.60                 | I              |         |
| 197892                | 6/01/12 | 000136  | HEALTH INSURANCE PLAN                | OF NY   | ZAMBRANO, ZOILA | 16.00  |         | 270.08                 | I              |         |
|                       |         |         |                                      |         | CUSTOMER        | 284.00 | 0.00    | 4,793.92               |                |         |
|                       |         |         |                                      |         | CATEGORY        | 284.00 | 0.00    | 4,793.92               |                |         |

| RUN DATE  | N DATE 06/06/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 316 |         |                       |                 |        |         |              |      |         |  |  |
|-----------|---|---------|-----------------------|-----------------|--------|---------|--------------|------|---------|--|--|
| SALES JRN | NL # 0284   | LOC 001 | SUNNYSIDE CITYWIDE    | REG NY NY       |        |         | HPS HEALTH P | LUS  |         |  |  |
|           |   |         |                       | SALES REGISTER  |        |         | BILL WEEK EN | DING | 6/08/12 |  |  |
| INVOICE#  | DATE  | CUST NO | CUSTOMER NAME         | REFERENCE       | HOURS  | TAX AMT | AMOUNT       | TYP  | SURPLUS |  |  |
| 197893    | 6/01/12   | 000138  | HEALTH PLUS PHSP, INC | DENNISON, KELVI | 28.00  |         | 476.00       | I    |         |  |  |
| 197894    | 6/01/12   | 000138  | HEALTH PLUS PHSP, INC | ESPERSON, CLAUD | 12.00  |         | 204.00       | I    |         |  |  |
| 197895    | 5/18/12   | 000138  | HEALTH PLUS PHSP, INC | HARDING, EDNA   | 30.00  |         | 510.00       | I    |         |  |  |
| 197896    | 5/25/12   | 000138  | HEALTH PLUS PHSP, INC | WALTERS, BYRON  | 50.00  |         | 850.00       | I    |         |  |  |
| 197897    | 5/25/12   | 000138  | HEALTH PLUS PHSP, INC | YOUNG, KALEILE  | 36.00  |         | 612.00       | I    |         |  |  |
|           |   |         |                       | CUSTOMER        | 156.00 | 0.00    | 2,652.00     |      |         |  |  |
|           |   |         |                       | CATEGORY        | 156.00 | 0.00    | 2,652.00     |      |         |  |  |

| RUN DATE  | 06/06/12 - | - SUP SUNN | YSIDE CITYWIDE                       |   |        |         | PAGE 1 -                       | 317        |
|-----------|------------|------------|--------------------------------------|---|--------|---------|--------------------------------|------------|
| SALES JRN | IL # 0284  | LOC 001    | SUNNYSIDE CITYWIDE                   | REG NY NY<br>SALES REGISTER   |        |         | MPH METROPLUS                  | HEALTH     |
|           |            |            |                                      | SALES REGISTER  |        |         | BILL WEEK ENDI                 | NG 6/08/12 |
| INVOICE#  | DATE       | CUST NO    | CUSTOMER NAME                        | REFERENCE   | HOURS  | TAX AMT | AMOUNT T                       | YP SURPLUS |
| INVOICE#  | DAIL       | CUSI NO    | COSTOMER NAME                        | REFERENCE   | HOURS  | IAA AMI | AMOUNT                         | IP SURPLUS |
| 197898    | 5/04/12    | 000130     | METROPLUS HEALTH                     | AKHTER, SELINA  | 207.00 |         | 3,550.05<br>445.90<br>1,166.20 | I          |
| 197899    | 6/01/12    | 000130     | METROPLUS HEALTH                     | ANDERSON, BETH  | 26.00  |         | 445.90                         | I          |
| 197900    | 6/01/12    | 000130     | METROPLUS HEALTH                     | ARIAS, NORA   | 68.00  |         | 1,166.20                       | I          |
| 197901    | 6/01/12    | 000130     | METROPLUS HEALTH                     | BEDOYA, MONICA  | 14.00  |         | 240.10                         | I          |
| 197902    | 6/01/12    | 000130     | METROPLUS HEALTH METROPLUS HEALTH    | BRACERO, HELEN  | 47.00  |         | 806.05                         | I          |
| 197903    | 5/18/12    | 000130     | METROPLUS HEALTH                     | BRIGGS, LOUIS   | 48.00  |         | 823.20                         | I          |
| 197904    | 6/01/12    | 000130     | METRODILIG HEALTH                    | CORDERO, ROSEND   | 70.00  |         | 1,200.50                       | I          |
| 197905    | 5/04/12    | 000130     | METROPLUS HEALTH                     |   |        |         |                                | I          |
| 197906    | 6/01/12    | 000130     | METROPLUS HEALTH<br>METROPLUS HEALTH | DEWANJEE, MIRA<br>DURHAM, CYNTHIA<br>GALAS, TERESA<br>MURDOCK, GERTRU | 20.00  |         | 343.00                         | I          |
| 197907    | 6/01/12    | 000130     | METROPLUS HEALTH                     | DURHAM, CYNTHIA   | 8.00   |         | 137.20                         | I          |
| 197908    | 6/01/12    | 000130     | METROPLUS HEALTH                     | GALAS, TERESA   | 30.00  |         | 514.50                         | I          |
| 197909    | 6/01/12    | 000130     | METROPLUS HEALTH                     | MURDOCK, GERTRU   | 40.00  |         | 686.00                         | I          |
| 197910    | 6/01/12    | 000130     | METROPLUS HEALTH                     | PERSAD, USHA<br>PUCHUELA, MARIA                                       | 60.00  |         | 1,029.00                       | I          |
| 197911    | 6/01/12    | 000130     | METROPLUS HEALTH                     | PUCHUELA, MARIA   | 56.00  |         | 960.40                         | I          |
| 197912    | 6/01/12    | 000130     | METROPLUS HEALTH                     | RAMPERSAID, ALI   | 24.00  |         | 411.60                         | I          |
| 197913    | 6/01/12    | 000130     | METROPLUS HEALTH                     | RYALS, CHARLES  | 8.00   |         | 137.20                         | I          |
| 197914    | 5/25/12    | 000130     | METROPLUS HEALTH                     | SANTORO, MATTHE   | 30.00  |         | 514.50                         | I          |
| 197915    | 6/01/12    | 000130     | METROPLUS HEALTH                     | SHUMON, NUK-FNU   | 28.00  |         | 480.20                         | I          |
| 197916    | 6/01/12    | 000130     | METROPLUS HEALTH                     | SANTORO, MATTHE<br>SHUMON, NUK-FNU<br>VALLE, BLASINA                  | 29.00  |         | 497.35                         | I          |
|           |            |            |                                      | CUSTOMER  | 953.00 |         | 16,343.95                      |            |
|           |            |            |                                      | CATEGORY  | 953.00 | 0.00    | 16,343.95                      |            |

| RUN DATE<br>SALES JRN |          | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG  | NY NY           |        |         | PAGE 1<br>WEL WELCARE | - 31 | .8      |
|-----------------------|----------|-----------------------|-----------------------------------|------|-----------------|--------|---------|-----------------------|------|---------|
| SALES URN             | L # UZ04 | TOC 001               | SUNNISIDE CITIWIDE                | SALE |                 | R      |         | BILL WEEK EN          |      | 6/08/12 |
|                       |          |                       |                                   |      |                 |        |         |                       |      |         |
| INVOICE#              | DATE     | CUST NO               | CUSTOMER NAME                     |      | REFERENCE       | HOURS  | TAX AMT | AMOUNT                | TYP  | SURPLUS |
| 197917                | 6/01/12  | 000124                | WELCARE OF NEW YORK,              | INC. | GENAO, DANIELA  | 55.00  |         | 946.00                | I    |         |
| 197918                | 6/01/12  | 000124                | WELCARE OF NEW YORK,              | INC. | GUERRERO, MIRTH | 42.00  |         | 722.40                | I    |         |
| 197919                | 6/01/12  | 000124                | WELCARE OF NEW YORK,              | INC. | MARTINEZ, MARIA | 36.00  |         | 619.20                | I    |         |
| 197920                | 5/18/12  | 000124                | WELCARE OF NEW YORK,              | INC. | RAMIREZ, ALIDA  | 9.00   |         | 154.80                | I    |         |
| 197921                | 6/01/12  | 000124                | WELCARE OF NEW YORK,              | INC. | RAMIREZ, ALIDA  | 63.00  |         | 1,083.60              | I    |         |
|                       |          |                       |                                   |      | CUSTOMER        | 205.00 | 0.00    | 3,526.00              |      |         |
|                       |          |                       |                                   |      | CATEGORY        | 205.00 | 0.00    | 3,526.00              |      |         |

|          | 06/06/12 -<br>NL # 0284 |         | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG I     |                 |       |         | PAGE 1 -<br>NPS NY PRESBYTE<br>BILL WEEK ENDING | RIAN SELECT |
|----------|-------------------------|---------|--------------------------------------|-----------|-----------------|-------|---------|---|-------------|
| INVOICE# | DATE                    | CUST NO | CUSTOMER NAME                        |           | REFERENCE       | HOURS | TAX AMT | AMOUNT TY                                       | P SURPLUS   |
| 197922   | 6/01/12                 | 000134  | NY-PRESBYTERIAN SYSTE                | EM SELECT | KARASSAVIDES, A | 35.00 |         | 600.60 I  |             |
|          |                         |         |                                      |           | <br>CATEGORY    | 35.00 | 0.00    | 600.60  |             |

|  | SUP SUNNYSIDE CITYWIDE LOC 001 SUNNYSIDE CITYWIDE           | REG NY NY<br>SALES REGISTER                         |                         |         | PAGE 1 -<br>AMG AMERIGROUP<br>BILL WEEK ENDIN | 320<br>NG 6/08/12 |
|--|---|---|-------------------------|---------|---|-------------------|
| INVOICE# DATE                                      | CUST NO CUSTOMER NAME                                       | REFERENCE   | HOURS                   | TAX AMT | AMOUNT TY                                     | P SURPLUS         |
| 197923 6/01/12<br>197924 6/01/12<br>197925 5/11/12 | 000132 AMERIGROUP<br>000132 AMERIGROUP<br>000132 AMERIGROUP | FERNANDEZ, NORK<br>GUERRA, LORRAIN<br>HAWKINS S, MA | 34.00<br>63.00<br>27.00 |         | 573.58 1<br>1,062.81 1<br>455.49 1            | [<br>[<br>[       |
|  |   | CUSTOMER  | 124.00                  | 0.00    | 2,091.88                                      |                   |
|  |   | CATEGORY  | 124.00                  | 0.00    | 2,091.88                                      |                   |

| RUN DATE 06/06/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0284 LOC 001 SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R |           |         |  |   |        |         |                 | - 32 | 21      |
|---|-----------|---------|--|---|--------|---------|-----------------|------|---------|
| SALES UKI   | NL # UZ04 | LOC 001 | SUNNISIDE CITIWIDE REG<br>S A L E  | S REGISTE:  | R      |         | BILL WEEK ENDI  | NG   | 6/08/12 |
| INVOICE#  | DATE      | CUST NO | CUSTOMER NAME  | REFERENCE   | HOURS  | TAX AMT | AMOUNT 7        |      | SURPLUS |
| 197926  | 6/01/12   | 000002  | SUNNYSIDE COMMUNITY SERVICES   | BLESSINGER, DOU CAIALA, SALLY GRECH, JANE KOZHUSHICO, ROZ MANIACE, AGNES MANIACE, AGNES MANIACE, VINCEN MANIACE, VINCEN ROCSIN, FLORICA ROCSIN, FLORICA TEODORU, MIRELL TUCCI, DOROTHY TUCCI, DOROTHY | 4.00   |         | 54.00           | I    |         |
| 197927  | 6/01/12   | 000002  | SUNNYSIDE COMMUNITY SERVICES   | CAIALA, SALLY   | 4.00   |         | 58.00           | I    |         |
| 197928  | 6/01/12   | 000002  | SUNNYSIDE COMMUNITY SERVICES   | GRECH, JANE   | 8.00   |         | 116.00          | I    |         |
| 197929  | 6/01/12   | 000002  | SUNNYSIDE COMMUNITY SERVICES   | KOZHUSHICO, ROZ   | 4.00   |         | 54.00           | I    |         |
| 197930  | 6/01/12   | 000002  | SUNNYSIDE COMMUNITY SERVICES   | MANIACE, AGNES  | 2.00   |         | 29.00           | I    |         |
| 197931  | 6/01/12   | 000002  | SUNNYSIDE COMMUNITY SERVICES   | MANIACE, AGNES  | 2.00   |         | 29.00           | I    |         |
| 197932  | 6/01/12   | 000002  | SUNNYSIDE COMMUNITY SERVICES   | MANIACE, VINCEN   | 4.00   |         | 58.00           | I    |         |
| 197933  | 6/01/12   | 000002  | SUNNYSIDE COMMUNITY SERVICES   | MANIACE, VINCEN   | 2.00   |         | 29.00           | I    |         |
| 197934  | 6/01/12   | 000002  | SUNNYSIDE COMMUNITY SERVICES   | ROCSIN, FLORICA   | 16.00  |         | 216.00          | I    |         |
| 197935  | 6/01/12   | 000002  | SUNNYSIDE COMMUNITY SERVICES   | ROCSIN, FLORICA   | 4.00   |         | 54.00           | I    |         |
| 197936  | 6/01/12   | 000002  | SUNNYSIDE COMMUNITY SERVICES   | TEODORU, MIRELL   | 8.00   |         | 116.00          | I    |         |
| 197937  | 6/01/12   | 000002  | SUNNYSIDE COMMUNITY SERVICES   | TUCCI, DOROTHY  | 4.00   |         | 58.00           | I    |         |
| 197938  | 6/01/12   | 000002  | SUNNYSIDE COMMUNITY SERVICES   | TUCCI, DOROTHY  | 4.00   |         | 58.00           | I    |         |
|   |           |         |  | CUSTOMER  | 66.00  | 0.00    | 929.00          |      |         |
| 197939  | 6/01/12   | 000040  | DUISIN, CHRISTINE  | DUISIN, XENIA   | 16.00  |         | 248.00<br>62.00 | I    |         |
| 197940  | 6/01/12   | 000040  | DUISIN, CHRISTINE<br>DUISIN, CHRISTINE   | DUISIN, XENIA   | 4.00   |         | 62.00           | I    |         |
|   |           |         |  | CUSTOMER  | 20.00  | 0.00    | 310.00          |      |         |
| 197941  | 6/01/12   | 000049  | ELIZABETH SETON PEDIATRIC CTR<br>ELIZABETH SETON PEDIATRIC CTR<br>ELIZABETH SETON PEDIATRIC CTR<br>ELIZABETH SETON PEDIATRIC CTR | DIOP, SERIGNE   | 20.00  |         | 275.80          | I    |         |
| 197942  | 6/01/12   | 000049  | ELIZABETH SETON PEDIATRIC CTR  | DIOP, SERIGNE   | 5.00   |         | 68.95           | I    |         |
| 197943  | 6/01/12   | 000049  | ELIZABETH SETON PEDIATRIC CTR  | MORSHELINA, NAS   | 12.00  |         | 165.48          | I    |         |
| 197944  | 6/01/12   | 000049  | ELIZABETH SETON PEDIATRIC CTR  | MORSHELINA, NAS   | 3.00   |         | 41.37           | I    |         |
|   |           |         |  | CUSTOMER  | 40.00  | 0.00    | 551.60          |      |         |
| 197945  | 6/01/12   | 000069  | AMY L. WELTMAN   | LUSKIND, FRANCE   | 6.00   |         | 1,152.00        | I    |         |
| 197946  | 6/01/12   | 000069  | AMY L. WELTMAN   | LUSKIND, FRANCE<br>LUSKIND, FRANCE  | 1.00   |         | 186.00          | I    |         |
|   |           |         |  | CUSTOMER  | 7.00   | 0.00    | 1,338.00        |      |         |
| 197947  | 6/01/12   | 000078  | MCDERMOTT, LOUISE  | MCDERMOTT, LOUI   | 8.00   |         | 124.00          | I    |         |
|   |           |         |  | <br>CATEGORY  | 141.00 | 0.00    | 3,252.60        |      |         |

| RUN DATE<br>SALES JRN |          | - SUP SUNN<br>LOC 001 | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY       |       |         | PAGE 1<br>CAS CHILDREN | - 32: |         |
|-----------------------|----------|-----------------------|--------------------------------------|-----------------|-------|---------|------------------------|-------|---------|
| SALES UKN             | L # UZ04 | TOC 001               |                                      | LES REGISTER    |       |         | BILL WEEK EN           |       | 6/08/12 |
|                       |          |                       |                                      |                 |       |         |                        |       | -,,     |
| INVOICE#              | DATE     | CUST NO               | CUSTOMER NAME                        | REFERENCE       | HOURS | TAX AMT | AMOUNT                 | TYP   | SURPLUS |
| 197948                | 6/01/12  | 000088                | CHILDREN'S AID SOCIETY               | DUNNE, MYEISHA  | 15.00 |         | 232.50                 | т     |         |
| 197949                | 6/01/12  | 000088                | CHILDREN'S AID SOCIETY               | DUNNE, MYEISHA  | 5.00  |         | 77.50                  | T     |         |
| 197950                | 5/04/12  | 000088                | CHILDREN'S AID SOCIETY               | GIL, GENEVIEVE  | 2.00  |         | 31.00                  | Ī     |         |
| 197951                | 6/01/12  | 000088                | CHILDREN'S AID SOCIETY               | SALAS, HELENA   | 20.00 |         | 310.00                 | I     |         |
| 197952                | 6/01/12  | 000088                | CHILDREN'S AID SOCIETY               | SALAS, HELENA   | 4.00  |         | 62.00                  | I     |         |
| 197953                | 6/01/12  | 000088                | CHILDREN'S AID SOCIETY               | VARGAS, BRANDON | 14.75 |         | 228.63                 | I     |         |
| 197954                | 6/01/12  | 000088                | CHILDREN'S AID SOCIETY               | VARGAS, BRANDON | 6.00  |         | 93.00                  | I     |         |
| 197955                | 6/01/12  | 000088                | CHILDREN'S AID SOCIETY               | VARGAS, JOHN    | 14.25 |         | 220.88                 | I     |         |
|                       |          |                       |                                      | CUSTOMER        | 81.00 | 0.00    | 1,255.51               |       |         |
|                       |          |                       |                                      | CATEGORY        | 81.00 | 0.00    | 1,255.51               |       |         |

| RUN DATE  | 06/06/12 - | SUP SUNN | YSIDE CITYWIDE     |                |       |         | PAGE 1 - 3:      | 23      |
|-----------|------------|----------|--------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0284   | LOC 001  | SUNNYSIDE CITYWIDE | REG NY NY      |       |         | PAR PRIVATE      |         |
|           |            |          |                    | SALES REGISTER | 2     |         | BILL WEEK ENDING | 6/08/12 |
| INVOICE#  | DATE       | CUST NO  | CUSTOMER NAME      | REFERENCE      | HOURS | TAX AMT | AMOUNT TYP       | SURPLUS |
| 197956    | 6/01/12    | 000098   | MILDRED PANSE      | PANSE, MILDRED | 16.00 |         | 248.00 I         |         |
|           |            |          |                    |                |       |         |                  |         |
|           |            |          |                    | CATEGORY       | 16.00 | 0.00    | 248.00           |         |

| RUN DATE<br>SALES JRN                          |   | - SUP SUNN<br>LOC 001                          | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE   | REG NY NY<br>SALES REGISTER  |   |         | PAGE 1 - 3<br>ELD ELDERSERVEHEA<br>BILL WEEK ENDING    |         |
|--|---|--|--|--|---|---------|--|---------|
| INVOICE#                                       | DATE  | CUST NO  | CUSTOMER NAME  | REFERENCE  | HOURS                                   | TAX AMT | AMOUNT TYP   | SURPLUS |
| 197957<br>197958<br>197959<br>197960<br>197961 | 5/25/12<br>6/01/12<br>6/01/12<br>6/01/12<br>6/01/12 | 000101<br>000101<br>000101<br>000101<br>000101 | ELDERSERVEHEALTH ELDERSERVEHEALTH ELDERSERVEHEALTH ELDERSERVEHEALTH ELDERSERVEHEALTH | BEAN, ELMIRA<br>BEAN, ELMIRA<br>BEAN, ELMIRA<br>BLACK, DOROTHY<br>BLACK, DOROTHY | 10.00<br>20.00<br>5.00<br>16.00<br>4.00 |         | 142.50 I<br>285.00 I<br>71.25 I<br>228.00 I<br>57.00 I |         |
|  |   |  |  | CUSTOMER   | 55.00                                   | 0.00    | 783.75   |         |
|  |   |  |  | CATEGORY   | 55.00                                   | 0.00    | 783.75   |         |

| RUN DATE<br>SALES JRN |                    | - SUP SUNN       | YSIDE CITYWIDE<br>SUNNYSIDE CITYWIDE | REG NY NY                          |               |         | PAGE 1<br>PAR PRIVATE | - 32   | 25      |
|-----------------------|--------------------|------------------|--------------------------------------|------------------------------------|---------------|---------|-----------------------|--------|---------|
| BALLED GIGV           | 1 m 0201           | 100 001          | SOUNTSIDE CITIWIDE                   | SALES REGISTER                     |               |         | BILL WEEK EN          | DING   | 6/08/12 |
| INVOICE#              | DATE               | CUST NO          | CUSTOMER NAME                        | REFERENCE                          | HOURS         | TAX AMT | AMOUNT                | TYP    | SURPLUS |
| 197962<br>197963      | 6/01/12<br>6/01/12 | 000143<br>000143 | ETTORE COPPOLA<br>ETTORE COPPOLA     | COPPOLA, ETTORE<br>COPPOLA, ETTORE | 14.50<br>5.00 |         | 232.25<br>77.50       | I<br>I |         |
|                       |                    |                  |                                      | CUSTOMER                           | 19.50         | 0.00    | 309.75                |        |         |
| 197964<br>197965      | 6/01/12<br>6/01/12 | 000145<br>000145 | LARRY EISENBERG<br>LARRY EISENBERG   | BERGER, TESS<br>BERGER, TESS       | 46.00<br>7.00 |         | 740.00<br>108.50      | I<br>I |         |
|                       |                    |                  |                                      | CUSTOMER                           | 53.00         | 0.00    | 848.50                |        |         |
|                       |                    |                  |                                      | CATEGORY                           | 72.50         | 0.00    | 1,158.25              |        |         |

| RUN DATE 06/06/12 - SUP SUNN<br>SALES JRNL # 0284 LOC 001 |   |  | YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG NY NY S A L E S R E G I S T E R  |   |   | PAGE 1 CCM COMPREHEN BILL WEEK END | CARE MGMT<br>6/08/12                          |                  |         |
|---|---|--|--|---|---|------------------------------------|---|------------------|---------|
| INVOICE#  | DATE  | CUST NO  | CUSTOMER NAME  | REFERENCE   | HOURS                                   | TAX AMT                            | AMOUNT  | TYP              | SURPLUS |
| 197967<br>197968<br>197969                                | 6/01/12<br>6/01/12<br>6/01/12<br>6/01/12<br>6/01/12 | 000150<br>000150<br>000150<br>000150<br>000150 | COMPREHENSIVE CARE MANAGEM<br>COMPREHENSIVE CARE MANAGEM<br>COMPREHENSIVE CARE MANAGEM<br>COMPREHENSIVE CARE MANAGEM<br>COMPREHENSIVE CARE MANAGEM | ENT GARCÍA, MARIA<br>ENT GARCIA, MARIA<br>ENT ROSARIO, CELEST | 16.00<br>32.00<br>8.00<br>30.00<br>6.00 |                                    | 225.60<br>451.20<br>112.80<br>423.00<br>84.60 | I<br>I<br>I<br>I |         |
|   |   |  |  | CUSTOMER  | 92.00                                   | 0.00                               | 1,297.20                                      |                  |         |
|   |   |  |  | CATEGORY  | 92.00                                   | 0.00                               | 1,297.20                                      |                  |         |

| RUN DATE 06/06/12 - SUP SUNNYSIDE CITYWIDE SALES JRNL # 0284 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SALES REGISTER |                    |                  |  |                                    |                | PAGE 1 - 3<br>PAR PRIVATE<br>BILL WEEK ENDING |                  | 27<br>6/08/12 |         |
|--|--------------------|------------------|--|------------------------------------|----------------|---|------------------|---------------|---------|
| INVOICE#   | DATE               | CUST NO          | CUSTOMER NAME                          | REFERENCE                          | HOURS          | TAX AMT                                       | AMOUNT           | TYP           | SURPLUS |
| 197971<br>197972   | 6/01/12<br>6/01/12 | 000155<br>000155 | ROSEMARY JIBAJA<br>ROSEMARY JIBAJA     |                                    |                |   | 2,304.00 372.00  | I             |         |
|  |                    |                  |  |                                    | 168.00         | 0.00  | 2,676.00         |               |         |
| 197973   | 6/01/12            | 000165           | ALZHEIMER'S ASSOCIATION                | TUCCI, DOROTHY                     | 4.00           |   | 62.00            | I             |         |
| 197974<br>197975   | 6/01/12<br>6/01/12 | 002215<br>002215 | KEITH SALMON<br>KEITH SALMON           | LAWRANCE, LILLA<br>LAWRANCE, LILLA | 16.00<br>4.00  |   | 260.00<br>62.00  | I<br>I        |         |
|  |                    |                  |  | CUSTOMER                           |                | 0.00  | 322.00           |               |         |
| 197976<br>197977   | 6/01/12<br>6/01/12 | 003108<br>003108 | NIGRO, CATHERINE<br>NIGRO, CATHERINE   |                                    | 16.00<br>4.00  |   | 248.00<br>62.00  | I             |         |
|  |                    |                  |  | CUSTOMER                           | 20.00          | 0.00  | 310.00           |               |         |
| 197978<br>197979   | 6/01/12<br>6/01/12 | 003743<br>003743 | VICTOR NICASSIO<br>VICTOR NICASSIO     | NICASSIO, VICTO<br>NICASSIO, VICTO | 6.00           |   | 93.00<br>46.50   | I             |         |
|  |                    |                  |  | CUSTOMER                           |                | 0.00  | 139.50           |               |         |
| 197980<br>197981   | 5/25/12<br>6/01/12 | 004784<br>004784 | CAMILLERI, JOSEPH<br>CAMILLERI, JOSEPH | CAMILLERI, JOSE                    | 5.00<br>15.00  |   | 67.50<br>202.50  | I<br>I        |         |
|  |                    |                  |  | CUSTOMER                           | 20.00          | 0.00  | 270.00           |               |         |
| 197982<br>197983   | 6/01/12<br>6/01/12 | 006337<br>006337 | STEPHEN EDEL<br>STEPHEN EDEL           | EDEL, CANDACE<br>EDEL, CANDACE     | 60.00<br>13.00 |   | 954.00<br>201.50 | I<br>I        |         |
|  |                    |                  |  | CUSTOMER                           |                | 0.00  | 1,155.50         |               |         |
| 197984<br>197985   | 6/01/12<br>6/01/12 | 007630<br>007630 | MAUREEN MAIORANA<br>MAUREEN MAIORANA   | MAIORANA, MAURE                    | 6.00<br>2.00   |   | 97.50<br>32.50   | I<br>I        |         |
|  |                    |                  |  | CUSTOMER                           |                | 0.00  | 130.00           |               |         |
| 197986<br>197987   | 6/01/12<br>6/01/12 | 007631<br>007631 | MICHAEL MAIRANO<br>MICHAEL MAIRANO     | MAIORANA, MICHE<br>MAIORANA, MICHE | 9.00<br>3.00   |   | 146.25<br>48.75  | I             |         |
|  |                    |                  |  | CUSTOMER                           |                | 0.00  | 195.00           |               |         |
| 197988   | 6/01/12            | 007883           | ABBAMONTE, RUTH                        | ABBAMONTE, RUTH                    | 6.00           |   | 99.00            | I             |         |
| 197989<br>197990   | 6/01/12<br>6/01/12 | 009498<br>009498 | LOUIS LE NOACH<br>LOUIS LE NOACH       | LENOACH, LOUIS<br>LENOACH, LOUIS   | 6.00           |   | 102.00<br>46.50  | I             |         |
|  |                    |                  |  | CUSTOMER                           | 9.00           | 0.00  | 148.50           |               |         |

|  |                    |                            |                                    |                                    |                                 |         | PAGE 2 - 328     |        |         |
|--|--------------------|----------------------------|------------------------------------|------------------------------------|---------------------------------|---------|------------------|--------|---------|
| SALES JRNL # 0284 LOC 001 SUNNYSIDE CITYWIDE |                    | REGNY NY<br>SALES REGISTER |                                    |                                    | PAR PRIVATE<br>BILL WEEK ENDING |         | 6/08/12          |        |         |
| INVOICE#                                     | DATE               | CUST NO                    | CUSTOMER NAME                      | REFERENCE                          | HOURS                           | TAX AMT | AMOUNT           | TYP    | SURPLUS |
| 197991<br>197992                             | 6/01/12<br>6/01/12 | 009566<br>009566           | ELIZABETH CERNY<br>ELIZABETH CERNY | CERNY, ELIZABET<br>CERNY, ELIZABET | 20.00<br>5.00                   |         | 310.00<br>77.50  | I      |         |
|  |                    |                            |                                    | CUSTOMER                           | 25.00                           | 0.00    | 387.50           |        |         |
| 197993<br>197994                             | 6/01/12<br>6/01/12 | 009605<br>009605           | OLGA OBYMAKO<br>OLGA OBYMAKO       | OBYMAKO, OLGA<br>OBYMAKO, OLGA     | 3.00<br>3.00                    |         | 46.50<br>46.50   | I<br>I |         |
|  |                    |                            |                                    | CUSTOMER                           | 6.00                            | 0.00    | 93.00            |        |         |
| 197995                                       | 6/01/12            | 009752                     | PETER CAPORASO                     | CAPORASO, VINCE                    | 12.00                           |         | 204.00           | I      |         |
| 197996<br>197997                             | 6/01/12<br>6/01/12 | 009854<br>009854           | HELEN TAYLOR<br>HELEN TAYLOR       | HERNANDEZ, FRAN<br>HERNANDEZ, FRAN | 2.00                            |         | 31.00<br>31.00   | I<br>I |         |
|  |                    |                            |                                    | CUSTOMER                           | 4.00                            | 0.00    | 62.00            |        |         |
| 197998<br>197999                             | 6/01/12<br>6/01/12 | 010269<br>010269           | ANGELINA MARASA<br>ANGELINA MARASA | MARASA, ANGELIN<br>MARASA, ANGELIN | 6.00<br>3.00                    |         | 93.00<br>46.50   | I      |         |
|  |                    |                            |                                    | CUSTOMER                           | 9.00                            | 0.00    | 139.50           |        |         |
| 198000                                       | 6/01/12            | 010352                     | BETTIE GIACOMO                     | GIACOMO, BETTIE                    | 4.00                            |         | 62.00            | I      |         |
| 198001<br>198002                             | 6/01/12<br>6/01/12 | 010375<br>010375           | DOMINICA IRAOLA<br>DOMINICA IRAOLA | IRAOLA, LILIAN<br>IRAOLA, LILIAN   | 15.00<br>9.00                   |         | 232.50<br>139.50 | I<br>I |         |
|  |                    |                            |                                    | CUSTOMER                           | 24.00                           | 0.00    | 372.00           |        |         |
| 198003                                       | 6/01/12            | 010529                     | STEPHEN WEISS                      | WEISS, STELLA                      | 4.00                            |         | 68.00            | I      |         |
| 198004<br>198005                             | 6/01/12<br>6/01/12 | 010530<br>010530           | DANA SITILDES<br>DANA SITILDES     | ANSELMI, PETER<br>ANSELMI, PETER   | 24.00                           |         | 384.00<br>62.00  | I      |         |
|  |                    |                            |                                    | CUSTOMER                           | 28.00                           | 0.00    | 446.00           |        |         |
|  |                    |                            |                                    | CATEGORY                           | 465.00                          | 0.00    | 7,341.50         |        |         |
|  |                    |                            |                                    | LOCATION 2                         | 22,236.25                       | 0.00    | 342,037.40       |        |         |
|  |                    |                            |                                    |                                    | 22,236.25                       |         | 342,037.40       |        |         |

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SALES REGISTER BILL WEEK ENDING 6/08/12

INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS

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